



Research Summary: Mental Health Matters for Women

Northern Ireland has long been associated with high levels of poor mental health with around one in five adults showing signs of mental health problems. Research shows that women are often more vulnerable to suffering from poor mental health. The costs of poor mental health to both people and society are significant. Therefore, effectively addressing high levels of poor mental health could result in profound benefits across individual, economic and societal levels.

Gender and Poor Mental Health

Statistics show that women are more likely to show signs of mental health problems, are more likely to self-harm and be prescribed anti-depressants. While mental health issues can affect everyone, it is women who face a disproportionately higher risk due to a range of social and economic factors.

The factors impacting on women's poor mental health are often gendered with significant gaps in support for women's health including maternal mental health and the menopause. Women also face a greater likelihood of living in poverty, higher levels of gender-based violence with profound effects on mental health and a greater likelihood of shouldering the burden of unpaid care and domestic labour.

Poverty and Poor Mental Health

There are clear links between socio-economic deprivation and poor mental health. Poverty acts as both a driver and a consequence of poor mental health. NI faces a number of economic challenges including the highest economic inactivity

rate across the UK, a disproportionate share of the most deprived areas in the UK and high levels of financial insecurity. Women are disproportionately impacted by these socio-economic pressures and are therefore at increased risk of living in poverty and in poor mental health. Women are more likely to live on benefits, be in low-paid, part-time or insecure work and are more likely to providing care limiting their time for paid work. Women have also been disproportionately impacted by welfare reform changes affecting their ability to make ends meet resulting in increased levels of anxiety and stress.

Costs of Poor Mental Health

Aside from the damaging impacts that poor mental health has on people and their families it also has significant economic and social costs. Research has shown that the cost of mental health in NI is estimated at £3.4 billion. The bulk of this figure represents the cost of informal care and the cost of lost productivity associated with poor mental health.

Therefore, there is a compelling case to address the high levels of poor mental health in NI. There is the potential for significant benefits both in terms of the personal and in cost savings as a result of improvements in mental health.

Funding for Mental Health

The Northern Ireland Mental Health Strategy (2021-2031) is facing a critical funding gap. According to a Review of the Mental Health Strategy, just 16% of the required funding has been allocated to the Strategy. Northern Ireland continues to spend less on mental health services per head than other regions despite having more complex cases.

The consequences of this underfunding are severe, particularly as the demand for mental health support continues to rise. Without the necessary investment, waiting lists for specialist mental health services are expected to grow putting strain on an already overburdened health service.

Stakeholders have warned that the failure to fully fund the Strategy risks the ability of the health system to move from reactive crisis management to a more proactive, preventative mental health system and will deepen health inequalities in NI.

Importance of Women's Centres/Groups work

Women's Centres/Groups serve as vital, trusted, local spaces that help to address poor mental health by providing a range of services to women, their families and communities. They not only provide

important spaces for companionship and social connection but offer specific mental health courses, training, education and counselling. By providing these diverse and holistic services they help to remove the stigma associated with seeking help for poor mental health.

For many women with poor mental health these Centres/Groups have life-changing impacts on their wellbeing providing a sense of purpose, community, safety and acceptance. The supports received ranging from a friendly chat, to practical help with food costs, to childcare, to specific classes on mental health and counselling often result in transformative outcomes for women. This includes feeling 'lighter' and able to leave the house, increased confidence and the ability to return to the workforce.

Staff describe the work as time and labour-intensive, often involving complex cases where poor mental health is tied to a range of other issues including poverty, domestic abuse, addictions, housing insecurity, etc.

While the holistic, gender-sensitive approach to poor mental health is a distinguishing feature of Women's Centre/Groups services, it is insufficiently financed or valued by local or central Government. Despite their critical role in addressing women's poor mental health and in early intervention and prevention, Women's Centres/Groups face severe funding constraints and a lack of dedicated mental health commissioning.

Findings

The findings from this research clearly show that women's poor mental health is driven by a range of factors including gendered expectations and life-cycle factors, systemic failures in the health service, economic strain, trauma and societal stigma. Supports through the health service are widely perceived to be 'broken', difficult to access and too short-term. In contrast, many women described the supports/services from Women's Centres/Groups as 'lifesaving'.

Key Statistics:

- ♀ **Contributing factors to women's poor mental health:** 70% said diagnosed mental health condition, 56% poor physical health, 51% family/relationship issues, 49% financial hardship/poverty, 39% impact of child trauma, 25% impact of the Troubles, 25% fear of cuts to benefits, 15% impact of domestic violence, 15% unpaid care responsibilities, 15% debt, 14% issues around maternity, 10% addictions.
- ♀ **Impacts of poor mental health:** 68% said lack of concentration/motivation, 60% impacts on physical health, 57% lack of confidence, 55% living on benefits, 55% feeling isolated, 43% unable to work, 43% strained family relationships, 28% living in poverty, 28% difficulties leaving the house, 23% unable to find suitable work, 12% unable to undertake study/training, 8% difficulty keeping a job.
- ♀ **Stigma around mental health issues:** 85% felt there is still a stigma around mental health issues, 3% said no stigma.
- ♀ **Support for mental health issues:** 52% did not feel they were getting the support they needed, 45% said they were. Women reported difficulties accessing GPs, long waiting lists for mental health services, lack of understanding of women's health issues.
- ♀ **Sources of support for mental health issues:** 59% said Women's Centre/Group, 52% friends, 43% Mental Health Professional, 39% family, 39% GP, 37% charity/community & voluntary sector, 7% church/faith.
- ♀ **Women's Centre/Group supports for poor mental health:** 73% said companionship/talking to others, 59% social activities, 47% specific courses to help with mental health issues, 43% signposting, 37% training/education, 22% counselling, 16% help with food/other costs, 10% help with relationships/addictions, 10% respite childcare.
- ♀ **Supports women would like to see:** prevention and early intervention work, work to educate young people on mental health, improved access to GPs, quicker/longer-term access to specialist mental health services, more supports for financial hardship and for parents of children with additional needs.

What women said:

"Women have so many roles – you're the nurse, you're the cook, you're the fixer – you're expected to take on these roles – it takes a toll."

"There's nothing to help people when their children have additional needs. My son's anxiety took over his world then dealing with it took over ours as well."

"I carry a lot of guilt because of my mental health when my kids were younger. I used alcohol and my kids saw that and it has affected them plus the domestic abuse they saw me going through with their dad and the abuse they experienced from him too. I carry guilt that makes me feel low because I feel like I let my kids down."

"My mental health is not great at the minute because I'm struggling on benefits. I'm about £100 short every month."

"It's like my head is somewhere else – you can't process things. You're robbed of yourself. You have to break it down to wee small wins – getting out of bed is a win, showing up is a win."

"You could be waiting up to a year to see someone for counselling. You could have deteriorated to the point of suicide in a year."

Recommendations:

- ♀ We recommend that Government provide long-term, sustainable funding for Women's Centres which recognises the value of their work in supporting women with poor mental health, tackling the structural inequalities that lead to poor mental health and the savings they provide to the health service as a result.
- ♀ We recommend tailored gender-specific health service provision to address poor mental health which recognises and responds to the specific needs of women and which recognises the need to collect gender-informed health and social care data.
- ♀ We want to see a funded Women's Health Strategy for Northern Ireland that prioritises mental health and reflects the specific needs and experiences of women.
- ♀ We welcome the recent announcement of funding for a Mother and Baby Unit for NI but want to see interim arrangements put in place to support women and babies and to ensure no further delays and that it is fully funded. We also want to see statutory funded perinatal peer support delivered in community settings.
- ♀ We recommend significant and sustained funding for organisations that support women, the services that allow them to leave abusive partners and strong mental health care for women affected by violence.
- ♀ We want to see a fully funded and comprehensive Anti-Poverty Strategy for NI including further extension of the welfare mitigations package to protect people from poverty.
- ♀ We want to see the delivery of the adult social care reform agenda with particular focus on expanding access to high quality community and replacement care services and the introduction of new legal protections for unpaid carers and young adult carers including the right to breaks in social care legislation.
- ♀ We recommend a radical recalibration of the Mental Health Strategy with all possible resources pushed into the completion of the priority areas.
- ♀ We recommend that Government does more to understand the impact of investment in local rural groups to address isolation and loneliness and how much this investment in community-based activities and education could potentially save the health service.

What women said:

"In my experience medication was the first port of call for my GP. It's difficult to get a referral to mental health through the GP."

"Waiting lists are crazy. If you're waiting for a first appointment for talking therapy it can be well over 12 months. If you're already feeling low and vulnerable an awful lot could happen – it's unacceptable."

"The only time I ever had mental health issues was when I was going through the menopause. My doctor ignored it but I felt suicidal, the anxiety was so bad. He never mentioned HRT or any help. The symptoms were awful – he really had no understanding of the menopause."

"The Women's Centre saved my life, it's the one place you can go where you can just breathe out."

"Women's Centres play a vital role in early intervention and prevention, reducing escalation to crisis services yet are undervalued by statutory agencies and should be used as the go-to service for mental health support for women."

The full report '**Mental Health Matters for Women**' produced by the Women's Regional Consortium is available from the Women's Regional Consortium website:

www.womensregionalconsortiumni.org.uk/research/

