



Spotlight #7

Podcast Transcript

Key:

I1 = Interviewer 1 – Amy

R = Respondent – Jess Southgate

Welcome to Spotlights, the podcast for the domestic abuse sector. In this series, SafeLives are shining a spotlight on people affected by domestic abuse who are also experiencing mental health problems. In this episode, Amy talks to Jessica Southgate, policy manager at Agenda, the Alliance for women and girls at risk about how mental health services are treating women.

I: Hi Jess, can you tell everyone about Agenda, why were you formed and what is it that you do?

R: Yes, so, Agenda is an alliance of organisations who have come together to campaign around issues facing women and girls who are experiencing multiple forms of disadvantage. So, by that we mean, women who have experienced abuse, violence and poverty and who may then go on to experience a range of other problems in their life so that might include addiction, homelessness, contact with the criminal justice system. We were formed as a result of a recognition that beyond the support that was already needed for women at risk of involvement with the criminal justice system, a lot of the problems that those women faced were experienced before contact with the criminal justice system. So, it was about trying to make sure that we could improve systems and services to ensure that women at risk of inequality, poverty and violence can get the support and protection that they need.

Agenda does that by campaigning to improve systems and services. We aim to raise awareness across sectors so our alliance of over 80 organisations brings together women's charities, larger organisations that work on particular single issues like mental health and a range of other funders and organisations from across the sector. We also work to highlight women's voices and experiences to promote public and political understanding of the issues that they face.

I: Wow, so I have been reading some of the research from Agenda around the links between domestic abuse and mental ill health. Could you tell me a little bit more about this?

R: Yeah, so we know that women are more likely than men to face mental health problems, particularly conditions like eating disorders, self-harm, anxiety and

depression and unfortunately we know that mental health among women is on the rise so now one in five women, as opposed to one in eight men, are likely to experience a common mental health disorder like anxiety or depression and there is clear evidence that there is a strong link between women's mental health and their experiences of violence and abuse. So, in the context of knowing that women are twice as likely as men to experience interpersonal violence and abuse, our own research 'Hidden Hurt' which is an analysis of a data set called the 'Adult Psychiatric and Morbidity Survey' found that one in 20 women were likely to experience extensive violence and abuse as both a child and an adult.

So, in England and Wales alone, that is around one in 20 women. That data also showed that there were really strong connections with women who have experienced abuse and poor mental health so half of women who have mental health problems have experienced abuse of some form and more than three quarters of those who have experienced extensive abuse, so that is across their whole lives, have experienced some kind of life-threatening trauma and 16 percent have experienced post-traumatic stress disorder. Over a third have attempted suicide a fifth have self-harmed so we can really see there the connections between traumatic pasts and mental health problems. We also know that young women are at the greatest risk of developing mental health problems so one in five 16 to 24-year-old young women have self-harmed and 13 of them also have post-traumatic stress disorder.

Again, that data showed us that one in four women with mental health problems experienced abuse as a child so we know that much of the rise amongst young women's mental health is likely to be connected to their experiences of abuse and violence.

- I: That is really interesting, so, does that mean that women are more likely to experience mental ill health regardless of the abuse and then obviously we combine either abuse in childhood or domestic abuse and that exacerbates things I suppose.**
- R: That is right, yes and we hear that a lot from women as well. They will tell us that those early traumatic experiences and the abuse that they experienced across their lives really has compounded and made their mental health problems much worse.
- I: That is shocking. Those figures really were quite eye-opening. I was not aware they were that high. It really is food for thought.**
- R: Yes.
- I: So, I have been reading about your women in mind campaign which is extremely interesting, we will provide a link to that on the podcast. Could you tell me a bit more about how this came about and what the research entailed?**
- R: Yeah, absolutely, so Agenda's women in mind campaign really came about from the discussions that we were having with members and women with lived experience who kept telling us time and again how important mental health was and unfortunately how little or limited support that they were getting for that. We knew from what they were telling us that it was often linked to other problems that they faced so, for example, they might go on to misuse substances but that to be a coping mechanism as a result of the abuse that they faced and then that was often closely connected with their mental health. So, they were telling us and the support services that were there to try and make these situations better for them, were saying that without getting the right kind of support at the right time, women could spiral from one crisis to another and that, of course, comes at huge costs to themselves, their families and the communities around them.

We were often told from women that they felt that they had to be in a crisis situation before they could get any help so it really showed from the work that we did at the start of the campaign to uncover this that was trauma informed approaches and gender specific approaches could make a big difference. Unfortunately, these weren't being put into practice. So, what we did, there were two elements of our research when we first set out the women in mind campaign and the first was to find out whether or not women were being thought about in mental health policy. So, we put out a freedom of information request to all NHS mental health trusts and we asked them about their approaches to responding to women's mental health and unfortunately, we were very disappointed by what we got back and it showed really no focus on women and certainly no overall strategic recognition of the relationship between abuse and mental health.

I: Really, that is shocking isn't it?

R: It is, so of all the mental health trusts that responded only one had a strategy for providing gender specific services for women. Most had no relevant policies or strategies in place to provide that kind of gender specific support and only one in five reported having a policy on actively offering female patients the choice of a female care worker although others did say that women could have that if requested but obviously, we know that a lot of time women won't request that.

I: Yes.

R: So that means, for example, that you might have a male member of staff doing a one to one observation and, of course, if you are a woman who has experienced abuse at the hands of a man that can be extremely triggering and retraumatizing. That also might mean that perhaps that there are breaches of single sex wards or single sex accommodation and we saw with the recent report from the CQC that that can put women at real risk of sexual assault and violence. We also found out through our research by digging a little bit deeper than when women were in the services, they weren't being treated in a trauma informed way. For example, we found that the majority of trusts, that was 18 of those that who had responded had no policy on routine enquiry about abuse.

A routine enquiry is when trained professionals ask about experiences of abuse and violence and that is contrary to NICE guidance which recommends that that should be happening in mental health settings, so the vast majority of mental health trusts that we heard from had no policies on actively offering support to patients who disclosed abuse beyond meeting basic safeguarding responsibilities. We also then looked into experiences of restraint and the incidences of restraint against women, which of course, as you can imagine, as a physical intervention, again if you have experienced physical violence can be very retraumatizing. Quite apart from being a distressing and humiliating experience, particularly if that's an incident that takes place in front of others or by male members of staff and we found through that FOI that nearly one in five women and girls admitted to mental health facilities have been physically restrained.

Of those women, nearly 2,000 had been restrained face-down and they were more likely to be repeatedly restrained faced down in the prone position. The figures in CAMHS were even more concerning so girls were likely to be restrained face-down and restrained and more likely to face that repeatedly than boys and this varied considerably between areas. So, we know this is not inevitable so in some areas, for example, one mental health trust, more than half of adult women were physically restrained after admission but in others, there was no face-down restraint being used at all against girls. We know that that is not only retraumatizing but restraint, of course,

can be very physically dangerous in additional figures that we obtained from the CQC, we found that very tragically 32 women had died following restraint over a five-year period.

I: Wow, that really is shocking.

R: It is, it is a huge number and any death is, of course, one too many but 32 is a really significant number and of those young women again were over-represented so 13 of that 32 were under the age of 30 compared to four men and boys in that age group. We also found from the CQC figures that women's self-inflicted deaths overtook men for the first time in 2015 and did so again in 2016 so that is women in mental health units dying by self-inflicted deaths which in the majority of cases is down by suicide and that, of course, reverses a trend in the general population where men are more likely to take their own lives. So our women in mind campaign is calling for women's mental health to be a priority both nationally and locally so that means making sure that women get the support they need when they need it in a safe and therapeutic space and that gender informed and trauma informed care is available for women across the settings that they are in so that staff know how to provide that and that is strategically built into the plans of mental health trusts.

I: I find it interesting, probably also alarming that those statistics that you read out about how many women and girls are affected by mental ill health, not only through abuse but then obviously this can happen as well, yet, people aren't routinely asking these questions when they come to complete assessments, it just, it really is shocking that that is not happening.

R: It is.

I: So, what has the response been like for the campaign?

R: The response has been very positive.

I: That is good.

R: We have heard from quite a few women actually who have got in touch with us, women with lived experience of mental ill health to say that what we are talking about really resonates with their own experiences and welcoming the kind of changes that we are asking for so we know that that really is resonating with women themselves. In terms of sort of political and policy action we have also seen some very welcomed developments so the women's mental health task force for example was set up following our women in mind campaign, that has been chaired by the minister for mental health and suicide prevention Jackie Doyle-Price and our own chief executive and the report that that has produced will come out before the end of the year making the case as to why women's mental health matters and should be considered in policy and practice.

We also only yesterday saw a very welcomed development which was the passing of the mental health unit Use of Force Bill which people might know otherwise as Seni's Law which is a really significant first step in significantly reducing and ending the use of restraint in mental health units for all people but making sure that staff have training to understand the impact of trauma so that will, of course, particularly benefit women who have experienced violence and abuse and that they will be able to have opportunities to think about ways to de-escalate situations rather than feeling that they have to intervene with physical restraints. So, these things are very very welcome but it is really important that we keep up this kind of momentum and profile around women's mental health.

I: Definitely and I think people who like myself might not come from a mental health background might be quite shocked really to hear that restraint is so widely used so yes, I highly recommend looking at the Bill that was passed. How do you think mental health practitioners should be responding to victims of domestic abuse?

R: So, as we have talked about, despite those clear links between abuse, violence and poor mental health amongst women, services unfortunately appear to be frequently failing to take trauma into account so what we would like to see is routine enquiry happening across the board so as I say, that is a practice by which trained professionals are able to ask about experiences of current and historic abuse and violence and then respond to that appropriately. So that's not just in mental health settings that is supposed to be happening, that is also in others as well such as antenatal, sexual health, drug and alcohol services and children's services.

We know unfortunately that whilst women are not being asked routinely, they do really welcome it and most find that it is a really positive opportunity to be able to uncover some of the root causes behind the problems and perhaps some of the coping mechanisms that they have developed in response. So, for example, one woman told us that after many years of suffering from mental ill health and not getting the right kind of support that she needed, when she finally was asked it really started opening up gateways into support and routes into that trauma informed gender specific type of care that has made a significant difference in her recovery but as I say, unfortunately too often people aren't taking the time to really uncover some of those root causes. We think that there is a real need for further training and support for staff to be able to do that because some of the barriers are, of course, around people's confidence to be able to ask.

I: Definitely.

R: To know how to refer on but also how to know about how they can then respond to that in their own treatment care and planning so we do want to see a whole organisational approach to being able to implement this.

I: Yeah, I think that actually is a really good point. I have spoken to professionals before who have said they don't want to offend people by asking the question and that's not actually what is happening at home, we have said you know, if it's not then these women who are routinely asked don't mind, they will probably feel more comfortable that if it was to happen to them there is someone there that they can talk to and as you have said I think it is around further training for people so when someone does disclose they are not scared, they do know where to refer people to and where to signpost. So, yeah, I think that is really valuable.

R: Absolutely.

I: So, you have mentioned it before in the podcast but could you tell me what Agenda mean by trauma informed response and what does this mean in practice.

R: Yeah, so as we have said, trauma is often the underlying route to many of the kind of challenges that women face and unfortunately particularly for women facing multiple forms of disadvantage their coping mechanism is perhaps behaviours that they have developed in response to this can be labelled as difficult or poor coping and they can be seen as sort of hard to reach and engage with but evidence suggests that there is real value and importance of delivering services in a way that adopts a more psychologically based framework to respond to women's needs and that really fits well

with a gender sensitive as well as an intersectional approach to working with women. So, trauma informed services really recognise the impact of violence and victimisation and they do everything that they can to avoid retraumatisation.

They identify that recovery from trauma is the primary goal and unfortunately that often doesn't seem to be put first and foremost in all services where people who have experienced trauma are. Those sort of trauma informed services also strive to maximise women's opportunity to have choice and control over decision making, treatment planning and they create a really respectful environment where there is a better balance of power perhaps between staff and women that is based on safety and respect and mutual acceptance.

I: Yeah.

R: We know that many women's centres operate already in this way and to these values and principles so there are good examples already in the community of how trauma informed care can be delivered specifically for women.

I: Is this specifically for women or is this something that we see in CAHMS as well for younger girls.

R: Yeah, well we know less about the situation in CAHMS from our own research but absolutely the same principles apply for young women and unfortunately as those figures suggest the restraint figures amongst girls being so much higher than boys it would suggest that unfortunately, they are not taking that into account. We think in general amongst the youth mental health, girls need in particular and particularly the relationship between abuse and the rising high rates of mental ill health aren't really being taking account of.

I: No, thank you. Where mental health trusts are in a position of further developing or commissioning services, what does Agenda think they should be considering.

R: Yeah, so from work that we have done from Ava (Against Violence and Abuse) Mapping the Maze we were, in that piece of research, looking at what provision was being provided for women facing multiple disadvantages across the country and through that unfortunately in the request that we put in to clinical commissioning groups, for example, that a number were refusing to provide women only support on the grounds of equality. Now, of course, we know that that is a misinterpretation of their duties under the Equality Act so there also is a big gap that research found in support for women's mental health beyond the perinatal period where there are already existing gaps as it stands so we think that this really needs to be an issue first and foremost about governance and leadership at the central and the local level.

But in terms of what the mental health trust specifically can do, as I say, it really requires a whole organisational approach and commitment and first and foremost that starts with having a women's mental health strategy in each mental health trust so that that can really focus their mind and energies on the steps that they are going to take to be able to implement that in practice. Then that means that they will have strategies in place to allow them to provide these types of services that can respond to trauma by providing safe and therapeutic environments for women in which they can address the abuse that they faced and support their recovery. It is really important that in doing that and setting that up that is done in co-production with women so really talking to women with lived experience, finding out what it is that they think they need so that they can really get that right.

We would also like to see a holistic and joined up approach to working with women's services that already exist so as I say there are a number of very good women's centres around the country already operating in this sort of way as well as a range of other support services that women can be signposted and supported into but really being able to provide that kind of support that is integrated and has a partnership, working relationship with the mental health trust can help women, particularly those who might otherwise fall between the gaps. We are hoping that the resulting work of the women's mental health task force that I mentioned will be able to provide commissioners and providers with good guidance around what this might look like in practice and the type of steps that they might be able to take to implement gender specific trauma reformed support for women.

I: These statistics were quite alarming so it is a relief to hear that this isn't a million miles away to get to, there are some pockets of good practice and people are working to get there so that really is reassuring that it is not something that is just a dream and will never be conquered.

R: Yeah, it really is, if anybody listening to the podcast would like to support the campaign, you can go to our website and click on the women in mind page there.
<https://weareagenda.org/>

I: Thank you so much Jess, it really has been so interesting, with the podcast we will put up some links to the website and some of the articles and the Bill that you mentioned so if anybody wants to do some further research your website really was invaluable for me, I had a good read of everything on there and got a great understanding and as I have said some of those statistics were shocking and I have worked in this field for a long time so thank you very much for bringing them to our attention.

R: Thank you.