



## **Consortium for the Regional Support for Women in Disadvantaged and Rural Areas**

### **Mental Health Matters for Women**

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## Executive Summary

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. This report details several unique drivers contributing to the levels of poor mental health here. Among these are the ongoing legacy of the Troubles and inter-generational trauma, systemic failures in the health service including long-term under-funding of mental health services and higher levels of deprivation which are associated with high levels of poor mental health. In addition, Northern Ireland has a significant rural population who are more likely to suffer from isolation and experience stigma in relation to poor mental health creating barriers to seeking help.

The research highlights that women are at greater risk of poor mental health due to a range of social and economic factors. These gendered drivers of poor mental health include significant gaps in support for maternal mental health, women's greater likelihood of living on benefits, in low paid work and in poverty, high levels of gender-based violence with profound effects on mental health and women's greater likelihood of shouldering the burden of unpaid care and domestic labour. Northern Ireland is an outlier in terms of support for some of these issues including being the only region in these islands not to have a Women's Health Strategy or a Mother and Baby Unit (at the time of writing funding has been committed to start this project with a view to opening no later than 2028/29).

There is a compelling case to address the high levels of poor mental health in Northern Ireland not only because of the personal costs to the individual, their families and communities, which are so powerfully illustrated through the quotes contained in this research, but also because of the economic costs, an estimated £3.4billion, driven by the costs of care and lost productivity.

In terms of accessing support for poor mental health, the results of the research highlight a health system under extreme pressure. Many of the women reported difficulty accessing GPs, an over-reliance on medication rather than alternative therapies for mental health issues and long waiting lists for specialist mental health services. This lack of prompt and effective mental health support meant that many of the women were living lives blighted by their mental health issues, isolation and financial hardship.

In the midst of all these problems, the research found a beacon of hope through the lifeline of support provided at community-level including through the network of Women's Centres in Northern Ireland. The research clearly showed that these were trusted, local spaces which provided opportunities for social connection and practical help with a range of issues that can impact on poor mental health including isolation and financial stress.

Despite the value of this community-level work, staff working in these services felt there is little recognition by Government of its transformative power and the critical role these services play in the lives of local women and their families. These services quite literally save lives, a point that is reflected in this research time and time again. Women's Centres and other community-level interventions are an important part of the wider mental health landscape but are not funded adequately for this work often resulting in largely volunteer driven services, an inability to develop services to meet demand and staff burnout.

This report calls for urgent, cross-departmental action by Government to address women's poor mental health including the following key recommendations:

1. **Investment in Women's Centres:** Long-term sustainable funding should be provided for Women's Centres which recognises the value of their work addressing women's poor mental health, tackling structural inequalities and providing savings to the health service.
2. **Maternal Care:** At the time of writing the Health Minister has announced funding to begin work on a regional Mother and Baby Unit which is to be welcomed. In the interim, support for mothers and babies should be provided, there should be no further delays to its establishment and it should be fully funded. Funding should also be allocated to provide perinatal peer support delivered in community settings.
3. **Women's Health Strategy:** Urgently develop and fund a Women's Health Strategy that prioritises mental health and reflects the specific needs of women in Northern Ireland.
4. **Financial Support:** Implement a fully funded Anti-Poverty Strategy including strengthening of the welfare mitigations package to help address the link between financial hardship and poor mental health.
5. **Mental Health Strategy:** Recalibrate the Mental Health Strategy and direct all possible resources to its priority areas to help address chronic underfunding and the impacts on service delivery.

6. **Early Intervention and Prevention:** Cross-departmental working is needed to reduce the risk factors for poor mental health and mandatory, standardised mental health education should be included in schools.

## 1. Introduction

### 1.1 Background

In 2012 the DSD (now DfC) in partnership with the DARD (now DAERA) launched a programme aimed at providing regional support for women in 'areas of greatest need' across Northern Ireland, defined as disadvantaged and rural areas.<sup>1</sup> More precisely, the programme sought to 'serve the needs of marginalised and isolated women'<sup>2</sup> in these areas by enabling them 'to tackle disadvantage and fulfil their potential in overcoming the barriers that give rise to their marginalisation, experience of poverty and exclusion.'<sup>3</sup> The Women's Regional Consortium is funded under this programme.

The **Women's Regional Consortium** consists of seven established women's sector organisations that are committed to working in partnership with each other, government, statutory organisations and women's organisations, centres and groups in disadvantaged and rural areas, to ensure that organisations working for women are given the best possible support in the work they do in tackling disadvantage and social exclusion.<sup>4</sup> The seven groups are as follows:

- ♀ Training for Women Network (TWN) – Project lead
- ♀ Women's Resource and Development Agency (WRDA)
- ♀ Women's Support Network (WSN)
- ♀ Northern Ireland's Rural Women's Network (NIRWN)
- ♀ Women's TEC
- ♀ Women's Centre Derry
- ♀ Foyle Women's Information Network (FWIN)

The Consortium is the established link and strategic partner between government and statutory agencies and women in disadvantaged and rural areas, including all groups, centres and organisations delivering essential frontline services, advice and support. The

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<sup>1</sup> Review of government funding for women's groups and organisations, DSD/OFMDFM, August 2012, p32 [https://www.communities-ni.gov.uk/sites/default/files/publications/ofmdfm\\_dev/review-report-funding-for-womens-groups-organisations-june-12.pdf](https://www.communities-ni.gov.uk/sites/default/files/publications/ofmdfm_dev/review-report-funding-for-womens-groups-organisations-june-12.pdf)

<sup>2</sup> Ibid, p41

<sup>3</sup> Joint Policy Statement, Programme for Regional Support for Women in Disadvantaged Areas and Rural Areas, DSD/DARD, June 2012, p5 <https://www.communities-ni.gov.uk/publications/joint-policy-statement-programme-regional-support-women-disadvantaged-areas>

<sup>4</sup> The remaining paragraphs in this section represent the official description of the Consortium's work, as agreed and authored by its seven partner organisations.

Consortium ensures that there is a continuous two-way flow of information between government and the sector. It also ensures that organisations/centres and groups are made aware of consultations, government planning and policy implementation. In turn, the Consortium ascertains the views, needs and aspirations of women in disadvantaged and rural areas and takes these views forward to influence policy development and future government planning, which ultimately results in the empowerment of local women in disadvantaged and rurally isolated communities.

*“Women have the power to change the way society works and how services are shaped. It happens when they are supported to step into the process with the confidence to tell their stories and demand action from those who make decisions.”<sup>5</sup>*

## **1.2 Overall aim and objectives**

The overall aim of this research project is to explore the experiences of women – living in disadvantaged and rural areas of Northern Ireland – on the problems they experience with poor mental health, the contributing factors to poor mental health and its impact on their lives. The research looks at what supports the women are receiving and what supports women feel are missing that would help them with poor mental health. The research also highlights the invaluable supports provided by local Women’s Centres and women’s organisations which help women with poor mental health to live better lives and take advantage of the opportunities open to them. Based on the research findings a series of recommendations was formulated for policy makers.

## **1.3 Methodology**

The project employed a mixed methodological approach, combining a literature review with focus group, questionnaire engagement and individual interviews to capture the experiences and views of women living in areas of greatest need. Nine focus group sessions were held from October to December 2025 with 67 women attending across Northern Ireland. A short individual interview was carried out with one woman who did not wish to share information in a group setting. Questionnaires were completed by 60 of the women providing further information about the contributing factors to their poor mental health, the impact that poor

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<sup>5</sup> Women at the Heart of Public Consultation, A guide for Public Authorities and Women’s Organisations, WRDA, November 2017  
[https://wrda.net/wp-content/uploads/2018/10/WRDA\\_WomenAtTheHeartOfPublicConsultation.pdf](https://wrda.net/wp-content/uploads/2018/10/WRDA_WomenAtTheHeartOfPublicConsultation.pdf)

mental health has had on their lives and the supports/gaps in support that exist in relation to their mental health.

It must be noted that while there have been some improvements in attitudes to mental health there is still considerable stigma around it and for some it remains a difficult issue to talk about openly. For some women there is a fear of disclosing to statutory services about mental health issues/the extent of poor mental health for fear of social services involvement and having their children taken away from them.

#### **1.4 Acknowledgements**

The Women's Regional Consortium wishes to thank:

- The women who took part in the focus group sessions, interview and who completed questionnaires. We thank them for their time and for sharing their views and experiences which form the centrepiece of this research and which are so valuable.
- Karen Hall, Mental Health Foundation for her help and support and for her specialist knowledge and advice in relation to mental health services in Northern Ireland.
- The Women's Centres and our Consortium partners for their contribution and for helping to facilitate focus group sessions. It would be impossible to do this work without their support. We want to acknowledge the important work Women's Centres/Groups do in relation to mental health which often goes unseen, can be time consuming, complex and difficult and for which they are often not specifically funded. In some cases, this work is life-saving and as we heard over and over in this research it is vitally important to women, their families and communities.

## 2. Framing the research

The context of this research is rooted in high and increasing levels of poor mental health alongside growing pressures in health and social care which impact on service delivery and waiting times for mental health services. While women and men can both experience poor mental health women experience many factors that put them at greater risk of poor mental health. This chapter looks at the levels of poor mental health in Northern Ireland, the higher levels of poor mental health among women as well as the costs to society of dealing with poor mental health. It reviews the connections between poor mental health, the Northern Ireland conflict and poverty, the mental health supports which are currently available and developments in mental health policy and practice.

### 2.1 Levels of poor mental health in Northern Ireland

Data on the prevalence of mental health is available through the Health Survey for Northern Ireland. This annual survey contains a number of different measures of mental health and wellbeing. The latest Health Survey results<sup>6</sup> show that just under one in five adults (18%) had a high GHQ12 score<sup>7</sup>, which could indicate a mental health problem. It also showed that 22% of respondents had a Warwick-Edinburgh Mental Wellbeing score<sup>8</sup> of less than 44 indicating below average mental wellbeing. The survey also showed that in 2024/25, 38% of respondents reported having concerns about their own mental health in the past year. There are limitations on these measurements as they are population level indicators of poor mental health rather than a diagnostic tool.

Survey data on estimates of common mental health problems in children and young people in Northern Ireland shows that a significant proportion experience mental health problems. One in eight young people (12.6%) had an emotional disorder such as anxiety or depression.<sup>9</sup> The NI Young Life and Times Survey which records the attitudes and opinions of 16-year-olds in Northern Ireland showed that 45.4% of respondents scored 4

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<sup>6</sup> Health Survey Northern Ireland: First Results 2024/25, Department of Health, November 2025  
<https://www.health-ni.gov.uk/publications/health-survey-northern-ireland-first-results-202425>

<sup>7</sup> GHQ 12 (General Health Questionnaire) is a screening tool which assesses the possibility of psychiatric morbidity in the general population. The questionnaire contains 12 questions about recent general levels of happiness, depression, anxiety and sleep disturbance, with scores of four or more indicating possible mental health problems.

<sup>8</sup> The Warwick-Edinburgh Mental Wellbeing Scale was developed to enable the measuring of mental wellbeing in the general population. It is calculated by totalling the scores for 14 statements and is normally reported as a mean score. A core of less than 41 is indicative of probable clinical depression and a score of 41-44 is indicative of possible/mild depression.

<sup>9</sup> Youth Wellbeing Prevalence Survey 2020

<https://online.hscni.net/our-work/social-care-and-children/children-and-young-people/youth-wellbeing-prevalence-survey-2020/>

or more and therefore could be considered as showing signs of having a possible mental health problem.<sup>10</sup>

Research by the Mental Health Champion for Northern Ireland<sup>11</sup> on the factors affecting mental health and wellbeing in children and young people shows that the wellbeing of 11-year-olds in Northern Ireland has declined in recent years to its lowest level since 2010. A high proportion of 11-year-olds have worries relating to relationships with peers, relationships at home, and pressure to do well at school with concern about the household finances also being a common source of stress.

Northern Ireland has long been associated with higher levels of poor mental health and it has been claimed in the past that Northern Ireland has higher levels of poor mental health than other regions in the UK. In analysing the claims that Northern Ireland has the highest prevalence of mental ill health in the UK, FactCheckNI<sup>12</sup> found that it was difficult to determine the accuracy of whether the prevalence of mental ill health is higher in Northern Ireland than elsewhere. This was due to challenges with the data and how mental health is measured between the different regions leading to difficulties comparing rates of poor mental health. In response to FactCheckNI, the Department of Health stated:

*“However, while the prevalence of mental ill health in Northern Ireland has been more similar to other regions in recent times, Northern Ireland’s mental ill health cases tend to be more severe than other regions as shown by the disability rates and increases in PTSD and complex PTSD levels, which are higher than the most recent England figures. The legacy of the Troubles, deprivation levels and societal inequalities will all have consequences for mental well-being.”*

Northern Ireland has a significant rural population with 36% of the population living in rural areas.<sup>13</sup> While those living in urban areas generally report higher rates of mental health

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<sup>10</sup> NI Young Life and Times Survey 2025

[https://www.ark.ac.uk/ytt/2025/Health\\_and\\_Wellbeing/GHQ12CASE.html](https://www.ark.ac.uk/ytt/2025/Health_and_Wellbeing/GHQ12CASE.html)

<sup>11</sup> Factors Affecting Mental Health and Wellbeing in Children and Young People in Northern Ireland, Mental Health Champion for Northern Ireland, 2023

[https://www.mentalhealthchampion-ni.org.uk/files/mentalhealthchampionni/2023-08/MHC%20KLT-YLT%20Report%20FINAL\\_1.pdf](https://www.mentalhealthchampion-ni.org.uk/files/mentalhealthchampionni/2023-08/MHC%20KLT-YLT%20Report%20FINAL_1.pdf)

<sup>12</sup> Mental Health in NI: Does Northern Ireland have the highest rate of people claiming disability benefits and the highest prevalence of mental ill health in the UK?, FactCheckNI, April 2025

<https://factcheckni.org/articles/mental-health-in-ni-does-northern-ireland-have-the-highest-rate-of-people-claiming-disability-benefits-and-the-highest-prevalence-of-mental-ill-health-in-the-uk/>

<sup>13</sup> Mid-Year Population Estimates – Urban/Rural Change, NISRA

<https://www.daera-ni.gov.uk/publications/mid-year-estimates-population-change>

issues (20%) compared to those living in rural areas (14%)<sup>14</sup> people living in rural areas face unique risk factors which include high levels of isolation, poor access to services and increased stigma around seeking help for mental health that can prevent them from accessing support until they reach a crisis. Rural areas are known to have strong communities and whilst this can act as a protective factor for people with mental health issues it can also be a barrier to them seeking and accessing services due to the perceived stigma. A Samaritans survey found that people living in rural areas in Northern Ireland (47%) are less likely than those in urban areas (70%) to reach out for support or talk to someone if they are struggling with their mental health.<sup>15</sup>

Whilst the nature of rural isolation and its associated impacts would seem to vary, it is clear that there will be individuals who experience negative impacts such as mental health issues, the risk of suicide and potentially reduced life expectancy.<sup>16</sup> Given these potentially negative impacts, the existence and even apparent growing impact of many of the potential causal factors identified such as the increase in people living alone<sup>17</sup> may raise concerns going forward.

LGBTQI+ communities in Northern Ireland experience mental health issues at disproportionately high levels due to widespread social stigma, abuse and institutionalised homophobia, biphobia and transphobia. 33% of people who identify as LGBTQI+ in NI have experienced poor mental health.<sup>18</sup> Chronic underfunding of mental health services and a lack of cultural competency within these services makes the situation for LGBTQI+ communities even worse.

There is a lack of data and research on the mental health of Black, Asian and Minority Ethnic communities in Northern Ireland but they are generally considered to be at increased risk of poor mental health. They face additional challenges accessing mental health services due to language barriers, discrimination, difficulty with GP registration and

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<sup>14</sup> Health Survey Northern Ireland: First Results 2024/25, Department of Health, November 2025  
<https://www.health-ni.gov.uk/publications/health-survey-northern-ireland-first-results-202425>

<sup>15</sup> [https://www.samaritans.org/news/people-living-in-rural-northern-ireland-least-likely-to-see-emotional-support-when-struggling-to-cope-samaritans-survey-finds/#:~:text=A%20new%20Samaritans%20survey%20has,around%20mental%20health%20\(26%25\).](https://www.samaritans.org/news/people-living-in-rural-northern-ireland-least-likely-to-see-emotional-support-when-struggling-to-cope-samaritans-survey-finds/#:~:text=A%20new%20Samaritans%20survey%20has,around%20mental%20health%20(26%25).)

<sup>16</sup> Rural isolation, poverty and rural community/farmer wellbeing – scoping paper, Northern Ireland Assembly scoping paper, Mark Allen, June 2014  
<http://www.niassembly.gov.uk/globalassets/documents/agriculture-and-rural-development/reviews/anti-poverty/rural-isolation-poverty-and-rural-community-farmer-wellbeing---scoping-paper.pdf>

<sup>17</sup> <https://www.communities-ni.gov.uk/publications/northern-ireland-housing-statistics-2019-20>

<sup>18</sup> [https://aware-ni.org/images/Factsheet\\_LGBTQ\\_Mental\\_Health\\_-\\_pdf\\_standard.pdf](https://aware-ni.org/images/Factsheet_LGBTQ_Mental_Health_-_pdf_standard.pdf)

other aspects of accessing care and the stigma associated with mental health services.<sup>19</sup> Census data for Northern Ireland shows that 2.7% of Asian respondents, 3.1% of black respondents, 6.5% of mixed ethnicity respondents and 12% of respondents from 'other' minority ethnicities reported an emotional or mental health condition expected to last 12 months or more.<sup>20</sup>

A lack of data is also problematic for assessing the mental health outcomes of the Irish Traveller population. Census data shows that 24.3% of respondents from the Irish Traveller community reported an emotional or mental health condition expected to last 12 months or more.<sup>21</sup> The All-Ireland Traveller Health Study shows that in Northern Ireland over half (57%) of Irish Travellers reported that their mental health was not good for one or more days in the past month.<sup>22</sup> Over one quarter (26.3%) of Travellers felt they had worse opportunities for accessing mental health care than everyone else.<sup>23</sup>

Refugees and asylum seekers are also at greater risk of developing mental health problems given the complex situations they face. Research highlights the mental health and emotional wellbeing of asylum seekers and refugees is influenced by pre-, peri- and post-migration contexts and each phase is associated with specific risks and exposures.<sup>24</sup> Once again, there is a lack of data on the mental health of refugees and asylum seekers in Northern Ireland a point highlighted by a review which found no prevalence information about the mental health issues and emotional wellbeing of both young and adult asylum seekers and refugees here with no local research or routine collection of monitoring data in relation to this.<sup>25</sup>

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<sup>19</sup> 'Walking this thin line' Black and Minority Ethnic (BME) Experiences of Mental Health & Wellbeing in N. Ireland, Institute for Conflict Research, December 2015

['Waking this thin line Report' Black and Minoirty Ethnic \(BME\) Experiences of Mental Health Wellbeing in N.Ireland \(conflictresearch.org.uk\)](https://www.conflictresearch.org.uk/wp-content/uploads/2015/12/Walking-this-thin-line-Report-Black-and-Minority-Ethnic-BME-Experiences-of-Mental-Health-Wellbeing-in-N-Ireland.pdf)

<sup>20</sup>

[https://build.nisra.gov.uk/en/custom/data?d=PEOPLE&v=HEALTH\\_CONDITION\\_MENTAL\\_HEALTH&v=ETHNIC\\_GROUP\\_AGG5&~HEALTH\\_CONDITION\\_MENTAL\\_HEALTH=1](https://build.nisra.gov.uk/en/custom/data?d=PEOPLE&v=HEALTH_CONDITION_MENTAL_HEALTH&v=ETHNIC_GROUP_AGG5&~HEALTH_CONDITION_MENTAL_HEALTH=1)

<sup>21</sup>

[https://build.nisra.gov.uk/en/custom/data?d=PEOPLE&v=HEALTH\\_CONDITION\\_MENTAL\\_HEALTH&v=ETHNIC\\_GROUP\\_INTERMEDIATE&~HEALTH\\_CONDITION\\_MENTAL\\_HEALTH=1](https://build.nisra.gov.uk/en/custom/data?d=PEOPLE&v=HEALTH_CONDITION_MENTAL_HEALTH&v=ETHNIC_GROUP_INTERMEDIATE&~HEALTH_CONDITION_MENTAL_HEALTH=1)

<sup>22</sup> All-Ireland Traveller Health Study, School of Public Health, Physiotherapy and Population Science, University College Dublin, March 2010

<https://www.gov.ie/en/department-of-health/publications/all-ireland-traveller-health-study/>

<sup>23</sup>

<https://www.publichealth.hscni.net/sites/default/files/Health%20Intelligence%20briefing%20on%20Travellers.pdf>

<sup>24</sup> Mental health and wellbeing of asylum seekers and refugees: evidence review and scoping, Public Health Agency, September 2018

<https://www.strongertogetherni.org/wp-content/uploads/2019/04/Mental-health-of-refugees-Long-report-FINAL-24-9-18-Helga-Sneddon.pdf>

<sup>25</sup> Ibid

Overall, there are issues with data in relation to the measurement of mental health levels in Northern Ireland. The GHQ12 and Warwick-Edinburgh Scales are population indicators of mental health rather than a diagnostic tool and there are many gaps in data for Section 75 groups as detailed above. The Psychiatric Morbidity Survey provides much more data on the prevalence of both treated and untreated psychiatric disorders in the English adult population. In Northern Ireland getting access to this level of data has been more difficult due to the use of different systems by the Health Trusts. With the full roll out of the encompass patient record system there should be the ability to access better data but it will take resources to do this work.

### *Suicide Rates in Northern Ireland*

As highlighted by a Samaritans report “*Northern Ireland has long struggled with high suicide rates, historically reported as exceeding those in other parts of the UK, Ireland, and the EU average.*”<sup>26</sup> While the report acknowledges that direct comparisons are difficult because of changes in data collection, there is no doubt that suicide rates in Northern Ireland are persistently high. The latest suicide statistics show that for 2024, the Northern Ireland rate was 17.4 suicides registered per 100,000 population, higher than the rate for England and Wales at 11.4 suicides and Scotland at 12.7 suicides.<sup>27</sup> Suicide remains the leading cause of death in males under 50 in Northern Ireland. The Samaritans report also showed that among under-18s, self-harm and suicidal ideation have risen sharply, increasing by 76% since 2012/13.

## **2.2 Gender and poor mental health**

Poor mental health can affect anyone regardless of circumstances and while it is true that both men and women can suffer from poor mental health, women are more likely to suffer from poor mental health. While there are many factors that put women at greater risk of poor mental health compared to men, women also tend to have better social networks than men, are far more likely to talk about what they are going through and seek support through their social networks as well as being more likely to seek treatment for a mental health problem.

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<sup>26</sup> Lost Futures, Poverty, Inequality and Suicidality in Northern Ireland, Samaritans, March 2025

[https://media.samaritans.org/documents/Samaritans\\_Lost\\_FuturesReport\\_web\\_2.pdf](https://media.samaritans.org/documents/Samaritans_Lost_FuturesReport_web_2.pdf)

<sup>27</sup> Northern Ireland Suicide Statistics 2024, NISRA, November 2025

<https://www.nisra.gov.uk/files/nisra/documents/2025-11/Suicide%20Report%202024%20-%20FINAL.pdf>

Statistics show the prevalence of mental health issues for women. When women internalise the problems they experience it can lead to a range of mental health issues including eating disorders, self-harm, anxiety and depression.

The Northern Ireland Health Survey<sup>28</sup> found that of the 18% of respondents who showed indications of possible mental health problems there were higher levels among women (20%) compared with men (15%). In terms of younger people, research shows that 45.4% of respondents could be considered as showing signs of having a possible mental health problem with the figures being higher for young women at 53.7% compared to 31.9% of young men.<sup>29</sup>

Anti-depressants were dispensed to over one in five people in Northern Ireland in 2024/25. This was an increase of 1.5% compared with 2023/24. Over a quarter of females (25.9%) received anti-depressants compared with 15.7% of males.<sup>30</sup>

In terms of self-harm, data from 2021/22 shows that 58% of hospital presentations for self-harm were female (4,754) compared to 42% male (3,374).<sup>31</sup> There is a lack of data on eating disorders in Northern Ireland leaving it difficult to understand the scale of the problem<sup>32</sup> but estimates indicate that up to 20,000 people will be living with an eating disorder at any one time here.<sup>33</sup> Female teenagers aged between 13 and 17 are most commonly affected.<sup>34</sup> A research study on the prevalence of eating disorders in 11-19 year olds in Northern Ireland found that 16.2% of the young people screened positive for a probable eating disorder. The study also found that females were significantly more likely to screen positive (23%) than males (10%).<sup>35</sup>

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<sup>28</sup> Health Survey Northern Ireland: First Results 2023/24, Department of Health, November 2025  
<https://www.health-ni.gov.uk/publications/health-survey-northern-ireland-first-results-202425>

<sup>29</sup> NI Young Life and Times Survey 2025  
[https://www.ark.ac.uk/yit/2025/Health\\_and\\_Wellbeing/GHQ12CASE.html](https://www.ark.ac.uk/yit/2025/Health_and_Wellbeing/GHQ12CASE.html)

<sup>30</sup> General Pharmaceutical Services for Northern Ireland: Annual Statistics 2024/25, NISRA, June 2025  
<https://datavis.nisra.gov.uk/bsf/fps-pharmacy-annual-report-24-25.html#>

<sup>31</sup> Northern Ireland Registry of Self-Harm Summary Regional Report 2020/21 & 2021/22, Public Health Agency  
<https://www.publichealth.hscni.net/sites/default/files/2024-07/Northern%20Ireland%20Registry%20of%20Self-harm%20Regional%20Report%202020.21%20and%202021.22%20final.pdf>

<sup>32</sup> <https://www.nicva.org/article/eating-disorders-in-northern-ireland-a-problem-of-unknown-scale>

<sup>33</sup> Eating disorders during the COVID-19 pandemic, Northern Ireland Assembly Research Matters, April 2021  
<https://www.assemblyresearchmatters.org/2021/04/13/eating-disorders-during-the-covid-19-pandemic/#:~:text=What%20are%20eating%20disorders?,all%20ages%2C%20genders%20and%20backgrounds.>

<sup>34</sup> Ibid

<sup>35</sup> Prevalence of probable eating disorders and associated risk factors: An analysis of the Northern Ireland Youth Wellbeing Survey using the SCOFF, British Journal of Clinical Psychology, October 2022

There are well known links between mental illness and the realities of women's lives which are impacted by a range of social and economic factors. These include women's lower incomes over their lifetimes, childcare and unpaid caring responsibilities as well as the impacts of domestic and sexual abuse and lack of appropriate healthcare. Women are more likely to live in poverty, to be in receipt of social security benefits and to be in low-paid or part-time work which is examined in more detail in Section 2.3.

### 2.2.1 Domestic Work and Unpaid Care

Women often juggle several roles within a family including those of a partner, mother and carer as well as working and managing the household. Women continue to do the majority of unpaid domestic work in the home with figures from the British Social Attitudes Survey showing that 63% of women report doing more than their fair share of household labour, compared with just 22% of men.<sup>36</sup> This double burden or "*second shift*" of paid work and unpaid domestic labour is particularly acute for mothers who often find themselves forced to work in lower paid, part-time and insecure work in an effort to try and balance these commitments. The burden of shouldering all these responsibilities can lead to isolation, stress and anxiety and have impacts for both mental and physical health.

Traditional gender roles including the greater likelihood for women to provide care both for children and for other family members can impact on mental health. In Northern Ireland there are over 220,000 people currently providing unpaid care for sick or disabled family members and friends with Census figures showing that almost 60% of unpaid carers are women.<sup>37</sup> As highlighted by Carers NI "*carers can face changes in their employment status, their financial situation and experience difficulties in maintaining social connections, hobbies, and interests – with a subsequent loss of their own identity. This can all have a detrimental effect on a carer's own health and wellbeing.*"<sup>38</sup>

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[https://pmc.ncbi.nlm.nih.gov/articles/PMC10091957/#:~:text=Recent%20studies%20have%20assessed%20the,et%20al.%2C%202013\).](https://pmc.ncbi.nlm.nih.gov/articles/PMC10091957/#:~:text=Recent%20studies%20have%20assessed%20the,et%20al.%2C%202013).)

<sup>36</sup> <https://www.bbc.co.uk/news/uk-66866879>

<sup>37</sup> Career or care: Women, Unpaid Caring and Employment in Northern Ireland, Carers NI & Women's Regional Consortium, February 2024

<https://www.womensregionalconsortiumni.org.uk/wp-content/uploads/2024/02/Career-or-care-Women-unpaid-caring-and-employment-in-Northern-Ireland.pdf>

<sup>38</sup> The impact of unpaid caring on mental health in Northern Ireland, Carers NI, May 2024

<https://www.carersuk.org/media/4hwbpwjk/the-impact-of-unpaid-caring-on-mental-health-in-northern-ireland.pdf>

YouGov polling for Carers NI showed that two thirds (66%) of people who have provided unpaid care for sick or disabled family members or friends in Northern Ireland have suffered mental ill-health because of their caring role. The polling also showed that 25% of current or former unpaid carers said that caring for their loved one had had a very negative impact on their mental health, with a further 41% saying it had a slightly negative impact.<sup>39</sup>

Serious gaps in health and social care provision for children with mental health problems and special additional needs means that many women are being increasingly forced to fill these critical gaps in services. Latest available statistics for access to the Child and Adolescent Mental Health Service (CAMHS) shows significant waiting lists with 1,990 waiting and many (1,026) waiting for over nine weeks (March 2024).<sup>40</sup> Waiting times for autism assessments are severe and growing with 17,205 children waiting on a diagnostic assessment<sup>41</sup> and with reports of long waiting times sometimes into several years.

As a result, many women are being forced to act as primary caregivers, educators and advocates for their children which often means they have to reduce their working hours or leave work altogether. This leaves them increasingly isolated at home due to a lack of childcare, school places and respite services which has obvious impacts on their mental health.<sup>42</sup> These issues were powerfully depicted in a BBC Spotlight programme 'I Am Not Okay' in September 2024 which showed the experiences of mothers struggling to cope with their children's complex needs as a result of failures in the health and social care system and a lack of respite care.<sup>43</sup>

### *2.2.2 Gender-based Violence, Abuse and Harm*

Women are much more likely to experience physical and sexual abuse/violence which can have significant and long-term impacts on their mental health. Research has shown the extensive nature of violence against women and girls in Northern Ireland, often quoted as being one of the most dangerous places in Europe to be a woman.<sup>44</sup> Statistics reveal an

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<sup>39</sup> 2 in 3 unpaid carers in Northern Ireland suffer in mental ill-health 'endemic', Carers NI Press Release, June 2024

<https://www.carersuk.org/press-releases/2-in-3-unpaid-carers-in-northern-ireland-suffer-in-mental-ill-health-endemic/>

<sup>40</sup> <https://www.health-ni.gov.uk/publications/camhs-waiting-time-statistics-northern-ireland-march-2025>

<sup>41</sup> <https://aims.niassembly.gov.uk/questions/printquestionssummary.aspx?docid=450770>

<sup>42</sup> <https://www.bbc.co.uk/news/articles/c70140rw1wdo>

<https://www.bbc.co.uk/news/articles/cwyl25y4vqlo>

<sup>43</sup> <https://www.bbc.co.uk/programmes/m0023db6>

<sup>44</sup> <https://committees.parliament.uk/event/24246/formal-meeting-oral-evidence-session/>

urgent public safety crisis for women and in response the Northern Ireland Executive has published a new strategic framework to end violence against women and girls.<sup>45</sup>

Research suggests 98% of women in Northern Ireland have experienced at least one form of violence or abuse in their lifetime. Experiences of at least one form of violence or abuse were common before age 11 years (50%), between ages 11-18 years (87%) and in adulthood (91%). This shows that violence or abuse is common and persistent throughout women's lives.<sup>46</sup> Further research with girls and young women shows that 37% of respondents aged 12-17 years old reported having experienced one form of violence with another 36% experiencing more than one.<sup>47</sup>

Women in Northern Ireland experience high levels of domestic abuse, with police responding to a domestic abuse incident, on average, every 16 minutes.<sup>48</sup> Official statistics for 2025 show that there were 30,793 domestic abuse incidents in Northern Ireland and two-thirds (67%) of victims of domestic abuse crimes were female.<sup>49</sup> In terms of femicide, Northern Ireland has disturbingly high figures – since 2020, 30 women have been violently killed in Northern Ireland.<sup>50</sup> Jess Phillips, Parliamentary Under-Secretary of State for Safeguarding and Violence Against Women and Girls told the Northern Ireland Affairs Committee about the data on femicide: *“what the data shows us is that rates of femicide, so murder and domestic homicide, is higher there than not just other parts of the United Kingdom but quite a lot of the world.”*<sup>51</sup>

Women are at risk of higher levels of gender-based violence during times of conflict and in post-conflict societies.<sup>52</sup> In looking at the reasons why Northern Ireland has such a

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<sup>45</sup> Strategic Framework to End Violence against Women and Girls, NI Executive, September 2024  
<https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/execoffice/strategic-framework-evawg.pdf>

<sup>46</sup> EVERY VOICE MATTERS! Violence Against Women in Northern Ireland, September 2023  
<https://www.executiveoffice-ni.gov.uk/publications/research-publication-every-voice-matters-violence-against-women-northern-ireland>

<sup>47</sup> 'It's just what happens', Girls' and young women's views and experiences of violence in Northern Ireland, August 2023  
<https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/execoffice/its-just-what-happens.pdf>

<sup>48</sup> <https://www.facebook.com/watch/?v=692621102244864>

<sup>49</sup> Domestic Abuse Incidents and Crimes Recorded by the Police in Northern Ireland Update to 31 st December 2025, PSNI & NISRA, February 2026  
<https://www.psni.police.uk/system/files/2026-02/1650849924/Domestic%20Abuse%20Bulletin%20Period%20Ending%2031st%20December%202025.pdf>

<sup>50</sup> <https://www.bbc.co.uk/news/articles/cp8memlgrgo>

<sup>51</sup> <https://www.bbc.co.uk/news/articles/c4g2gwpk371o>

<sup>52</sup> <https://bylinetimes.com/2023/09/18/gendered-violence-the-hidden-war-against-women-in-northern-ireland/>

problem with gender-based violence, commentary frequently points to the legacy of normalised violence and a history of unresolved trauma as a result of the Troubles.<sup>53</sup>

Professor Siobhan O'Neill, Mental Health Champion for Northern Ireland in response to the statistics on men's violence against women and girls called for an urgent and serious response. Professor O'Neill said that there needs to be significant and sustained funding for the organisations that support women and the services that allow them to leave abusive partners safely. In addition, she called for strong mental health care including trauma treatments for women subject to violence.<sup>54</sup>

### 2.2.3 *Pregnancy and Maternity*

Perinatal mental health problems are those which occur during pregnancy or in the first year following the birth of a baby. Perinatal mental health is an umbrella term that covers a range of conditions such as antenatal/postnatal Depression or Anxiety, Obsessive Compulsive Disorder (OCD), Post-Traumatic Stress Disorder (PTSD) and Postpartum Psychosis.<sup>55</sup> UK-wide figures show that during pregnancy, and up to one year after birth, one in four women will experience mental health issues, ranging from anxiety and depression to more severe illness such as psychosis.<sup>56</sup> Locally, figures from the Public Health Agency show that approximately 10-20% of women will experience a perinatal mental health problem.<sup>57</sup>

In Northern Ireland there have been criticisms over perinatal mental health provision for many years. While all five health trusts in Northern Ireland now have community perinatal mental health teams in place they only provide services to mothers who have moderate to severe mental illness. There is a need for greater delivery of perinatal mental health care and understanding across primary care services to ensure that no woman struggling with perinatal mental health issues is left unsupported.

Northern Ireland is still the only region in the UK without a Mother and Baby Unit (MBU). This forces mothers who require a psychiatric admission in the postnatal period into

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<sup>53</sup> <https://www.rte.ie/news/ulster/2026/0324/1564905-femicide-womens-aid/>  
<https://www.bbc.co.uk/news/articles/clyxexlkgd1o>

<sup>54</sup> <https://www.facebook.com/reel/1265195328372165>

<sup>55</sup> <https://www.publichealth.hscni.net/services-and-teams/population-health-and-wellbeing/midwifery/perinatal-mental-health>

<sup>56</sup> <https://rcm.org.uk/perinatal-mental-health/>

<sup>57</sup> <https://www.publichealth.hscni.net/services-and-teams/population-health-and-wellbeing/midwifery/perinatal-mental-health>

general psychiatric wards and separated from their babies. Indeed, the lack of an MBU was the subject of a powerful BBC Spotlight programme in June 2025 called 'Mums in Crisis' which highlighted the critical need for such a Unit in Northern Ireland in order to save lives and prevent trauma.<sup>58</sup> There has been cross-party support for the establishment of an MBU and an announcement by the Department of Health in 2023 to confirm that Belfast City Hospital has been identified as the location for a new regional MBU.<sup>59</sup> At the time of writing this report, the Health Minister has announced funding to start work on a MBU for Northern Ireland which is set to open no later than 2028/29.<sup>60</sup>

Community support services, like the Maternal Advocacy and Support project (the MAs)<sup>61</sup>, provide vital mental health support and act as a 'lifeline' to mothers struggling to find support elsewhere as evidenced by research.<sup>62</sup> The MAs project is led by the Women's Resource and Development Agency (WRDA) and is delivered through the holistic services of Women's Centres linked to wrap-around support, advice and education. The MAs project provides essential peer support, advocacy and campaigning work that highlights women's lived experience with the purpose of improving services in the future. In an environment where perinatal mental health services continue to suffer from a lack of service provision and where maternal health inequalities continue to exist, services like the MAs project, are critical to women particularly those from disadvantaged communities. However, projects like MAs need long-term financial support to be able to continue to provide these essential and life-saving services which are so valued by women and their families.

#### 2.2.4 Rural Women

Northern Ireland Rural Women's Network (NIRWN) research<sup>63</sup> uncovered that many rural women felt that they were "*becoming more isolated, with many of our support agencies being located in urban settings.*" There was a consensus amongst NIRWN research

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<sup>58</sup> <https://www.bbc.co.uk/programmes/m002d4sx>

<sup>59</sup> <https://www.health-ni.gov.uk/news/update-community-perinatal-mental-health-services>

<sup>60</sup>

[https://www.bbc.co.uk/news/articles/c3v2k16vd17o?at\\_format=link&at\\_ptr\\_name=twitter&at\\_link\\_origin=BBCNewsNI&at\\_link\\_type=web\\_link&at\\_campaign\\_type=owned&at\\_campaign=Social\\_Flow&at\\_medium=social&at\\_bbc\\_team=editorial&at\\_link\\_id=F5016974-4494-11F1-AA22-DC228FCDA30D](https://www.bbc.co.uk/news/articles/c3v2k16vd17o?at_format=link&at_ptr_name=twitter&at_link_origin=BBCNewsNI&at_link_type=web_link&at_campaign_type=owned&at_campaign=Social_Flow&at_medium=social&at_bbc_team=editorial&at_link_id=F5016974-4494-11F1-AA22-DC228FCDA30D)

<sup>61</sup> <https://www.wrda.net/projects/maternal-advocacy-and-support-project>

<sup>62</sup> Health Inequalities in Northern Ireland: The Impact of the Maternal Advocacy and Support (MAS) Project, WRDA, January 2023

<https://static1.squarespace.com/static/66c475c740e7194ba8ee6a81/t/672b4f147f67bd726a51b8ac/1730891542981/WRDA-MAS-Research-Report-2023-1+%281%29.pdf>

<sup>63</sup> Rural Voices Report, NIRWN, 2018

<https://www.nirwn.org/wp-content/uploads/2018/03/NIRWN-Rural-Voices-Research-Report-March-2018.pdf>

participants that, centralisation of support services was impacting on their communities locally, not just in terms of access poverty but also on exacerbating social isolation. The removal of regular meeting points, like the Post Office, provided both a reason to leave the house and often a structure and social occasion, for example, on pension day.

### *2.2.5 The Need for a Women's Health Strategy*

Northern Ireland is the only jurisdiction in the UK and Ireland without a Women's Health Strategy. Research by WRDA advocates for the urgent development of a comprehensive Women's Health Strategy for Northern Ireland.<sup>64</sup> This research builds on an earlier survey by the Community Foundation's 'Nothing About Us Without Us' project which recommended that mental health should be prioritised in the development of any such Strategy for Northern Ireland.<sup>65</sup> The absence of a dedicated Women's Health Strategy means that structural failures persist unaddressed, normalising inadequate care and often forcing community and voluntary sector providers to act as frontline mental health responders.

## **2.3 Poverty, the Cost-of-Living Crisis and poor mental health**

Poverty is a key driver of mental health problems and people living in deprived areas of Northern Ireland are significantly more likely to experience mental health problems. As highlighted by the Joseph Rowntree Foundation (JRF), Northern Ireland remains especially vulnerable to poverty because of lower incomes and limited financial resilience. In their Poverty in Northern Ireland 2025 report, JRF notes that between 2021 and 2024, the median weekly household income before housing costs stood at £635 – lower than most of the other regions of the UK except for Wales and that financial insecurity was widespread, with nearly half of adults (46%) holding less than £1,500 in savings.<sup>66</sup>

Northern Ireland's economic inactivity rates are consistently higher than the UK average. The latest economic inactivity rate is 26.7% compared to the UK rate of 20.7% and is the highest of the twelve UK regions. In November to January 2026, the most common

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<sup>64</sup> Health Inequalities in Northern Ireland: A Woman's Health Strategy for Northern Ireland, WRDA, September 2025  
<https://static1.squarespace.com/static/66c475c740e7194ba8ee6a81/t/68dcef057aea163a275c5bcf/1759309573046/Health+Inequalities+in+Northern+Ireland+Chapter+Three+A+Womens+Health+Strategy+for+Northern+Ireland.pdf>

<sup>65</sup> Women's Health Strategy Survey Results, Nothing About Us Without Us, Community Foundation, October 2024 <https://communityfoundationni.org/wp-content/uploads/2024/10/Final-NAUWU-Report-for-Web.pdf>

<sup>66</sup> Poverty in Northern Ireland 2025, Joseph Rowntree Foundation  
<https://www.jrf.org.uk/poverty-in-northern-ireland-2025>

reason for economic inactivity in Northern Ireland among the working age population was 'long-term sick'. There were 115,000 'long-term sick', accounting for 9.6% of the working age population.<sup>67</sup>

According to research by Trussell, 520,000 people across Northern Ireland, including 130,000 children, lived in food insecure households representing one in five households (21%) experiencing food insecurity in 2024. This research also found that mental health conditions were much more prevalent among people referred to food banks in Northern Ireland than the general population (60% compared to 18% across Northern Ireland).<sup>68</sup>

Latest poverty statistics show that in 2024/25, 12% of people in Northern Ireland were living in relative poverty (232,000) and children were at a higher risk of living in poverty with 15% of children living in relative poverty (67,000).<sup>69</sup> In some areas of Northern Ireland one in four children are living in poverty.<sup>70</sup>

Northern Ireland has a much higher proportional share of the most deprived areas in the UK than Scotland, Wales, or any of the nine regions of England, at 25%. Education deprivation is highest in Northern Ireland at 27% and health deprivation (using self-reported health) is particularly pronounced for Northern Ireland – nearly 28% of areas in Northern Ireland rank within the most deprived 10% by poor health across the UK.<sup>71</sup>

Around a quarter (24%) of those in the most deprived areas had a high GHQ12 score which could indicate a mental health problem. This is higher than that of those living in the least deprived areas (14%). Almost half (48%) of those living in the most deprived areas had concerns about their own mental health in the past year compared with a third (34%) of those living in the least deprived areas.<sup>72</sup>

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<sup>67</sup> Northern Ireland Labour Market Report, NISRA, March 2026  
<https://datavis.nisra.gov.uk/economy-and-labour-market/labour-market-report-march-2026.html#>

<sup>68</sup> Hunger in Northern Ireland, Trussell, September 2025  
[https://cms.trussell.org.uk/sites/default/files/2025-09/hunger\\_in\\_northern\\_ireland\\_220925.pdf](https://cms.trussell.org.uk/sites/default/files/2025-09/hunger_in_northern_ireland_220925.pdf)

<sup>69</sup> Northern Ireland Poverty and Income Inequality Report, 2024/25, NISRA & DfC, March 2026  
[https://datavis.nisra.gov.uk/communities/PII\\_report\\_2425.html#](https://datavis.nisra.gov.uk/communities/PII_report_2425.html#)

<sup>70</sup> <https://niapn.org/19-of-children-across-ni-still-living-in-poverty/>

<sup>71</sup> A deprivation index for the UK: exploring spatial variations within and between nations, QUB, Nuffield Foundation, deprivation.org, University of Leeds, April 2025

<https://www.nuffieldfoundation.org/wp-content/uploads/2022/02/UKDI-Short-Briefing-1.pdf>

<sup>72</sup> Health Survey Northern Ireland: First Results 2023/24, Department of Health, November 2025  
<https://www.health-ni.gov.uk/publications/health-survey-northern-ireland-first-results-202425>

A Samaritans report has highlighted that socio-economic disadvantage, including unemployment, poverty, debt and low educational attainment, have been consistently linked to an increased risk of suicide.<sup>73</sup> The report also showed that suicide rates are highest in deprived areas, with three times as many deaths in the most disadvantaged decile compared to the least.

Prescription rates for mood and anxiety disorders have increased regionally and across the most and least deprived areas with the rate in the most deprived areas two-thirds higher than in the least deprived areas.<sup>74</sup> The proportion of the population receiving anti-depressant medication in the most deprived areas was over one and a half times that observed in the least deprived.<sup>75</sup>

### 2.3.1 Social Determinants of Health

Professor Sir Michael Marmot's work on the social determinations of health (broadly defined as the conditions in which people are born, grow, live, work and age, and people's access to power, money and resources)<sup>76</sup> shows that health is shaped by social, economic and physical environments with inequality a major driver of poor health. One of Professor Marmot's key messages is that there is a social gradient in health – the lower a person's social position, the worse his or her health.<sup>77</sup>

*“Other inequalities intersect with deprivation, compounding disadvantage. Women typically live longer but often spend more years in poor health, influenced by caring responsibilities, musculoskeletal conditions and depression. Rural communities experience ‘hidden deprivation’ through limited transport, fuel poverty and reduced access to services. Ethnicity and migration also shape people’s access to support and their experience of the system.”<sup>78</sup>*

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<sup>73</sup> Lost Futures, Poverty, Inequality and Suicidality in Northern Ireland, Samaritans, March 2025  
[https://media.samaritans.org/documents/Samaritans\\_Lost\\_FuturesReport\\_web\\_2.pdf](https://media.samaritans.org/documents/Samaritans_Lost_FuturesReport_web_2.pdf)

<sup>74</sup> Health Inequalities, Annual Report 2025, NISRA & DoH, September 2025  
<https://www.health-ni.gov.uk/sites/default/files/2025-09/hscims-report-2025.pdf>

<sup>75</sup> General Pharmaceutical Services for Northern Ireland: Annual Statistics 2024/25, NISRA, June 2025  
<https://datavis.nisra.gov.uk/bso/fps-pharmacy-annual-report-24-25.html#>

<sup>76</sup> [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)

<sup>77</sup> <https://www.instituteoftheequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

<sup>78</sup> Living longer, but not healthier: Why Northern Ireland's health gap matters for policy, NI Assembly Research Matters, January 2026  
<https://www.assemblyresearchmatters.org/2026/01/26/living-longer-but-not-healthier-why-northern-irelands-health-gap-matters-for-policy/>

In Northern Ireland, gains in life expectancy have slowed and while people are living longer a substantial share of those additional years is spent in poor health. The gap is widest in deprived areas where life expectancy differs by around six years between the most and least deprived communities. The gap in healthy life expectancy is more than double that, at nearly 15 years.<sup>79</sup>

The Community Development & Health Network (CDHN) has developed a project Voice Equality Experience Power (VEEP). This is a community mental health and poverty platform for community and voluntary workers and organisations, and experts by experience, working to address the social determinants of mental health and the root causes of poverty and inequality across the island of Ireland. It is working to use this knowledge and experience to create a shared momentum for a transformative, rights-based approach to achieve mental health equity that is community-led, preventative in focus, and oriented toward systemic change.<sup>80</sup>

### *2.3.2 Women, Poverty and Poor Mental Health*

The socio-economic realities of women's lives can disadvantage women putting them at greater risk of poverty and poor mental health. Poverty and working in the home can mean that women are more likely to be isolated and social isolation is linked to mental health problems. Societal pressure to provide care, carry out unpaid labour in the home combined with systemic discrimination and the devaluation of women's work contributes to emotional exhaustion and significant psychological distress.

Research shows that women are more likely to be in receipt of social security benefits, more likely to be in low-paid, part-time and insecure work, more likely to be providing care either for children or other family members which limits their ability to carry out paid work and are more likely to have to make up for cuts to public services through unpaid work. Certain family types face a much greater risk of poverty than others including lone parents<sup>81</sup> (census figures for Northern Ireland show that 93% of lone parents are women). All these factors contribute to keeping women's incomes generally lower over their lifetimes and therefore puts them at greater risk of living on a low-income and in poverty.

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<sup>79</sup> Living longer, but not healthier: Why Northern Ireland's health gap matters for policy, NI Assembly Research Matters, January 2026

<https://www.assemblyresearchmatters.org/2026/01/26/living-longer-but-not-healthier-why-northern-irelands-health-gap-matters-for-policy/>

<sup>80</sup> <https://www.cdhn.org/voice-equality-experience-and-power-veep>

<sup>81</sup> Poverty in Northern Ireland 2025, Joseph Rowntree Foundation  
<https://www.jrf.org.uk/poverty-in-northern-ireland-2025>

As previously outlined economic inactivity levels are stubbornly high in Northern Ireland and this is even more the case for women. The female rate of economic inactivity is consistently higher than the male rate with the most recent figures showing the female rate at 30.2% compared to the male rate at 23.1%.<sup>82</sup> In looking at the detail of economic inactivity the figures show that over a quarter (27%) of women who were unavailable for work gave the reason for inactivity as family and home care (48,000) and this was the least likely reason for male inactivity (at 7,000 or 5%).<sup>83</sup>

Welfare reform and austerity policies have disproportionately impacted on women. Research by the House of Commons Library<sup>84</sup> showed that previous welfare reform and austerity policies hit women harder with 86% of the savings to the Treasury through tax and benefit changes since 2010 coming from women. In Northern Ireland an analysis of the impact of the reforms by the Northern Ireland Human Rights Commission (NIHRC)<sup>85</sup> showed that across most income levels the overall cash impact of the reforms is more negative for women than for men. This weakening of the social security safety net has meant that many women are struggling to afford basic essentials and to provide for their children and families causing untold stress and anxiety, limiting their life chances and wellbeing and impacting negatively on their mental health.

In Northern Ireland, Universal Credit claimant statistics show that 41% of claimants are male and 59% are female<sup>86</sup> with 33% of the claims in payment made to lone parent households (71,810). Carer's Allowance figures also show higher levels of female recipients with 70% of Carer's Allowance recipients being female.<sup>87</sup>

### 2.3.3 Carer Poverty

Research from the Carer Poverty Commission shows that over 1 in 4 unpaid carers (28.3%) live in poverty in Northern Ireland, higher than the poverty rate in non-carers

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<sup>82</sup> Northern Ireland Labour Market Report, NISRA, March 2026

<https://datavis.nisra.gov.uk/economy-and-labour-market/labour-market-report-march-2026.html#>

<sup>83</sup> <https://www.nisra.gov.uk/publications/labour-market-report-march-2026>

<sup>84</sup> [Estimating the gender impact of tax and benefits changes \(parliament.uk\)](https://www.parliament.uk/resources/research/estimating-the-gender-impact-of-tax-and-benefits-changes)

<sup>85</sup> [Publication - Cumulative impact assessment of tax and social security reforms in Northern Ireland | Northern Ireland Human Rights Commission \(nihrc.org\)](https://www.nihrc.org/publications/cumulative-impact-assessment-of-tax-and-social-security-reforms-in-northern-ireland)

<sup>86</sup> <https://datavis.nisra.gov.uk/communities/universal-credit-publication-november-2025.html>

<sup>87</sup> <https://www.communities-ni.gov.uk/publications/benefits-statistics-summary-publication-accredited-official-statistics-november-2025>

(17.4%) and higher than the poverty rate amongst carers in the rest of the UK (23.6%).<sup>88</sup> Figures show that women are more likely to provide unpaid care with women making up 59% of all carers and those carers of working age.<sup>89</sup>

### 2.3.4 *The Impact of the Cost-of-Living Crisis*

Women's Regional Consortium research with women on the impact of the Cost-of-Living Crisis<sup>90</sup> has shown how rising costs, insufficient income, financial hardship and poverty have impacted on women's health including their mental health. This research showed that 90% of the women surveyed felt that the Cost-of-Living Crisis had impacted on their physical or mental health or both. Research by WRDA on the impact of the Cost-of-Living Crisis on Women's Health showed that 89% of respondents said their mental health had worsened as a result of the crisis reporting feeling anxious, depressed and increased stress levels.<sup>91</sup>

The Mental Health Foundation in Northern Ireland has also raised concerns about the long-term mental health impacts of the Cost-of-Living Crisis in Northern Ireland where their data showed that more than a third of adults (34%), rising to 57% among young people aged 18-24, felt anxious about their personal finances in the last month.<sup>92</sup>

## 2.4 **The impact of the Troubles on mental health**

A higher prevalence of mental health problems in Northern Ireland is associated with both greater levels of deprivation and the impact of the 'Troubles'.<sup>93</sup> Longstanding research<sup>94</sup>

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<sup>88</sup> Policy measures to tackle poverty among unpaid carers in Northern Ireland, Carer Poverty Commission NI, October 2023

<https://www.carersuk.org/media/vpala4ts/policy-measures-to-tackle-poverty-among-unpaid-carers-in-northern-ireland.pdf>

<sup>89</sup> Tackling poverty amongst unpaid carers, Carer Poverty Commission Northern Ireland 2023 – 2025, July 2025

<https://www.carersuk.org/media/rjiboesm/carers-ni-carer-poverty-commission-final-report-2025.pdf>

<sup>90</sup> Women's Experiences of the Cost-of-Living Crisis in Northern Ireland, Women's Regional Consortium & Ulster University, June 2023

<https://www.womensregionalconsortiumni.org.uk/wp-content/uploads/2023/06/Womens-Experiences-of-the-Cost-of-Living-Crisis-in-NI-2.pdf>

<sup>91</sup> Health Inequalities in Northern Ireland: The Impact of the Cost of Living Crisis on Women's Health, WRDA, February 2024

<https://static1.squarespace.com/static/66c475c740e7194ba8ee6a81/t/670e4ec37296d232ca200688/1728990916910/Key-Research-Findings.pdf>

<sup>92</sup> <https://www.mentalhealth.org.uk/about-us/news/cost-living-still-causing-widespread-mental-distress-northern-ireland>

<sup>93</sup> Mental Health Services in Northern Ireland, NI Audit Office, May 2023

[https://www.niauditoffice.gov.uk/files/niauditoffice/documents/2023-05/00293490%20-%20Mental%20Health%20Report\\_WEB.pdf](https://www.niauditoffice.gov.uk/files/niauditoffice/documents/2023-05/00293490%20-%20Mental%20Health%20Report_WEB.pdf)

<sup>94</sup> Towards A Better Future: The Trans-generational Impact of the Troubles on Mental Health, Prepared for the Commission for Victims and Survivors by Ulster University, March 2015

points to the Troubles as a significant and distinctive stressor in the life of the community in Northern Ireland over many years to the present. It notes that *“traumatic experiences and exposure to violence can lead to adverse mental health and other consequences not only for the person themselves, but also for their children and potentially, their grandchildren, resulting in a trans-generational cycle which impacts upon the well-being of subsequent generations.”*

The Commission for Victims and Survivors 2025 population survey<sup>95</sup> found 19% of adults in Northern Ireland report meeting the legal definition of being a victim and/or survivor of the Troubles/conflict. On widening this definition, close to three in five (58%) reported they have been affected by the Troubles/conflict and one in twenty (6%) report they were bereaved as a result of the Troubles/conflict.

In relation to health, this survey showed that over one in 10 (13%) report their health was affected. Close to half (49%) say their health continues to be affected. Of those whose health continues to be affected a quarter (24%) say this is because of a bereavement or because someone close to them was injured. Among the 13% who reported their mental health has been affected nearly two in five (39%) report their mental health is still affected.

Research shows clear evidence that the probability of being diagnosed with a mental health condition is impacted by Troubles exposure. Respondents who were exposed to the Troubles are 38 percentage points more likely to have a mental health diagnosis.<sup>96</sup> This research paper notes that this provides at least a partial explanation for the higher prevalence of mental ill-health in Northern Ireland and is likely therefore to also play a role in explaining the higher suicide rate here. The paper highlights concerns that this may continue to persist given the large amount of literature which finds evidence of intergenerational transmission of trauma and of mental ill-health.

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<https://www.cvsni.org/wp-content/uploads/2022/11/2015-Research-Towards-A-Better-Future-The-Trans-generational-Impact-of-the-Troubles-on-Mental-Health.pdf#:~:text=This%20research%20revealed%20that%20the%20group%20of,million%2C%20this%20equates%20to%20around%2013%2C000%20adults>

<sup>95</sup> Commission for Victims and Survivors: Population Survey Northern Ireland, April 2025

<https://www.cvsni.org/wp-content/uploads/2025/07/CVSNI-Population-Survey-NI-2025.pdf>

<sup>96</sup> The legacy of the Northern Irish 'Troubles' and disability rolls, Social Science & Medicine Volume 383, October 2025, 118447

<https://doi.org/10.1016/j.socscimed.2025.118447>

A recent study led by researchers from Queen’s University, Belfast shows that the legacy of the Troubles continues to impact on the mental health and wellbeing of people in Northern Ireland. The study found that current post-traumatic stress disorder (PTSD) in those aged 50 and over is as high as 4.74% with almost 60% of those with PTSD reporting the Troubles as their worst traumatic exposure.<sup>97</sup> The research also highlights increased levels of depression, social deprivation and harmful health behaviours such as smoking and excess alcohol in those with PTSD.

A study by the Samaritans into Poverty, Inequality and Suicidality in Northern Ireland<sup>98</sup> also showed that the legacy of The Troubles continues to shape mental health and wellbeing in Northern Ireland. In relation to the conflict, participants emphasised that the trauma of living through conflict still resonates across generations. In terms of gender roles, participants highlighted women’s historical role in sustaining families and communities during The Troubles, a role that continues today. As one interviewee stated: *“So much of the community activity that sustained neighbourhoods was carried by women in a way that wasn’t recognised.”*

## **2.5 Adverse Childhood Experiences (ACEs)**

Research on the extent of childhood trauma and its impact shows clear links between exposure to trauma in childhood and many negative outcomes including poor mental health. The study shows the significant burden of ACEs in Northern Ireland with 60% of adults reporting at least one ACE and 17.6% experiencing four or more ACEs (a critical threshold for elevated risk). Adults with four plus ACEs were 7.5 times more likely to have anxiety, 8.6 times more likely to have depression, 6.6 times more likely to have poor mental well-being, 14.8 times more likely to experience PTSD and 9.6 times more likely to have a diagnosed mental health condition.<sup>99</sup> The study also highlighted that both ACEs and Troubles-related trauma were disproportionately concentrated in socio-economically disadvantaged communities.

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<sup>97</sup> Post-traumatic stress disorder and memory function in older adults exposed to civilian conflict: findings from the Northern Ireland Cohort for the Longitudinal Study of Ageing (NICOLA), *Social Science & Medicine*, 389, Article 118840

<https://doi.org/10.1016/j.socscimed.2025.118840>

<sup>98</sup> Lost Futures, Poverty, Inequality and Suicidality in Northern Ireland, Samaritans, March 2025

[https://media.samaritans.org/documents/Samaritans\\_Lost\\_FuturesReport\\_web\\_2.pdf](https://media.samaritans.org/documents/Samaritans_Lost_FuturesReport_web_2.pdf)

<sup>99</sup> The Prevalence and Impact of Adverse Childhood Experiences in Northern Ireland, The Executive Programme on Paramilitarism and Organised Crime, February 2025

<https://www.endingtheharm.com/wp-content/uploads/2025/02/Impact-of-Adverse-Childhood-Experiences-report-060225-1.pdf>

## 2.6 Stigma around mental health

Stigma and discrimination can make someone's mental health problems worse and delay or stop them from getting help.<sup>100</sup> While there have been improvements in attitudes towards mental illness the Northern Ireland Life and Times Survey shows that almost half of those surveyed (44%) find it difficult to talk about their feelings and emotions which is an increase from 38% in 2015.<sup>101</sup>

Other key findings from the Life and Times Survey show that:

- Stigma surrounding mental ill-health has decreased since 2015 and asking for help is now perceived to be more socially acceptable.
- 91% disagreed/strongly disagreed that asking someone else for help for a mental health problem is wrong.
- 78% agreed/strongly agreed that there is less of a stigma nowadays about asking for help for an emotional/mental health problem.
- 49% of males and 40% of females reported having difficulty talking to other people about their own feelings and emotions.
- There has been a notable reduction in the proportions of people holding negative and inaccurate beliefs about suicide.

The findings of a Public Health Agency report into Mental health-related stigma demonstrates the detrimental impact that stigma can have on attitudes, coping styles and behaviours that can help maintain wellbeing.<sup>102</sup> In relation to public stigma (negative, discriminatory attitudes and beliefs held by the general public toward people with mental health conditions) the survey showed stigma was high for approximately 9% of survey participants. In terms of help-seeking stigma one in ten (10%) were identified as having strong help-seeking stigmatising views. This was highest among those in the three lower socioeconomic groups and those who reported having mental ill health at some point. Another key finding from this research is that stigma was associated with not engaging in all five ways to wellbeing.<sup>103</sup> This meant that those scoring highly for awareness of public

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<sup>100</sup> <https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/stigma-and-discrimination>

<sup>101</sup> Attitudes to mental health and suicide in Northern Ireland, ARK Research Update, Number 145, May 2022

<https://www.mentalhealthchampion-ni.org.uk/files/mentalhealthchampionni/2025-04/Attitudes%20to%20mental%20health%20and%20suicide%20in%20NI.pdf>

<sup>102</sup> Report 2: Mental health-related stigma, Health Intelligence Unit, PHA, 2023

<https://www.publichealth.hscni.net/sites/default/files/2024-12/Report%20%20Stigma%20MH%20Survey%202023.24%20v2.pdf#:~:text=This%20paper%20presents%20findings%20relating,a%20nationally%20representative%20sample%20of>

<sup>103</sup> <https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/five-steps-to-mental-wellbeing/>

stigma and help-seeking stigma were less likely to engage in ways that can help maintain good mental wellbeing.

Stigma around seeking help for mental health is a particular issue in rural areas as highlighted by a Samaritans survey which showed that people living in rural areas in Northern Ireland (47%) are less likely than those in urban areas (70%) to reach out for support or talk to someone if they are struggling with their mental health. 81% of people in Northern Ireland living in rural areas said there was at least one barrier that would stop them reaching out for support even if they were struggling with the top three barriers - concern over lack of privacy (31%), not knowing who to turn to (28%) and stigma around mental health (26%).<sup>104</sup>

## **2.7 The costs of poor mental health**

Aside from the damaging impacts that poor mental health has on individuals and their families it also has significant economic and social costs. A Northern Ireland Audit Office report<sup>105</sup> outlined the significant cost of mental health problems by pointing to research carried out by the London School of Economics and the Mental Health Foundation. This research determined that the cost of mental health in Northern Ireland is £3.4 billion. The bulk of this figure reflects the cost of informal care (£1.15 billion) and the cost of lost productivity associated with people living with mental health conditions (£1.07 billion). In addition, the cost of lost quality of life due to mental ill-health was valued at a further £580 million, with the cost of specialist mental health care services, at £420 million.

The Audit Office report makes the point that as the cost of mental health problems in Northern Ireland is substantial, there is potential for significant benefits to be derived from improvements in mental health.

## **2.8 Mental Health Strategy, funding and demand for mental health services**

Mental Health is considered to be one of the key priority areas for the Northern Ireland Assembly. Work on mental health over the past number of years has included the

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<sup>104</sup> [https://www.samaritans.org/news/people-living-in-rural-northern-ireland-least-likely-to-see-emotional-support-when-struggling-to-cope-samaritans-survey-finds/#:~:text=A%20new%20Samaritans%20survey%20has,around%20mental%20health%20\(26%25\).](https://www.samaritans.org/news/people-living-in-rural-northern-ireland-least-likely-to-see-emotional-support-when-struggling-to-cope-samaritans-survey-finds/#:~:text=A%20new%20Samaritans%20survey%20has,around%20mental%20health%20(26%25).)

<sup>105</sup> Mental Health Services in Northern Ireland, Northern Ireland Audit Office, May 2023  
[https://www.niauditoffice.gov.uk/files/niauditoffice/documents/2023-05/00293490%20-%20Mental%20Health%20Report\\_WEB.pdf](https://www.niauditoffice.gov.uk/files/niauditoffice/documents/2023-05/00293490%20-%20Mental%20Health%20Report_WEB.pdf)

development of a Mental Health Action Plan,<sup>106</sup> the appointment of a Mental Health Champion<sup>107</sup> and the launch of a Mental Health Strategy 2021-2031.<sup>108</sup>

Northern Ireland's ten-year Mental Health Strategy published in June 2021 is an ambitious plan to transform mental health services. It contains 35 high-level actions which focus on promoting wellbeing, early intervention and improving access to care. The Strategy contains a vision for the future of mental health in Northern Ireland which is shown below:

**Our vision for Northern Ireland is a society which promotes emotional wellbeing and positive mental health for everyone with a lifespan approach, which supports recovery, and seeks to reduce stigma and mental health inequalities.**

**We want a system that ensures consistency and equity of access to services, regardless of where a person lives, and that offers real choice.**

**We want to break down barriers so that the individual and their needs are placed right at the centre, respecting diversity, equality and human rights, and ensuring people have access to the most appropriate, high-quality help and treatment at the right time, and in the right place.**

**And we aspire to have mental health services that are compassionate and able to recognise and address the effects of trauma, that are built on real evidence of what works, and which focus on improving quality of life and enabling people to achieve their potential.**

A funding plan which was published alongside the Strategy estimated the total cost associated with the implementation of its actions at around £1.2 billion. However, the implementation of the Strategy is under severe pressure due to rising demand for mental health services and funding shortages leading to a significant gap between the policy ambition of the Strategy and service delivery. The Northern Ireland Audit Office report into

<sup>106</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/health/mh-action-plan-plus-covid-response-plan.pdf>

<sup>107</sup> <https://www.mentalhealthchampion-ni.org.uk/>

<sup>108</sup> <https://www.health-ni.gov.uk/publications/mental-health-strategy-2021-2031>

mental health recommended that: *“the Department of Health, in conjunction with the Executive, needs to secure adequate and sustained funding for the implementation of the strategy over its lifetime. Failure to do so would jeopardise the achievement of its long-term vision for mental health and run the risk that, like Bamford before it, necessary reform and improvement is curtailed or delayed as a result of a lack of commitment to prioritise and adequately fund implementation.”*<sup>109</sup>

A recently published Review into the deliverability of the Strategy’s actions over the next three years showed that so far £12.3million has been allocated to the Strategy (end of 2024/2025) for 14 of the actions representing just 16% of the required funding for the Strategy.<sup>110</sup> Speaking about the Review the Health Minister highlighted that no additional funding has been allocated to support the delivery of the Strategy and that the purpose of the Review is to *“provide a focus and to prioritise in light of the funding constraints we face, whilst recognising that the Strategy in its entirety is still needed.”*<sup>111</sup>

The Review sets out the key areas of focus for the next three years. The focus for 2026/27 will be on the Mental Health Workforce and the Regional Mental Health Crisis Service. In terms of medium priority actions there are four workstream proposed for phased implementation from 2027 to 2029 relating to mental health and older people, Digital Mental Health, Child and Adolescent Mental Health and Support for people with severe and enduring mental illness.

The Mental Health Champion, Professor Siobhan O’Neill, has said that the underfunding of the Mental Health Strategy is *“devastating news”* and highlighted that Northern Ireland continues to spend less on mental health services per head than other regions despite having more complex cases.<sup>112</sup> According to the Review, Northern Ireland spends £212 per person on mental health services compared with £264 per person in England in 2024/25.<sup>113</sup> FactCheck NI also concluded that there is evidence to suggest that Northern

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<sup>109</sup> Mental Health Services in Northern Ireland, Northern Ireland Audit Office, May 2023

[https://www.niauditoffice.gov.uk/files/niauditoffice/documents/2023-05/00293490%20-%20Mental%20Health%20Report\\_WEB.pdf](https://www.niauditoffice.gov.uk/files/niauditoffice/documents/2023-05/00293490%20-%20Mental%20Health%20Report_WEB.pdf)

<sup>110</sup> <https://www.health-ni.gov.uk/news/publication-ni-mental-health-strategy-review-deliverability-strategys-actions-2026-2029>

<sup>111</sup> Ibid

<sup>112</sup> <https://www.bbc.co.uk/news/articles/c7492w523ngo>

<sup>113</sup> The Northern Ireland Mental Health Strategy: A Review of the deliverability of the Strategy’s Actions 2026-2029, Department of Health, October 2025

<https://www.health-ni.gov.uk/news/publication-ni-mental-health-strategy-review-deliverability-strategys-actions-2026-2029>

Ireland spends a lower proportion of its health budget on mental health than England, Scotland or Wales.<sup>114</sup>

A newly published report by the Mental Health Champion<sup>115</sup> shows that mental health funding in Northern Ireland continues to lag behind wider health investment trends. Analysis shows that mental health services account for around 6% of the overall health and social care budget. Per capita investment also remains comparatively low with Northern Ireland the only UK nation spending under £220 per person on mental health annually.

Concerns about funding for mental health services are being highlighted at a time of increasing demand and growing waiting lists for these services. Without appropriate and timely treatment, it is clear that an individual's mental health condition will get worse becoming more difficult and expensive to treat as well as causing distress to them and their families.

A Public Accounts Committee Report on Mental Health Services in Northern Ireland showed that the number of people waiting to access mental health services continues to increase to unacceptable levels. It stated that just over 17,500 people were waiting on a first appointment and within this, psychological therapies represented a disproportionate share, with around 6,500 people waiting to access services (December 2023). The report also highlighted that performance against waiting time targets had also continued to deteriorate with around three-quarters of those on psychological therapies waiting lists waiting longer than the 13-week target time.<sup>116</sup>

Increasing demands and long waiting times for access to mental health services for children and young people is particularly concerning. This was highlighted by the Mental Health Champion in her evidence to the Public Accounts Committee where she said that *"in many cases, children and young people are getting to mental health services later than*

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<sup>114</sup> <https://factcheckni.org/articles/mental-health-in-ni-does-mental-ill-health-cost-us-3-4bn-per-year/>

<sup>115</sup> Mental Health in Northern Ireland, Current Services and Strategic Priorities, Mental Health Champion, April 2026

<https://www.mentalhealthchampion-ni.org.uk/files/mentalhealthchampionni/2026-04/Mental%20Health%20in%20Northern%20Ireland%202026%20Final%20Version%201.pdf>

<sup>116</sup> Public Accounts Committee - Report on Mental Health Services in Northern Ireland, NIA 39/22-27 Public Accounts Committee, June 2024

<https://www.niassembly.gov.uk/assembly-business/committees/2022-2027/public-accounts/reports/public-accounts-committee---report-on-mental-health-services-in-northern-ireland/#:~:text=15.,the%2013%2Dweek%20target%20time.>

*they would have done in the past.*<sup>117</sup> There have been issues with the data on the total number of children and adolescents referred to mental health services who are waiting for their initial assessment by the Children and Adolescent Mental Health Service (CAMHS) due to the rollout of Encompass. The latest available full statistics for access to CAMHS show significant waiting lists with 1,990 waiting and many (1,026) waiting for over the target time of nine weeks (March 2024).<sup>118</sup>

Wider challenges in primary care services and within the health and social care sector also have an impact on the demand for mental health services and on the ability to access support. Resourcing issues within general practice, often overwhelmed by demand and the complexity of cases, can result in people with poor mental health having difficulty accessing the services they need. In addition, staff and funding shortages, workload pressures and lack of access to support services such as respite care in the health and social care sector can cause/worsen mental health issues for staff, carers and those suffering from poor mental health.

Participation and the Practice of Rights (PPR) are advocating for a rights-based framework to address the mental health crisis in Northern Ireland.<sup>119</sup> Give 5: Steps to a Wellbeing Rights Framework outlines five steps which Government bodies and organisations should act on:

- **Connect** the symptoms of ‘mental ill-health’ to their root causes.
- **Be active** in challenging the overprescribing of antidepressants and in providing a wider range of community-based options for healing.
- **Take notice** of and act on the knowledge and wisdom of people with first-hand experience.
- **Keep learning** from failures in previous policy and practice and support people’s right to openness, honesty and accountability.
- **Give people** the dignity, compassion and hope to which they are entitled.

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<sup>117</sup> Ibid

<sup>118</sup> <https://www.health-ni.gov.uk/publications/camhs-waiting-time-statistics-northern-ireland-march-2025>

<sup>119</sup> <https://www.nlb.ie/take-action/give-5>

### 3. Women's Centres/Groups work on mental health

***“If it wasn't for the Women's Centre, I'd be dead.”***

(Participant at Women's Regional Consortium focus group)

Women's Centres/Groups play a crucial role in relation to mental health services in local communities providing trusted, local spaces where women can access help in relation to their mental health and wellbeing. Women's Centres provide essential, often life-saving mental health support. They provide holistic, trauma-informed and gender-specific approaches which help to address the root causes of poor mental health including domestic abuse, poverty and isolation. Women's Centres also provide access to childcare to enable women to avail of courses including counselling. The provision of childcare enables women to take advantage of help with their mental health without having to disclose to friends/family if they do not wish to do so removing a significant barrier to access. Other services often fail to manage these wider issues particularly for disadvantaged women.

All of the Centres/Groups carry out general mental health support with women in the course of their work while some receive specific funding for mental health projects. The specific mental health services they offer depend on the funding available and in some cases on the availability of trained staff/volunteers to carry out this work. Some Women's Centres have funded provision for counselling but others operate this counselling on a voluntary basis. Many of the Centres have seen the demand for their counselling services grow considerably in recent years.

The work that Women's Centres/Groups do in relation to mental health often goes unseen in wider mental health structures yet it is vitally important to local women, their families and communities. Women's Regional Consortium research work has highlighted over many years the value of Women's Centres work in relation to mental health. The Consortium has frequently heard the phrases *“I would not be here without the Centre”* or *“the Centre saved my life”* in its focus group work with local women. Women's Centres carry out this important work even while facing severe funding constraints and a lack of dedicated mental health commissioning.

Some of the examples of the courses, programmes and services that the Centres provide that help with mental health include the MAS project (see Section 2.2.3), Counselling,

Mindfulness, 5 Steps to Wellbeing, Declutter Your Mind, Managing Stress, Mood Matters, Support for the Menopause, health promotion events, English for Speakers of Other Languages (ESOL), Universal Credit information sessions, Benefit Checker and Financial Support (to support women who have difficulties understanding the benefits system), offering social spaces which are women-only safe spaces for women to meet, talk and make friends. The Centres also have close links with Womens Aid NI, social services, the Probation Board, PSNI, Health Trusts, Mental Health nurses, social workers, psychiatrists, local churches and community and voluntary organisations to provide holistic services to these women and their families.

On a visit to Atlas Women's Centre, the Queen described it as a happy place and called for their services to be replicated. She said: *"When I walked in, I could see what a wonderful and welcoming atmosphere it has for everybody here. It's obviously a very happy place and somewhere that I think should be cloned."*<sup>120</sup>

The following paragraphs provide more detail on the mental health work carried out by local Women's Centres/Groups:

### **Atlas Women's Centre**

Atlas Women's Centre in Lisburn continues to see growing demand for mental and emotional health support. The Centre works with women of all ages who are struggling with wellbeing due to isolation, loneliness and ongoing life pressures. This includes younger mothers, women parenting alone and an increasing number of older and retired women whose family supports have changed or moved on. Many women attending are only just getting by. Issues such as domestic abuse, poverty, poor housing and low income all have a direct impact on mental health.

Support often starts with a simple conversation in a safe, welcoming space. From there, Atlas works alongside each person to understand what they need and link them into the right support, including one-to-one counselling and group programmes. Ongoing check-ins, peer support and a sense of belonging are a key part of this, helping women feel less alone and more able to cope.

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<sup>120</sup> <https://www.mirror.co.uk/news/royals/queen-camilla-shares-emotional-moment-34894118>

A key part of what makes this possible is the free on-site creche, removing a major barrier for parents who would otherwise not be able to attend.

Atlas is currently delivering a range of programmes focused on mental, emotional health and wellbeing. These include support groups and courses that are educational, raise awareness and take a practical approach. Current programmes include Discover You, Strong Foundations, Community Connection & Crafts and the Community Honesty Café alongside counselling support. Participants build confidence, reduce isolation and leave with simple self-help tools they can use in their daily lives to manage stress, improve wellbeing and cope better with challenges.

The Centre also provides a safe, shared space where women can come in, have a cup of tea, talk openly and feel heard without judgement. For many, this early, informal support prevents issues from escalating and reduces the need for more crisis-led services. Demand continues to grow as needs become more complex and access to statutory services remains limited, with long waiting times leaving many without timely support.

### **Ballybeen Women's Centre**

Ballybeen Women's Centre addresses mental health through a holistic, trauma-informed, and person-centred approach that prioritises early intervention, prevention, and community-based support. Its work recognises that mental health is shaped by a range of social and emotional factors, including isolation, poverty, family stress, and experiences of trauma.

The Centre delivers a wide range of structured emotional wellbeing programmes alongside one-to-one support and group interventions. These services are designed for women and young people experiencing anxiety, low mood, stress, and the lasting effects of trauma. By creating safe, welcoming spaces, the Centre enables individuals to share experiences, build trust, and develop coping strategies. Peer support plays a central role, helping to reduce stigma, strengthen social connections, and encourage people to seek help earlier.

A significant focus is placed on maternal mental health. The Centre provides dedicated perinatal support for expectant and new mothers who may be experiencing anxiety, depression, or feelings of isolation. Through group sessions and personalised support, women are given the opportunity to connect with others in similar situations, access

guidance, and build confidence in their role as parents. This early support is vital in promoting both maternal wellbeing and positive outcomes for children.

Ballybeen Women's Centre also responds to the mental health impact of domestic abuse and hidden harm within the home. It offers tailored, sensitive approaches that prioritise safety and confidentiality, allowing women, children, and young people to disclose their experiences in a supportive environment. The Centre provides emotional support while also connecting individuals to specialist services, ensuring a coordinated response to complex needs.

In addition, the Centre tackles wider issues of depression, anxiety, and social isolation within the community. Through outreach work, wellbeing workshops, regular check-ins, and community-based programmes, it supports individuals who may not otherwise engage with formal services. By strengthening resilience, building confidence, and fostering a sense of belonging, the Centre helps improve overall mental and emotional wellbeing. Collectively, these interventions not only support individuals in managing their mental health but also reduce pressure on clinical services by providing accessible, early-stage support within the community.

### **Chrysalis Women's Centre**

Chrysalis Women's Centre in Craigavon, started their counselling service over ten years ago with one counsellor and now has on average nine trained counsellors working in the Centre due to demand in the local area. In 2025 the Centre provided 1,458 counselling sessions worth £87,480. Due to the complexity of cases the Centre brings in some private therapists, who provide their services at discounted rates, to help deal with the full range of mental health issues that women are experiencing. The Centre also brings in children's therapists which is a growing area of need particularly around the area of school refusal for girls.

While the Centre has targets to meet in relation to the number of counselling sessions it provides each year it receives no specific funding for this work and relies heavily on trained volunteer counsellors. Demand is growing in the local area with the impacts of addictions, unemployment, poverty and a culture of violence against women and girls. In recent months the Centre have seen an increase in the number of women using their

services who are living in abusive relationships. This is often very complex work and these cases require slow work over the longer term to enable women to take the next step.

The Centre also provides a number of courses specifically designed to help women's wellbeing and mental health including gardening, school age mothers programme, isolation and loss workshops, self-defence, Seasonal Affective Disorder, Connected Breathwork and Cacao workshop, Hearing Loss Awareness Workshop and support for late diagnosis in women for Autism/ADHD.

### **Falls Women's Centre**

Falls Women's Centre provides one-to-one Therapeutic counselling through the Protect Life Strategy and Primary Talking Therapies.

The Centre provides complimentary therapies, Louise Hay Heal Your Life programme, specialised advice on Violence Against Women and Girls and support through Rape Crisis. It also provides family support, welfare benefits and housing support.

The Centre also has key staff who provide advice and mentoring and runs continuous courses in Confidence Building and Resilience Building. Staff in the Centre are training in 'Own My Story' (an empowerment programme supporting women who have been abused) to deliver in house.

### **First Steps Women's Centre**

First Steps Women's Centre in Dungannon have been running a Lottery-funded wellbeing programme for a number of years. The VERA's Project (Valued. Empower. Resilience. Assist. Support.) aims to support women so that they feel less vulnerable, stressed or anxious and be able to better manage mental health challenges.

The VERA's Project seeks to work with 1,690 women (local and BME) over the five years of the project and delivers 15-20 Health and Wellbeing courses to support physical, emotional and mental health and 1-2 Money Saving/Management courses annually. Access to the project is supported through the provision of onsite childcare and a minibus service.

An interim independent evaluation of the project shows that it has a positive impact on the health and wellbeing of participants. Warwick-Edinburgh Mental Well Being Scale (WEMWBS) assessment indicates a decrease in the percentage of participants experiencing low wellbeing and an increase in the percentage of participants experiencing moderate and high wellbeing across both years of engagement with the Project. Participant course evaluations stated that engagement with the Project had resulted in participants feeling less stressed and anxious, developing friendships, feeling more positive, having an increase in confidence and improving their communication skills. Participants also felt fitter and indicated that they experienced improved physical health. The impact of the Project went beyond those directly participating in the courses but also to friends and families via participants' sharing of learning, skills and tools to apply to coping with and managing mental health challenges.

### Footprints Women's Centre

Footprints Women's Centre work on supporting women's mental health is embedded throughout its work, even where projects are not specifically funded as mental health services. Many of the women supported experience poor mental health linked to trauma, domestic abuse, poverty, isolation, caring responsibilities and family breakdown.

Their Family Empowerment Worker provides 1-1 support to women who are struggling with their mental health, confidence and wellbeing. This support is tailored to the individual and can include emotional support, practical guidance, advocacy, confidence-building, help to access other services and regular check-ins. For many women, having a trusted worker alongside them helps to reduce isolation and anxiety and improves their ability to cope and engage with support.

Footprints also delivers a number of programmes that are specifically designed to improve women's emotional wellbeing and mental health, including:

- **Trauma to Triumph** – a programme which supports women to understand and recover from trauma, build resilience and confidence and develop positive coping strategies.
- **Fearless & Free** – a confidence and wellbeing programme which helps women address anxiety, low self-esteem and fear, while supporting them to feel more empowered and in control of their lives.

- **Good for Me** – a wellbeing-focused programme which encourages women to prioritise self-care through activities such as creating vision boards, mindfulness, meditation and the use of essential oils.
- **Boujie on a budget / Cultural Cuisines / Ready Steady Cook** (Cookery programmes) – these provide women with opportunities to come together, reduce isolation, build confidence and social connections and improve wellbeing through shared activities and healthy eating.

Across all of its programmes Footprints sees improvements in women's confidence, reduced isolation, better emotional wellbeing and increased ability to manage their mental health.

### **Greenway Women's Centre**

Greenway Women's Centre is located on the Cregagh Road in Belfast and supports women in areas of high deprivation, particularly targeting social need in disadvantaged areas. The Centre provides a safe, secure and welcoming environment in which women can learn and grow through social interaction, education and personal development.

Greenway Women's Centre offers a range of services, including childcare, training and development programmes, volunteering opportunities and support services that are easily accessible to women. It is a place where women can come to gain the skills and knowledge that make them more confident and enhance life choices for themselves and their families. This gives them not only a stronger voice but also a proactive role within their immediate and wider community improving their confidence and general wellbeing. The Centre is a recognised safe place for anyone affected by Domestic Violence.

Greenway's support services also include one to one support with a range of issues including mental health, respite care, listening ear and referral to specialist support such as complementary and alternative therapies, counselling services, advice and advocacy. The Centre provides weekly classes on different topics to support women's mental health including stress management, money management, essential skills and women's empowerment.

## Shankill Women's Centre

Shankill Women's Centre in Belfast provides a safe space for women from the Greater Shankill area and beyond. Since moving to new premises, attendance has grown significantly, with women now coming to the Centre from across Belfast and further afield.

The Centre supports women of all ages and backgrounds. Many face challenges related to mental and physical wellbeing, isolation, low income, the housing crisis and domestic abuse. The role of Shankill Women's Centre is to offer support, connection and opportunities for growth in a safe and understanding environment.

Through a range of programmes – including Health & Well-Being, Education and Training, the Empowering Young Women's Programme, Changemakers and the Life Skills Project – the Centre aims to equip women with the tools, confidence and support they need to move forward.

The Centre's emotional wellbeing programmes include Women's Emotional Health, which offers a safe space to process and navigate the emotional impact of trauma and loss, and Up Lift & Let Go, which encourages women to explore their emotions, build resilience, develop self-awareness, and regain a sense of control in their lives. This year the Centre also delivered workshops focused on the importance of self-care and maintaining good mental health in later life.

In addition, Shankill Women's Centre offers a variety of recreational classes such as sewing, crafting, crochet and art. These sessions help reduce social isolation while providing a relaxed space for women to connect, share, and develop or maintain creative skills.

Shankill Women's Centre works closely with partner organisations, allowing the signposting of women to additional support services where needed. The Centre hosts a Women's Aid worker who provides one-to-one support for those experiencing domestic abuse, as well as an on-site counsellor who offers confidential guidance and support. To further support wellbeing, the Centre provides access to alternative therapies that promote relaxation, help manage physical pain, and support nervous system regulation.

Alongside the structured programmes, the Centre offers a Drop-In space where women can come and go freely- connecting with staff and one another in a warm, supportive environment.

### **Strathfoyle Women's Activity Group**

Strathfoyle Women's Activity Group in Derry provides a wide range of holistic, community-based services that support women's mental health and wellbeing in a rural and disadvantaged area. The organisation recognises the additional challenges faced by rural women, including isolation, limited access to services, transport barriers and stigma around seeking support. Mental health support is therefore embedded across all programmes, with a strong focus on accessibility, early intervention and reducing isolation. A key element of the organisation's work is its long-established one-to-one counselling service, which has been delivered for over 20 years by experienced and qualified counsellors. This service provides vital early intervention and crisis support for women experiencing poor mental health. The provision of an on-site crèche alongside counselling removes a significant barrier to access for women with childcare responsibilities, particularly in a rural context where alternative childcare options are limited. The organisation works in partnership with local GP practices and health visitors who refer women for timely support, ensuring that those in need can access help quickly and locally.

A range of targeted programmes are delivered to support emotional wellbeing, resilience and confidence, while also addressing rural isolation. Programmes such as Time for Me, Approaches to Wellbeing and Personal Success & Wellbeing support women to develop coping strategies and prioritise self-care. Anxiety Management with CBT and Mindfulness programmes help women to manage stress, anxiety and low mood, while Confidence and Self-Esteem programmes build resilience. Positive Ageing programmes for women aged 55+ provide important opportunities for social interaction, helping to reduce loneliness and isolation among older rural women. Nurturing Parenting programmes and one-to-one parenting support strengthen family relationships and help to reduce stress within the home.

The organisation also provides drop-in respite and crèche services, including support for families with children with additional needs. These services are particularly important in rural areas where access to respite is limited, helping to reduce pressure on mothers and carers and supporting their mental health and wellbeing.

Strathfoyle Women's Activity Group also welcomes and supports volunteers, recognising the important role volunteering plays in improving mental health and wellbeing, particularly in rural communities. Volunteering provides women with opportunities to build confidence, develop new skills and gain valuable experience that can lead to further education, training or employment. It also offers a sense of purpose and belonging, helping to reduce isolation and strengthen social connections. For many women, becoming part of a supportive community through volunteering has a positive impact on their self-esteem, resilience and overall mental wellbeing.

In addition, a wide range of group-based activities, including creative programmes, physical wellbeing sessions and peer support opportunities, provide safe, local spaces for women to connect, build friendships and reduce isolation.

Through strong partnership working with local health services, community organisations and statutory agencies, Strathfoyle Women's Activity Group ensures that women in rural communities can access trusted, local and timely mental health support. This work provides essential early intervention, reduces isolation and delivers preventative services that are vital to women, their families and the wider rural community.

### **Waterside Women's Centre**

Waterside Women's Centre in Derry/L'Derry supports women's mental health through free counselling, support groups and a safe, welcoming space where women feel heard, supported and understood. Many women come to the Centre feeling stressed, isolated or overwhelmed, and sometimes the most important support is simply having someone to listen.

Women can access free counselling for issues such as anxiety, stress, trauma and low mood, while support groups and informal peer support offer a gentler first step for women who are not ready for one-to-one support. The Centre also provides parenting classes and family support, helping women feel more confident, reduce pressure at home and improve wellbeing for both themselves and their children.

Staff provide wraparound support to help women manage the wider issues affecting their mental health, including family stress, financial pressure and isolation. This includes

practical support, referrals, signposting and help to access other services, alongside free childcare to remove barriers to support.

The Centre also improves mental wellbeing through accredited and non-accredited courses that build confidence, reduce isolation and create routine. Classes such as yoga, art, sewing, crochet, cooking and wellbeing programmes help women learn new skills, connect with others and improve confidence in a supportive environment.

### **Windsor Women's Centre**

The work of Windsor Women's Centre in Belfast aims to target and overcome barriers so that women can improve their own circumstances by improved mental health and wellbeing, access to information and support and services which overcome these obstacles. The Centre offers a wide range of mental health & wellbeing programmes including one-to-one and group therapeutic activities. The Centre explicitly aims to reduce social inequalities and improve social inclusion, equality of opportunity, community cohesion, and to empower women.

The Centre is part of a broader community support network leading the local 'Family Support Hub (South Belfast II)' as part of the regional Family Hub network. This connects families to a wide array of services: parenting support, emotional health and wellbeing support for adults & children (counselling, play therapy, alternative therapies), employability support, housing support, benefits advice, etc.

Windsor Women's Centre contributes to a number of Department of Health Objectives/Strategic Aims as follows:

- **Promoting mental wellbeing and resilience across society** - through mental health & wellbeing programmes, counselling, complementary therapies, support for perinatal mental health (MAS), arts & crafts, stress & low mood support, and social inclusion efforts. This helps build resilience and emotional wellbeing, especially among women in socially and economically deprived communities.
- **Early intervention and timely support** - as a community-based centre, it offers early access to support (counselling, family support, child care, after-school clubs) — often before issues escalate — aligning with the DoH focus on providing 'the right support at the right time.' Its Family Hub and outreach services also help catch issues early.

- **Reducing health inequalities & social determinants of health** - by operating in an area of high deprivation, offering education/training, child care, employability support, family support, and community capacity-building — Windsor Women's Centre helps tackle underlying social determinants (poverty, social exclusion, unemployment), which are key drivers of poor mental health.
- **Community-based, integrated & preventive care** - the Centre's partnership with the Family Support Hub network and collaboration with statutory, voluntary, and community sectors reflects the integrated, cross-sectoral working that the DoH and PHA emphasise.
- **Support for vulnerable / hard-to-reach groups** - the Centre serves women, families, minority-ethnic communities, refugees/asylum seekers, carers — groups often under-served by mainstream mental health services. Its perinatal support, childcare provision, and accessible training courses lower barriers to access.
- **Empowering individuals & communities, building social inclusion** - by providing women with skills, confidence, qualifications, voice in the community — the Centre helps foster agency, participation, and social cohesion, which improves mental wellbeing and supports longer-term community resilience.

### Women's Centre Derry

Supporting women's mental health is at the heart of everything that Women's Centre Derry does. The Centre works with women and families experiencing a wide range of challenges including trauma, poverty, isolation, poor mental health, housing insecurity and the pressures of parenting. Their approach recognises that mental health cannot be addressed in isolation, and instead requires a holistic, practical and consistent response that supports the whole family.

Women's Centre Derry provides a safe, women-only space where women feel welcomed, listened to and supported without judgement. Within this environment, women can access one-to-one emotional support, counselling, wellbeing programmes and peer support, while also being supported to rebuild confidence, develop skills and reconnect with their community. For many women, the Centre is the first place they feel safe enough to open up and begin to address the challenges impacting their mental health.

Women Centre Derry delivers a wide range of programmes directly aimed at improving women's mental health, however it is often the work happening behind the scenes and the combination of all their services that creates the greatest impact.

The Centre recognises the importance of communication and inclusion in supporting mental wellbeing. The English for Speakers of Other Languages (ESOL) classes play a vital role in improving confidence and reducing isolation. For women who cannot communicate effectively or access services, this can have a significant impact on their mental health. Many of the women attending are also managing trauma, poverty, housing difficulties and parenting responsibilities, and supporting them to build language skills enables them to advocate for themselves and their families.

A key strength of the Centre's work is that they do not simply signpost or refer women on. Rather they walk alongside them and provide hands-on, practical support across all areas of their lives. This includes working with a range of agencies such as the Housing Executive and local representatives to support women and families to access safe and suitable housing, including helping families move out of temporary accommodation such as hotels. They also support families experiencing poverty through access to food banks, school uniforms, essential items and financial support, helping to reduce stress and improve overall wellbeing. Their support extends to helping families navigate systems that can often feel overwhelming such as registering with GPs, enrolling children in schools and supporting with applications for free school meals and uniform grants.

The availability of the on-site crèche is central to their work. Many women would be unable to engage in support, education or wellbeing programmes without childcare. The crèche not only removes this barrier but also reduces anxiety for parents, knowing their children are safe and cared for nearby. At the same time, it supports children's development through play, social interaction and early learning, helping to prepare them for school. This dual approach supports both children's wellbeing and parental mental health.

The Centre recognises that a woman's mental health is often closely linked to her child's development. Where children have additional needs, this can create additional stress and anxiety for mothers. The crèche works alongside parents to provide support, guidance, training and resources, while also linking families with the appropriate services. This

ensures that both the child and the parent receive the support they need, improving wellbeing across the whole family.

Mental health is also significantly impacted by poverty. The Centre's advocacy and practical support, including providing essentials such as baby milk and formula, linking families to food banks and supporting access to financial assistance, helps to reduce immediate pressures and create stability. This in turn has a direct positive impact on women's mental health and their ability to cope and engage.

The Centre also plays a key role in supporting women affected by Violence Against Women and Girls, providing access to one-to-one counselling, wellbeing programmes and advocacy support. We work closely with partners including PSNI, statutory services and other women's organisations to ensure women are supported safely and appropriately.

The work of Women's Centre Derry extends beyond local delivery through collaboration with organisations across the North West and cross-border in Donegal. This partnership approach allows us to identify gaps in provision, share learning and strengthen services for women, ensuring a more coordinated and effective response to mental health and wellbeing needs.

The Centre recognises that women's safety and mental health are deeply connected. If women do not feel safe, whether in their homes or within their communities, their mental health and wellbeing will be significantly impacted. Supporting women to access safe and secure housing, build connections within their community and engage with the right services is essential in promoting a sense of safety. This foundation of safety enables women to begin improving their mental health, rebuild confidence and move forward in their lives.

Women's Centre Derry operates an open-door approach. Women can drop in at any time without the need for an appointment, which removes a significant barrier for those experiencing anxiety or crisis. Sometimes, simply having a safe place to come, a cup of tea and someone to talk to can make a significant difference. The Centre provides that space, offering connection, friendship and consistent support when women need it most.

The Centre also plays an important role in representing women's voices at a wider strategic level. Women's Centre Derry actively engages in strategic planning groups, community forums and partnership networks to ensure that women's lived experiences are heard and reflected in service design and policy development. Through this work, the Centre advocates for improved provision, highlights gaps in services and contributes to shaping more responsive and effective supports for women and families. This ensures that women's mental health and wellbeing remains a priority not only within the Centre, but across the wider health and community sector.

Across all of the Centre's work, mental health support is embedded within education, employability, parenting and community engagement. Gaining accredited qualifications, progressing into further education or employment and building confidence all contribute to improved mental health outcomes. Women become less isolated, more confident and better equipped to support themselves and their families.

#### 4. Women's experiences of poor mental health

This chapter summarises the characteristics, experiences and views of women across Northern Ireland who took part in focus group sessions, individual interviews and completed questionnaires on their experiences of poor mental health, the contributing factors, impacts and supports they used or felt were missing to help with poor mental health. A total of 60 women completed questionnaires and 67 participated in 9 focus group sessions all of whom had a diagnosed mental health condition or felt they were struggling with their mental health. This chapter also summarises the feedback from staff working with women experiencing poor mental health detailing their views on the drivers of poor mental health, the nature of work on mental health and the problems with existing supports as well as the pressures on staff.

##### 4.1 Participants

AGE	
18-24	1
25-34	6
35-44	11
45-54	15
55-64	13
65+	14

FAMILY TYPE	
Single adult (no children)	9
Single parent	18
Couple (no children)	5
Couple (with children)	11
Retired	12
Other	5

LOCATION	
City	51
Town/Village	4
Rural	4

ETHNICITY	
White	55
Black/African	1
Asian	2
Other	2

CARING RESPONSIBILITIES	
Unpaid Carer	25

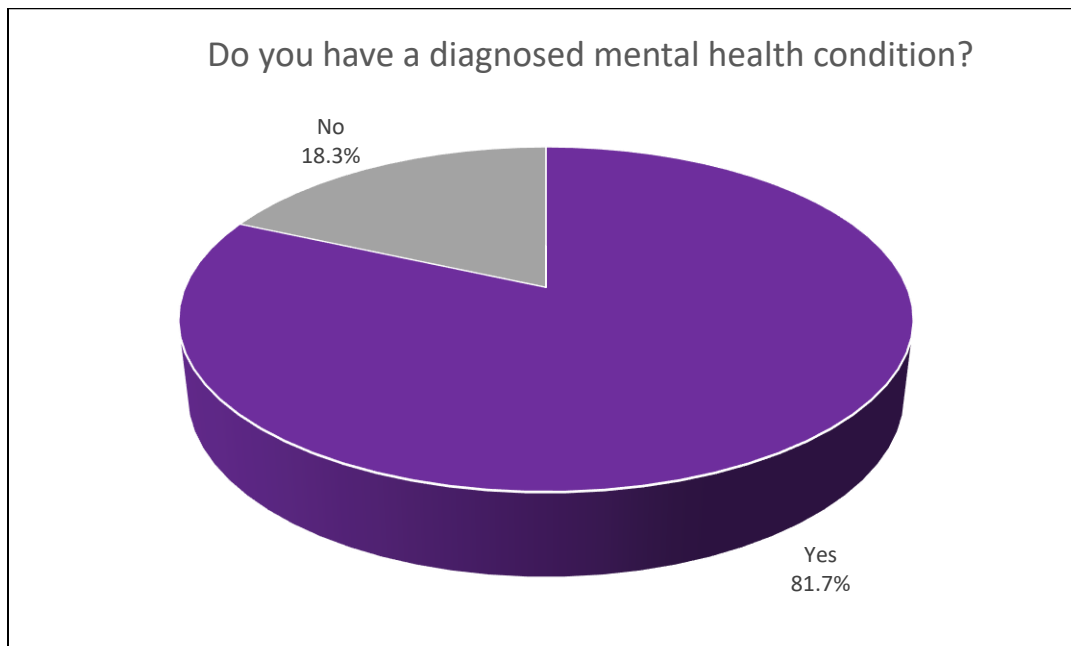
EMPLOYMENT STATUS	
Working full-time	5
Working part-time	11
Not in work (on benefits)	31
Not in work (not on benefits)	2
Pensioner	12

## 4.2 Questionnaire, Interview and Focus Group Findings

This section summaries the findings from the questionnaires, an individual interview and focus group discussions and includes quotes from the women who took part.

### Diagnosed mental health conditions

This graph shows whether the women who took part in the research had a diagnosed mental health condition or not. It shows that the over 80% of the women had a diagnosed mental health condition. The remaining 18% of the women reported that while they did not have a diagnosed mental health condition, they felt that they suffered from poor mental health, anxiety or low mood.



### Are women more likely to experience poor mental health?

In introducing a discussion around the contributing factors to poor mental health at the focus group sessions the women were asked if they felt that women were more likely to suffer from poor mental health than men. Most of the women acknowledged that men also suffer from poor mental health and that it can be worsened by the fact that men are less likely to talk openly about it. However, many of the women detailed the significant pressures on women's mental health as a result of the range of issues they are dealing

with including running a home, work, childcare and unpaid care responsibilities, worrying about children, money and family relationships. It was acknowledged that we still live in a patriarchal society and there are greater expectations on women to provide care, carry out domestic labour and run the home and this ultimately takes a toll on women's mental health. As a result of all these pressures they felt that women are more likely to experience poor mental health.

*“Women are left to take care of the house, the childcare, appointments, a job, packed lunches, baths, after school clubs, the cooking, the cleaning, the preparations for the next day. A lot is put on the shoulders of one person – that’s going to affect anyone’s mental health. Then add in caring roles for parents and children with special needs and add all that together that really is pressure.”*

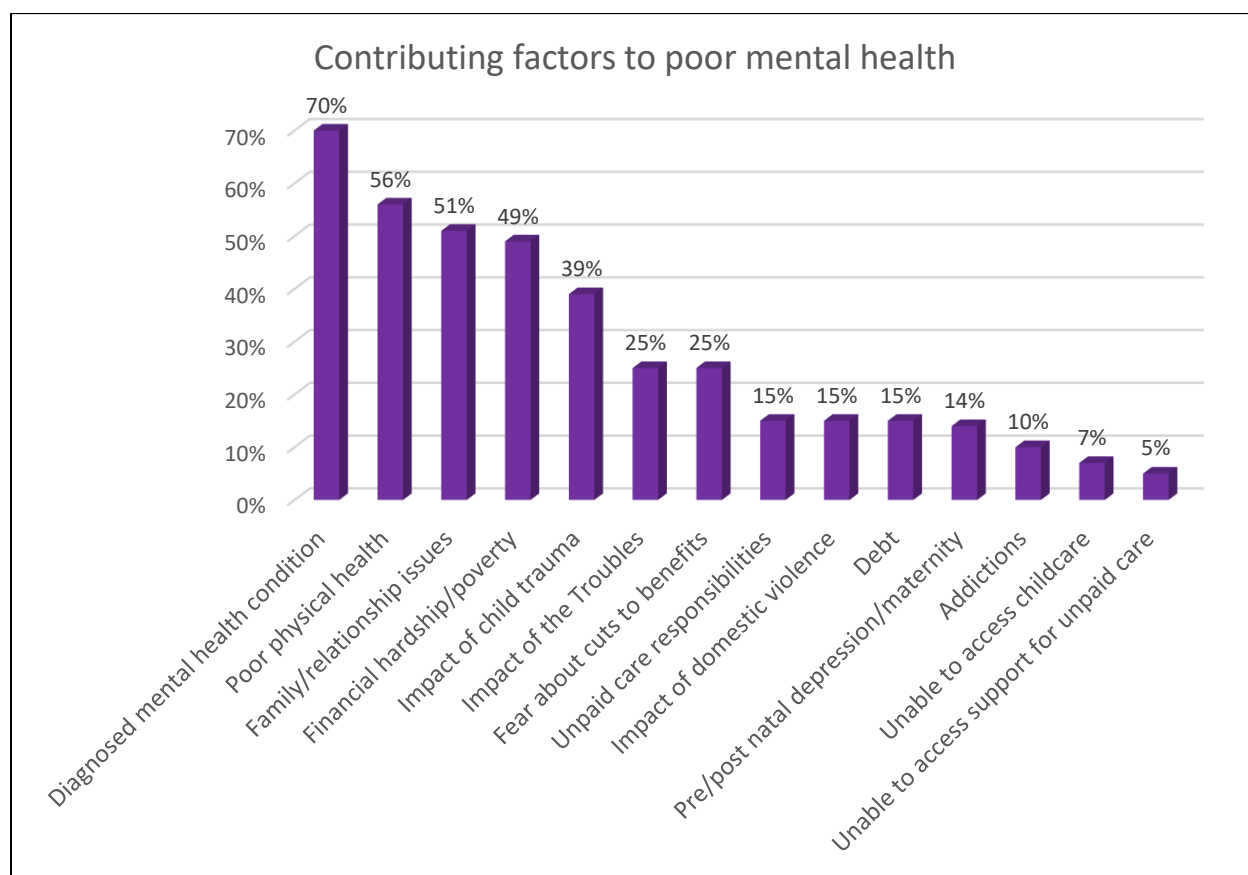
*“Women carry a lot within the family unit – they often carry the emotional needs of the family. It’s just expected women will do it – be the nurturing one, the caring one, if there’s anybody sick – it’s the woman’s job.”*

*“My teenagers went into puberty and I was in menopause at the same time which was wild! At that stage in your life you’re watching your parents deteriorate and you’re still juggling working, running the home, everything! We’re expected to do too much - we’re human beings not robots.”*

*“We’re living in Ireland so there’s definitely still that patriarchal society where women are seen to be responsible for care so even if they are working, women have everything else still to do – that expectation is there.”*

### **Contributing factors to women’s poor mental health**

This graph shows the factors that the women felt contributed to their poor mental health. Most of the women selected more than one contributing factor. The largest contributing factor was having a diagnosed mental health condition reported by 70% of the women. The more frequently reported contributing factors were poor physical health (56%), family and relationship issues (51%), financial hardship/poverty (49%), the impact of child trauma (39%), the impact of the Troubles (25%) and fear of cuts to benefits (25%).



In discussing the contributing factors at focus group sessions there was considerable feedback around gendered issues. This included the impact of pre- and post-natal depression, maternity and the menopause. Some reported reluctance to say anything about poor mental health after having a baby for fear their children could be taken away from them. The women discussed the impact of domestic abuse and issues with controlling and violent relationships impacting on their confidence and mental health. They also discussed the impacts of providing unpaid care especially for children with additional needs, the stress of long waiting lists for assessments and difficulties getting the mental health support needed for these children which in turn impacted on their own mental health.

*“When I got pregnant with my son I did not want to be pregnant. I had pre- and post-natal depression. I did not want to be around that baby. I went back to work when he was 5 weeks old so I didn’t even have to hold him. My next son came along and I had psychosis. My partner told me I needed to go to a doctor – I was*

*hearing the baby screaming and crying and the child was fine. I refused, I would not go to get help. I was afraid they'd take the kids off me."*

*"Add menopause on top of work, taking care of children and managing a home – it's all on your shoulders and a lot that women are expected to cope with."*

*"There is 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 rang the doctors and they referred him to CAHMS to try and get help but the waiting list is so long. I was left the weekend thinking this child is going to hurt himself – there was nothing for him. It was so stressful."*

*"I carry a lot of guilt because of my mental health when my kids were younger and how I dealt with it. I used alcohol and they saw me going through domestic abuse with their dad and they experienced abuse too. I carry guilt that makes me feel low because I feel like I let my kids down."*

*"I was addicted and I didn't even know, it's so accepted and when you're surrounded by people who do it you can't see it. I knew I couldn't cope, I had been to my doctor about domestic abuse and childhood trauma. I had no idea I was addicted until someone told me this is not normal."*

Issues around cost-of-living increases, financial hardship and fear of changes to the benefits system were frequently raised in the focus group discussions. Women reported feelings of constant anxiety over their ability to meet their essential bills on a low income. They discussed the stress of constantly rising costs for necessities and there was palpable fear as a result of proposed changes to the benefits system (including proposed cuts to disability benefits). For many this took a real toll on their mental health as they felt that things were unlikely to get any better.

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

*"The wait for Universal Credit causes so much stress. You have to get a loan and that causes further stress getting it paid back."*

*"I got a text message from Universal Credit and my heart was in my throat wondering what have I done now. I get so stressed and upset when I see these."*

***“It’s difficult for women. I’m a single parent and with the cost of living you tend to be indoors more because you can’t afford to be out and that just adds to being more isolated and affecting your mental health.”***

***“The proposed changes to disability benefits have caused a lot of anxiety – it’s really, really scary. It’s causing me a lot of anxiety.”***

The impact of the Troubles on mental health was discussed at a number of the focus groups. There was a strong sense of the ongoing impact of the Troubles in terms of poor mental health and that the negative impacts were being felt across the generations. Some of the women reported issues with ongoing paramilitarism in their areas which brought additional problems relating to drugs and crime causing fear and distress.

***“I have experienced severe trauma connected to the Troubles. One incident when I was a teenager impacted me greatly. I have post-traumatic stress disorder as a result. I suffered from clinical depression since then but it was only diagnosed later in life. Since the Peace Process I feel safer to let it surface but at the time I was just left to get on with it. I had some crazy years because I was in so much mental distress.”***

***“I live in one of the most deprived areas in Belfast. There’s still a paramilitary hold on communities – it has a massive impact – there’s higher drug/alcohol problems.”***

***“We’re still hitting the impacts of the Troubles – passing those patterns down. It’s learned behaviours that we grew up with and we taught our children and they’re now teaching their children. It’s still impacting, it was never dealt with properly. There are hidden impacts that are not being picked up on. Government are very good at saying that it’s over but it isn’t for some.”***

Other issues raised during the focus group discussions were the impact of bereavement on women’s mental health. The loss of a partner and traumatic deaths including suicide were particularly impactful on mental health. Some of the women also discussed issues with childhood trauma impacting them throughout their lives and affecting their families and relationships. Issues in the wider world, including conflict and war also had an

impact on some of the women's mental health. They felt it was impossible to escape the cycle of bad news which weighed heavily on their mental health.

*“I have a street face and a house face – it’s your mask. In three years, there have been five deaths in my family two to suicide in young family members. I couldn’t cope I couldn’t even answer the phone.”*

*“Childhood trauma is a feature of poor mental health. I suffered abuse when I was young. I can mask all day and put a face on but I can’t get closure. It’s really difficult when the abuse is in the family, you feel like you can’t tell anyone. I’m a people pleaser – I do what I can to keep people happy so they won’t hurt me.”*

*“My mum was in the Magdalene Laundries – as she’s reliving it the whole family is reliving it – it adds to the impact on the family. She was only 15 when she was in there.”*

*“You can’t switch off from social media and all that’s going on in the world, it affects your mental health.”*

### *Rural Women*

A specific focus group discussion was held with a group of rural women and while many of the same issues were raised in terms of contributing factors to poor mental health some of the issues were specific to rural living. Rural women reported increased isolation due to having less opportunities for social connections and the pressure of farming life which often meant working long hours leading to increased isolation. Lack of public transport and difficulties with access to transportation in rural areas also created isolation and problems in accessing services. Rural women discussed having less supports and services for mental health in their local areas and even greater levels of stigma around disclosing and seeking help for mental health issues.

*“There’s not enough social supports/gatherings to get together rurally and that can be really isolating. That isolation just multiplies your mental health when it’s not going so well.”*

*“I am no longer able to drive and what a difference that makes when you live in a rural area. Something you take for granted like popping to the shops for a change of scenery and getting out of the house – when you live in a rural area*

*and don't drive you're not going anywhere. It just means staying in and that adds to the isolation."*

*"There needs to be more support in rural areas. For me it's a 40-minute drive for specialist help. I have a car and if I didn't drive I couldn't imagine how I would get a bus to get an appointment. If you don't drive it can make things very difficult."*

*"Not only do we not have public transport in rural areas but there are also issues with digital poverty – in some places you just don't have internet connection."*

*"Older people are starting to open up and talk about loneliness and isolation but when it comes to talking about the nitty gritty on mental health they don't want to open up, they still don't want to talk about it. It's that stiff upper lip attitude – just grin and bear it, it's just the load you carry."*

### *Ethnic Minority Women*

A specific focus group session was held to gather the views of ethnic minority women living in Northern Ireland in relation to their mental health. Once again, many of the issues raised by women as contributory factors to poor mental health were shared by ethnic minority women but there were some issues which were particular to their circumstances. This included increased loneliness, lack of support systems, discrimination, difficulty dealing with systems/accessing support due to language barriers and anxiety caused by changing immigration rules.

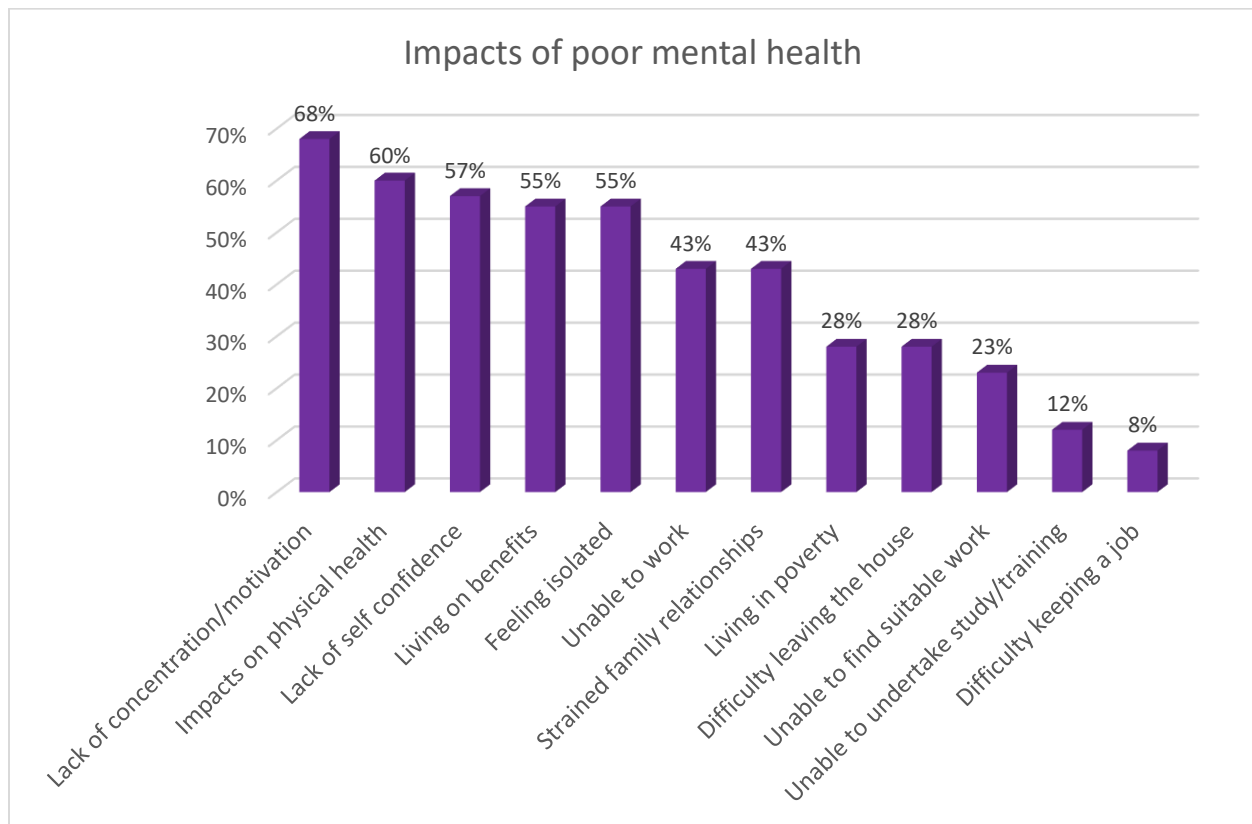
*"People like me are the minority of the minority – I'm not a local citizen, I'm here on a visa, I'm a single parent with financial constraints and I suffer from previous trauma due to violence from where I came from."*

*"I had direct xenophobia directed at me from a neighbour, it just adds to whatever else you're dealing with as a woman."*

*"It's very stressful dealing with the constant change of immigration rules. For those of us on a skilled worker visa who don't have dependants on the visa, we don't have any family here. It's so hard to leave your family. I was thinking I could bring my family over in time but now it's going to be even longer because the rules have changed. Even one year is hard – I've been here almost two years and it's so hard. People lose hope – how can you stay here without your children? We like the work, the money, we like everything but without our family for that long it's unacceptable and it's stressing us out."*

## Impacts of poor mental health

This graph shows the impacts of poor mental health on women's lives. Most of the women reported more than one impact. Some of the most frequently reported impacts were a lack of concentration/motivation (68%), a lack of confidence (57%) and feeling isolated (55%). This has obvious implications for women's ability to work (43% reported they were unable to work and 8% reported difficulty keeping a job) and undertake study or training (12% reported they were unable to undertake study/training). Suffering from poor mental health also impacts on physical health and 60% of the women reported impacts on their physical health. Over half of the women (55%) reported that they were living on benefits and 28% reported living in poverty as impacts. Living with poor mental health has obvious impacts on relationships with 43% of the women reporting strained family relationships as an impact.



***“Because of post-natal depression I was so isolated that I couldn’t even go into a shop. I tried to go into a chemist five times to get something for the baby but I couldn’t go in. I had to ring my mum to come out of work and help me.”***

*“When you physically can’t do the things you used to be able to do because of a disability it really gets to you mentally.”*

*“It literally robs you – you can’t make any decisions or plans. You don’t know how you’re going to be.”*

*“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.”*

*“I couldn’t wait until it was dark, I was craving the dark nights and shutting off, shutting the blinds, sitting in the dark – that was my way of coping with my mental health. I didn’t want to see or talk to anyone, I was pushing people away.”*

*“I gave up work at the beginning of the year I was so stressed and under pressure caring for my daughter who has serious mental health issues.”*

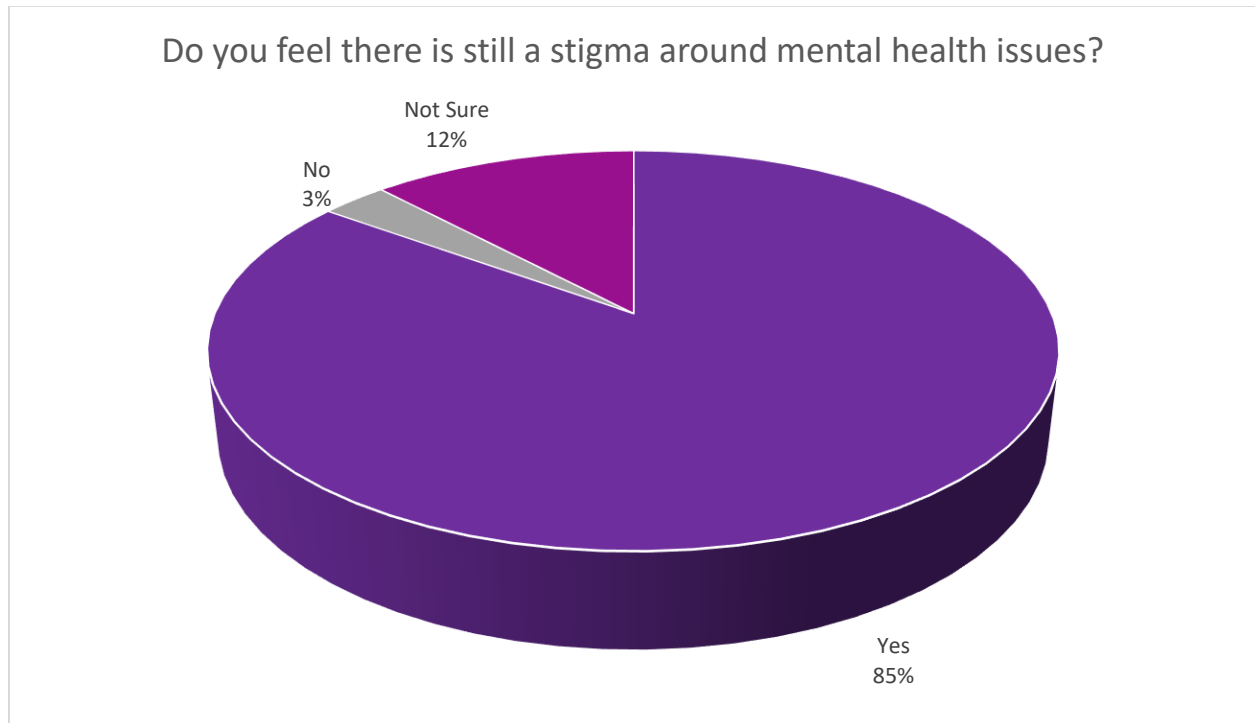
*“Who is going to employ you if you’re going to need to take loads of days off to go to appointments for your mental health?”*

*“When you have poor mental health your concentration is the first thing to go. It’s really hard getting through benefits claim forms – how do you get through the long forms and remember everything. It’s horrendous trying to work it all out.”*

*“I left work and signed off sick suffering from anxiety. I am not being supported in work and find my boss is very arrogant towards me. It’s a vicious cycle and it makes my anxiety worse. I’m dreading going back to work and that is making me isolate in the house even more.”*

## Stigma around mental health issues

This graph shows that women overwhelmingly felt that there is still a stigma around mental health issues (85%) with only 3% feeling there was no stigma.



In focus group discussions around stigma there was a sense that the older generations were more likely to feel and show stigma around poor mental health. Many felt that levels of stigma were reducing particularly among younger people and as a result of awareness raising on the subject but that despite this stigma still exists. Some felt there was more stigma around certain areas like addictions and mental health. There was an acknowledgement that stigma played a considerable part in the ability of people to seek help for mental health issues.

The women felt that people can be very dismissive of mental health issues especially where they had not experienced any of these issues themselves. Some felt that physical health issues were viewed more sympathetically and that people are much more willing to talk about and seek help for them rather than for mental health.

*“There’s a lot of stigma around addictions. People are like stay away from them. Nobody looks at the problem or the trauma behind it they’re just like look at the state of that. The stigma around addictions is huge.”*

*“Women are dehumanised especially as a single mothers – you’re looked at as if you’re lower. Women are talked about more and there is a lot of perceptions about them and their families. Women carry a lot of that and it impacts their mental health.”*

*“People don’t want to tell people they’re getting counselling – they don’t want to tell their friends and family, it’s quite sad.”*

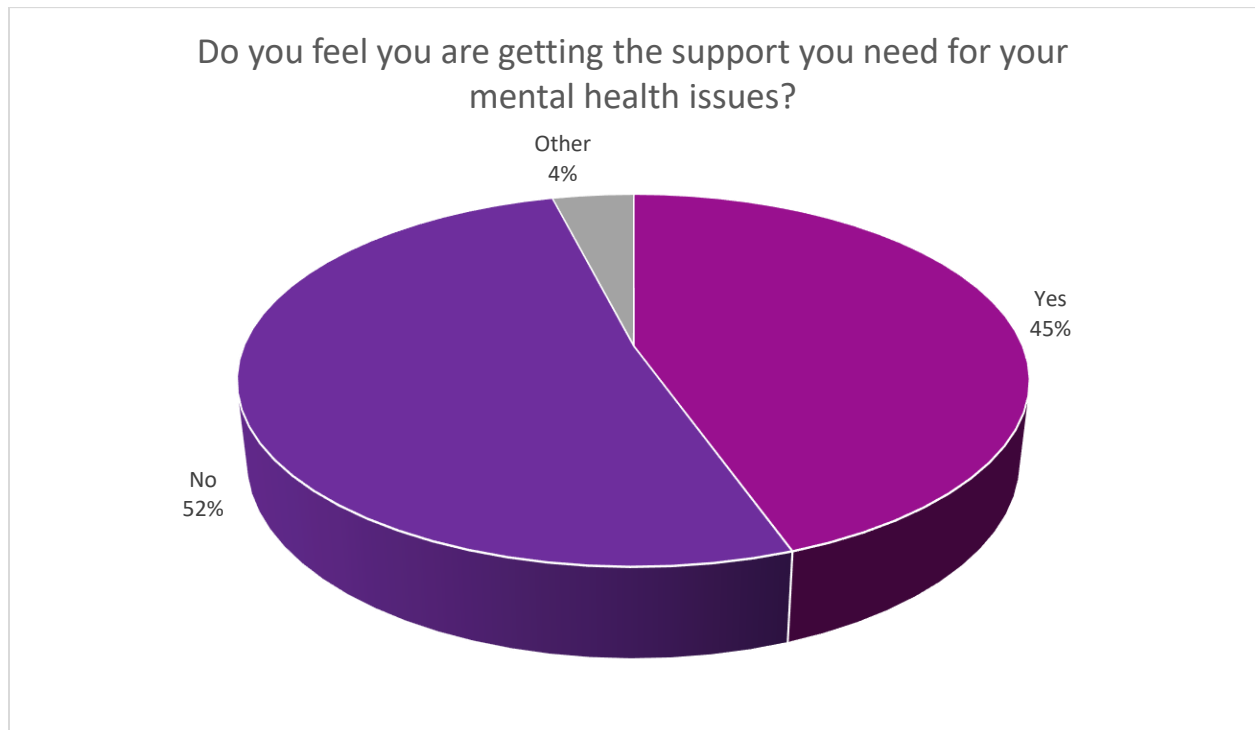
*“There are still those attitudes to mental health – people telling you to just get on with it, there’s nothing wrong with you, just pull yourself together, you look alright there’s nothing wrong with you. Older people sometimes don’t see mental health as an issue – same as domestic abuse – it’s just how things were then”*

*“I have been hospitalised due to my mental health twice and I don’t like to tell people because of the stigma. I tried to take my own life twice such was my distress before I got the help I needed. I hid it from my family because of the stigma around it all.”*

*“People don’t know – unless they’ve been through it themselves and understand what it feels like to be anxious or depressed – people who haven’t experienced it can be very dismissive.”*

### **Support for mental health issues**

The graph below shows that just under half of the women (45%) felt they were getting the support they needed for their mental health and 52% did not feel they were getting the support they needed.



The focus group discussions around support highlighted a range of issues around getting help for poor mental health. Difficulties accessing GPs, not knowing your GP well to be able to talk about mental health issues, long waiting lists for access to mental health services and limits on the amount of support were frequently raised with many of the women feeling that it was a struggle to be heard and harder to access help. There was a general feeling that the system is broken. Some of the women reported a lack of knowledge of services including the availability of mental health nurses, HRT nurses, etc in GP practices. They felt that knowing what help is available and how to access it is really important and yet people often don't know or only find out by chance.

While some women reported positive experiences with their GPs in relation to supporting their mental health others felt that the default response by GPs to mental health issues is to prescribe medication.

Some women also felt that in recent years marketing/campaigns around mental health had raised awareness about talking about mental health and helped to reduce the stigma around seeking help but that the services were just not there to cope with the

resulting demand. This created an expectation in terms of support that could not be fulfilled.

Many of the women felt that you had to be at a crisis point to get the help and support you need for mental health yet when you are in crisis you are less likely to be able to advocate for yourself. Some of the women felt that there was a lack of understanding of women's mental health issues in general with many mental health practitioners being male and not considering the issues women face. In maternity services it was felt that once the baby is born that all the focus is on the baby and no longer on the new mother especially in terms of her mental health. A number of the women also reported that when trying to access help for mental health as a mother the primary focus was on the welfare of the children rather than helping the mother with her mental health issues.

Some of the women also felt dismissed by GPs and medical professionals in relation to their mental health issues including difficulties around the menopause. This led to them trying to access help elsewhere including from the Community and Voluntary sector who they felt provided better help and support and had more time for the issues raised.

*“Getting dismissive comments from healthcare professionals put me down and I find it really hard to talk to them. I don’t trust them, I feel like they’re all judging me. I was 22 when I finally saw a psychiatrist and I was diagnosed 8 months later with bipolar and put on medication.”*

*“It’s the support, it’s not there. I was referred to counselling through my CPN but it was only for 6-8 weeks. It took me that long to open up, to trust them to actually talk about what’s happening with me.”*

*“Desperation doesn’t even cover how I felt. You don’t know what’s out there, you have to look for help yourself. Why do you have to be at crisis to get help?”*

*“There’s a huge lack of understanding from medical professionals – such as psychologists who are mainly male. Some have little or no understanding of women’s issues – that’s a big thing.”*

*“First thing GPs do is give anti-depressants for menopause or you’re just fobbed off. Sometimes women just need support not tablets. They need a community, a sisterhood.”*

*“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.”*

*“All the marketing – it’s good to talk and reach out about your mental health. They are encouraging people to open up and there’s nowhere to reach out and be heard. You reach out then you have to wait a year.”*

*“I didn’t know about the psychiatric nurse – I didn’t know she was in my GP practice. I had to be in total crisis before I found out about it.”*

*“I went to the doctors to tell them about my depression and how I was feeling. They immediately asked me about the kids and if I was looking after them. My kids are fed and well looked after. I was talking about me and how I’m feeling and she started questioning me about my children.”*

*“When you’re pregnant they look at you as a mummy and as soon as the baby is born the focus is all on the baby and not on the mother. You get some visits from the health visitor with a focus on the baby and you’re just left to get on with it. You’re just an incubator that’s how it feels – the baby is important, I’m not.”*

*“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.”*

*“The problem is getting the appointment – you need to be at crisis level to get an appointment. If you don’t have good mental health you’re not really fit to advocate for yourself. That fight at 8:30am to get an appointment is an uphill battle for anybody never mind if you’ve got poor mental health.”*

*“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 – in 12 months an awful lot could happen – it’s unacceptable.”*

*“Nobody knows who their doctor is anymore. When you do open up about your mental health you want to be able to trust the person you’re talking to about it.”*

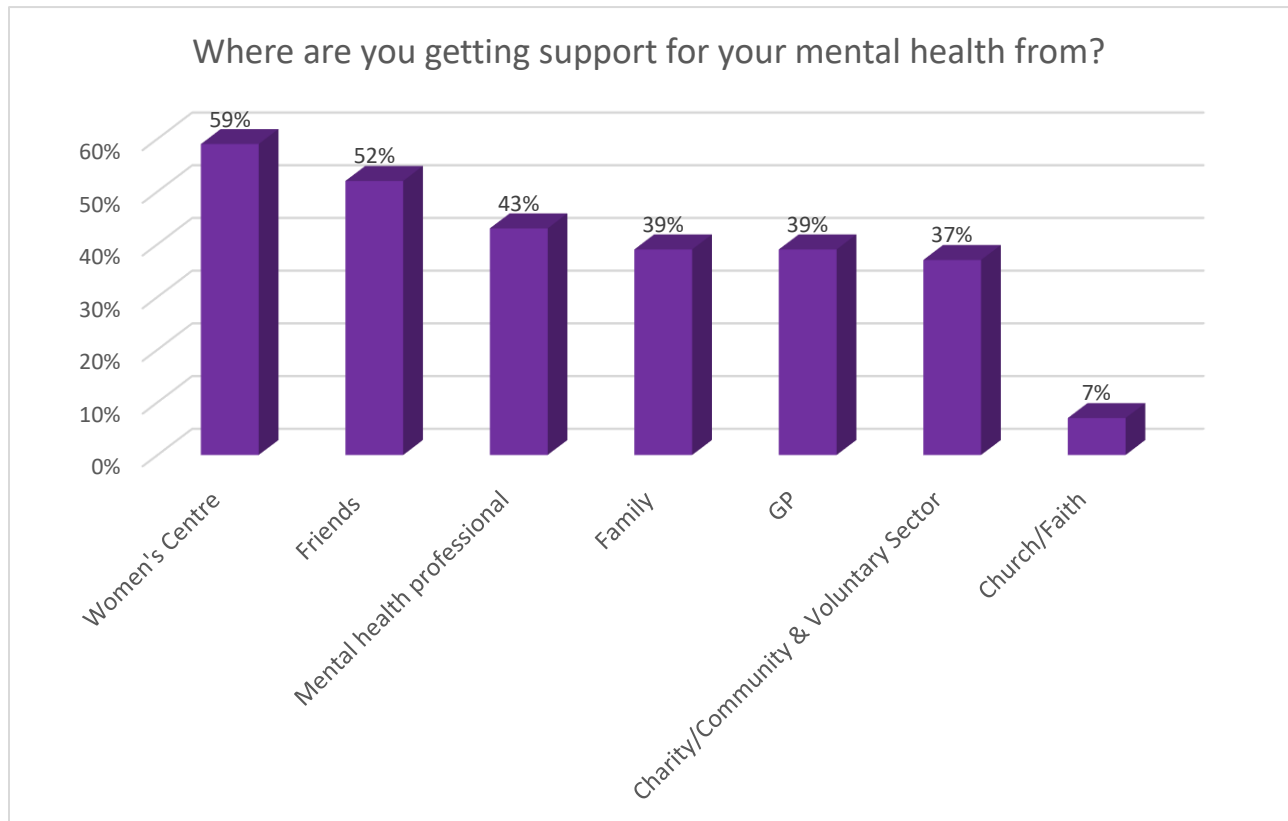
*“The only time I ever had mental health issues was when I was going through the menopause. My doctor ignored it but I felt suicidal, the anxiety was so bad. He never mentioned HRT or any help. The symptoms were awful – he really had no understanding of the menopause.”*

*“My GP put me on the waiting list for counselling. I got incredibly lucky last year and got 18 sessions of counselling through the Rainbow project. That’s three times what the average person gets and we still didn’t get through everything.”*

### Sources of support for poor mental health

This graph shows where the women are getting support for their mental health. As the focus group discussions were held in Women's Centres it is unsurprising that well over half (59%) of the women were getting support for their mental health from a Women's Centre. Many others reported getting help from friends (52%) and family (39%).

Figures for support through the health service show that 39% were getting help through their GP and 43% through a mental health professional. Support from charities and other community and voluntary sector organisations (aside from Women's Centres) was reported by 37% of the women.



It was very clear in focus group discussions that women felt there were not enough supports for mental health and that existing supports were under pressure due to demand and lack of funding. They also felt that a one size fits all approach was often taken which did not always work for them.

The women were very positive about the supports they received through Women's Centres (see next section) and from other community and voluntary sector organisations. There was a general feeling that these supports were more available to them (funding permitting) and more tailored to the individual's needs.

*“Where I live in a rural area a local group was set up to provide support for mental health and suicide (S.T.E.P.S.). I needed them a few years ago and I was so fortunate that they were there. They're underfunded but have been around for years and developed out of a need in the local area.”*

*“I have no complaints about my GP she's an amazing woman and she's been very supportive.”*

*“I used my personal contacts to get referred to the Chinese Welfare Association – they have pro bono support for PTSD. I had to find out this through my own contacts – you have to look for help yourself.”*

*“Action Mental Health have been great, they teach you a lot and they treat you like family. If you've limited English you can have real problems with communication and it puts barriers in the way of getting help.”*

*“My friend goes through the same mental health struggles I go through – when women come together you do get stronger. I get great support from her. We help each other out.”*

*“My GP referred me to Derry Well Woman. I waited three months to see someone and they were really good. I had some counselling there and then Women's Aid were recommended for the abuse I suffered and they were amazing.”*

*“I found more support in grassroots organisations than in the health service.”*

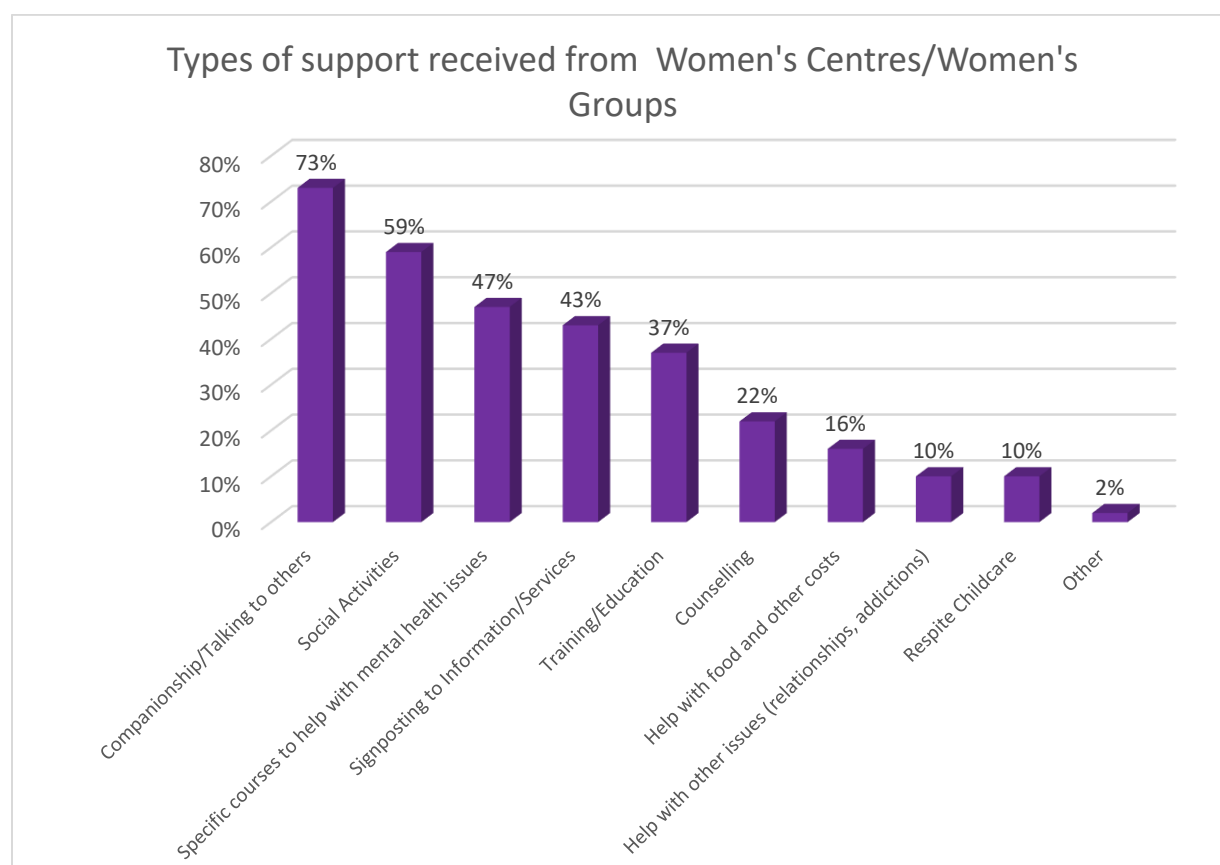
*“Three years ago I joined a women's group, at the time there was a crisis going on in my life. I kept going to the group through a marriage break up and it got me through. I no more wanted to go, but as time went on, I opened up and I realised I'm not the only one these things have happened to and that it's alright.”*

*“There's so much trial and error before you find the right thing for you. I was sent on a Stress Control course – there was a man at the front telling us what to do and giving us photocopies – it was more a one size fits all approach. Then I did a course through Aware called Living Life to the Full – it was run by someone who had come out the other end and you felt like you were heard. I was really rock bottom at the time and there were lots of doable things in it.”*

### Women's Centre supports for poor mental health

This graph illustrates the types of support provided by Women's Centres/Groups that help with poor mental health. Almost three quarters (73%) of the women reported companionship/talking to others and 59% reported taking part in social activities, both of which help to address isolation which is widely associated with poor mental health.

As highlighted in Section 3, Women's Centres/Groups provide a range of services which help to address poor mental health. Almost half of the women (47%) stated that they attended specific courses to help with mental health issues, 43% stated that they received signposting to information and services, 37% stated that they received training and education and 22% said that they availed of counselling services through the Centres/Groups. Almost a fifth of the women (16%) reported that they received help with food and other costs helping to address issues of financial hardship and poverty which can be a cause and effect of poor mental health.



The positivity with which women held the services provided by their local Women's Centre/Group was very evident in the focus group discussions. Phrases like *"I would not be here without this place"* or *"The Centre saved my life"* were heard over and over again. The value of Women's Centres/Groups work which supported women's mental health was critical to the women and their families. These are trusted, local spaces which are safe places for the women to share what is going on in their lives and to know they will get support. This is central to addressing isolation and loneliness which is so linked to poor mental health.

The ability to come to a Women's Centre/Group also helps to remove the stigma around accessing help with poor mental health. Women's Centres provide a variety of services and therefore coming into the Centre is not primarily associated with mental health issues. Many of the women reported a lack of judgement in being part of groups and classes. Sharing common issues with other women helps to encourage talking, builds friendships, increases confidence and lessens the stigma around mental health issues.

Being part of a Women's Centre/Group gave many of the women a sense of purpose in their life whether through accessing courses and building skills, volunteering, help with getting employment and regular opportunities for social interaction and friendship. Connection with the Centre/Group also allowed many of the women to find out things and access information/help that they would otherwise not have known about, for example, access to benefits, signposting to other services such as help with domestic abuse, family relationships, etc.

***"I was referred to Atlas Women's Centre by my health visitor when my son was born. It was hard for me to walk in the doors but I came in to use the childcare. When my next child was born, I came back and did a Psychology class. The tutor encouraged me to go for a job and without that influence I wouldn't have my job. I would not be working without Atlas and doing that class."***

***"For me I found confidence and friends in Atlas Women's Centre. My whole life I've been told I was crazy and I believed it. It's a real negative thing. When I came to the Centre the amount of re-education I got, the opportunities I've had. When***

*we come here, we're accepted. There's a lack of judgement. And the creche is vital too. It's good for the children's mental health as well."*

*"As a young mum I was able to go on family days out with Falls Women's Centre. I don't drive so I was able to go on the bus and there was a real sense of community. Those social connections really help with mental health and I was able to make friends. There's a lot of isolation with mental health you keep to yourself, you feel alone and you don't think anyone will understand."*

*"Centres like Falls Women's Centre provide childcare which can be a real obstacle. The Centre inspires women and can make them aware about things that can help. There is a need to remove barriers for women and Women's Centres really help to do that."*

*"I was a mess when I came to Footprints Women's Centre. You come out feeling lighter. It's just knowing there are other women in the same boat, because sometimes you think it's all in your head or it's just me. If you spend too much time on your own you don't want to leave the house. Today I didn't want to leave the house but I knew it would be good for me to come to the Centre."*

*"You learn from everybody in the Centre and you find out about things that are going on. Somebody talks about the things that help them cope and you think I'm going to try that. I've learned a lot of skills at Footprints."*

*"Places like FWIN are amazing. When you're in this group you volunteer stuff because you feel that you're with people that understand what you're talking about. The stigma disappears in here – everyone understands what you've come through, that's like support in itself. You need that closeness you get here."*

*"A lot of the work that goes on in places like FWIN is about soft support and doesn't fit into the tick box of what funders want to provide support with. That soft support is very important – you can choose to talk or not."*

*"Coming to Greenway Women's Centre gets me out of the house. Talking to other people really helps and there are supports for you. If you're sitting in the house you get isolated and worry yourself sick. You always get a laugh here."*

*"I lost my partner last year and I didn't know where to turn. I saw Greenway Women's Centre on Facebook and all the things they're doing. I needed to get out and it's my go to now for help and support."*

*"When I'm volunteering in Shankill Women's Centre – doing stuff for the girls – I go home and feel brilliant because I've achieved something that day."*

*"Shankill Women's Centre saved my life."*

*“It takes the stigma away a wee bit if you’re coming to Waterside Women’s Centre. You could be coming here for anything – people don’t know what you’re coming in here for, you could be coming to do a wee course. If you go to the doctors, you’re hoping no one sees you and asks what you’re there for.”*

*“Waterside Women’s Centre is the one space where you can go where you can just breathe out and let loose.”*

*“I just loved attending the mother and baby classes in Women’s Centre Derry. It was great for my mental health and I also learned so many tips... I have made friends for life!”*

*“While attending Women’s Centre Derry, I was going through a very vulnerable stage of my life. I had low self-worth and needed to be surrounded by positive people who respected me. I suffer from PTSD and am still getting support from the Centre. Every staff member helped my child and I grow and rebuild ourselves. I wouldn’t have made it without them.”*

*“A lot of people who come into the Centres are lost – they’ve lost a part of themselves or are lost in their way of life. You come to a Centre and you find out who you are, what the problem is and you can find the answer.”*

### **What supports would women like to see in place for mental health issues?**

To conclude both the questionnaire and focus group engagement the women were asked what supports/improvements they would like to see in place to help women suffering from poor mental health. There were many suggestions and they are grouped under a number of headings below.

#### *Early Intervention and Prevention*

One of the most commonly suggested areas where women said work is needed in the area of mental health is in relation to early intervention and prevention before there is a crisis. Tackling poor mental health early on, including during childhood, would have benefits not only for the person but for the health system.

*“A lot of children are referred to CAMHS. If mental health issues are not addressed in children it can lead to adult mental health issues. Something needs done at the childhood end, more prevention work is needed so that things don’t get to a crisis and cost more.”*

***“If you were to tackle it earlier, get in there with kids early even when their mental health is OK. Early intervention is key. Mental health needs to be part of the curriculum, they need to be teaching useful things like this in schools.”***

### *Education on Mental Health*

Many of the women felt that there needs to be more education on mental health in schools. They felt that this should start from an early age and continue right through a child’s education. This was needed to allow children to learn about common mental health issues and coping techniques. Some felt that funding cuts meant that important supports to help with mental health including school nurses and access to counselling were being removed and that this needs to be reversed.

***“The school counsellors have been pulled in my son’s school. My son was supposed to go to the school counsellor but it got pulled due to funding.”***

***“There should be mental health classes and awareness days in schools – age-appropriate learning about emotions and mental health. Children need to hear that they will have struggles and learn how to cope. They should be explaining about depression and anxiety – kids need to be taught these things.”***

***“I was shocked there’s no nurse in the school anymore. They need to have nurses in the schools trained in mental health. Teachers have no time to deal with mental health issues. Bring back school nurses, there’s a lot of stress in school for kids. Kids can be terrified of school and terrified of failure, they need someone to help them.”***

***“Schools should have special classes on mental health. It shouldn’t be a one off it should be regular and throughout the year groups. They really need to do it right through school from primary through to teenage years.”***

### *Better access to services*

A range of suggestions for better access to services were made by the women. This included easier access to GPs particularly in person rather than by telephone. They also wanted to see quicker and more direct access to mental health services and more long-term support from these services. The issue of long waiting lists was repeatedly raised and the women wanted to see work to address this. In general, women wanted to see more funding for mental health to enable better access to services.

***“Get GPs back properly open again – take appointments not just phone calls, do open surgery again – see the people again.”***

***“There needs to be long term help. Instead of seeing a counsellor for six weeks you should be able to see them until you’re better.”***

***“It takes 2-3 sessions to build a rapport then the next 3-4 sessions to deal with the immediate issues then long-term support you have no sessions left. I tried counselling twice and the counsellor was great it just wasn’t enough. They need to provide access to more sessions.”***

***“Something needs to be done about waiting lists, there is too much waiting and not enough counsellors/mental health professionals. People need to be seen quicker with mental health.”***

***“Everything comes down to funding and there’s not enough. There needs to be more funding for mental health so people can get the help they need.”***

***“Easier access to GP appointments and doctors practices - more like an all-round health and wellbeing centre - a one stop shop for physical and mental health with physio and mental health staff on site and maybe some therapies like reflexology. Include on-site childcare so women could attend even outside those hours when their regular childcare isn’t available.”***

#### *Extension of services and continuity of care*

There was a general consensus more alternative supports were needed to address poor mental health issues beyond medication. Some of the women also suggested that doctors needed better training and awareness about the mental health issues that women face as well as more knowledge of and access to alternative therapies so that people could get the services that work best for them. More use of community-based supports and services was suggested and this included better funding for Women’s Centres/Groups where women are able to get together and talk about their issues. Women also wanted to see greater continuity of care particularly in relation to mental health where building of relationships and trust are so critical.

***“More training so GPs have options not just medication so that they can signpost and offer holistic/complimentary/alternative therapies.”***

***“Sometimes it’s just about someone listening. Just knowing someone is listening, not judging you, not trying to get you out the door. Just knowing that someone hears you can be such a help.”***

***“There needs to be more access to alternative therapies/holistic therapies and places to get out and meet people like Women’s Centres.”***

***“GPs need more training on mental health and menopause and how the two are connected. They are very quick to throw anti-depressants at people and dismiss menopause symptoms.”***

***“Every time you go back for an appointment it’s a different GP/psychiatrist. They don’t know you and you’ve to start all over again. You need to be able to see the same person who you have built up some trust with especially for mental health.”***

***“Women’s Centres need more security to employ more staff for one-to-one support. More counsellors to support more women. More funding to provide more tailored programmes - studies show Women’s Centre methods work.”***

#### *More supports for children with additional needs*

Support for parents who have children with additional needs was regularly raised as an area that needs improvement. A lack of support and services in this area means that parents, particularly mothers, are providing significant levels of unpaid care without respite and many are unable to access the services they need in terms of getting their child diagnosed and getting the right supports with their care. This leads to significant mental health pressures on the parent carers.

***“There is a need for proper diagnosis so that children can get the right support. You have to wait so long for an assessment for your child and all the time they are struggling and so are you.”***

***“More help for parents who have children with special needs as they can be very stressed with everything they have to deal with.”***

#### *Financial Hardship and Poverty*

Women were clear that struggling to make ends meet and living in poverty was both a cause of mental health issues and an effect of living with poor mental health. They felt that there needed to be action to protect people from financial hardship including through the benefits system which was seen by many to be complex and stressful.

***“People in deprived areas are stigmatised – it’s all your fault, we’re cutting benefits, you’re all freeloaders. They need to understand the barriers we face and support us properly so we’re not living in poverty.”***

***“The benefits system is designed to make you fail, the forms are meant to break you, Universal Credit puts you in debt. People need to be supported not punished.”***

***“Money is either your reason for having mental health issues or money is stopping you getting the treatment you need for your mental health issues – it always seems to come down to money! There should be more financial help for people with mental health issues.”***

#### *Knowledge of help and services*

Women felt that there needed to be more knowledge around the supports and services that can help with poor mental health as people are likely to miss out because they are unaware of the help available and trying to cope with their mental health problems. Many felt that systems were complex, stressful and difficult to access and therefore people needed help and advice to navigate them.

***“It’s knowing what’s out there for people. Someone in passing tells you about something that helped them but you’ve never heard about it – like charities that offer support. It’s about knowing what help is there.”***

***“It’s good coming to the Women’s Centre - you get support and information and women come together and can share with one another. Another woman can say do you realise this or this. Women that are isolated are not going to have all of that – they don’t find out about things.”***

***“It’s so important for women to know what’s available to support them especially financially. The last thing you need when feeling out of sorts is worry about money because that just exacerbates it – it makes it so much worse.”***

#### *Other Supports including from Employers*

The need for additional supports, including from employers, was highlighted by some of the women. They raised the need to remove barriers from seeking help for mental health issues including childcare and transport. In terms of employers, women wanted

to see greater understanding around mental health issues and more flexibilities to enable people to stay in work when they are suffering from poor mental health.

*“Poor mental health is seen as a weakness by some employers. I gave up work at the beginning of the year I was so under pressure with the care of my daughter who has serious mental health issues. I work in a small team and there’s no one to cover when I’m off. Employers need to be more supportive and Government needs to enforce the provision of flexible hours and help with childcare when kids are off.”*

*“Employers need to listen and make people with mental health issues feel more supported. There is a genuine need for supervisors and managers to understand that people are not robots. They need to help you to stay in work so that you don’t end up leaving and signing off sick because you don’t feel supported. Some of the bigger employers provide access to counsellors because they recognise the need for it.”*

*“My daughter has mental health issues and she struggles socially and emotionally. She’s been working for two years and her employer has been very supportive – helping her to swap shifts and giving her time off if she is struggling. There needs to be more of this for people.”*

#### **4.3 Findings from discussions with staff**

Some informal discussions were held with staff who were working with women experiencing mental health issues in Women’s Centres/Groups. These staff were asked about the most common issues they see coming to them in relation to the drivers for poor mental health for women, the nature of work on mental health and the problems with existing supports as well as the impacts for them as staff dealing with these issues.

##### *Drivers of poor mental health for women*

In discussing the drivers of poor mental health as witnessed by the staff, they followed the general areas identified by the women themselves:

- Poverty, financial hardship and the struggle to make ends meet.
- Maternity and Family issues – including postnatal depression, childhood trauma, fractured families, poor relationships and bereavement.

- Expectations on women – the pressures of running a home, holding down a job, managing children, family and care expectations and even pressures from social media all had an impact on mental health.
- Low esteem and self-worth – frequently reinforced by social exclusion and stigma.
- Social isolation and loneliness – particularly the case for women with limited support networks.
- Male violence against women – issues around healthy relationships and domestic abuse as well as crime perpetrated by men in local areas.
- Lack of support in health systems – delays accessing services and the dismissal, misdiagnosis and trivialisation of women’s mental health issues which is a reflection of systemic gender bias in healthcare delivery. This is compounded for marginalised groups, including rural women and those from ethnic minority backgrounds.
- Lack of support for carers – particularly for women who have children with additional needs – issues with long waiting times for diagnosis and lack of support impacting on the mother’s mental health and wellbeing with no respite from these very stressful situations.
- Ongoing impacts from the Troubles – inter-generational trauma continues to be an issue.
- Addictions – women using alcohol, drugs (including prescription drugs) and gambling as a coping mechanism for distress.

***“We’re seeing the impact of poverty on a daily basis. Universal Credit payments have not kept pace with the cost of living or inflation, and many of the women we support are left at a financial loss each month. This creates constant stress and makes even the basics: food, heating and transport difficult to manage.”***

***“For mothers, the financial pressure is even greater, particularly around school costs such as uniforms, shoes, lunches, and other school contributions. These costs quickly add up, and many women are left feeling like they are not able to meet their children’s needs, which can deeply affect confidence and mental wellbeing, with many describing feelings of guilt or like they are “failing” as mothers, even when they are doing their best in impossible circumstances.”***

*“There’s such a lack of support for carers. They’re waiting on assessments and diagnosis with no support. They have no escape and no one to look after them.”*

*“Carers have so much responsibility and the social care system is letting them down. There are clear links to poor mental health as a result.”*

*“A big driver for poor mental health is trauma, it could be from the Troubles, childhood abuse, domestic abuse. There is a lot of generational trauma too. Then many women use things like alcohol and drugs as a crutch to cope.”*

*“A lot of women are not going to the doctor and are self-medicating through alcohol and prescription drugs to get through. They talk about it like it’s so normal - swapping drugs like Tramadol.”*

*“We’re seeing a lot of women come in to us who are in poor relationships, they are happy to come in here because they could be doing anything – courses and things – and their partner doesn’t know why they are coming here. It’s very long term and complex work. Sometimes you could be looking at a year for a woman to come out the other end.”*

*“Addiction plays a big part in the mental health of women whether that’s drink, prescription drugs or gambling. This has knock on effects for the family as the addiction takes over and takes away from the ability to parent.”*

*“Social media is causing huge problems for women’s mental health. There are so many expectations on women. Like after having a child social media is showing that they should look a certain way but that doesn’t match real life.”*

#### *Nature of work on mental health and the problems with existing supports*

Staff working in Women’s Centres and groups provided some detail around the nature of their work on women’s mental health and the problems with existing supports. Many of these conversations focused on the time and labour-intensive nature of this work as well as problems with funding as outlined below:

- Women accessing the Centres frequently present with multiple and complex needs rather than isolated conditions therefore this work can be very complex and is both time and labour intensive over the longer-term.
- Mental health issues are often interconnected with structural disadvantage including poverty, housing insecurity and abuse.

- In some cases, there is a large volume of additional services which need to be brought in to address the needs of the woman and her family.
- There is insufficient funding available for community-level interventions on women's mental health and a lack of acknowledgement of the importance of this work.
- There is a large amount of work involved in making funding applications sometimes with no positive result. There is also a large amount of work involved in meeting the information requirements of funders if funding is secured. Staff reported that sometimes it is not worth the effort for relatively small amounts of funding.
- Some of the work involved in mental health cases is invisible to funders and they do not understand the totality of the work involved. Staff reported that this softer support work can involve a lot of persuasion and encouragement to simply get women to come out of the house and then to get them to engage in activities/courses that would benefit their mental health and/or to seek help with the issues that they are facing.
- Mental health programmes and funding is too short-term. Trust and continuity of care are critical for engagement particularly for women with trauma histories. Short-term programmes mean that women are just building trust and momentum then the funding/programmes end. This also causes difficulty for Centres in the planning of services, their ability to retain staff and their ability to provide the necessary support over the longer-term.
- Sometimes there is a lack of connection between what funders want in terms of funding outcomes and the needs on the ground.
- Funding is usually provided for new women not existing/previous users of services. This fails to acknowledge the need, complexity and the longer-term nature of this work.
- Women's Centres and groups know their communities and their needs. They should be trusted more to identify and address the needs in their communities and funded appropriately to do this work.

- There is a focus on everything being online and this can be more difficult for people with mental health issues. Staff felt that there needs to be more personal contact especially in relation to mental health.
- Staff noted a lack of opportunities in many of the areas they work in – issues of poverty, division, unemployment, crime and addiction mean massive barriers to opportunities in these areas.

*“There is so much soft support provided in these cases. It takes so much time and is so valuable – chasing up women to come on courses – encouraging them to take that step – it’s time intensive work. It doesn’t fit into funding applications but its vitally important.”*

*“Spending a load of time trying to get a woman signposted to Women’s Aid after what you’ve heard from her – you can’t put that on a funding form. It takes so much time and sometimes doesn’t result in anything.”*

*“A lot of advice is being done on computer now. It used to be you had time to talk to someone and get at the issues behind things. We’re losing a wee bit of that personal contact side of things as a result. Everything is so target driven and time limited which means you lose out on that chatty time and the room for the softer supports.”*

*“A lot of the issues driving poor mental health have been around for a very long time – poverty and addictions – they are persistent issues. It feels like in these areas there is a massive barrier to opportunities as a result. On a day-to-day basis we try to create opportunities to keep the vision and hope alive. It’s a very hard job, very intense and very time consuming.”*

*“You get funding to run something and people get comfortable and divulge more and you can start identifying their needs and deliver that wraparound support. Funders don’t see the extra time/hours that are spent on this. They create an expectation of help but it’s short-term and just as it’s getting going and building momentum it’s over. That’s really frustrating.”*

*“Funding is always provided for new people. You can’t go back to people who have used it before even though they might really need it.”*

*“There’s a lot of focus in Women’s Centres on repair – we help to pick up the pieces. It would be lovely to have more time and funding for prevention work, more awareness raising. Bringing families and young children in to educate them on things like what coercive control is, healthy relationships that kind of thing so we’re not in the whole cycle of Northern Ireland being so affected by female domestic abuse.”*

*“There’s so much pre-capacity word done by Centres but it’s not acknowledged. Even getting someone to step into a group situation where they can just relax and mix well with other women. It takes a while to build that capacity and the trust so that they’re able to speak in a group. It might be a wee course and people think what good is that to you but it’s totally invaluable because the women go on and do more courses and it’s the fact that they’ve got somewhere to come and just breathe out. How valuable is that?”*

*“We’ve brought in specialist counsellors because we’re seeing more and more girls refusing to go to school.”*

*“The amount of outcomes funders look for is crazy. It just doesn’t add up. We only have two full time workers the rest are all part-time, we have no receptionist, no caretaker, no project worker to oversee things. Then add the amount of services we have to bring in to address the need that exists for people.”*

*“You spend so much time filling in application forms for funding for things you think would help for them to say no to you. They want to hear things like the level of qualifications of the staff, they don’t see that they are able to get the women out of their homes for the first time in ages and that’s a big achievement. Funders need to recognise where women are at and trust us to know the communities and their needs.”*

*“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.”*

### *Impact on Staff*

Dealing with the nature and complexity of mental health issues on the ground, problems with funding/resourcing of this work and the resulting workload pressures is taking its toll on the staff working in these areas. It was concerning to note the level of pressure on staff, the volume of work being carried out on a voluntary basis and the emotional impacts of this work:

- Staff felt they were picking up the pieces of a huge range of issues in communities including the ongoing impacts of the pandemic, deprivation and the Cost-of-Living Crisis.
- Most of the staff reported working additional hours than they were contracted to (either paid or voluntary). It was evident that many were regularly going above and beyond to meet the demands of this work and were suffering from burnout.

- There was a high level of commitment by staff to this work and high levels of genuine care and concern for the women they supported.
- Many of the staff reported mental health issues of their own as a result of the draining nature of this work, pressure and burnout.
- Staff felt that there was no acknowledgement of the extra pressure that comes with this work and the additional hours they put into it. They felt there was insufficient investment in them as valuable staff members through existing funding structures.

*“My mental health is starting to suffer working in this role. If something is going on in one of our service users lives, we’re the first person they bring it to.”*

*“As community workers, as the pressure is being put on communities more pressure is being put on us. We’re always rushing, there’s never enough time, there’s always issues with funding and we’re all just floored.”*

*“You spend all your energy trying to lift everyone else up from where they are, you end up empty and down. It takes a lot out of you trying to uplift the people you’re supporting and you come secondary to all of that.”*

*“We all work in these jobs because we want our work to make a difference. But no one tells you, you’ll have to do all this, work all the hours God sends and for no/little money. When you’re working in the community, you’re just expected to get on with it, they don’t value it.”*

## **5. Conclusion, summary of findings and recommendations**

This research was carried out to put a focus on women's mental health issues in an environment where Northern Ireland is the last jurisdiction in the United Kingdom and the Republic of Ireland to produce a Women's Health Strategy. It serves as a reminder about the ongoing struggles women face with poor mental health, the lack of health service supports and the importance of community-based services which help to address the drivers and impacts of poor mental health for women.

The findings from this research clearly show that women's poor mental health is not just a medical issue but is driven by a range of factors including gendered expectations and life-cycle factors such as maternity and the menopause, systemic failures in the health service, economic strain, trauma and societal stigma around mental health issues. Women are disproportionately impacted by poor mental health often because of patriarchal structures which expect them to be primary caregivers, carry out the bulk of domestic work and manage the emotional needs of their families, sometimes while juggling paid work adding to the mental load they carry.

Nearly half of the women cited financial hardship/poverty as a contributing factor to their poor mental health with the daily struggle trying to make ends meet a constant anxiety. This stress is often intensified by the inadequacies, complexities and fear surrounding the benefits system. High levels of stigma around poor mental health also persist, especially in rural areas, which can contribute to worsening mental health outcomes acting as a barrier to accessing help and support.

It is evident that the costs of poor mental health are high not just in terms of the healthcare system and in absence levels from work but for the women themselves and their families. The powerful quotes detailed in this research show the impact on women's lives of living with poor mental health. They show high levels of isolation, feelings of worthlessness, fear, lack of confidence and poor physical health which

impact on their ability to work, their financial wellbeing, family relationships and their ability to grasp potential opportunities in their lives.

One of the main observations from this research is that the current health system is widely perceived as 'broken' in terms of its ability to address poor mental health with over half of the women reporting they were not getting the support they needed. The women who took part in the research identified several key barriers to effective care including difficulties accessing GPs, GP reliance on medication as treatment, short-term approaches to poor mental health including short counselling cycles which are often insufficient to address the mental health issues presented and the belief that proper support is only made available when things reach crisis point.

In contrast to the statutory services, those provided by the Community and Voluntary Sector, particularly by Women's Centres/Groups, were frequently described as 'lifesaving' by the women who took part in the research. They provide trusted, local spaces where women can access companionship, social activities, counselling and practical support. Despite the critical role of these services there were many issues with insufficient and uncertain funding coupled with pressure on staff many of whom were working beyond their contracted hours and often carrying out this important work on a voluntary basis.

To address these findings, this research report concludes that there is a need for support that better responds to the realities of women's lives and that so much invaluable work on women's mental health happens outside of the health service at community level. While there is an obvious need for improvements within the health service to address rising levels of poor mental health there is also a need for greater responsibility across departments to resource and sustain community level interventions which recognise the unique pressures on women and where women feel safe and supported. The research also advocates for the need for early intervention and prevention work including the integration of mental health awareness into the education system from an early age.

As recently highlighted by the Mental Health Champion for Northern Ireland, Professor Siobhan O'Neill: *“the evidence indicates that mental health needs in Northern Ireland are shaped by both individual life circumstances and wider systemic factors. Poverty, trauma, housing pressures, discrimination, and timely access to support interact in complex ways, underscoring the need for progress to be driven through coordinated action across multiple domains.”*<sup>121</sup>

### Summary of Key Findings

- **Are women more likely to experience poor mental health:** the women acknowledged that both women and men suffer from poor mental health but there are significant pressures on women's lives including a range of gendered issues such as maternity, unpaid care, domestic labour and violence against women and girls which are significant in making women's mental health worse.
- **Contributing factors to women's poor mental health:** many of the women reported more than one factor contributing to their poor mental health. 70% said having a diagnosed mental health condition, 56% said poor physical health, 51% said family/relationship issues, 49% said financial hardship/poverty, 39% said the impact of child trauma, 25% said the impact of the Troubles, 25% said fear of cuts to benefits and 15% said the impact of domestic violence, unpaid care responsibility and debt, 14% said issues around maternity and 10% said addictions.
- Women in **rural areas** reported many similar contributing factors to their poor mental health but also reported some additional factors such as increased isolation, less opportunities for social connections, lack of public transport/transport issues, lack of services in local areas and higher levels of stigma around mental health.

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<sup>121</sup> Mental Health in Northern Ireland, Current Services and Strategic Priorities, Mental Health Champion, April 2026

<https://www.mentalhealthchampion-ni.org.uk/files/mentalhealthchampionni/2026-04/Mental%20Health%20in%20Northern%20Ireland%202026%20Final%20Version%201.pdf>

- Women from **minority ethnic communities** also reported many similar contribution factors to poor mental health but also reported some additional factors such as increased loneliness, discrimination, lack of support systems, language barriers and anxiety caused by immigration rules.
- **Impacts of poor mental health:** many of the women reported more than one impact of poor mental health. 68% said lack of concentration/motivation, 60% said impacts on physical health, 57% said lack of confidence, 55% said living on benefits and feeling isolated, 43% said they were unable to work and suffered from strained family relationships, 28% reported living in poverty and experiencing difficulties leaving the house, 23% said they were unable to find suitable work, 12% said they were unable to undertake study/training and 8% said difficulty keeping a job.
- **Stigma around mental health issues:** 85% felt there is still a stigma around mental health issues, 12% said they were unsure and only 3% felt there was no stigma.
- **Support for mental health issues:** over half (52%) did not feel they were getting the support they needed with their mental health issues, 45% said they were getting the support they needed. Difficulties accessing GPs, not knowing your GP, long waiting lists for access to mental health services, limits on the mental health supports available and a lack of understanding around women's health issues were frequently raised as problem areas getting the support that women needed. Many of the women said that they felt you had to be at crisis point to get the help and support you needed and while some women reported positive experiences with their GPs in relation to poor mental health others felt the default response was to prescribe medication.
- **Sources of support for poor mental health:** over half (59%) said they were getting support from a Women's Centre, 52% said friends, 43% said a Mental Health Professional, 39% said family and their GP, 37% said charity/community and voluntary sector and 7% said church/faith.
- **Women's Centre/Group supports for poor mental health:** the women reported high levels of positivity about the services and supports provided by

Women's Centres/Groups. 73% reported companionship/talking to others as the support they received from the Women's Centre/Group, 59% said social activities, 47% said specific courses to help with mental health issues, 43% said signposting to information/services, 37% said training/education, 22% said counselling, 16% said help with food/other costs, 10% said help with other issues including relationships and addictions and 10% said respite childcare.

- **Supports women would like to see in place for mental health issues:** many of the women said they would like to see more work in the areas of prevention and early intervention and in educating young people from an early age in schools around mental health and coping strategies. The women made a range of suggestions around the supports that were needed including improved access to GPs, quicker access to mental health services, more funding to help improve access to services, more supports for parents of children with additional needs, more supports for financial hardship/poverty, better supports from employers and increased awareness of the existing supports and services available.
- **Findings from discussions with staff:** staff working with women around mental health issues identified a range of drivers for poor mental health including poverty/financial hardship, family and relationship issues, child trauma, high expectations of women, male violence against women, lack of support for carers, issues arising from the Troubles and addictions. Staff also detailed the difficulties they faced with their work including that it can be complex and time consuming often involving a range of additional services. They reported insufficient funding for this work, difficulties accessing funding and reporting to funders, the short-term nature of funding and a lack of connection between what funders want and the needs on the ground. The staff detailed a range of impacts on them as a result of this work including high levels of pressure with many working additional hours, the emotional impact of doing this work affecting their own mental health and little acknowledgement of the pressure/demands of this work by funders. It was also notable the high level of commitment by staff to this work.

### *Recommendations*

1. The holistic, gender-sensitive approach to poor mental health is a distinguishing feature of Women's Centre services yet is under utilised, financed or valued by local or central Government. This community-level support where women feel safe and held, particularly when they are dealing with trauma, is a critical part of the solution in effectively addressing levels of poor mental health in Northern Ireland. **The Women's Regional Consortium recommends that Government provide long-term, sustainable funding for Women's Centres which recognises the value of their work in women's poor mental health, their work in tackling the structural inequalities that lead to poor mental health and the significant return on investment they provide in terms of savings to the health service.**
2. There is an urgent need for mental health support that better responds to the realities of women's lives including their roles as mothers and caregivers and their experiences of trauma and abuse. **The Women's Regional Consortium calls for tailored gender-specific health service provision to address poor mental health which recognises the specific needs of women and responds appropriately. This must include recognition of the need to collect gender-informed health and social care data and to report data in gendered formats.**
3. Northern Ireland is the only place across the UK and Republic of Ireland not to have a dedicated Women's Health Strategy. **The Women's Regional Consortium supports the call from the 'Nothing About Us Without Us' campaign for a sufficiently funded Women's Health Strategy for Northern Ireland that prioritises mental health and is rooted in the experiences and needs of women from grassroots communities.**
4. Northern Ireland is the only part of the UK without a specialist Mother and Baby Unit (MBU). At the time of writing this report the Health Minister has announced funding to start work on an MBU to open no later than 2028/29. **The Women's Regional Consortium welcomes the commitment of funding for an MBU**

**and recommends that Government should provide support for mothers and babies in the interim period before it is set up, ensure it is fully funded and that there are no further delays to its establishment. The Consortium also supports the call from the Maternal Advocacy and Support Project (the MAs) for statutory funded perinatal peer support delivered in community settings which is connected with a commitment to early intervention and addressing health inequalities.**

5. Northern Ireland has a significant problem with male violence against women and girls and this gender-based violence is associated with poor mental health. **The Women's Regional Consortium supports the calls by the Mental Health Champion for Northern Ireland for significant and sustained funding for organisations that support women, the services that allow them to leave abusive partners safely and strong mental health care including trauma treatments for women affected by men's violence.**
6. The links between financial hardship/poverty and poor mental health are clear. While the welfare mitigations package has helped to protect people in Northern Ireland from the worst impacts of welfare reform there is a need to further strengthen the social security system to ensure that it provides effective protections against poverty. **The Women's Regional Consortium calls for a fully funded and comprehensive Anti-Poverty Strategy for Northern Ireland including further extension of the welfare mitigations as called for by the Cliff Edge Coalition.**
7. Research shows high levels of mental health issues among unpaid carers, many of whom are women. **The Women's Regional Consortium supports the calls from Carers NI for the delivery of the adult social care reform agenda set out in 'Reforming Adult Social Care and Support: A 10-Year Strategic Plan' with a 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.**

8. A review of the Mental Health Strategy (2021-2031) points to serious underfunding with Northern Ireland spending less on mental health services per head than other regions. **The Women's Regional Consortium supports the recommendation from the Mental Health Champion for Northern Ireland for a radical recalibration of the Mental Health Strategy, with all possible resources pushed into the completion of the priority areas.**
9. Isolation and loneliness often impact on mental health and wellness and this can be a particular problem in rural areas. The importance of local knowledge and the ability to engage people in activities locally is key to helping address this. **The Women's Regional Consortium supports NIRWN's assertion of the positive effect that community-based activities and education can have on addressing isolation which has so many connections to poor mental health. The Consortium supports NIRWN's call for Government to understand the impact of investment in local rural groups to address isolation and loneliness and how much this could potentially save the health service.**
10. While stigma around poor mental health has been helped by education and awareness raising it still remains a barrier to accessing support and services particularly in rural areas. **The Women's Regional Consortium recommends the need for ongoing education programmes and effective public campaigns to address the stigma around mental health. This must be backed up by the necessary support and services so that when people do take the first step, they receive the appropriate help they need.**
11. Prevention and early intervention work is key to ensuring that mental health problems do not take hold and worsen becoming more difficult and expensive to address. **The Women's Regional Consortium recommends the need for cross-departmental working to reduce the risk factors for poor mental health. The Consortium also recommends the need for mandatory, standardised mental health education to be included in schools starting in primary school.**