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No Relief

Women's Mental Health After Covid

A one-year update of Women Demand Better Mental Health

No Relief: Women's Mental Health After Covid

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About Advance

Advance is a specialist national women's charity, founded in 1998, that empowers women and girls to lead safe, violence-free and equal lives. We support women and children experiencing domestic abuse and those in contact with the criminal justice system to be safe and lead the lives they choose.

Advance supports thousands of women each year in the community through our network of women's centres throughout London and the Southeast. We deliver trauma-informed, specialist support and advocacy, via one-to-one support by dedicated advocates and through groups and activities, led by the needs and choices of the women we support. In the year ending March 2022, Advance supported thousands of women and children across our all our services.

No relief: women's mental health after Covid
A one-year update of Women Demand Better Mental Health

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Summary

In March 2020, the Covid pandemic led to the UK's first national lockdown, with people up and down the country legally required to remain in their homes as much as possible. Over the following two years, several more national and local lockdowns were mandated, along with other measures aimed at limiting the spread of the virus.

The impact of these measures on women have been well documented. Women were taking on the lion's share of the burden of home-schooling children and trying to make ends meet as incomes were affected. As the pandemic caused the perfect storm of isolation and withdrawal of support networks, perpetrators found it even easier to control and abuse women, causing demand for specialist domestic abuse services to soar.[1] As social distancing increased, women's lives became even more difficult, particularly for those who were already experiencing isolation due to the domestic abuse perpetrated against themselves and their children, being in contact with the criminal justice system, or, frequently, both. These factors inevitably had a detrimental impact on women's mental health and well-being.

In order to understand more about this, Advance conducted research with the women using our services during the first year of the pandemic, publishing our findings and recommendations in our 2021 report, ***Women Demand Better Mental Health: the impact of abuse, trauma and the Covid-19 pandemic on women's mental health.***[2] As waiting lists for mental health support services increased and access to statutory support services declined, the impact on women's mental health was devastating. We found,

- **37%** of women in our domestic abuse services and **79%** of women in our criminal justice services reported mental health needs, such as experiencing anxiety, depression, or post-traumatic stress disorder, in the year ending March 2021[3]
- **52%** of women in contact with the criminal justice system reported increased mental health support needs and **28%** reported an increased risk of self-harm during the first lockdown
- **42%** of women reported difficulty accessing mental health services [4]

Two years on from the first lockdown, and one year on from the publication of our report, as restrictions have all but disappeared and, in theory at least, we are all able to move about more freely and spend more time with our loved ones, we wanted to investigate how women's mental health needs had changed and, we hoped, improved. Via a series of focus groups with service staff, a staff-wide survey, and an analysis of our internal service data which examined the needs of 2015 women across our domestic abuse services and 1312 women across our criminal justice services, we found that:

More than half **(51%)** of the women we are supporting, across both domestic abuse (DA) and criminal justice system (CJS) services, reported mental health needs in the year ending March 2022[5]

Critically, we found there has been no reduction in the proportion of women presenting to our domestic abuse services with mental health needs:

38% of women in our DA services reported mental health needs in the year to March 2022 compared to **37%** of women in the year ending March 2021[6]

While the proportion of women accessing our criminal justice services who report mental health needs has decreased this year compared to last – from 79% in the year ending March 2021 down to 67% in the year ending March 2022[7] – this obscures significant regional variation:

94% of women accessing our criminal justice system services in Hampshire reported a mental health need, compared to **52%** in Essex[8]

We also found a strong link between substance use and mental health. Across all Advance services,

- 28% of the women we support have recorded issues with alcohol or substance use and 10% have issues with both.[9]

When we analysed the mental health needs of those who have issues with substance use, we found:

82% of the women in our services who have issues with substance use also have a mental health issue. In comparison, for women without recorded substance use issues, **39%** have mental health needs[10]

We found that substance use was an often impenetrable barrier to accessing mental health support. Women with a so-called "dual diagnosis" are being passed between services, with substance use services saying that a woman must address her mental health needs before she can access their support, and with mental health support services saying she must address her substance use issues before receiving their support. However, "dual diagnoses" reflect the reality that many women in our services are using substances to self-medicate and enable them to cope with the trauma and abuse that they have experienced, the very reason why women require mental health and emotional wellbeing support.

Survivor story:

Advance supported a woman, Shelly, who hasn't been able to access a GP appointment for a year after her previous practice removed her as a patient after she was taken into custody. Shelly has been coping with significant mental health issues as a result of trauma and has been self-medicating with crack cocaine and heroin as a result of being unable to access mental health support. Shelly told us that she feels like she goes "downhill" when she hasn't got the right mental health support and medications in place. Following intensive support from Advance, Shelly has recently been able to access mental health support and has been prescribed medication which has since stabilised her.

To better support the women accessing our services, as well as improve the mental health of women across the country, **Advance makes the following recommendations.**

Recommendations

Strategic

1. The introduction of a specific national women's mental health plan, which the government is currently consulting on. The plan must include commitments to concrete actions to ensure women have specific support to meet their mental health needs, as well as action to tackle the root causes of women's poor mental health.
2. National data on women's suicides is collected and analysed and robust processes for implementing lessons learned are introduced. This must include both women who have experienced domestic abuse and those who are in contact with the criminal justice system.

Provision of specialist community-based support to every woman and child experiencing domestic abuse and/or in contact with the criminal justice system

3. The introduction of a statutory duty to provide long-term community-based domestic abuse services, including one-to-one and group emotional wellbeing, delivered by specialist women's organisations, backed with the minimum £220 million per year required to ensure every woman and child has access to the support they need.
4. Ringfenced funding for long-term community-based women's criminal justice services, including the provision of vital women's centres, delivered by specialist women's organisations, to ensure these services are available to all the women and girls who require them.
5. Increased availability of and funding for uncapped counselling for women who have experienced domestic abuse and/or who have had contact with the criminal justice system, including women who are not with their children for example because they have been taken into care or the women are serving a custodial sentence.

Improved access to statutory mental health services and timely support for women and children

6. The establishment of a protocol between substance use and mental health services to ensure no woman is turned away from either service when she needs it.
7. Urgent action from the government to reduce the waitlist for mental health support services, including emergency funding for these services.
8. Improve the referral process for mental health support and counselling services to ensure they are trauma-informed and women can access the support they need.

9. Enhanced training on domestic abuse for medical professionals, particularly GPs and mental health practitioners. The objective of the training should be to improve the ability of health practitioners to identify domestic abuse, as well as ensure the treatment itself is trauma-informed and meets the specific needs of women who have experienced domestic abuse and/or who have had contact with the criminal justice system.

Early intervention and support through a coordinated community response

10. Urgent action to improve the response and support from statutory services to ensure women's basic needs are met, including:

- Access to emergency and long-term housing
- The immediate suspension of the no recourse to public funds condition, or at least an expansion of the destitute domestic violence concession and domestic violence rule to all survivors of domestic abuse
- The introduction of an emergency action plan to improve the police response to women and girls – including diverting those who have had contact with the criminal justice system because they have committed crimes – to appropriate community support
- An urgent review into the practices of social services and the impact on women's mental health, particularly regarding the exercise of their powers under section 17 of the Children's Act 1989
- Investment in co-located domestic abuse practitioners in statutory services including health, social care, housing, and the police

Women's mental health post-pandemic

Through almost 25 years of providing specialist services for women experiencing domestic abuse, in Advance's experience, domestic abuse itself causes long-term, significant mental health issues such as anxiety and depression. Post-traumatic stress disorder (PTSD) is commonly present amongst the women we support, with 77% of Advance staff identifying PTSD as one of the most common mental health issues amongst our service users, alongside anxiety (94%) and depression (100%).[11]

When the pandemic-prompted lockdowns came into force, we found that not only did this severely impact the mental health of the women who were forced into isolation with the perpetrators – which 62% of the women we supported in our domestic abuse services experienced[12] – but it also triggered mental health issues for women who had historically experienced domestic abuse. We found that the isolation and lack of contact with their loved ones experienced during the pandemic mimicked women's experiences when in relationships with abusers, while simultaneously limiting women's coping mechanisms when legally required to remain home as much as possible.

Survivor story:

"When we went into lockdown, I was devastated. My husband and I would be home all the time and I would have no freedom. I would have to use my daily hour exercise to talk discreetly to my (Advance) advocate once a week. I would have to pretend my domestic abuse advocate was my doctor. My husband would insist I do all the chores he had listed for me when I was supposed to be working. He would say he was 'disgusted' to be around me. When I do not do what my husband says, he becomes enraged.

Although I made the decision during lockdown to leave, my worries have kept me here. I am scared he will take the house; I am scared he will take the children abroad; I am worried I will have to leave my job as he will find me there and hurt me. I worry about the things I need to put in place before I leave such as separating finances and informing my children's school without him knowing. The idea of defying him and leaving with the children is terrifying.

My Advance advocate gave me the confidence to reach out to my doctor when my mental health deteriorated as lockdown extended further. With Advance's help, I am planning to safely leave with my children after lockdown restrictions are eased. I need to leave to feel safe again. But I know I will have to make many changes including within my family and that scares me. It will be a long journey; I must quietly prepare."

Zoe – survivor of domestic abuse supported by Advance

With the lifting of the last remaining restrictions, as the UK and the rest of the world re-opens, we were hopeful that the mental health of women may recover. However, we found that the proportion of women accessing our domestic abuse services with mental health issues has not decreased at all. In fact, the proportion of women presenting with mental health needs has increased slightly from 37% in the year ending March 2021 to 38% in the year ending March 2022.[13]

The proportion of women presenting to our domestic abuse services with mental health needs has increased

The picture is more encouraging in Advance's criminal justice services, with the proportion of women with mental health needs in these services declining from 79% in the year ending March 2021 to 67% in the year ending March 2022.[14] However, this figure is still very high and obscures significant regional variation. Following a regional comparative analysis of Advance's criminal justice services, we found that 94% of women accessing our criminal justice services in Hampshire reported a mental health need compared to 52% of women in Essex.[15]

Overall, **51%** of women accessing Advance services present with mental health needs, which is three times higher than the general population[16]

We also explored the relationship between recorded mental health needs and ethnicity amongst the women using Advance's services. We found that white women are more likely to tell us that they have a mental health need:

63% of white women told Advance they have a mental health need, compared to 45% of Black, Asian and other racially minoritised women

Specifically, we found that 38% of Black African women, 55% of Black Caribbean women, and 40% of Asian women told us that they had a mental health need.[17] Advance staff told us that these figures did not chime with their experience of supporting women, so more research is required to understand the disparity in disclosures of mental health needs along ethnic lines.

Advance service staff explained that the pandemic had some positive impacts on the mental health of the women we support. For example, awareness of mental health issues was higher amongst the general public, which had a knock-on impact on the women we support, who were more aware of their own mental health and were more likely to seek support.

Additionally, because women were at home more, they were more likely to answer the phone and engage with specialist mental health support if they were offered it, which was more difficult when women were not as home as often. On the other hand, this was not the case for women who were in lockdown living with the perpetrator, or who were caring for children who would usually be in school. This group of women typically found it more difficult to engage with services during lockdown.

Conversely, as restrictions lifted, staff told us that the women in our services are struggling with the return to 'normal' in-person appointments, with some women struggling to build up the confidence to get on the bus to travel after many months of being told to stay at home. The lockdown lifting is also coinciding with other crises which are having a negative impact on women's mental health, such as the cost-of-living crisis. We know that the cost-of-living crisis will hit the poorest the hardest and therefore, as women are more likely to be poor than men, will impact women most.[18]

The government is currently consulting on a ten-year plan to improve the mental health of the nation, including a suicide prevention plan. The combination of the impact of the pandemic on the mental health of women, particularly survivors of domestic abuse, and the gendered impact of the cost-of-living crisis and the implications this has for women's mental health requires the introduction of a specific women's mental health plan. The plan must include commitments to concrete actions to ensure women have specific support to meet their mental health needs, as well as action to tackle the root causes of women's poor mental health.

Recommendation: the introduction of a specific national women's mental health plan, which the government is currently consulting on. The plan must include commitments to concrete actions to ensure women have specific support to meet their mental health needs, as well as action to tackle the root causes of women's poor mental health.

Self-harm and suicidal ideation

The relationship between domestic abuse and suicidal ideation is well established, with Refuge-led research finding that almost one in four (24%) of the women in their services feeling suicidal at one time or another.[19] In the year ending March 2021, Advance identified an eight-fold increase in deaths by suicide and/or overdose of the women in Advance services, from one per year to eight.[20] Advance front-line staff report that there has been no decrease in suicidal ideation amongst service users post-lockdown telling us that the increase during the isolation period has continued as women are still feeling the mental health impacts of being isolated for so long, often with their abuser, and are still facing significant challenges in accessing mental health support. With Advance services stretched more than ever, there is a deep concern amongst service staff that, despite our best efforts to provide the emotional support women need, women will continue to fall through the cracks resulting in escalating mental health crises and, ultimately, deaths by suicide.

Advance staff also told us about the need to broaden the definition of self-harm to include certain self-destructive behaviours, such as problematic substance use and sex work/prostitution in certain circumstances. Advance staff who are working directly with women report that these behaviours typically present alongside deeper mental health issues, particularly low self-regard and self-loathing. Similarly, eating disorders present amongst the women we support are often an expression of underlying mental health issues driven by a feeling that they do not deserve to have their basic human needs met with an associated desire to regain control of at least one aspect of their lives.

Advance staff also report that during the pandemic, the ability and/or desire for women to engage in certain self-harmful activities, such as engaging with friends and acquaintances who they recognise are ultimately unhealthy for them, was diminished. However, as restrictions lifted, women were being increasingly drawn into harmful networks at the same time as mental health support services were even more difficult to access due to significant backlogs and long waiting lists. Advance staff noted that the reasons that women self-harm and contemplate suicide are the same reasons why women are in contact with the criminal justice system – poor mental health as a result of their experiences of abuse and trauma without access to support.

Our frontline staff also told us that women are frequently self-medicating with alcohol and other substances. We found that across all Advance services, 28% of women have recorded alcohol or substance use issues, and 10% have issues with both.[21]

28% of women in Advance services have recorded alcohol or substance use issues

We also identified a strong link between substance use and mental health issues, with 82% of the women in our services who have issues with substance use also having a mental health need. Mental health needs among women without a reported substance use issue is 39%.[22]

82% of women in Advance services with substance use issues also have a mental health need

Despite this strong relationship between poor mental health and problematic substance use, Advance staff tell us that there is a 'constant conflict' between substance use services and mental health support services. Women with a "dual diagnosis" are frequently passed

between services, with mental health support services saying that women are required to address their substance use issues before they are able to access their support, and with substance use services saying the opposite. The upshot is that women with both substance use and mental health needs are often left without any support from either specialist. The irony is that women are frequently left to self-medicate their mental health issues by using substances.

Survivor story:

Maria has severe mental health and substance use issues and has been sleeping rough for long periods of her life. When Maria came to Advance, she was at high risk of further physical violence, having been threatened multiple times by her partner who had assaulted her and Maria suffering severe injuries as a result.

Maria has struggled with alcohol dependency and increases her alcohol intake when feeling lonely and isolated, which she frequently does due to ongoing abuse and sleeping rough. Maria has struggled to engage with mental health services for the long-term due to her "dual diagnosis" and being placed in various forensic settings, further eroding trust with these professionals.

"A hospital would not refuse to put a cast on someone's leg because they had attempted to bandage it themselves. Yet that is what they are telling women who have mental health needs as a result of trauma and abuse who are using substances to cope"

Advance advocate

It is therefore critical that, to ensure that women are never turned away from a service they need, that a specific protocol is established between substance use and mental health services.

Recommendation: national data on women's suicides is collected and analysed and robust processes for implementing lessons learned are introduced. This must include both women who have experienced domestic abuse and those who are in contact with the criminal justice system.

Recommendation: the establishment of a protocol between substance use and mental health services to ensure no woman is turned away from either service when she needs it.

Access to mental health support services

Advance's staff working on the frontline with women who have experienced domestic abuse and/or who have had contact with the criminal justice system told us that prior to the pandemic, there were significant issues with extended waiting lists for accessing mental health support, including both crisis and psychiatric support as well as counselling services. The pandemic exacerbated these issues due to an increase in demand on these services, coupled with reduced resourcing due to staff sickness and overall decreased capacity. According to Advance staff, waiting list times have not recovered, leaving women with no support, facing escalating mental health crises, compounded by the gaps in provision for particular types of mental health support.

Gaps in provision

In addition to prolonged waiting times for existing mental health support services, frontline staff told us that in many areas, the services survivors needed were simply unavailable. Advance advocates frequently encountered barriers when supporting survivors to access mental health support, namely the threshold criteria for mental health support in a medical setting typically being too high for women in our services to qualify for, while simultaneously being deemed 'too high need' to access lower-level mental health services such as counselling.

In these cases, Advance staff will attempt to secure support from other mental health services, such as those commissioned by local authorities. However, these services are frequently overwhelmed with referrals, often to the point that they close their waiting lists. In these scenarios women are left with no specialist mental health support at all. One staff member said that it often leads women to feel like they are 'beyond help', 'chaotic' or 'too much to handle', which in turn risks exacerbating existing mental health conditions.

Women in our services, counter-intuitively, are often not seen as a priority despite clearly having complex and often significantly high-risk mental health symptoms. In particular, women in our services are often seen as less of a priority because these women are typically in contact with other support services and agencies, prompting mental health agencies to de-prioritise them as they 'already have support'. This again leaves this group of women, who are amongst the highest-risk women with multiple unmet needs, without specific mental health support which cannot be provided by the other agencies and support agencies they are in contact with.

The vast majority of staff told us that the biggest gap in the provision of mental health services is in accessing lower-level counselling or emotional wellbeing services, such as those provided by Advance and our partners. Over the pandemic, many of these services were overwhelmed with referrals, often at more than 25% over capacity, causing them to have extremely long waiting lists, sometimes for over a year, closing their waiting lists, or closing their doors entirely. Where these women do not meet the threshold for higher-level interventions, the impact is that the burden is often shifted onto support services like those provided by Advance. However, such services are underfunded and oversubscribed, meaning that, even if the intention is to hold such cases for a short period of time, it is extremely challenging to provide even low-level emotional support, for example in the form of group sessions or one-to-one support and mentoring. In order to better advocate for women, specifically with mental health services, as well as expand our capacity to provide lower-level emotional wellbeing support, community-based domestic abuse and women's criminal justice services must be placed on a more stable footing, ensuring that services are fully funded.

Survivor story:

"I hardly ever went to see my GP as my husband wanted to keep all medical things private, but this year I finally went and she immediately referred me to the domestic abuse charity Advance. I had attempted suicide three times in the last two years because I could not cope with the abuse.

Advance helped me to find the courage and means to leave my husband just before the first lockdown. They gave me emotional support and guidance with budgeting and food and applying for benefits and a place to live."

Survivor supported by Advance

Recommendation: the introduction of a statutory duty to provide long-term community-based domestic abuse services, including one-to-one and group emotional wellbeing, delivered by specialist women's organisations, backed with the minimum £220 million per year required to ensure every woman and child has access to the support they need.

Recommendation: ringfenced funding for long-term community-based women's criminal justice services, including the provision of vital women's centres, delivered by specialist women's organisations, to ensure these services are available to all the women and girls who require them.

Waiting lists for mental health support

According to Advance staff, the women in our services who require specialist mental health support are experiencing significant delays to accessing treatment. 60% of staff told us that the average amount of time women in our services were waiting to access mental health support was five months or more – significantly more than the 18-week maximum target – with 29% of staff telling us that the average wait time was between 6 and 12 months.[23]

29% of Advance staff report that the average waiting time to access mental health support is between **6 and 12 months**

None of the service staff we spoke to reported any change to the mental health backlog or any recovery in waiting list times for women following the lifting of remaining restrictions. Staff reported that waiting lists for GP appointments have greatly increased since the onset of the pandemic, which often prompts further delays to accessing mental health support as referrals into mental health services are often made by GPs.

Advance staff report waiting list times for mental health support have not recovered following the pandemic

"There are such long waiting lists for women. Often you will complete a referral, wait a while, just for them to say there isn't any capacity. Even if the referral is accepted, the wait for the assessment is very long. It takes about six weeks to hear from the mental health therapy and that is just for the assessment."

Advance Independent Domestic Violence Advocate (IDVA)

The impact on the women we support is significant. Many of the women in our services are experiencing severe mental health symptoms which require immediate support, such as insomnia, suicidal ideation, and generally struggling to cope with the everyday demands of life. When women are faced with such significant waiting lists, the mental health services are telling women that they instead need to access alternative services, such as those commissioned by local authorities and not by the NHS. However, such services are also frequently chronically underfunded and have extensive waiting lists.

The frequent outcome is that specialist women's services, such as those provided by Advance, are holding cases open for as long as possible, doing their best to support women while they are often on the brink of, or experiencing, mental health crises. We do our best to support women within the limits of our capacity and expertise, including investing in mental health first aid training at our own expense. We are providing vital emotional and mental health support such as one-to-one support, group support sessions, and peer mentoring, which we know is critical for the long-term recovery for the women in our service. As one woman recently told us,

"Without Advance, I wouldn't have survived."

Survivor of domestic abuse accessing group support

For women who have clinical mental health needs, such as PTSD, anxiety, depression and other conditions, talking therapies and other specialist mental health support is required in addition to the vital mental health and emotional wellbeing support provided in our services. However, due to significant waiting times for mental health support and the patchy provision of specialist support of the type Advance provides, due to lack of funding, women are struggling to access the support they need, resulting in escalating mental health crises and ultimately suicide attempts and deaths by suicide.

"It is stressful for women, especially those who need immediate support. It is very challenging to explain to a woman who is dealing with social services, the courts, all the stress of court, her children, the perpetrator, and other things in her life, that there is a long waiting list. She wants immediate support. It puts her at further risk of violence and puts her at risk to returning to the perpetrator because they are not receiving the support that they needed."

Advance Independent Domestic Violence Advocate (IDVA)

Delays in accessing specialist mental health support often leads to an escalation in the severity of the mental health condition. Advance supported a woman who had experienced domestic abuse, whose child urgently required mental health support. Her child was left on the waiting list for ten months, during which time the child's condition worsened significantly.

Case study: Advance supported Sarah, a woman who had been abused by her partner for several years before fleeing, and who had been waiting for several months before she was able to access mental health support. During this time, her mental health needs increased substantially and despite eventually being able to access mental health support, the woman died by suicide. Our frontline staff maintain that the risk of suicide would have been greatly diminished if the woman was able to access support more quickly.

Recommendation: urgent action from the government to reduce the waitlist for mental health support services, including emergency funding for these services.

Trauma-informed practice

In cases where appropriate mental health support is available, referral processes typically do not respond to the needs of the women we support and are not trauma-informed, i.e. they fail to take into account women's specific needs and circumstances and their experiences of abuse and trauma.

During the pandemic, waiting lists for GP appointments increased dramatically and one of the ways that practices attempted to bring down these waiting times was to ask patients to fill in a form before a first appointment, which is now routinely offered as remote, rather than in person. In our experience, it is much more difficult for women to express themselves over the phone and, in the cases of women living with their perpetrators, often impossible to do so safely.

Additional barriers exist for women for whom English is not their first language, with mental health and other medical support services often relying on family members – including children – or friends to translate. This is not only inappropriate and risky to the mental health of the translating family member or friend, but is also unsafe in the cases where the translator is the perpetrator. One woman we supported, who required an interpreter, was unable to access support for 12 months.

Now that we have emerged from the remaining restrictions, barriers to treatment are still in place, with women frequently facing intermediary assessments online, before they are able to secure a phone appointment, let alone face to face support. A lot of women experiencing poor mental health are being left to express difficult emotions to a computer screen and then having to access services in ways they are not equipped to do. On the other hand, omen who struggled to make in person appointments found the flexibility of support offered during the pandemic transformative for their ability to access support. Some women in our services have found that a number of services are reverting to pre-pandemic, inflexible models of support, which are not responsive to the needs of the women seeking support, such as offering face-to-face appointments only, in the middle of the day, which women are unable to change.

Other inflexibilities in referral processes that existed prior to the pandemic, persisted throughout the pandemic, and continue to this day. Frontline staff told us that a common theme they hear expressed by mental health professionals is that the women 'didn't engage' and so they were unable to provide support. A typical referral journey starts with a

woman disclosing their story to a stranger, who then refers her to a stranger, who she must then disclose her story to again and build trust with, in the hope of accessing substantive support. The woman is often called with no warning from a private number, which many of the women in our services as a rule do not answer as they are afraid that their perpetrator is attempting contact. If the woman misses a certain number of calls, then she is required to make a fresh referral request and is sent to the bottom of the queue. If the woman does manage to secure an appointment, they are offered at specific times, with often extremely limited space for flexibility, if any at all. If women miss a certain number of appointments, they are routinely removed from the service, even if the reason was that they were too mentally unwell to attend, and again are returned to the bottom of the waiting list. A further analogy was drawn by staff –

> *"The hospital wouldn't turn you away from treatment for a broken leg if you can't walk there – we have an ambulance service."*
>
> **Advance staff**

Advance advocates suggested that a more coordinated community response would improve women's engagement and experience. For example, mental health practitioners should be invited into women's centres to provide support to the women in our services, as this simultaneously makes the referral process more straightforward, makes it easier for the domestic abuse service to support women to access the support, and destigmatises accessing mental health support by providing it in a safe women-only space that women are familiar with.

Recommendation: improve the referral process for mental health support and counselling services to ensure they are trauma-informed and women can access the support they need.

When women are fortunate enough to get access to mental health support, these are often for a very short period, typically six sessions, which is far from an adequate service level for women suffering with trauma and related mental health issues. If women require support beyond the six sessions offered, they require a fresh referral, prompting another lengthy wait. This often results in women going through the queue over and over again, being required to tell her story to multiple strangers, over a period of years, in order to access basic healthcare. This is not trauma-informed practice and is not an efficient way of providing support, with women having to go through multiple assessments, which are ultimately unnecessary. Instead, the women should have greater access to uncapped counselling sessions in order to support a full recovery, which would ultimately save mental health support resources, as well as the burden on other support services who often have to cover the gaps.

Women are also telling Advance staff that the support provided by mental health practitioners often does not respond to their needs, describing it as 'box-ticking'. The need for continued and enhanced training for practitioners on domestic abuse and trauma, including for women who have had contact with the criminal justice system, was identified as a priority. This should include trauma-informed practice, which would enable mental health staff to employ existing techniques, tailored for women who have suffered abuse and trauma.

Recommendation: increased availability of and funding for uncapped counselling for women who have experienced domestic abuse and/or who have had contact with the criminal justice system, including women who are not with their children, for example because they have been taken into care or the women are serving a custodial sentence.

Recommendation: enhanced training on domestic abuse for medical professionals, particularly GPs and mental health practitioners. The objective of the training should be to improve the ability of health practitioners to identify domestic abuse, as well as ensure the treatment itself is trauma-informed and meets the specific needs of women who have experienced domestic abuse and/or who have had contact with the criminal justice system.

Statutory services and mental health

In Advance's experience, women are not only experiencing escalating mental health crises because they are unable to access appropriate mental health support, but because their basic needs are not being met by other statutory support services. We have supported women who have disclosed that they are contemplating suicide, less because of problems accessing mental health support, but because they were unable to secure alternative accommodation from their local authority housing and homelessness teams. This left them forced to choose between remaining in the same home as their abusive partner or street homelessness, causing extreme stress and anxiety, feelings of hopelessness and ultimately suicidal ideation.

During the pandemic, there were significantly more emergency housing schemes, which provided women with greater access to accommodation away from their perpetrator and/or following completion of custodial sentences. This has now been largely withdrawn and we are often hearing from women coming into our services that they did have a space in a hostel, a hotel, or in student accommodation, but that they are now street homeless because that support has ended. Our staff have also now seen a return to women being released from custody into street homelessness, creating circumstances with a higher risk of abuse and violence.

Women being unable to access benefits also contributes to women remaining financially dependent on their perpetrator and being forced to remain in relationships with abusers. This is particularly the case for women with no recourse to public funds who are blocked from claiming Universal Credit, accessing housing support, and a raft of other state support, trapping them with abusers. One of our frontline practitioners described their situation as 'ultimately, deciding to leave, but being blocked from doing so, and considering suicide as a way to escape their abuser.'

The women in our services frequently report that the criminal justice response, including from the police, often contributes to their poor mental health. We supported a woman who had reported domestic abuse to the police, shortly after which the perpetrator locked the woman outside her house, prompting a call to the police. Despite the woman being married to the perpetrator, and therefore having matrimonial rights to the home, meaning that she is legally entitled to occupy the house as an equal owner, the police informed her that they were unable to do anything as 'the property was in his name'. This caused serious concern to the woman who was frightened of becoming street homeless and expressed suicidal thoughts to her Advance frontline worker as a result.

> *"The response of police to the victims/survivors of DA is quite distressing. There is too much abuse of authority and lack of training and awareness around domestic abuse.*
>
> *Police officers, when responding to call of domestic abuse, tend to be too biased or there is a lack of training and awareness.*
>
> *Very recently, I had a woman calling me and crying down the phone, distressed. She told me, 'I have given a lot of my time, it took me courage, it took me determination to go, sit down with a police officer, try to narrate my story, try to narrate all the abuse and out of that, I am getting from the officer in charge, {that} he might walk free. It is a waste of time."*
>
> **Advance IDVA**

Another statutory service which frequently exacerbates women's mental health issues is social services. Women report that they are being told by social services that her children will be removed if she does not end the relationship with the perpetrator. However, women are often not ready to leave, as they judge that it may place them and their children in more danger if they do so. Even if they are ready to leave, the examples provided above show that women often want to leave but are not supported by statutory services to do so. In our experience, social services themselves rarely provide financial support to families under section 17 of the Children's Act 1989, especially to women with no recourse to public funds.

Ultimately, while it is essential that mental health support services are made available to women as and when they are needed, both at the lower-level and crisis support, statutory services must also provide the support required by women otherwise they are likely to continue experiencing poor mental health.

Recommendation: urgent action to improve the response and support from statutory services to ensure women's basic needs are met, including:

- Access to emergency and long-term housing
- The immediate suspension of the no recourse to public funds condition, or at least an expansion of the destitute domestic violence concession and domestic violence rule to all survivors of domestic abuse
- The introduction of an emergency action plan to improve the police response to women and girls – including diverting those who have had contact with the criminal justice system because they have committed crimes – to appropriate community support
- An urgent review into the practices of social services and the impact on women's mental health, particularly regarding the exercise of their powers under section 17 of the Children's Act 1989
- Investment in co-located domestic abuse practitioners in statutory services including health, social care, housing, and the police

Conclusion

Advance's research shows that, despite lockdowns ending and restrictions easing following the height of the Covid pandemic, the mental health of women using our domestic abuse services has not improved. Too many women's lives are blighted by abuse and trauma. Until that changes, there will always be an urgent need for trauma-informed tailored mental health support. But with waiting lists remaining far too long, a move back to an inflexible system that does not take into account women's needs and experiences, and stressors such as continuing abuse and the cost-of-living crisis, women's mental health continues to suffer. Without action we face a serious crisis with women continuing to suffer and, ultimately, die by suicide. This is bad for women, bad for children and bad for society as a whole. We need to see women's mental health becoming a priority across national and local government with robust action taken with immediacy. With the government currently consulting on its ten-year mental health plan, now is the time to take action.

To better support the women accessing our services, as well as improve the mental health of women across the country, **Advance makes the following recommendations**.

Recommendations

Strategic

1. The introduction of a specific national women's mental health plan, which the government is currently consulting on. The plan must include commitments to concrete actions to ensure women have specific support to meet their mental health needs, as well as action to tackle the root causes of women's poor mental health.

2. National data on women's suicides is collected and analysed and robust processes for implementing lessons learned are introduced. This must include both women who have experienced domestic abuse and those who are in contact with the criminal justice system.

Provision of specialist community-based support to every woman and child experiencing domestic abuse and/or in contact with the criminal justice system

3. The introduction of a statutory duty to provide long-term community-based domestic abuse services, including one-to-one and group emotional wellbeing, delivered by specialist women's organisations, backed with the minimum £220 million per year required to ensure every woman and child has access to the support they need.

4. Ringfenced funding for long-term community-based women's criminal justice services, including the provision of vital women's centres, delivered by specialist women's organisations, to ensure these services are available to all the women and girls who require them.

5. Increased availability of and funding for uncapped counselling for women who have experienced domestic abuse and/or who have had contact with the criminal justice system, including women who are not with their children for example because they have been taken into care or the women are serving a custodial sentence.

Improved access to statutory mental health services and timely support for women and children

6. The establishment of a protocol between substance use and mental health services to ensure no woman is turned away from either service when she needs it.

7. Urgent action from the government to reduce the waitlist for mental health support services, including emergency funding for these services.

8. Improve the referral process for mental health support and counselling services to ensure they are trauma-informed and women can access the support they need.

9. Enhanced training on domestic abuse for medical professionals, particularly GPs and mental health practitioners. The objective of the training should be to improve the ability of health practitioners to identify domestic abuse, as well as ensure the treatment itself is trauma-informed and meets the specific needs of women who have experienced domestic abuse and/or who have had contact with the criminal justice system.

Early intervention and support through a coordinated community response

10. Urgent action to improve the response and support from statutory services to ensure women's basic needs are met, including:

- Access to emergency and long-term housing
- The immediate suspension of the no recourse to public funds condition, or at least an expansion of the destitute domestic violence concession and domestic violence rule to all survivors of domestic abuse
- The introduction of an emergency action plan to improve the police response to women and girls – including diverting those who have had contact with the criminal justice system because they have committed crimes – to appropriate community support
- An urgent review into the practices of social services and the impact on women's mental health, particularly regarding the exercise of their powers under section 17 of the Children's Act 1989
- Investment in co-located domestic abuse practitioners in statutory services including health, social care, housing, and the police

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No relief: women's mental health after Covid

A one-year update of Women Demand Better Mental Health

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