Nottingham and Nottinghamshire adult mental health JSNA Profile 2024: Women's Mental Health

The following information has been identified from national guidance and documents in relation to women's mental health. This information should be considered alongside the Nottingham City and Nottinghamshire County Adult Mental Health Joint Strategic Needs Assessment Profile (2024), which contains additional information on women's mental health including data on local prevalence and service access.

Understanding women's mental health is important in the context of this Joint Strategic Needs Assessment Profile as women are more likely to experience common mental health disorders than men.

This document considers:

- Prevalence of common mental health disorders among women
- Risk factors for mental health problems among women and intersectionality
- Women's access to services and outcomes
- Gender sensitive and women friendly services
- Perinatal mental health

Prevalence

Mental health need differs between men and women. This can be seen in the distribution of the prevalence of mental health problems including common mental health conditions, self-harm and suicide[1]. The most recent (2014) household Adult Psychiatric Morbidity Survey (APMS) reported that in England:

- Rates of common mental health disorders increased in women from 1993-2014, while the rate in men was largely stable[2].
- Around 1 in 5 women (20.7%) had a common mental health disorder, compared to around 1 in 8 men (13.2%)[3].
- 25% of 16-25 year old women reported symptoms of a common mental health disorder[4].
- Young women were more likely than any other group to experience anxiety related conditions[5].
- Around 1 in 5 16-25 year old women reported recent self-harm. Rates of self-harm among young women have tripled since 1993[6].

[1] British Medical Association, 2018. Addressing unmet needs in women's mental health. Available at bma-womens-mental-health-report-aug-2018.pdf
[2] British Medical Association, 2018. Addressing unmet needs in women's mental health. Available at bma-womens-mental-health-report-aug-2018.pdf
[3] British Medical Association, 2018. Addressing unmet needs in women's mental health. Available at bma-womens-mental-health-report-aug-2018.pdf
[4] British Medical Association, 2018. Addressing unmet needs in women's mental health. Available at bma-womens-mental-health-report-aug-2018.pdf
[5] Mental Health Foundation, 2017. While your back was turned: How mental health policymakers stopped paying attention to the specific needs of women and girls. Available at while-your-back-was-turned-policy-briefing.pdf (mentalhealth.org.uk)
[6] Mental Health Foundation, 2017. While your back was turned: How mental health policymakers stopped paying attention to the specific needs of women and girls. Available at while-your-back-was-turned-policy-briefing.pdf (mentalhealth.org.uk)

Intersectionality and risk factors for mental health among women

There are well established links between the risk factors for mental illness and the social realities experienced by women, including socio-economic factors such as lower incomes, childcare responsibilities, and higher rates of sexual abuse and domestic violence[7]. The World Health Organisation identifies the power differential between women and men and their access to resources in society and the home, alongside sexual and domestic violence, as profoundly shaping women's mental health[8].

Women are ten times as likely as men to have experienced extensive physical and sexual abuse during their lives[9]. Mental ill-health has a strong association with domestic violence. One study (Hidden Hurt, 2016) suggested that 54% of people experiencing extensive abuse and violence as a child or adult experience common mental health disorders[10] and 75% of this group will not be in receipt of mental health treatment.

> *'One of the most devastating life events that can impact on women's mental health is experience of violence and abuse. Women are at greater risk than men of child sexual abuse, domestic violence, sexual violence and rape'. Experiences of poor mental health and having been a victim of violence and abuse are particularly common among women. The two experiences are closely linked'[11].*

The relationship between mental health problems, domestic violence and sexual violence is complex and may be bidirectional. Domestic and sexual violence and abuse may be a causal factor to mental health problems, mental health problems may make it more difficult to escape violent or abusive situations, and those with complex mental health problems may be more vulnerable to violence and abuse in the first place[12].

[7] British Medical Association, 2018. Addressing unmet needs in women's mental health. Available at bma-womens-mental-health-report-aug-2018.pdf

[8] British Medical Association, 2018. Addressing unmet needs in women's mental health. Available at bma-womens-mental-health-report-aug-2018.pdf

[9] Centre for Mental Health, 2020. Inequalities in Mental Health: the Facts. Available at CentreforMH_Inequalities_Factsheet.pdf (centreformentalhealth.org.uk)

[10] Mental Health Foundation, 2017. While your back was turned: How mental health policymakers stopped paying attention to the specific needs of women and girls. Available at while-your-back-was-turned-policy-briefing.pdf (mentalhealth.org.uk)

[11] Lankelly Chase, 2020. Gender matters: New conversations about severe and multiple disadvantage. Available at Gender-Matters-summary-report-Feb-2020-1.pdf (lankellychase.org.uk)

[12] Mental Health Foundation, 2017. While your back was turned: How mental health policymakers stopped paying attention to the specific needs of women and girls. Available at while-your-back-was-turned-policy-briefing.pdf (mentalhealth.org.uk)

Evidence shows that being in a lower socio-economic group[13], experiencing poverty, debt[14] [15] or financial hardship[16], being unemployed or in insecure employment[17] [18] are associated with higher prevalence of mental health problems. Women are more likely to be employed in part time work[19], to have a lower income[20] and to be unpaid carers than men. Women may also have been disproportionately disadvantaged by reductions in welfare benefits and reductions in services[21]. Women in the lowest quintile for income are 2-3 times more likely to be diagnosed with a mental illness than men in the top income quintile[22]. Ageing also disadvantages poorer women and their mental health disproportionately. Older women make up 60% of informal carers and 80% of the low paid workforce[23] [24].

Some groups of women may be particularly vulnerable to mental health problems, including[25]:

- Women who are mothers and carers,
- Older women,
- Women from black and minority ethnic groups,
- Lesbian and bisexual women,
- Transexual women,
- Women involved in prostitution,
- Women offenders,

[13] House of Commons Library, 2024. Mental health statistics: prevalence, services and funding in England. Available at SN06988.pdf (parliament.uk)

[14] There is a positive correlation between poverty and common mental health disorders. Some forms of mental health disorders are positively associated with levels of debt. Allen, J. and Sesti, F. Health inequalities and women – addressing unmet needs. British Medical Association, 2018. Available at bma-womens-health-inequalities-report-aug-2018.pdf

[15] Money and Mental Health Policy Institute, 2024. The Facts: What you need to know. Accessible at Money and mental health facts and statistics

[16] People experiencing financial hardship are at increased risk of mental health problems including anxiety, stress and depression. Evidence suggests that financial problems cause mental health problems, rather than being a result of mental health problems. The Health Foundation. What drives health inequalities? Money and resources. Accessible from Money and resources | The Health Foundation

[17] Public Health England, 2018. Health matters: Reducing inequalities in mental illness. Available at Health matters: reducing health inequalities in mental illness - GOV.UK (www.gov.uk)

[18] Unemployment negatively impacts on mental health. Job insecurity is also linked to reduced wellbeing and a range of physiological problems. The Health Foundation. What drives health inequalities? Work. Accessible from Work | The Health Foundation

[19] House of Commons Library, 2024. The gender pay gap. Available at The gender pay gap - House of Commons Library (parliament.uk)

[20] Median pay for all employees (full and part time) was 14.3% less for women than men (2023). House of Commons Library, 2024. The gender pay gap. Available at The gender pay gap - House of Commons Library (parliament.uk)

[21] There also appears to be association between cost-of-living indicators and depression, although this may not be causal. House of Commons Library, 2024. Mental health statistics: prevalence, services and funding in England. Available at SN06988.pdf (parliament.uk)

[22] British Medical Association, 2018. Addressing unmet needs in women's mental health. Available at bma-womens-mental-health-report-aug-2018.pdf

[23] British Medical Association, 2018. Addressing unmet needs in women's mental health. Available at bma-womens-mental-health-report-aug-2018.pdf

[24] Mental Health Foundation, 2017. While your back was turned: How mental health policymakers stopped paying attention to the specific needs of women and girls. Available at while-your-back-was-turned-policy-briefing.pdf (mentalhealth.org.uk)

[25] Department of Health, 2002. Women's mental health: Into the mainstream. Strategic development of mental health care for women. Available at WomenMentalHlth-.pdf (nimhe.org.uk)

- Women with learning disabilities,
- Women with alcohol and drug use problems.

Social media and online culture can place pressures on young women and girls in particular and can in turn impact on mental health. This can include being unhappy with body image[26], low self-esteem, contributing to anxiety, lack of self-confidence, intimidation, sexism and abuse online, and non-consensual photo sharing. However, it should also be recognised that some young women and girls can find social media empowering[27].

Access to services and outcomes

Women are more likely to access Talking Therapies than men[28]: In 2022/23, 66.5% of people referred to Talking Therapies were women[29], and women were slightly more likely to show improvement after Talking Therapies than men, although men were more likely to 'recover' after therapy than women. This may indicate that women engaged in Talking Therapies had mental health problems that were on average more severe than men's[30].

Some studies indicate that prescribing for depression and anxiety have been increasing for young women and girls. Side effects of psychotropic medications differ by gender; women have more severe side effects including greater weight gain, cardiovascular and metabolic side effects per dose than men[31].

Gender sensitive and women friendly services

Policy and practice, including the design and delivery of mental health services, can improve how women's mental health needs are met, including by[32]:

- Service design taking into account the different needs of women and men,
- Data being collected and reported for men and women,

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[26] This can add to the pressure experienced around body image expectations, sexism and intimidation in real life. Sharpe H, Patalay P, Choo TH, Wall M, Mason SM, Goldschmidt AB, Neumark-Sztainer D. Bidirectional associations between body dissatisfaction and depressive symptoms from adolescence through early adulthood. Dev Psychopathol. 2018 Oct;30(4):1447-1458. doi: 10.1017/S0954579417001663. Epub 2017 Nov 16. PMID: 29144209; PMCID: PMC6343674. Available at Bidirectional associations between body dissatisfaction and depressive symptoms from adolescence through early adulthood - PubMed

[27] Mental Health Foundation, 2017. While your back was turned: How mental health policymakers stopped paying attention to the specific needs of women and girls. Available at while-your-back-was-turned-policy-briefing.pdf (mentalhealth.org.uk)

[28] The Kings Fund, 2024. Mental Health 360: Inequalities. Available at Mental Health 360 | Inequalities | The King's Fund (kingsfund.org.uk)

[29] House of Commons Library, 2024. Mental health statistics: prevalence, services and funding in England. Available at Mental health statistics: prevalence, services and funding in England - House of Commons Library (parliament.uk)

[30] House of Commons Library, 2024. Mental health statistics: prevalence, services and funding in England. Available at Mental health statistics: prevalence, services and funding in England - House of Commons Library (parliament.uk)

[31] British Medical Association, 2018. Addressing unmet needs in women's mental health. Available at bma-womens-mental-health-report-aug-2018.pdf

[32] British Medical Association, 2018. Addressing unmet needs in women's mental health. Available at bma-womens-mental-health-report-aug-2018.pdf

- Investment being made in third sector organisations supporting women, in particular domestic abuse services and Women's Centres,
- Providing workforce training in gendered differences in mental health and trauma informed approaches,
- Ensuring routine enquiries are made bout reproductive and sexual health, body image, domestic violence and sexual abuse,
- Involve women in planning of services and enable shared-decision making on care[33],
- Making trauma-informed care and trauma specific service provision widely accessible[34].

Women friendly services[35]:

- Prioritise understanding mental distress in the context of women's lives,
- Are codesigned with women with lived experience,
- Enable all dimensions of problems experienced to be addressed,
- Address sexual abuse, domestic violence, body image concerns, reproductive and life stage elements of health and wellbeing,
- Have routine inquiry about abuse and domestic violence,
- Are sensitive to the diversity of women's needs, experiences and backgrounds including race, sexuality and disability,
- Enable women to make choices about their care and treatment,
- Provide women only spaces, particularly in inpatient settings, which enable women to feel secure, safe and respected,
- Empower women to develop skills for addressing their difficulties,
- Promote self-advocacy and advocacy for women who need support to voice their views,
- Value women's strengths and potential for recovery.

Research shows women want services that[36]:

- Keep them safe,
- Promote empowerment, choice and self-determination,
- Place importance on the underlying causes and context of their distress in addition to their symptoms,
- Address important issues relating to their roles as mothers, the need for safe accommodation and access to education, training and work opportunities,
- Value their strengths, abilities and potential for recovery.

Perinatal mental health

The perinatal period covers pregnancy (antenatal), childbirth and the first year of the child's life (postnatal).

The most common perinatal mental health problem is postnatal depression. Around 10-15% of women have postnatal depression. The impacts on the family, relationships and children can be significant.

[33] Department of Health, 2002. Women's mental health: Into the mainstream. Strategic development of mental health care for women. Available at WomenMentalHlth-.pdf (nimhe.org.uk)
[34] British Medical Association, 2018. Addressing unmet needs in women's mental health. Available at bma-womens-mental-health-report-aug-2018.pdf
[35] British Medical Association, 2018. Addressing unmet needs in women's mental health. Available at bma-womens-mental-health-report-aug-2018.pdf
[36] Department of Health, 2002. Women's mental health: Into the mainstream. Strategic development of mental health care for women. Available at WomenMentalHlth-.pdf (nimhe.org.uk)

Anxiety disorders (including obsessive compulsive disorder and generalised anxiety disorder) and post-traumatic stress disorder are also highly prevalent during the perinatal period[37].

Depression and anxiety disorders are under-recognised during the perinatal period[38], and many mothers experiencing emotional distress and mental health problems during the perinatal period do not receive the mental health care they need[39].

Specific barriers for mothers to engaging in support for perinatal mental health may include:

- Fear of stigma[40] and shame and belief that mental health problems should be hidden[41]
- Fear of negative perceptions of them as a mother/parent[42]
- Fear of social services engagement or that their baby may be removed from their care[43] [44]
- Fear of the impact of any prescribed medication on an unborn or breastfeeding baby[45]

Talking Therapies provision should be available to parents with perinatal mental health problems. Support needs to meet the needs of the parents and the child to prevent mental health problems from developing in children. Provision of effective perinatal mental health support has a significant cost-benefit in relation to use of future health and social care services of parents and children[46].

Effective Talking Therapies support for perinatal mental health:

- Involve pregnant, new mothers and other parents in the design and evaluation of services.
- Provide flexibility of access and delivery, including flexibility of location (including home visits) and times of appointments, ability to bring babies to appointments and support to look after babies/children during appointments, longer appointments, choice on how to access (e.g. face to face, phone, online).
- Should be promoted to a range of professionals and the community and voluntary sector who are likely to have contact with mothers and families during the perinatal period and who should be aware of how to make referrals. Self-referral should also be available. Healthy

[37] National Health Service, 2013. Improving Access to Psychological Therapies: Perinatal Positive Practice Guide. Available at 3e5505f8-136a-3657-9253-2ea1ce1bd65a (uea.ac.uk)
[38] NICE, 2020. Antenatal and postnatal health: clinical management and service guidance. Available at Overview | Antenatal and postnatal mental health: clinical management and service guidance | Guidance | NICE
[39] National Health Service, 2013. Improving Access to Psychological Therapies: Perinatal Positive Practice Guide. Available at 3e5505f8-136a-3657-9253-2ea1ce1bd65a (uea.ac.uk)
[40] NICE, 2020. Antenatal and postnatal health: clinical management and service guidance. Available at Overview | Antenatal and postnatal mental health: clinical management and service guidance | Guidance | NICE
[41] National Health Service, 2013. Improving Access to Psychological Therapies: Perinatal Positive Practice Guide. Available at 3e5505f8-136a-3657-9253-2ea1ce1bd65a (uea.ac.uk)
[42] NICE, 2020. Antenatal and postnatal health: clinical management and service guidance. Available at Overview | Antenatal and postnatal mental health: clinical management and service guidance | Guidance | NICE
[43] NICE, 2020. Antenatal and postnatal health: clinical management and service guidance. Available at Overview | Antenatal and postnatal mental health: clinical management and service guidance | Guidance | NICE
[44] National Health Service, 2013. Improving Access to Psychological Therapies: Perinatal Positive Practice Guide. Available at 3e5505f8-136a-3657-9253-2ea1ce1bd65a (uea.ac.uk)
[45] National Health Service, 2013. Improving Access to Psychological Therapies: Perinatal Positive Practice Guide. Available at 3e5505f8-136a-3657-9253-2ea1ce1bd65a (uea.ac.uk)
[46] National Health Service, 2013. Improving Access to Psychological Therapies: Perinatal Positive Practice Guide. Available at 3e5505f8-136a-3657-9253-2ea1ce1bd65a (uea.ac.uk)

Families Teams are particularly well placed to identify perinatal mental health problems and refer into Talking Therapies.
- Should be provided in an independent neutral environment and one that provides some form of anonymity to address perceived stigma of accessing mental health services.

(The above recommendations are taken from 'Improving Access to Psychological Therapies: Perinatal Positive Practice Guide)[47].

- Involve partner, family or carer with the woman's consent.
- Instil hope about treatment and ensure the woman knows that mental health problems are not uncommon in perinatal period.
- Consider the needs of women who have experienced traumatic birth, stillbirth and miscarriage.
- Consider the needs of women experiencing tokophobia (an extreme fear of childbirth).

(The above recommendations are taken from 'Antenatal and Postnatal Health: Clinical Management and Service Guidance')[48].

[47] National Health Service, 2013. Improving Access to Psychological Therapies: Perinatal Positive Practice Guide. Available at 3e5505f8-136a-3657-9253-2ea1ce1bd65a (uea.ac.uk)
[48] NICE, 2020. Antenatal and postnatal health: clinical management and service guidance. Available at Overview | Antenatal and postnatal mental health: clinical management and service guidance | Guidance | NICE