



**Women like me:
Supporting wellbeing
in girls and women**





About Platform 51

After 155 years as YWCA England & Wales, and following extensive research¹, in December 2010 we changed our operating name² to Platform 51 which reflects our work with girls and women of all ages and backgrounds, of all faiths and none. Although our name has changed, our passion remains the same and we are very proud of our heritage of working with girls and women since 1855.

Platform 51 supports girls and women as they take control of their lives. Most girls and women we work with lack opportunities and are disadvantaged or discriminated against; many have no confidence or self-esteem. Some come to us in crisis while others want to be treated with dignity and respect.

In 2010/11 we will be working with 11,000 girls and women. We run programmes from our fifteen women-only centres which are in some of the most deprived areas of England and Wales. We work in schools, community centres, youth clubs, mother and baby units, prisons, and are in the process of developing online services; anywhere, in fact, where we can make a difference. Girls and women come to us because we provide non-judgemental, holistic support in a safe environment.

In our face-to-face work with women we help each woman make sense of what is going on in her life and what she can do to make positive changes. We inspire women to take the first step towards taking control of their lives. We speak out on behalf of all women in England and Wales and we provide a platform for women to talk about what matters to them and their communities.

Girls and women today face pressures and experiences that have a bad effect on their mental health and emotional wellbeing. Our research shows that in England and Wales three out of five girls and women have been affected by mental health problems of some kind; the equivalent of 15.2 million girls and women.³ This has a devastating impact on their lives. But women's integral role in families and communities means that this is something that affects wider society as well.

This report shows just how widespread this problem is, what the consequences of poor mental health are and what support is available to women and girls. The issues considered in this report are not new, but given the findings of our research, clearly the current approach for dealing with them is not working and the problems are getting worse. Now is the time for a new approach.

¹ Between July 2009 and August 2010 YWCA England & Wales undertook focus groups, polling and perception audits with girls and women who currently use our centres and those who potentially could but currently don't as well as current and potential funders, donors and partners to ascertain whether our brand was still relevant.

² Platform 51 is the operating name of YWCA England & Wales.

³ 1271 of 2026 women surveyed said their lives had been negatively affected by mental health issues. The female population (aged 12+) in England & Wales = 24,247,000 (Source: *ONS 2008-based population projection statistics for 2010*. Accessed at: http://www.statistics.gov.uk/downloads/theme_population/NPP2008?NatPopProj2008.pdf). $1271/2026 = .6273 \times 24,247,000 = 15,210,000$ women aged 12+ in England & Wales whose lives have been negatively affected by mental health issues.

Women like me: Supporting wellbeing in girls and women

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Foreword

This first report focuses on girls and women's mental health and wellbeing. Positive mental health and wellbeing is essential for women because it allows them to flourish, contribute to wider society and fulfil their potential. It has significant implications for society and the economy as women can be and often are the linchpins of local communities.

Time and time again, I have seen the devastating effects of mild to moderate mental health problems on women's lives. And my involvement with Platform 51 has allowed me to witness just what women can achieve when they get appropriate support. When we asked women at our centres what they wanted the subject of our next campaign to be, they said health and wellbeing was their priority. Their own experiences, and those of their female friends and relatives, highlighted the scale of the challenge involved in promoting girls and women's wellbeing. Our research shows approximately 15.2 million girls and women in England and Wales have been affected by mental health problems.

Women like me: Supporting wellbeing in girls and women describes the common triggers for mental health problems in girls and women and how these impact on their lives. The report examines how women cope with the challenges they face and how they feel about the support they receive. We have published this evidence as a wake up call to policy makers and service providers. Platform 51 wants to work with you to tackle the crisis in mental health and help improve the lives of millions of girls and women.

Helen Wollaston

Chair of the board of trustees
Platform 51

Executive summary

Our research shows that in England and Wales 63% of girls and women have been affected by mental health problems of some kind – the equivalent of 15.2 million girls and women.⁴ This has a devastating impact on their lives and their chances of fulfilling their potential. Women’s integral role in families and communities means that this is something that affects wider society as well.

This report shows just how widespread this problem is, what the consequences of poor mental health are and what support is available. The issues considered in this report are not new, but given the findings of our research, clearly the current approach for dealing with them is not working and the problems are getting worse. Now is the time for a new approach.

What triggers mental health problems

Traumatic events such as abuse or bullying can trigger mental health problems for girls and women. 29% of women we polled had been **emotionally or physically abused**. The symptoms experienced by those who had been abused included feeling sad and tearful (70%), having low self-esteem (66%) and feeling worthless (60%). Almost one in four admitted feeling suicidal (24%). Other triggers include events which many or most women will experience, such as **changing school, getting into debt, being unemployed, leaving home or getting pregnant**.

However, some events will trigger problems for a small minority but the impact can be significant. For example, the majority of girls and women regarded getting pregnant as a positive time in their lives but for almost one in ten (9%) it was not.

For some girls and women it was the *combination* of these events which caused mental health problems. **The cumulative effect of these events made it harder to cope with each new challenge.**

Platform 51 is concerned that the impact of these triggers is not well enough understood by the agencies that exist to support women and this is causing the problems to increase and escalate. The long-term effects of this will be felt by the women themselves and by wider society if it is not addressed now.

“ 63% of girls and women have been affected by mental health problems – the equivalent of 15.2 million girls and women ”

How mental health problems affect girls and women

In both our poll and our focus groups, girls and women identified a range of behavioural consequences of their mental health problems. These behaviours were often damaging and risky and included: regularly drinking enough to get drunk, leaving jobs, staying in bed for long periods of time, losing friends, getting into debt and self-harm.

Isolation from friends and family was shown to be common behaviour in girls and women experiencing mental health problems. 48% had **stayed in bed or not left the house** for a long period as a result and more than a quarter (28%) **had lost friends**. Our survey also showed that 13% of women experiencing mental health problems had **quit a job** and 44% had **taken some time off work** due to these problems, with more than a quarter (26%) being **off work for at least a week**. More than one in four (27%) women who had experienced mental health problems admitted to **regularly drinking enough to get drunk** and one in five (21%) had **built up debt**.

What is most striking about these behaviours is that they are often self-destructive and hidden. Many women appear to be functioning normally or coping adequately with particularly difficult situations when in fact they are struggling to cope. **The consequences of these behaviours have an impact on their physical and mental health in the short- and long-term.** The impact of this not only affects women, children and families, but it also leaves communities and wider society poorer.

Current support

It is vital to understand what support girls and women seek when they are facing mental health problems and to ascertain whether it is adequate.

Women often turn to family and friends for support: 29% turned to their partners; one-in-five relied on a close female friend; and over half (56%) of 12- to 17-year-olds relied on their mothers for help and advice. 63% of women went to their GP and while this was a positive experience for some, others reported receiving inappropriate and inadequate support.

⁴ 1271 of 2026 women surveyed said their lives had been negatively affected by mental health issues. The female population (aged 12+) in England & Wales = 24,247,000 (Source: *ONS 2008-based population projection statistics for 2010*. Accessed at: http://www.statistics.gov.uk/downloads/theme_population/NPP2008?NatPopProj2008.pdf).

Antidepressants and other prescription medicines are still widely used to treat mental health conditions. **About one-in-three women in our survey had taken antidepressants.** This is against the backdrop of a decade in which the use of antidepressants has gone up by 95%.⁵ However, talking to girls and women it is clear to us that this over-reliance on medication is seen as an ineffective way to treat mental health problems. **63% of women in our poll felt that doctors tended to rely too heavily on drugs in the treatment of these conditions.**

37% of women had experience of some form of therapy, the most common being counselling which 25% of girls and women had used. However women told us that they often had to wait years to get it and this is supported by evidence which shows that in England one-in-five people are waiting more than a year to get psychological therapies such as Cognitive Behavioural Therapy (CBT) or counselling.⁶

Our evidence suggests that **one-in-three women do not get any professional help when they face mental health problems.** Many were scared of being judged, being ignored or not being taken seriously. Often they felt that their problems were not serious enough to be worthy of any support.

Providing appropriate support

We are concerned that too many girls and women have inadequate choice and control over the types of services they can get. We want all girls and women to be in control of their lives; to have the strength, confidence and resilience to steer themselves through the good times and the bad.

Mental health problems in girls and women are not new but evidence suggests that things are getting worse. The support that girls and women get is not tackling the problem.

Women need a range of services provided in places where they feel confident, valued and safe. **82% of women felt it was important to have access to women-only services.** Women who are Platform 51 services users tell us that our women-only centres give them a space where they do not feel judged, where they can get support and make friends.

Building resilience in a girl's life will help her to cope when she later faces the trigger events that could affect her mental health.

Women need to be engaged with and involved in how services are delivered to them and the kinds of support they can get. For women with mental health problems or the negative consequences of coping with them, this approach is crucial for them to regain choice and control in their lives.

Conclusion

Girls and women are living with a range of mental health problems, many are struggling to cope and the remedies are not working.

Platform 51 calls for an immediate and comprehensive review of the support offered to girls and women experiencing these problems. Without this the costs will continue to mount up, both socially and economically, without any measurable benefit being felt by the girls and women themselves or their families, communities and wider society.

Recommendations

Our recommendations aimed at national government, local government, commissioners, mental health services, and primary care providers, including GPs, in England and Wales can be read on page 16.

“ We want all girls and women to be in control of their lives; to have the strength, confidence and resilience to steer themselves through the good times and the bad ”

⁵ <http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/prescriptions>

⁶ http://www.mind.org.uk/news/4027_new_report_shows_we_still_need_to_talk, accessed 11 December 2010

Introduction: Why women and mental health

What do we mean by 'mental health'?

The Department of Health's definition is that good mental health is "a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."⁷ According to the World Health Organisation, mental wellbeing is defined as "a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment and not merely the absence of disease or infirmity."⁸ This widely-used definition informs the approach to mental health taken by the Welsh Assembly Government.

There are many terms used to describe the mental health problems that this report is referring to, including 'common mental health disorders', frequently shortened to CMHD⁹. However, Platform 51 is concerned that this definition does not adequately capture the range of feelings and symptoms that women we work with show signs of and report to us. These include low self-esteem and self-confidence and stress. For the purposes of this report, we are using the term *mild to moderate mental health problems* (shortened to mental health problems for ease of use). This term captures the range of feelings and symptoms which negatively impact on girls and women's mental health and which can have more serious consequences if undetected or unaddressed.

The extent of the problem

It is estimated that around one-in-six people¹⁰ experience mild to moderate mental health problems at any time. Only a minority of these will be diagnosed with a long-term mental health condition, but the problems they face may trigger negative behaviour patterns, from taking time off work to regularly getting drunk. For some people, the mechanisms they use to cope with the problems are more destructive and have longer-term consequences than the problems themselves.

Why women and mental health?

Our research shows approximately 15.2 million women aged 12 and over in England and Wales have been affected by mental health problems of some kind.

Evidence suggests that girls and women are almost twice as likely as boys and men to suffer from depression, anxiety, self-harm, eating disorders and low self-esteem.¹¹ In 2009 an NHS report¹² revealed that female mental health is worsening with increasing numbers of women suffering depression, anxiety and suicidal thoughts.

At Platform 51, the girls and women we work with who suffer from mental health problems often do so as a result of traumatic events such as emotional or physical abuse. But other events, which may be considered as relatively commonplace in girls' and women's lives, can also lead to mental health problems.

Many of these events are considered normal in our society and feelings of anxiety and stress that accompany them may be things that many women accept as part of daily life.

However, when these events trigger mental health problems, this can have a profound impact on girls' and women's lives and particularly their ability to fulfil their potential. This is not just a problem for them as individuals, but also for their families, communities and society more widely.

Using a combination of findings from a poll and focus groups this report looks at the triggers of the onset of mild to moderate mental health problems in girls and women; the behavioural consequences and the treatment and support.

We conclude with a series of recommendations to policy makers and service providers to help provide more appropriate services to support girls and women.

⁷ DoH Mental Health Division (2010) 'Confident Communities, Brighter Futures. A framework for developing wellbeing'. P11. Accessed on 17 August 2010 at: <http://www.nmhd.org.uk/silo/files/confident-communities-brighter-futures.pdf>

⁸ WHO (2009) Media Centre Fact Sheet: 'Mental health: strengthening mental health promotion sheet' Accessed on 27 January 2010 at: <http://www.who.int/mediacentre/factsheets/fs220/en/index.html>.

⁹ Common mental health disorders are defined as mental conditions that cause marked emotional distress and interfere with daily function, though they do not usually affect insight or cognition. CMHDs comprise different types of depression and anxiety: symptoms of depressive episodes include low mood and a loss of interest and enjoyment in ordinary things and experiences. They impair emotional and physical wellbeing and behaviour. Anxiety disorders include generalised anxiety disorder (GAD), panic disorder, phobias, and obsessive and compulsive disorder (OCD).

¹⁰ The Health & Social Care Information Centre (2009) 'Adult psychiatric morbidity in England, 2007. Results of a household survey' Accessed on 17 August 2010 at: <http://www.ic.nhs.uk/webfiles/publications/mental%20health/other%20mental%20health%20publications/Adult%20psychiatric%20morbidity%2007/APMS%2007%20%28FINAL%29%20Standard.pdf>.

¹¹ MIND 'Understanding self-harm' Accessed at www.mind.org.uk/help/diagnosis_and_conditions/self-harm

¹² The Health & Social Care Information Centre (2009) 'Adult psychiatric morbidity in England, 2007. Results of a household survey' Accessed on 17 August 2010 at: <http://www.ic.nhs.uk/webfiles/publications/mental%20health/other%20mental%20health%20publications/Adult%20psychiatric%20morbidity%2007/APMS%2007%20%28FINAL%29%20Standard.pdf>.

Chapter one: What triggers mental health problems in girls and women

We regularly see girls and women with mental health problems in our centres. These problems are not new; we are acutely aware that the mental health problems for girls and women in England and Wales are getting worse. But until we undertook this research we were unaware of just how bad things are.

The findings from our poll show that about 15.2 million women aged 12 and above in England and Wales have been affected by mental health problems of some kind. That is the equivalent of three-in-five girls and women in England and Wales.

Furthermore, 88% of those who took part in our national survey knew other women who had had mental health problems.

- 66% knew a woman who had been affected by depression
- 66% knew women who had suffered from stress
- 57% knew women with low self-esteem
- 57% knew women who had anxieties about their body image
- 50% knew women who had been affected by anxiety
- 40% knew women who had suffered from loneliness
- 33% knew women who had eating disorders

These statistics were supported by discussions in our focus groups, where a significant number of Platform 51 service users felt that they had experience of mental health problems including anxiety, depression, stress, low self-esteem, loneliness and sadness. Some had experienced suicidal thoughts and had self-harmed:

"I ended up suicidal and I've been suicidal for a long, long time"
(Platform 51 service user, aged 67)

In this chapter, we identify what triggers mental health problems in girls and women.

“We are acutely aware that the mental health problems for girls and women are getting worse”

Triggers

In our poll, girls and women reported a range of events that negatively affected mental health. These included emotional and physical abuse, bereavement, school bullying, debt, relationship breakdown, redundancy and becoming a carer for dependent adults. These findings were reinforced by the women in our focus groups:

"When my mum died that was it. That was my main person gone so I just went absolutely nuts and that's when my life did fall to bits"

(Platform 51 service user, aged 28)

The table on next page sets out the triggers which negatively affected the mental health of some of the girls and women we surveyed and the average number of symptoms of mental health problems associated with these triggers.

In our poll, abuse was shown as a major cause of mental health problems. 29% of the women who responded to the survey had been **physically or emotionally abused**, supporting other research which reveals that nationally one-in-four women suffer domestic abuse¹³. Women who have been abused suffer from a range of mental health symptoms as a consequence. As the table shows, women with negative experiences of abuse reported an average of nine mental health symptoms as a result which shows the wide-ranging and deep impact of physical and emotional abuse. The symptoms experienced by those who had been abused included feeling sad and tearful (70%), having low self-esteem (66%) and feeling worthless (60%). Almost one-in-four admitted feeling suicidal (24%). This correlates with national evidence which shows that a third of all female suicide attempts are as a result of domestic violence¹⁴. Many of the women who come to Platform 51 have suffered emotional and physical abuse and many are living with the consequences of it on their physical and mental health.

Being bullied at school is a common trigger which negatively affects girls and women's mental health. 33% of girls and women reported having been a victim of bullying while at school. Girls and women across the age ranges reported that this had a significant effect on their mental health: 59% felt lonely, 37% felt worthless, 30% worried more about their body image as a result and 11% felt suicidal. School bullying is significant for many of the women who come to Platform 51, and is the problem that was mentioned several times in the focus groups:

"Boys pick on me in school and coming somewhere where there is no one [to do that] gives me time to have fun and relax".

(Platform 51 service user, aged 15)

¹³ Women's Aid (2007) 'Exploding the Myths' Accessed on 11 December at: <http://www.womensaid.org.uk/domestic-violence-articles.asp?section=00010001002200360002&itemid=1278>

¹⁴ Stark and Flitcraft, 1996; Mullender, (1996)

Trigger event	% have experience of trigger	% have a negative experience of trigger	% developed a symptom of mental health issues [†] as a result of trigger	Mean number of symptoms of mental health issues experienced [†] as a result of trigger
<i>Base</i>	<i>Women</i>	<i>Those who have experienced trigger</i>	<i>Those who had a negative experience of trigger</i>	<i>Those who had a negative experience</i>
Emotional or physical abuse	29% *	97%	96%	9
Bereavement	65% *	94%	93%	5
Developing a serious illness/ disability	19% *	92%	95%	8
Being bullied at school	33% *	88%	97%	7
Getting into debt	38% **	87%	90%	6
Breakdown of a relationship	50% **	86%	95%	8
Being made redundant/ losing a job	29% **	74%	88%	5
Parental separation/ divorce	22% *	69%	86%	4
Becoming a carer for dependent adults	16% *	51%	98%	6
Changing school	36% *	25%	92%	5
Returning to work after having a child	45% **	13%	92%	5
Leaving home	68% *	11%	89%	5
Getting pregnant	53% *	9%	86%	4
Retirement	29% ***	9%	81%	5
Starting university	30% *	4%	96%	7
Having a child	44% *	2%	85%	8
Becoming a grandparent	35% ***	1%	0%	0
Leaving care	1% *	43%	90%	6

[†] Of 21 symptoms of mental health issues assessed

Low base * Base = Women aged 12+ (N = 2026)

** Base = Women aged 16+ (N = 1914)

*** Base = Women aged 35+ (N = 1337)

Debt was identified as both a cause and a consequence of poor mental health for girls and women. Over a third (38%) of the girls and women (aged 16+) we surveyed had experience of being in debt. Among these, almost half (47%) said they had difficulties sleeping as a result, 40% felt hopeless and 8% had felt suicidal. The table above shows that the average number of symptoms experienced by these women was six. These findings echo research from the Royal College of Psychiatrists that indicates that one-in-two adults with debt has a mental health problem.¹⁵ This was commonly mentioned in our focus groups as well. One woman told us:

"I would say for me, lately, it's not to do with bereavement or family or anything like that it was financial. I was struggling financially very bad, and then I found it really hard. I was getting depressed. I had nowhere to go, couldn't see what was going to happen in the future."

(Platform 51 focus group, aged 28-47)

¹⁵ The Royal College of Psychiatrists 'Debt and Mental health'
<http://www.rcpsych.ac.uk/mentalhealthinfo/problems/debtandmentalhealth.aspx>

Of the girls and women whose **parents had separated**, 69% described it as a bad time in their lives. Among these, 61% described often feeling tearful or sad, 36% felt lonely, 31% worried more about things and 25% felt more wound-up or bad tempered. One said:

"[When I was 12] my mum and dad split up and I went off the rails."

(Platform 51 focus group, aged 28-47)

Relationship breakdown was commonly associated with a negative impact on mental health: in our table, it is associated with eight mental health symptoms among those who have had a bad experience. 60% of women aged 16 and over who described having had a bad relationship breakdown or divorce felt lonely, almost half (47%) developed sleeping problems and 49% had over-eaten or under-eaten as a result. One-in-five women who reported that a relationship breakdown had been a bad time in their lives said that they had suicidal feelings during this time. One woman told us:

"I got no support during my separation. I told the female doctor I had suffered depression and panic attacks and all she said was "what do you want me to do?"

(Platform 51 service user, aged 55)

Redundancy has a negative effect on women's mental health. 74% of women aged 16 and over who had experienced being made redundant described it as a bad time in their lives and an average of five mental health symptoms were experienced as a consequence by these women. Over half of those who described this as a bad time in their lives (54%) said it made them lose confidence, one-in-five (20%) felt lonely and the same proportion over-ate or under-ate. This is of particular concern at a time when we are facing significant funding cuts in the public sector, in which the majority of workers are women.

51% of women who had become **carers of dependent adults** described it as a bad time in their lives. 25% of those began to under- or over-eat. Over fifty per cent (51%) reported finding it more difficult to sleep and 85% said they were tired or worn out. It is estimated that around 6 million people in the UK are carers, and the majority (58%) are women.¹⁶ According to CarersUK, current estimates suggest that around three-in-five people in the UK will become carers at some point in their lives.¹⁷ For many, caring can be a rewarding experience, but many face poverty, isolation, discrimination and ill health as a result of becoming a carer.

Many of the triggers mentioned above will be ones that are likely to have a negative impact on the majority of girls and women who experience them. However, our polling showed that there were certain triggers which, while positive for the majority of the women, for a sizeable minority prompted very unhappy times.

While the vast majority of women view **getting pregnant** as very positive, 9% described it as a bad time in their lives. 53% of those women said that they felt sad and often cried, 37% felt lonely; 33% worried more about other people's opinions and 25% felt hopeless. The importance of good maternal mental health and healthy pregnancies to women but also to children's life-chances and to preventing poverty in their adult years is increasingly understood and was highlighted in a recent report commissioned by the UK Government.¹⁸

A combination of events

In our poll, girls and women were invited to consider individual triggers which had prompted mental health problems for them. However, evidence from the focus groups shows that for some women, it was the *combination* of these events which caused mental health problems. **The cumulative effect of these events made it harder to cope with each new challenge.** One woman told us:

"Things get to you and you are a lot more sensitive. You are more sensitive to other things that might happen that wouldn't normally faze you."

(Platform 51 service user, aged 22)

There are a range of experiences which can have a bad effect on girls' and women's mental health. Some of these are particularly traumatic events such as physical or emotional abuse, bereavement, or school bullying. There are other experiences which may be considered as relatively commonplace, but which still have a significant impact on their mental health.

Platform 51 is concerned that the impact of these triggers is not well enough understood by the agencies that exist to support women and this is causing the problems to increase and escalate. The long-term effects of this will be felt by the women themselves and by wider society if it is not addressed now.

“ The impact of these triggers is not well enough understood by agencies that exist to support women. This is causing the problems to increase and escalate ”

¹⁶ Facts About Carers Policy Briefing June 2009 CarersUK

¹⁷ From <http://www.carersuk.org/Aboutus/Whoarecarers> accessed 10 December 2010

¹⁸ Field, F (2010) 'The Foundation Years: preventing poor children becoming poor adults' HM Government. London

Chapter two: How mental health problems affect girls and women

Poor mental health has a profound impact on girls and women and the consequences can be with them throughout their lives. Three in five (63%) of the women we polled said mild to moderate mental health problems had a negative impact on their lives. Mental health problems limit women's ability to fulfil their potential. Sometimes, the things that women do to cope with their mental health problems cause more damage to their physical and mental health than the original problem.

In both our poll and in our focus groups, women identified a range of behavioural consequences of their mental health problems. In our experience women use these behaviours as a coping mechanism. What is most striking about these behaviours is firstly that they are often self-destructive and hidden. Many women appear to be functioning normally or coping adequately with particularly difficult situations when in fact they are struggling to cope. Secondly, the consequences have an impact on their physical and mental health which is sometimes not fully felt until many years later.

How do you cope?

Isolation from friends and family was shown to be common behaviour in girls and women experiencing mental health problems. 48% experiencing mental health problems had **stayed in bed or not left the house** for a long period as a result and more than a quarter (28%) had **lost friends**. Isolation can exacerbate mental health problems and has an impact on familial relationships, friendships and engagement with their communities. Research has shown the importance of social interaction and friendship networks in building positive health and wellbeing and extending life expectancy.¹⁹ This is particularly important to girls and women.²⁰

Our survey showed that 13% of women experiencing mental health problems had **quit a job** and 44% had **taken some time off work** due to these problems, with more than a quarter (26%) being **off work for at least a week**. Clearly this may have a serious impact on women's long-term employment prospects which in turn may exacerbate their mental health problems. It also has a significant cost to the economy: according to research published by the Royal College of Psychiatrists and the Centre for Mental Health, England loses £30 billion a year in lost earnings as a result of mental health problems.²¹ In Wales, it is estimated that the overall cost of mental health problems is £7.2 billion a year.²²

More than one-in-four (27%) women experiencing mental health problems admitted to **regularly drinking enough to get drunk** as a result; the highest levels among 18- to 34-year-olds (35%). Not only is excessive alcohol consumption dangerous, it is estimated to cost the NHS around £3 billion.²³ 9% admitted to **taking illegal drugs** as a direct consequence of mental health problems and the same percentage admitted to **overusing over-the-counter and prescription medicines**.

“ Poor mental health has a profound impact on girls and women and the consequences can be with them throughout their lives ”

One-in-five (21%) had **built up debt** revealing the extent to which debt is both a cause and a consequence of mental health problems. Research from Citizens Advice Bureau²⁴ and, more recently, the Fawcett Society²⁵ has shown that although women tend to have lower average debt than men, women's debt is more likely to be linked to poverty than men's. Furthermore, women's debt is often with less favourable lenders and takes longer to repay and is more expensive to repay because interest rates can be very high.

More than one-in-ten (13%) of the girls and women who had experienced mental health problems had self-harmed. National figures show that rates of **self-harm** are on average two to three times higher in women than men. Among 18- to 24-year-olds who had experienced mental health problems, this number went up to 35% and was 20% among those aged 25 to 34. Self-harming can have serious long-term consequences, from permanent scarring to loss of feeling in nerves; permanent reminders of their mental health problems.

¹⁹ *Social Relationships and Mortality Risk: A Meta-analytic Review*, Holt-Lunstad, Smith, Bradley Layton <http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.1000316> accessed 11 December 2010.

²⁰ The Kidscreen scale shows that girls were more likely to report feeling 'sad' or 'lonely' than boys. Sourced from the Health-related Quality of Life Questionnaire for children and Adolescents self-report measures.

²¹ Royal College of Psychiatrists (2010a). 'Looking Ahead. Future development of UK mental health services: recommendations from a Royal College of Psychiatrists' enquiry'. Occasional Paper OP75. London: Royal College of Psychiatrists. Available at: <http://www.rcpsych.ac.uk/files/pdfversion/OP75.pdf>

²² From research by the All Wales Mental Health Promotion Network. The figure includes the cost of health and social care, output losses due to people being unable to work and a monetary estimate of the less tangible human costs and impact on quality of life.

²³ <http://www.telegraph.co.uk/health/healthnews/5561217/3bn-cost-of-alcohol-to-NHS-every-year.html>

²⁴ *In too deep: CAB clients' experience of debt*, Sue Edwards, Citizens Advice Bureau, May 2003

²⁵ *Women and Debt* Fawcett Society briefing, August 2007

When the girls and women in our focus groups were talking about when they were younger, many women said they had “gone off the rails” as a result of events in their lives. They gave examples of not leaving the house, getting drunk, self-harming, being arrested, not eating and taking hard drugs. One woman said:

“If you’re not going out and you sit at home all day in your trackies every day, you are going to lose some self-esteem ... confidence”.

(Platform 51 focus group, aged 18-34)

A lot of the behaviour we have described so far could be described as risky. Through our focus groups we identified other risky behaviour which women had engaged in as a result of their mental health problems. These included being sexually promiscuous, taking drugs and getting involved in crime.

“I slept about a lot with men. I think I was looking for love and attention, and I did it a lot at that time. Didn’t care what anyone thought, so sleeping with them, anyone, three people in a week, it didn’t bother me.”

(Platform 51 focus group, aged 28-47)

The findings from our poll and focus groups clearly show that women adopt a range of strategies to cope with their poor mental health. These strategies are not new but they do have long-term consequences. This will inevitably affect children and families, but it also leaves communities and wider society poorer.

“ Women adopt a range of strategies to cope with their poor mental health... they have long term consequences. This will inevitably affect children and families, but it also leaves communities and wider society poorer ”

Chapter three: Current support

It is vital to understand what support girls and women seek when they are facing mental health problems and to ascertain whether it is adequate. While some women turn to family and friends, others need professional help. We are concerned that at times neither of these forms of support are appropriate or sufficient.

Family support

Findings from our poll show that girls and women in England and Wales most commonly identified their partner or spouse as being their main source of support (29%). This was highest among those aged 25 to 55. 20% of women turned to a close female friend for help and advice. Girls aged 12 to 17 were most likely to turn to their mother for support (56%), this was also the most common response from those aged 18 to 24 (25%).

Girls and women who are not lucky enough to have a supportive partner, close female friend or mother often seek the support of organisations like Platform 51. Here's what some of them said:

"People that are in need of help and support can get it in a friendly environment where everything is confidential"

(Platform 51 service user, aged 15)

"Some girls find it hard to talk to their mums and dads"

(Platform 51 service user, aged 15)

"Women sometimes feel they haven't got support or comfort in their home lives, so having a women's centre can be a chance for these things"

(Platform 51 service user, aged 19)

"It's a place where girls and women can feel worth something, important and safe"

(Platform 51 service user, aged 23)

Professional help

In our poll, women were asked where they had gone in the past to get help with mental health problems. 63% of girls and women who sought help for their mental health problems **spoke to their GP**. This was reiterated in the focus groups, where the majority of women had used their GP as the main source of advice and signposting into other mental health services. While many of the girls and women in our poll were positive about these experiences, some felt that they didn't receive the support they needed. They told us:

"My GP didn't show any interest at all. He told me that he didn't deal with that kind of problem and gave me a leaflet for a charity that helped people. This organisation only had students as counsellors and was a terrible experience"

(Polling respondent, woman, 35-44)

"No they didn't help much. The doctor referred us to a family clinic where I could talk to someone, but we never actually got an appointment through. My mum helped me a lot and eventually I started feeling better"

(Polling respondent, aged 12-17)

"My GP just gave me antidepressants. He didn't really talk to me, although he did seem to understand there was no other support"

(Polling respondent, aged 35-44)

"I was given antidepressants and put on a waiting list for counselling. I am still waiting four years later"

(Polling respondent, aged 65+)

"These services are not fast enough. I had to wait two months to see a psychiatrist and four months for counselling."

(Polling respondent, aged 25-34)

This presents a very serious challenge to health providers in England and Wales as it is clear that many women are not getting the support they need from their GP. We have found that if women have a bad experience of health services they are less likely to access these services in the future.

Medication versus talking therapies

Our poll shows that **32% of girls and women (18+) had been prescribed antidepressants** and 13% had been given other prescription medicine to help them with their mental health problems. This is against the backdrop of a decade in which the use of antidepressants has gone up by 95%.²⁶ Within the 44-54 age category 44% of women had been prescribed antidepressant medication at some point in their lives.

Antidepressants can play an important role in helping girls and women to cope with their mental health problems and continuing to function in their daily lives. But the evidence we have gathered shows that medication by itself is not always appropriate or wanted.

Through our work with women, we have found that they are likely to be prescribed medication to treat mild to moderate mental health problems if they visit their GP. BBC evidence from a freedom of information request suggests that this is a particular problem in Wales, reporting that it has seven of the top ten areas for prescription of anti-depressants in England and Wales.²⁷

In 2009 a report by the Mental Health Foundation²⁸ revealed that 45% of GPs most commonly prescribed antidepressants as their first treatment response to mild or moderate depression; 36% of GPs most commonly referred to some form of counselling or psychotherapy and 10% of GPs referred to cognitive behavioural therapy as their first treatment response.

²⁶ <http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/prescriptions>

²⁷ http://news.bbc.co.uk/1/hi/wales/south_west/7986615.stm

²⁸ <http://www.mentalhealth.org.uk/publications/?EntryId5=73298>

Asked for their views on antidepressants 72% of GPs said they believed that antidepressants were *quite effective* and 19% believed them to be very effective.

However, talking to girls and women it is clear to us that this over-reliance on medication is seen as an ineffective way to treat mental health problems. **63% of women in our poll felt that doctors tended to rely too heavily on drugs in the treatment of these conditions.**

"I got prescribed antidepressants after the birth of my child because I had post-natal depression. I found that they helped me take the break I needed, but soon became a constant numbness in my life and stopped me enjoying my child so I stopped taking them of my own choice"

(Polling respondent, aged 18-24)

"It took me nine years to get cognitive therapy from a GP who was less than sympathetic. I was on antidepressants for three and a half years without sufficient reviews and came off them myself. It took nearly a year for my GP to notice that I was no longer having repeat prescriptions for this drug"

(Polling respondent, aged 45-54)

37% of women had had some form of therapy the most common being counselling which 25% of women had used in the past. 5% had used psychotherapy, 4% had relationship counselling and 2% had been to family therapy. This is supported by GPs: in a survey 70% said they would prefer to use more social prescribing (for example; exercise referral, self-help group referral) for common mental health problems if they had the option.²⁹

However, whilst the charity MIND has recently found that the Improving Access to Psychological Therapies (IAPT) programme has had a dramatic effect on reducing waiting times for people with depression and anxiety, across England one-in-five people are still waiting more than a year to get psychological therapies such as Cognitive Behavioural Therapy (CBT) or counselling.³⁰

"The doctor just signed me off and told me that there was a three year waiting list to see an NHS counsellor so I had to pay privately for one"

(Polling respondent, aged 25-34)

Going it alone

Girls and women were asked where they had gone in the past to get help with the mental health problems. **29% of women who had experienced mental health problems said that they had not tried to get professional help.** This shocking percentage has profound implications for society. Failure to identify symptoms of mental health

problems early can lead to far more serious problems long-term. It not only impacts on individual women, but on children and families, on communities and on wider society.

Fears and stigma

We must understand why girls and women do not seek help when they are having mental health problems. In our poll, we found that women gave a range of reasons, mainly based on fear. These included:

Fear of being labelled

"I didn't want to get labelled or have a diagnosis of depression which could have had an adverse effect on my career in future"

(Polling respondent, aged 35-44)

Fear of being judged

"I felt like I wasn't worth their time, that I was being over-emotional, that my feelings were complete exaggerations and that they would just tell me to stop being a wuss. I didn't want them to think I was a cry-baby"

(Polling respondent, aged 18 to 24)

Fear of looking like making a fuss

"I didn't want to waste their time and was embarrassed to talk about it" (Polling respondent, aged 35-44)

"I thought I'm just unlucky in my life, some people have more problems than me. I can't waste GP time just because I'm in debt and lonely"

(Polling respondent, aged 18-24)

"I did not feel my situation was serious enough to seek professional help for even though I considered suicide"

(Polling respondent, aged 25-34)

Fear of not being taken seriously

"GPs don't take it seriously, due to this I don't seek professional advice"

(Polling respondent, aged 35-44)

"Sometimes I have had the help I have needed. At the moment I am not. It is like the health professionals aren't taking me seriously even though I have said I am worried I might kill myself at times"

(Polling respondent, aged 35-44)

The implications of these fears for wider society are immense. We have already identified the range of risky behaviours and mechanisms girls and women use to cope with mental health problems. The evidence presented here shows why about a third of girls and women are worried about talking about poor mental health with their health providers and GPs.

Many women are unable to rely on safe and appropriate support from partners, family and friends. Too many do not have adequate choice and control over the types of services they receive to help them deal with the mental health problems that they face.

²⁹ <http://www.mentalhealth.org.uk/publications/?EntryId5=73298>

³⁰ http://www.mind.org.uk/news/4027_new_report_shows_we_still_need_to_talk, accessed 11 December 2010

Chapter four: Providing appropriate support

We want all girls and women to be in control of their lives; to have the strength, confidence and resilience to steer themselves through the good times and the bad. Although most people are resilient, events and circumstances can undermine that resilience. In these circumstances, it can be hard for women to flourish.³¹

"You need to get in before the crisis point. You could save a lot of problems"

(Platform 51 focus group, aged 18-24)

Our research indicates that in England and Wales more than three in five girls and women are badly affected by the symptoms associated with mental health problems.³² This is not a new phenomenon. But it is clear the current support that women get is not adequate.

Our poll and focus groups asked girls and women to tell us what they considered important in providing effective services to treat mental health problems.

Women-only services

Platform 51 has women's centres in England and Wales as well as a range of outreach services for girls and women in partnership with other organisations. In our experience, many of the girls and women come to us and access our services precisely because of the benefits they get from the safe, women-only space they encounter.

In our poll, a striking **82% of girls and women felt it was important to have access to women-only services**. Girls and women who use Platform 51 services identified a range of reasons that the all-female space was essential.

For some, it made them feel safe:

"You feel safe and secure, where you can speak out and other women understand"

(Platform 51 service user, aged 25)

"I have friends and have left my violent relationships"

(Platform 51 service user, aged 41)

"My friend has gone through some really hard times and I took her to Platform 51. The youth group beside mine is full of boys and she wouldn't speak to anyone there. She felt comfortable and safe Platform 51 and is now getting help with everything and is much happier which makes me happy"

(Platform 51 service user, aged 13)

"There are times you may need to get away. Being a gender specific service creates a feeling of security and no pressures. I think it's more of a relaxed atmosphere"

(Platform 51 service user, aged 40)

For others, it allowed them to build their confidence

"it gives a woman a voice and confidence to speak out"

(Platform 51 service user, aged 19)

For many women, Platform 51 provides a space which is culturally appropriate:

"As married women, our husbands will not let us come to the centre if it is mixed"

(Platform 51 service user, aged 35)

"My family and culture would not allow me to go to other places"

(Platform 51 service user, aged 36)

Women in our poll commented:

"I think it is good to set up women programmes"

(Polling respondent, aged 25-34)

"I feel that other people that I know would be interested in the women-only places. Thank you"

(Polling respondent, aged 55-64)

"It's good to know that people care about people like me and that there might be a woman's centre that could help me and my daughter"

(Polling respondent, aged 55-64)

Places that are women-only are important for girls and women to access the support they are looking for. The National Mental Health Development Unit (NMHDU) is clear about the valuable role that voluntary and community sector women's organisations can play in supporting women with mild to moderate mental health problems: "Local voluntary sector women's centres have a clear and important role in engaging women and fostering wellbeing, particularly women who are marginalised."³³

In our poll, **35% of girls and women said they would feel more comfortable speaking to a woman about their problems**, while just 3% would be happier talking to a man. This went up significantly among the 12- to 17-year-old age group, 66% of who said they would rather speak to a woman.

³¹ Resiliency and longevity Center. Accessed on December 11 at: <http://www.resiliencycenter.com/index.shtml>

³² 1271 of 2026 women surveyed said their lives had been negatively affected by mental health issues. The female population (aged 12+) in England & Wales = 24,247,000 (Source: ONS 2008-based population projection statistics for 2010. Accessed at: http://www.statistics.gov.uk/downloads/theme_population/NPP2008?NatPopProj2008.pdf). 1271/2026 = .6273 * 24,247,000 = 15,210,000 women aged 12+ in England & Wales whose lives have been negatively affected by mental health issues.

³³ NMHDU (2010) 'Working towards women's wellbeing: unfinished business' p5. Accessed on 11 December at: <http://www.nmhd.org.uk/silo/files/working-towards-womens-wellbeing-unfinished-business.pdf>

Early intervention and building resilience

Building resilience in a girl's life will help her to cope when she later faces the trigger events that could affect her mental health. As we have already indicated, in our experience it can be the cumulative effect of these events which cause the onset of mental health problems. To build resilience effectively, intervention needs to be early in a girl's life and she needs to have adequate and appropriate support at the transition points throughout her life.

For example, evidence shows that having a good support network is important to build resilience.³⁴ Our approach to personal development involves providing girls and women with *structured social space*. This means that we can work with women to build their confidence, help them develop skills and gain accreditation, while offering the chance for women to socialise. We offer counselling services and signpost the way to other counselling support if that's appropriate. All of these promote resilience.³⁵

Many of the girls and women who use Platform 51 centres and our outreach services come to us because they lack reliable support in their lives. For them, having a structured social space – a place where they can come and meet other girls and women whose lives and experiences are similar to their own – is a lifeline. Platform 51 gives them support networks and opportunities which help to build their strength and turn their lives around. Women can gain skills and qualifications; volunteer; take part in physical activity and other health programmes; have their say; learn new things and participate in society.

"Platform 51 helps women get jobs or training, helps with problems and supports you"

(Platform 51 service user, aged 18)

"Because you feel safe and secure, you are able to open up"

(Platform 51 service user, aged 21)

"It's a place for women to build their self confidence"

(Platform 51 service user, aged 19)

"It gives good courses. Help. People understand stress, anxiety, how you feel. It helps people to move forward in their life"

(Platform 51 service user, aged 50)

"[At Platform 51] I formed positive relationships with other girls, found myself thinking about other things and smiling a lot more. Since then I have had opportunities that are re-building my confidence and making me feel stronger every day. And the support is confidential which is the best thing I have in my life now"

(Platform 51 service user, aged 27)

Accessibility and appropriateness

In our focus groups, women talked a lot about services which felt accessible to them. This was particularly important to younger women and those with children. Some girls reported feeling judged or unwelcome by some health providers and felt that having a warm welcome would help them to relax and more able to access services. This was one of the most important aspects of the service that Platform 51 provides:

"I didn't want to be portrayed as an alchie and a junky, and when I come in here I felt different and I felt like someone"

(Platform 51 focus group, aged 28-47)

"For me the women's centre has been a lifeline. After going to GPs and acknowledging I had depression, I have engaged in several groups and counselling that has enabled me to cope and deal with my problems I am very grateful"

(Platform 51 service user, aged 37)

Echoing the fears that girls and women have about seeking help that were described in the previous chapter, several women commented on the lack of time that health service providers and GPs give them:

"I know that health services are busy and usually can only provide ten minutes per person but it takes a lot for people to admit they have problems"

(Platform 51 service user, aged 19)

For girls and women accessing mental health services, appointment times and waiting times were very important.

"Felt supported by the counsellor but the restrictions on appointment times made it too difficult to complete the course"

(Polling respondent, aged 25-34)

We are concerned that girls and women with mild to moderate mental health problems are not able to get the support that they want or need. Women access health services through primary care routes such as GPs, health visitors and midwives; so it is essential that these routes are appropriate and accessible, and that women-only services are available for those who want it.

Women need to be engaged with and involved in how services are delivered to them and the kinds of support they can get. For women with mental health problems or the negative consequences of coping with them, this approach is crucial for them to regain choice and control in their lives.

³⁴ YWCA (2010) Young women and alcohol, p10

³⁵ YWCA (2010) Young women and alcohol, p10

Case study:

Platform 51 Knowsley partnership with mental health services

The Platform 51 centre in Knowsley, Merseyside, works in partnership with the local Improving Access to Psychological Therapies service which bases two staff at the centre. The IAPT service can be accessed through referral by named Platform 51 staff. Girls and women who come to the centre may exhibit difficulties in their emotional wellbeing, or staff may identify women for who they think a referral to the IAPT service may be appropriate.

Through formal and informal discussion Platform 51 staff ensure women can discuss any concerns or fears they have and are fully informed about what to expect from the service.

For many girls, this is the first time they have talked to anyone about their difficulties. Many are reluctant to discuss them with their GP. This approach has led to some women accessing a service which they had previously felt would not meet their needs or were fearful of.

For the women, the centre in Knowsley offers a safe space where they can discuss their needs. As well as IAPT services, the women can access other services in the centre to enhance her wellbeing. Creche facilities are available for mothers and the referral process without the need of a GP means that many more women can get the attention and support they need before they reach crisis point.

For the IAPT worker, the local knowledge of the centre staff allows integrated working in the community. The range of services and interventions, such as the young mums-to-be group, debt counselling, and friendship groups means their clients are already in a place they trust, open to support services to help improve their wellbeing.

Other local agencies refer girls and women to the Platform 51 centre to engage in this range of services and benefit from the safe, non-judgmental community hub.

"The IAPT partnership between primary care mental health and Platform 51 makes psychological wellbeing services more accessible to local women. It allows women to have more choice about their own mental healthcare"

Julie Mason, Psychological Wellbeing Practitioner (IAPT)

"Women need somewhere to go where the issues and problems they face are not internalised or medicalised"

Jan Clitheroe, Platform 51 Knowsley Centre Manager

Conclusion

Platform 51 works with girls and women who face multiple challenges - including poverty, abuse, unemployment and unhealthy relationships. This puts their mental health at risk, damages their confidence and self-esteem and prevents them from fulfilling their potential.

Our survey reveals that the experiences of the girls and women we work with are not unique. Across England and Wales, millions of girls and women's lives have been affected by mental health problems. And although many seek help, it is clear that the current remedies are not working.

Trigger unhappy

Our research shows that girls and women's mental health problems develop and often escalate as a result of traumatic events that happen in their lives such as physical or emotional abuse, bereavement, or school bullying.

For others, a relatively commonplace life event can trigger mental health problems.

Platform 51 is concerned that the impact of these triggers is not well enough understood by the agencies that exist to support these women and this is causing the problems to increase and to escalate. The long-term effects of this will be felt by the individuals themselves and by wider society if it is not addressed now.

The hidden harm

Many girls and women appear to be functioning normally or coping adequately with particularly difficult situations when in fact they are struggling to cope. Sometimes, the strategies that they then adopt to cope are self destructive and hidden and cause more damage to their physical and mental health than the original problem.

This is not just damaging to individual girls and women. It will inevitably affect children and families, but it also leaves communities and wider society poorer.

Remedies

This report has shown that we are still failing to effectively intervene to prevent mental health problems or to act quickly enough to stop them from escalating. Too many women do not have adequate choice and control over the types of services they receive and many don't get the help they need.

Girls and women would like counselling or talking therapies to address their problems but often face barriers to them doing this. Prescription drugs and antidepressants are still widely used to help with mental health problems. And while these play an important role women should be offered a range of options and robust monitoring must be in place to prevent dependency and inappropriate usage of prescription drugs.

A range of support

Just as the physical health of women and men is differentiated, their mental health must also be looked at from a gendered perspective.

There is a support gap for girls and women who need advice and help as they move through difficult transitions or events in their lives. Many of them would not want to access services that are labelled as mental health, but would feel comfortable discussing their feelings in a safe women-only environment. Platform 51 supports girls and women to take control of their lives, have a voice, and get the services they need when they need them.

The evidence is overwhelming. Girls and women are living with a range of mental health problems, many are struggling to cope and the remedies are not working.

Platform 51 is calling for an immediate and comprehensive review of the support offered to women with mental health problems. Without this it is clear that the costs will continue to mount up, both socially and economically, without any measurable benefit being felt by the girls and women themselves or their families, communities and wider society.

“ Platform 51 is calling for an immediate and comprehensive review of the support offered to women with mental health problems ”

Recommendations

Platform 51 supports girls and women as they take control of their lives. We work with girls and women to enable them to seek appropriate support to address their health and wellbeing needs. However, our research shows that many girls and women are not getting the right support at the right time. Our recommendations seek to rectify this situation.

1 UK Government, Welsh Assembly Government and Local Authorities to

- a** Fund a broad range of interventions to tackle the causes and consequences of mental health problems identified in this report in order to help girls and women build their resilience and prevent problems from escalating.
- b** Comply with the Equality Duty and undertake an equality impact assessment of health and wellbeing policies, proposals and services to better meet the needs of girls and women

2 The UK Government to

- a** Ensure that the new measures of national wellbeing which are being developed by the Office of National Statistics allow data to be analysed by gender

3 The Department of Health in England and the Department for Health and Social Services in Wales to

- a** Commission a review of the use of prescription drugs and antidepressants for addressing mild to moderate mental health problems to ensure their use is appropriate for the needs of patients.
- b** Establish a service which provides Information, Advice & Guidance (IAG) to girls and women to enable them to make appropriate choices about their health and wellbeing and enable a range of providers including the Voluntary and Community Sector to deliver this
- c** Develop and implement training on girls' and women's mental health and wellbeing for GPs, health visitors, midwives and other primary care providers

4 The Department of Health in England to

- a** Ensure that the proposed increase in the Increasing Access to Psychological Therapies (IAPT) programme includes delivery in women-only settings
- b** Include specific reference to and recommendations on the needs of girls and women in the forthcoming mental health strategy

5 Health commissioners to

- a** ensure that women-only services are offered as part of a core range of support for girls and women with mental health problems and those at risk of developing such problems
- b** actively engage with girls and women in the design, delivery and evaluation of services to ensure that the provision of mental health support meets their needs
- c** to work with the voluntary and community sector to provide alternative access routes to mental health services which do not require GP referral

6 Girls and women to

- a** Use the findings from this report to speak to policy makers and call for the changes that will improve the lives of girls and women everywhere

Methodology

Polling

To get a representative picture of the mental health experiences of girls and women, Platform 51 commissioned Opinium Research LLP to carry out a nationally representative, quota-controlled survey of more than 2,000 girls and women in England and Wales. Respondents were aged 12 upwards and the ranges used in the report are: 12 to 17, 18 to 24, 25 to 44, 45 to 54, 55 to 64 and 65+.

Platform 51 user surveys

Two internal surveys of Platform 51 service users were carried out in January and February 2010. The surveys collected both quantitative and qualitative data. In January nearly 100 women responded to questions about access to health services. In February more than 350 gave their views about services for women only.

Focus groups

In May 2010 more than 100 girls and women aged between 12 and 25 took part in activities, discussions and focus groups at Platform 51 centres. The groups considered:

- what accessible and appropriate health services mean to them and to their female family and friends
- their experiences of health provision and how it could work better for girls and women
- what changes they would make to existing provision
- which organisations and people they turn to for support and why
- the extent and impact of external and societal pressures, as well as other factors, on girls and women today.

In November, more than 70 women aged 18 and over, 58 of who were from black and ethnic minority groups, took part in a series of discussion groups. They focused on the difficult times in their lives, or the lives of their female friends and family members. They talked about how they had been affected and about the things, people and organisations that had supported them. Finally, they considered what else would have helped.

Secondary desk research

Secondary desk research took place between February and May 2010. It looked for evidence of:

- the extent and nature of external and societal pressures, factors and triggers that girls and women face in their lives
- the extent to which societal and biological factors are used to understand poor mental health outcomes in girls and women
- the extent and nature of mental health problems in girls and women and their impact on their health and wellbeing
- definitions and understandings of mental health and wellbeing
- best practice in interventions and support for women experiencing low level and common mental health problems
- the social and economic benefits of good mental health.

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63% of girls and women in England and Wales have been affected by mental health problems of some kind – the equivalent of 15.2 million girls and women. This has a devastating impact on the women themselves, their families and communities.

This report shows just how widespread this problem is, what the consequences of poor mental health are and what support is available. The current approach for dealing with women's mental health problems is not working and the problems are getting worse. Now is the time for a new approach.

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Platform 51 supports
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take control of their lives

