SUPPORTING WOMEN WITH MENTAL HEALTH ISSUES

A REVIEW OF MENTAL HEALTH SUPPORT PROVIDED BY WOMEN'S COMMUNITY PROJECTS WITHIN THE WEST MIDLANDS REGION

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Contact information:

For more information, please see the individual contact details for each of the women's community projects at the end of this document.

This document is available on-line at www.offenderhealth.org.uk where there is also additional information.

1.0 INTRODUCTION

This report outlines the effectiveness of the support provided by the women's community projects for women identified with mental health needs. The women identified have attended the women's community projects within the West Midlands region.

This report is a joint collaboration between the following Women's Community Projects all of whom are based within the West Midlands:

Anawim (Balsall Heath and Handsworth centres)
Asha
Asha Wyre Forest
Chepstow House (part of Brighter Futures)
Here4Women
YWCA Bilston

The report details the added value that the women's community projects provide for the women that attend their centres. It will also inform health commissioners of the barriers for women accessing current mental health provision aiding the future design, planning.

NHS West Midlands commissioned this report in order to support and raise the profile of the work that women's community projects can do to support vulnerable women in the community. This report will be of use to commissioners and providers of services. Commissioners should use this report as additional information about the services that can be delivered by third sector providers. Other providers should also use this report to consider how they can work in partnership with these organisation in order to ensure vulnerable women are able to access appropriate health and social care support.

This development of this report has brought together the organisations listed above, West Midlands National Offender Management Service and NHS West Midlands. A partnership that is committed to improving outcomes for women in contact with the criminal justice system.

In 2007 Baroness Jean Corston published her review of women within the criminal justice system experiencing a range of complex needs and vulnerabilities. The report raised questions as to whether prison was a justifiable and appropriate response for women with particular vulnerabilities, such as mental health problems, drug misuse or histories of violent and sexual abuse. The government's response was to introduce a 'one stop ' provision where women could access appropriate community provision to meet their varying needs.

Sally had previously had depression, lost her confidence and was at risk of relapse. Her psychiatrist referred her to a women's community project for

Sally came for her initial assessment in Nov 2008. She attended the Introduction Course which gave her the confidence to go forward with in-house computer and self development courses. At this point Sally stated she had made new friends, was more confident in going to new places, more optimistic, doing more reading and was more able to ask for help when needed.

Sally attended various groups and courses, from Mentoring to Understanding Mental Health and stated it had improved her confidence and communication skills.

Sally demonstrated clear signs of progression by developing the confidence to access an English course at the local mainstream college, something she declared herself incapable of doing without first having attended the project.

Soon she was using the bus twice a week, as opposed to once a month and attending clinic every two months instead of every three. She was even feeling better physically and stated though still dealing with problems at home, attending the project kept her from dwelling overly on them.

Thus the project has been able to play a part in preventing relapse of Sally's previous depressive illness and enabled her to enjoy improved health and well being, quality of life as well as opportunities to make a positive contribution and exercise choice and control – all with personal dignity and respect in a non-discriminatory environment.

2.0 THE WORK OF THE PROJECTS

The core work of these projects is based around offering support to women who are vulnerable, have complex needs and who are often isolated and excluded from society because of their life styles and circumstances. All recognise that to provide a woman with a wide range of support that will encompass physical safety, emotional support and practical advice is key. All the projects operate a disciplined and structured approach to the support they offer and ensure that women are enabled and empowered with regard to choice and information. Equipping women in this way is part of their recovery and allows women to feel more positive about themselves, their contribution to their local community and to society in general.

The detail of the range of services and support offered by each project varies slightly but a typical approach entails a comprehensive 1:1 assessment that identifies the presenting issues of a woman and her needs. There will be a welcome session/introduction that familiarises the woman with the project and its principles. In conjunction with a key worker/support worker, a woman chooses the groups and sessions she would like to attend. Regular reviews and meetings are held to follow a woman's progress and ensure her needs are met at all times. Most projects have professional social workers/mental health workers who work closely with the women to assist and support at all times.

3.0 WHY MENTAL HEALTH?

It is widely recognised that mental health conditions are poorly understood by the wider community and that many people are often stigmatised if considered as having mental health issues. Problems arise associated with housing, finances, personal care, education; the ability to access one service that can be supportive in all these areas is critical to empowering and enabling a woman's recovery. In the Joint Commissioning Strategy for Adult Mental Health in Worcestershire 2008-2013, one in four people, according to WHO 2001, are estimated to suffer from a mental health problem at some point in their life and a quarter of routine GP consultations are for people with a mental health problem. According to analysis conducted by The Centre for Mental Health, the total costs of mental illness to the English economy was at least £77 billion in 2002/2003[1] and the wider economic costs of mental health problems amount to £110 billion[2].

Many referrers are aware that the benefits of women's centres like those in this report are critical in supporting a woman. One referrer from the NHS in Herefordshire[3] states

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[1] *The Economic and Social costs of Mental Illness, Policy paper 3, The Centre for Mental Health*

[2] *The Department of Health, Public Mental Health and Wellbeing*

[3] *Dr Sarah Halliday, Chartered Clinical Psychologist*

“I feel that it is a great benefit to have such a specialist resource… in a non-mental health/medical environment....Mental Health services are much pressured with high referral rates. Sometimes, women fall below our threshold for severity to be included in our service, yet still need support”.

As well as the issue of thresholds, referrals are often made to women’s centres when a health professional needs to close a case or cannot engage further. Here is where a women’s centre can very often be decisive in continuing to support a woman and provide expert advice that often leads to social inclusion.

Community projects such as the ones in this report, play a key part in helping women with mental health issues address other needs: courses that help raise a woman’s self esteem; educational programmes that give women skills for life; leisure activities that enable women to feel normal and not marginalised and 1:1 support work are just some of the services offered giving an holistic approach to problem solving and thereby address not just the key symptoms affecting her situation.

Sharon is a 55 year old woman with a history of depression, anxiety and low self confidence. She also has a 14 year history of alcohol dependence.

Sharon was referred by the local Psychiatric unit’s Day Care service whilst still inpatient there as part of her discharge plan.

She is supported by the Community Mental Health Team (CMHT) and the Community Alcohol Service and is considered at risk of deliberate and/or accidental suicide attempts when intoxicated, she also has complex physical health problems.

Sharon has been attending the centre for 6 months, she has accessed a range of services including an Art course, ‘Positive Change’, a 12 week self confidence building course and a 12 week Addiction Recovery Support Group. Here she benefited from working with other women who have had drug and alcohol problems, to share and explore personal issues around her alcohol use and work together on motivation and relapse prevention strategies. Sharon is also engaging in Psychotherapy counselling at the Centre. According to her request we are involved in her CPA plan, with CMHT.

4.0 WHY GENDER SPECIFIC?

The Gender Equality Duty came into force in England, Scotland and Wales in 2007 and requires public authorities to promote equality between men and women. This is not always about providing the same service for men and women in all cases but instead recognising that men and women are not always starting from the same place and at times have different needs. Identical treatment may not always be appropriate and can even reinforce disadvantage. The duty is designed to identify areas of inequality and take action. In July 2007, Ministers for Women and Equality set out three priorities to tackle inequalities faced by women. One of these is tackling violence against women and changing the way we treat women offenders. Women's centres provide services for women only with the intention of addressing the specific inequalities faced by women[4].

For the purposes of this report, women were given a questionnaire (see Annex B) that covered various aspects of the support they receive. Below are some of the responses women made to the question:

Does the centre being women only make any difference to how you feel about attending your group/courses/meetings?

"It's good that it's women only and I feel better understood"

"It's good that it's women only and I feel better understood"

"Sometimes having men around makes me feel scared… so coming here when it's women only makes me feel safe"

"Absolutely. My history of childhood sexual abuse has left me feeling uncomfortable in any power, or learning/counselling situations with the opposite sex"

"Being only women makes me feel safer"

"Yes. I would not attend if there were men. This is why I cannot attend [another organisation]"

[4] *(Source- Government Equalities Office- 2009)*

A report in 2007 entitled “Why women only? The value and benefits of by women, for women services” by the Women's Resource Centre states that women reported that their needs would not be met if women only services were not available. It also reports that the economic benefits of such services are likely to be significant as they can be linked with improving women’s job opportunities and by preventing re-victimisation (e.g domestic abuse) and any recurring health problems that may arise or worsen.

Every woman receives support delivered in a safe and non-judgmental environment that ensures a woman gets the most out of the help she receives, be that 1:1 support, group work or courses. It is widely recognised that safety, both physical and emotional, is a key benefit of women only services.

Women were also asked if the project they attended had a good understanding of women and the issues they face and whether or not this differed from any other services they attended. The findings show that many women felt very strongly that we all exhibited a good understanding not only of the needs for which they were referred but that we were also able to assist with other areas in their lives. One of the strengths of the “one stop” approach referred to by Baroness Corston and one which women benefit from greatly by attending projects like those featured in this report. Again, below some of the answers women made:

“This service has a good understanding of women and provides a more normal environment than a mental health setting which caters for whole range of mental health issues where it is easy to be overlooked”

“Yes this place is different. People here really listen and understand”

“It is different in that it puts women first in what can be, for some of us a very marginalised society”

“Deffinately [sic] yes, very understanding and supportive of mental health, abuse, social isolation”

“All female environment less judgemental and challenging”

5.0 FUNDING

This summary aims to inform funders and commissioners of mental health services about the key role Women's Community Projects play in the delivery of mental health support and to demonstrate the extremely good value for money of these services. It also seeks to highlight that despite the invaluable work done, the majority of the projects receive no significant funding from Mental Health commissioners and for those that do it falls woefully short of being adequate. In 2002 the Department of Health published a women's mental health strategy consultation document "Into the Mainstream" outlining the case for focussing on women's mental health, in which they stated that "The importance of voluntary sector provision of mental health care for women should be reflected in commissioning arrangements that ensure their financial sustainability." Women Community Projects like those in this report are a precious resource and a source of expertise that are being placed at risk as accountability and funding increasingly determines the direction of work that is carried out. According to the Womens Resource Centre (WRC) reporting 2006, in 2002/2003 only 1.2% of government funding to the voluntary and community sector went to women's organizations[5]. Later, in 2006 a snapshot by WRC of 26 different funding streams in Central Government found that the women's sector receives less funding than any other equalities group in the funding stakes.

Since the publication of the Corston review, Ministerial champion Maria Eagle and National Offender Management Service have supported the development of the "one stop" approach of women's centres, where services are co-ordinated to meet the profiled needs of local women. Centres have been encouraged to develop an integrated approach and draw together the various services in the community that provide interventions to address women's needs. This is precisely where Mental Health services see the benefits of using such centres as they provide a wide range of services in one location that is easily accessible for women.

Funding is the main challenge of a voluntary organisation's sustainability in the current climate and it is imperative that the work being carried out is recognised and acknowledged with regard to funding. For women only organisations this is even more difficult when the premise of why women only is often questioned. The benefit of a women only project means that women are more likely to access support when they would otherwise not engage with services.

[5] *Mocock and Zimmeck, 2004*

Karen is a young women aged 21, who has a history of serious self harm and suicide attempts and acute hospital admissions since the age of 11. Karen was sexually abused as a younger child.

Karen continues to be high risk of serious self harm and was referred to Here 4 Women by the local Psychiatric unit's Day Care service and is living with her parents in the community.

Seven months ago Karen was given a new diagnosis of ADHD and commenced on Concerta, a stimulant medication; Karen began to use cannabis to counter-act the side effects from the stimulant medication and had become a dependent cannabis user.

On assessment with our Support Co-ordinator Karen disclosed her cannabis use for the first time, afraid to discuss it with the statutory services involved in her care or for her family to find out.

We were able to respond by offering her a further assessment, within a week, with a member of the team experienced in drug work who offers Psychotherapy at the Centre.

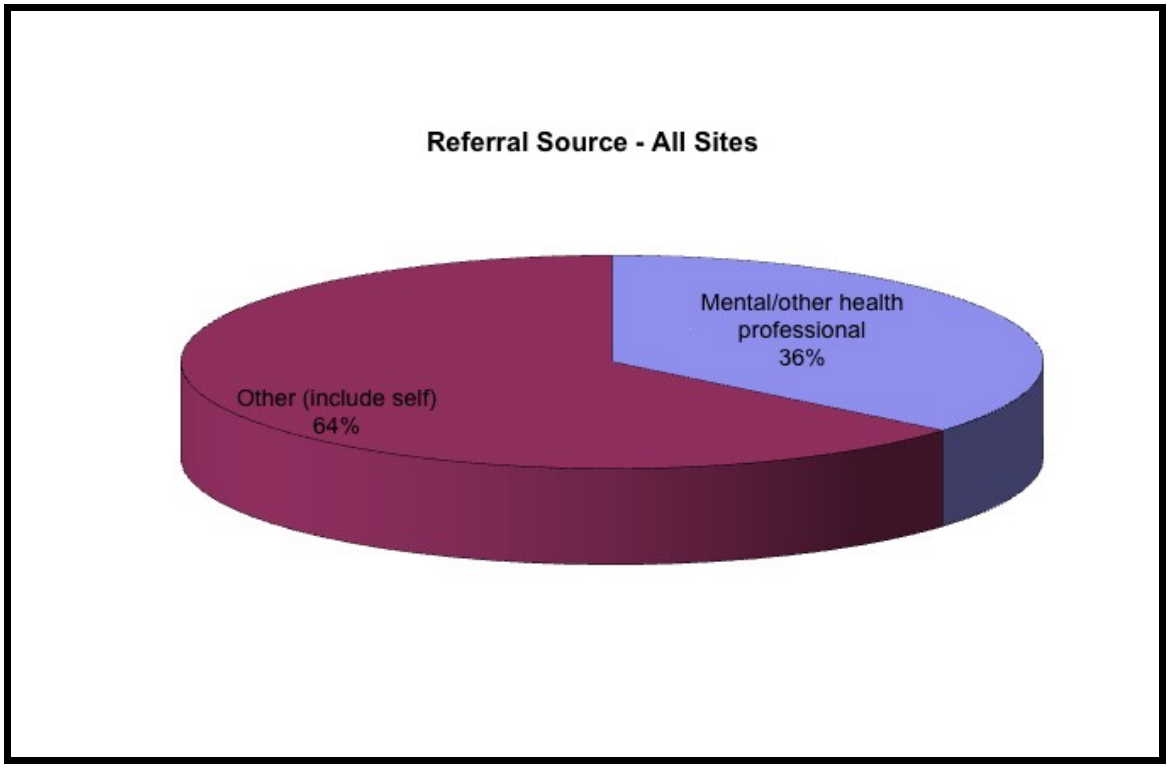
Karen was given information about the effects and risks of cannabis use, supported to explore her options and decide on an action plan. The following week Karen was supported by the therapist to meet together with her CPN and discuss her cannabis use and the detrimental side effects from the medication. The CPN listened to her concerns and arranged to meet with the psychiatrist to agree a plan to change her medication and support her to stabilise and reduce her cannabis use at a steady rate.

Karen's feedback to the service was that she felt unable to discuss this issue with statutory mental health services alone and she valued the opportunity to understand her options and be given control over the decisions

6.0 METHODOLOGY

The women who contributed to this report are all based in the West Midlands and all attend one of the projects mentioned at the top of the report. The data captured is a snapshot of all those women active in the period April – June 2010. Age and ethnicity groupings follow those used by the Ministry of Justice. 87% of the women consider themselves White British and 54% of the women are aged 25-44.

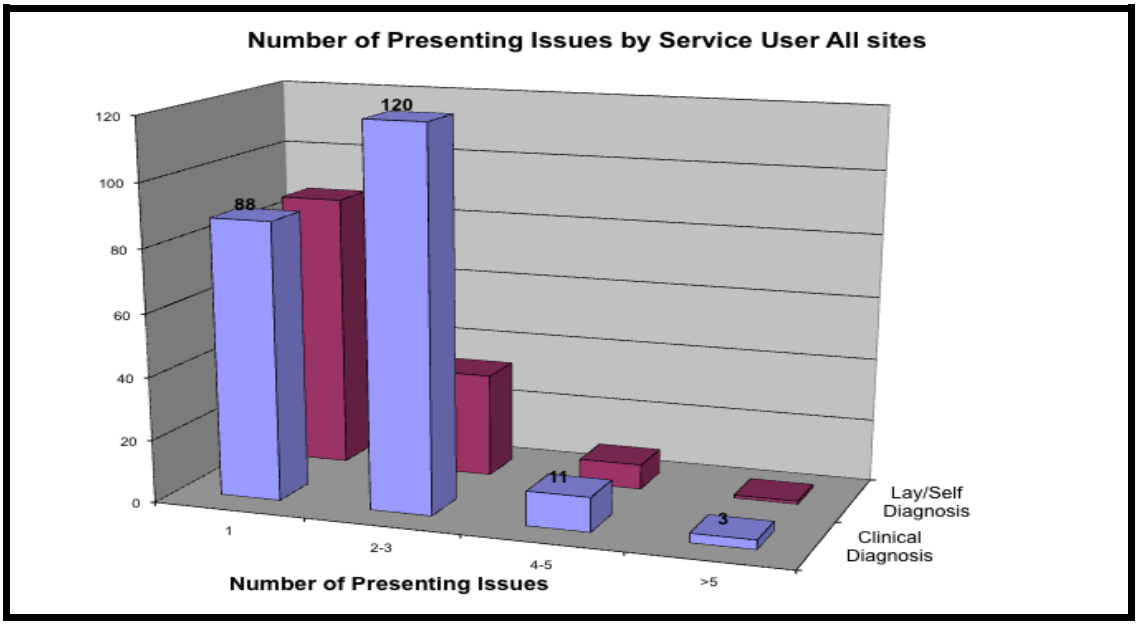
For the purposes of the report we have identified the provenance of the referral and the issues the woman presented with.



In total 578 clients were included: 66% have identified mental health issues and 36% of referrals come from a mental health or health professional. For individual project data please contact david.williams@westmidlands.nhs.uk or the local organisation.

Some women do not have a clinical diagnosis because they are not accessing mental health services but have disclosed a mental health issue to the centre and some women have a clinical diagnosis but this is not known to the referrer. For example, a woman may be referred via her local housing team for help with debt management and the referrer may not have knowledge of the mental health issues that woman has. The largest presenting issue for both clinically and self diagnosed was depression followed by anxiety. A woman is

judged to have been clinically diagnosed when that diagnosis has been made by a health professional and it is either indicated on the referral form or the agency is informed by the woman herself.



It is important to note that for some of the centres self referrals are the main source of referrals into their project.

In Feb 2009, Liz was assessed by a Community Psychiatric nurse following a referral from the GP. She had mild learning difficulties and a daughter with a chromosome abnormality whose behaviour has been very difficult to manage. Liz has hearing impairment, poor eyesight, problems with mobility and with literacy skills.

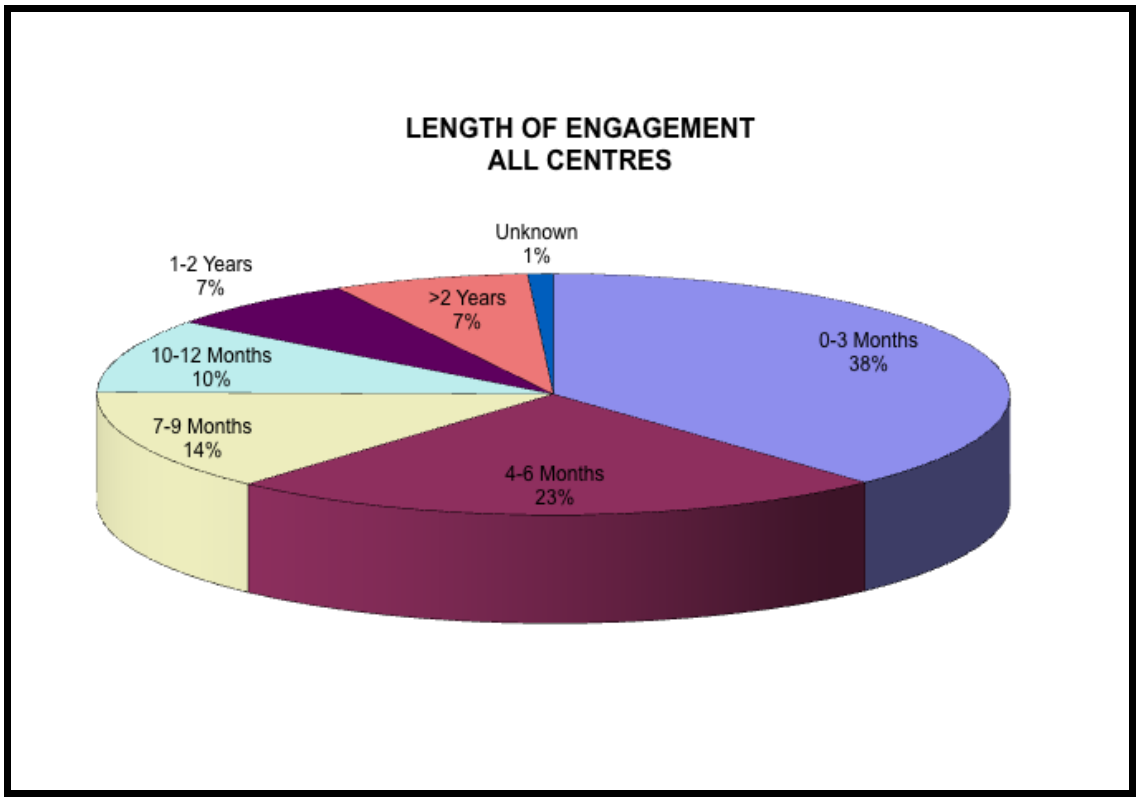
When first referred to the project, a Gateway worker advised that Primary Care counselling offering six sessions would be insufficient for her and so the project was chosen as an agency which could offer longer term, wider support and help Liz to access from a local counselling service.

After missing assessment interviews, Liz finally came to the centre and attended the Introduction course. In August, she enjoyed an outing to the Birmingham Back to Backs and in September, chose to join the Swimming group and Introduction to Computers courses. She reports making excellent progress in learning to swim due to the encouragement of the teacher and the supportiveness of group members. In computers she was “astonished and amazed” to discover how to use the calculator and also discovered the game Solitaire which she uses for relaxation.

7.0 FINDINGS

From the data collected for this report, there are both individual and composite charts that have been compiled from the analysis carried out for the period April – June 2010 across all projects together with some case studies that highlight the input and support received. This data helps to build a picture of the nature of the mental health issues women experience and the benefits of the support a women only centre offers. Women's Community Projects, unlike statutory services, do not work within time frames with women and do not have to move women on after a certain period of time. This means that a woman does not feel pressured into working beyond her means, which in turn means she feels safe and un-judged.

As a result, women feel more relaxed about getting help and they are more willing therefore to engage. 61% of women are engaged with their centre for a period of 0-6 months with 39% involved for longer. However it is important to note that a couple of the projects have only been operating for 18 months or less and therefore will not have any women engaged for a period of more than 1 year (Brighter Futures) or more than 2 years (Here4Women).



As part of the report, some women were asked to complete a questionnaire to understand the benefits of the service offered. Women were asked why a woman only approach

worked for them and many women responded using words such as “safety”, “confidentiality” and “non-judgmental”.
One woman very succinctly stated

“It is different in that it puts women first in what can be, for some of us, a very marginalised society”.

Many women described their increased confidence after attending the project and accessing support that they felt was tailored to their individual needs.

A woman-centered approach that addresses multiple vulnerabilities contributes to an improved mental health and well being and can then often enable women to integrate more easily into her local community. The essence of this is captured in a paper “Supporting women into the Mainstream” published by the Department of Health in 2006 which states “Developing good quality mental health provision for women is likely to have far reaching consequences: not only will it impact positively on women’s mental health, but may strengthen their ability to fulfill multiple roles as mothers and workers and as members of the community, and ultimately may reduce the demand for, and cost of, services.”[6]

One of the questions asked of women was whether or not the project had helped them with other issues,

“Did the centre help you with anything else other than that that you’d been referred for? If yes, please state”.

“When I came I thought I wasn’t worth anything. I didn’t expect to feel better about myself. I leave the building feeling different about myself”

“Yes. Confidence and Assertiveness – arrived in tears and over the course was able to learn the strength and the consequence of saying “no”. Walking group / emotional support / creative writing group/ female solidarity”

“Yes I have the ability to accieve (sic) things no matter how big or small, And I am a person in my own right”

“It is helping me to move on with my life. I have gained a lot of information coming here that has helped me”

“It covers every need”

[6] *Supporting Women into the Mainstream, Department of Health 2006*

As was expected, many women were supported with a variety of other issues such as debt, housing support and raising self esteem and in some cases simply receiving an empathetic approach. The benefits of a project focused on women and issues specific to women cannot be understated and is highlighted in the Corston Review, when Baroness Jean Corston underlines the need for an holistic women-centered approach " They draw together the various services in the community that provide interventions for issues key to women's well-being such as physical and mental health, drug and alcohol misuse, physical, sexual and emotional abuse, family support, housing, domestic violence, education and training, employment, finance, benefits and debt advice, programmes to address attitudes, thinking and behaviour, legal advice, counselling and therapy, improving self-esteem, isolation and poverty. More funding must be made available immediately to extend the network of centres across the country."[7]

All of the projects featured in this report are located within easy reach of other local services and agencies that women may also be involved with or attending. 5 of the projects in this report offer a crèche facility (4 on site and 1 off site); without this provision many women would find it impossible to access the service as they do not have the luxury of a family support network or the financial means to make other arrangements.

Toni was referred to a centre by her CPN and has used the centre for some time. Her mental health is volatile and she struggles to remain buoyant. However during her time as a centre user she has had some successes. Last quarter she reported improvements in the area of Relationships, Mental Health, Attitudes, Thinking and Behaviour and her risk of offending was assessed as reduced. As a consequence she retains her non offending status.

However this reporting quarter Toni has required more support from the Support Coordination Team and has had a number of one to one sessions after a relationship breakdown, hence she reports a deterioration in this area this quarter. She has also disclosed that although problems with her prescribed medication have been resolved to some degree she is still tempted to self medicate with street drugs occasionally.

The Support Coordination Team continue to work with her on this issue in order that she continues to remain a low risk of offending and continues to maintain her non offending status. As a team we also continue to encourage Toni to engage, remain motivated to attend and to participate in activities that will decrease her isolation and have a potentially positive effect on her mental health such as our walking group. Toni has expressed an interest in voluntary work and the team will support her to explore suitable options in the new term.

[7] *The Corston Report, Baroness Jean Corston 2007*

8.0 CONCLUSION

The 2010 report "Working towards women's well-being unfinished business", published by the NHMDU, states **"**Reports from some areas suggest that the restructuring of mental health day service provision has included consideration of appropriate gender-specific services. However, there is no clear evidence that this has occurred routinely. Local voluntary sector women's centres have a clear and important role in engaging women and fostering well-being, particularly women who are marginalized".[8]

From the work carried out on this report, it is apparent that many women with mental health issues are being supported ably and professionally within a women's centre and that this allows women to benefit from the skills and services offered therein. Women are receiving support responsive to their needs and are helped to achieve a high sense of self-esteem and maximise their potential. This can lead to increased confidence, control and choice that enables woman to go on and lead a more fulfilled and independent life in many cases.

Many women highlight that their project offers them a safe environment where they feel relaxed, able to explore their issues without feeling judged or stigmatized and where they contribute to what they do. Karen[*], who attends Here4Women in Hereford, was referred by her psychiatric unit and with timely interventions and an holistic approach, an action plan was drawn up. She felt she was able to exercise some control over decisions made relating to her care and felt that she had an input into what happened. Karen had felt able to discuss these issues at the project yet not with the statutory mental health services.

In the accompanying comparative data it can be seen that the majority of women are presenting with one or more issues and in information directly obtained from the women themselves (through questionnaires), attending a women only project played a large part in a woman's willingness to engage. The projects in this report are heavily relied on by local mental health teams to provide delivery of a more holistic approach to the problems women are suffering where the local mental health teams are often struggling due to a lack of resource.

9.0 RECOMMENDATION

It is important to acknowledge that commissioning of services has posed particular challenges for women's organisations and it is necessary to implement strategies to prevent further undermining of the women's sector and closure of women's organisations. All the Women's Projects featured in this report are committed and passionate about demonstrating their desire to work collectively and improve women's services. Shared

[8] *National Mental Health Development Unit 2010*

[*] * Name changed

goals and a spirit of cooperation has made it possible to produce a report that reveals the nature of the mental health, and accompanying, issues that women suffer and the level of essential support that is provided within the context of a woman only and woman centred approach.

It is hoped that this report demonstrates the view that the work of women's community projects is fundamental in contributing to the increased choice and control of women with mental health needs. Funding would allow these projects to build upon the very firm foundations already established. More importantly however, it would guarantee the future sustainability of such work and allow women's community projects to continue with their invaluable work within a community setting.

Our recommendations are therefore as follows:

1. Health Commissioners provide funding to women's community projects so they can continue to engage with women who would otherwise fall outside the current healthcare provision
2. Health Services to fully engage with the women's community projects so that they can jointly work at providing a holistic approach to supporting women with mental health issues
3. The creation of a joint working protocol between community projects and PCTs with health provision to ensure appropriate support is available

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"Mental Health and well-being"

Government Equalities Office, www.equalities.gov.uk
Gender Equality Duty

The Women's Resource Centre website, www.wrc.org.uk
Why women-only? The value and benefits of by women, for women services

Supporting Women into the Mainstream, Deparment of Health

Working towards Women's Wellbeing – Unfinished Business, National Mental Health Development Unit

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