



DEBATE PACK

Number CDP-2019/0213, 30 September 2019

Women's Mental Health

By Philip Loft, Carl Baker,
Tom Powell

Summary

This House of Commons Library Debate Pack briefing has been prepared in advance of a debate on women's mental health that will take place in the House of Commons on Thursday 3rd October 2019. This debate was nominated by the Backbench Business Committee. This briefing contains background information, statistics, and parliamentary and press material, as well as suggested further reading which Members may find useful when preparing for this debate.

Contents

1. Women's Mental Health	2
1.1 Policy background	2
1.2 Statistics	4
1.3 Further information	5
1.4 Mental health policy in Scotland, Wales and Northern Ireland	7
2. Parliamentary Material	8
2.1 Questions	8
2.2 Debates	16
3. Press and News Articles	17
4. Other Announcements and Reports	19

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

1. Women's Mental Health

1.1 Policy background

Overall prevalence of mental ill health for men and women is similar but there are marked gender differences in the rates for different types of mental illness. In particular, women are more likely than men to experience anxiety, depression, post-traumatic stress disorder and eating disorders, and young women and girls are more at risk of self-harm.¹ A number of recent reports, including the [Women's Mental Health Taskforce](#) (December 2018)², have highlighted particular societal inequalities faced by women that can impact on their mental health, including:

- relatively lower income
- greater caring responsibilities, including responsibilities for childcare
- higher risk of sexual abuse and domestic violence

Black, Asian and Minority Ethnic (BAME) women also at higher risk of mental illness, and are more likely to be detained under the Mental Health Act.³

While there has been an increasing awareness of the need for mental health support for new mothers, there are also concerns that wider mental health policies and services are failing to meet the specific needs of women and girls.

Women's Mental Health Taskforce: final report (December 2018)

The [Women's Mental Health Taskforce](#) was set up in early 2017 in response to evidence of deteriorating mental health among women and poor outcomes for those using support services. It was co-chaired by the then Minister for Mental Health, Jackie Doyle-Price MP, and Katharine Sacks-Jones, the Chief Executive of women's charity Agenda.⁴ The Taskforce brought together experts from across the field of mental health, with the objective of developing collaborative proposals for action to improve women's mental health. Its final report, published on 19 December 2018, drew upon women's lived experience of mental ill health, and encourages mental health commissioners, providers and

¹ See the Mental Health Foundation, [Women and mental health](#), and the World Health Organisation, [Gender disparities in mental health](#).

² See also Abel, K. and Newbigging, K., Addressing unmet needs in women's mental health (2018), available on the [BMA website](#)

³ *Ibid.*

⁴ [Agenda](#) is a charity that campaigns for women and girls facing abuse, poverty, poor mental health, addiction and homelessness to get the support and protection they need. Agenda's 'Women in Mind' campaign is calling for women and girls' mental health to be made a priority. Further background can be found in the Agenda briefing '[Women in Mind](#)' (January 2019)

practitioners to consider women's individual, gender-specific needs.⁵ In particular, the report looks at the trauma experienced by many women in inpatient facilities when they have been victims of violence and abuse in the past, and made recommendations for improving 'trauma-informed' care.

The report outlines a series of other recommendations to be led by the Department of Health and Social Care and its arm's length bodies. The recommendations include:

- clearly considering women's needs in all future mental health policy development
- supporting routine enquiry about violence and abuse in future policy development
- using the principles of the taskforce to inform service design and delivery for women's mental health
- recognising that women's identities, and often their roles as mothers and carers, are important in individual treatment and in-service planning
- ensuring the safety of women in residential mental health care by ending breaches of single-sex wards, and improving practice and reporting processes around sexual harassment and sexual violence⁶

The mental health charity Mind welcomed the report's recommendations, which they said would only be possible with government action. Mind also noted that to truly transform women's experiences, a cross-government approach was need to tackle wider "...problems with social care, justice, housing, health and benefits. Only then will women with mental health problems get the support they deserve."⁷

Also welcoming the Taskforce's recommendations, particularly those relating to the prison and justice system, the charity Centre for Mental Health raised concerns that the implications of the report were not matched by clear and measurable commitments from the Government and its executive agencies. The Centre for Mental Health notes that it is working with the Mental Health Foundation and other national charities to support the Taskforce recommendations with guidance about trauma informed care for women in a range of public services, including health, care, schools, emergency services and the criminal justice system.⁸

⁵ DHSC and Agenda, [Women's Mental Health Taskforce: final report](#), 19 December 2018

⁶ Gov.uk, [Government makes women's mental health a top priority](#), 20 December 2018

⁷ Politics Home, [Mind statement on the Women's Mental Health Taskforce report](#), 19 December 2018

⁸ [Women's Mental Health Taskforce report must lead to concerted action for equality, says Centre for Mental Health](#), December 2018

1.2 Statistics

Prevalence of mental health conditions

In a 2014 survey in England, 21% of women reported having a common mental disorder (e.g. depression or anxiety) in the past week. This compares with 13% of men. (Source: [NHS Digital, Adult Psychiatric Morbidity Survey 2014](#))

In a 2014 survey in England, women were more likely (5.1%) than men (3.7%) to screen positive for Post-Traumatic Stress Disorder. Women were less likely (1.8%) than men (2.1%) to screen positive for bipolar disorder. (Source: [NHS Digital, Adult Psychiatric Morbidity Survey 2014](#))

Around 1 in 8 women experience anxiety during pregnancy, and a similar proportion of women experience depression. Postnatal depression is estimated to affect around 1 in 10 new mothers. (Source: [NICE guidance; NHS, Mental Health Problems and Pregnancy](#))

Referrals to therapy

Almost twice as many women as men are referred to talking therapies for common mental disorders in England. These 'IAPT' (Improving Access to Psychological Therapy) referrals can come direct from the patient or via a GP. (Source: [NHS Digital, Psychological Therapies Annual Report 2018/19](#))

Women who complete a course of IAPT therapy are less likely than men to "move to recovery" in England – i.e. to recover from their condition during the period of therapy. In Q4 2018/19, 54.0% of men and 52.5% of women moved to recover after finishing treatment. (Source: [Public Health England, Common Mental Disorders Profile](#))

Self-harm and suicide

The suicide rate among women is three times lower than among men. In the UK in 2018, 1,604 women took their own lives, compared with 4,903 men. (Source: [ONS, Suicides in the UK](#))

Over the past decade, the rate of suicides among young women (aged under 24) has increased by around 50%. However, the rate remains lower in young women than in all other age groups. In 2018, 188 women aged under 28 took their own lives. (Source: [ONS, Suicides in the UK](#))

In a 2014 survey in England, 5% of women reported suicidal thoughts in the past year – similar to the proportion of men. (Source: [NHS Digital, Adult Psychiatric Morbidity Survey 2014](#))

The rate of emergency hospital admissions for intentional self-harm in England is 71% higher among women than among men. In 2017/18 there were 66,000 women admitted to hospital in an

emergency because of self-harm. (Source: [Public Health England, Public Health Profiles](#))

For ages 10-24, the rate of emergency hospital admissions for intentional self-harm is over three times higher among women than among men. (Source: [Public Health England, Public Health Profiles](#))

The rate of hospital admissions for intentional self-harm among women has been relatively stable since 2010, at 230-250 admissions per 100,000 population. (Source: [Public Health England, Public Health Profiles](#))

In a 2014 survey, 7.9% of women reported ever having self-harmed – higher than the proportion of men (5.0%). (Source: [NHS Digital, Adult Psychiatric Morbidity Survey 2014](#))

1.3 Further information

The BMA has published a series of briefings on issues in women's health, including a briefing on addressing unmet needs in women's mental health (December 2018), available on the [BMA website](#).

The [Mental Health Foundation website](#) provides information on women and mental health.

On 19 July 2018 there was a [Westminster Hall debate on Perinatal Mental Illness](#). Further information on perinatal mental health can be found on pages 23-26 of the Library briefing [Early intervention](#) (July 2019).

The Commons Library has also published the following briefings relating to mental health policy:

- [Support for students with mental health issues in higher education in England](#) (August 2019)
- [Tackling loneliness](#) (briefing and reading list) (August 2019)
- [Children and young people's mental health – policy, CAMHS services, funding and education](#) (July 2019)
- [Dementia: policy, services and statistics overview](#) (June 2019)
- [Mental Health Policy in England](#) (September 2018)
- [Suicide Prevention: Policy and Strategy](#) (September 2018)
- [Mental health statistics for England: prevalence, services and funding](#) (April 2018)

Other recent Commons debates that may be relevant include, a [Westminster Hall debate to mark Eating Disorder Awareness Week](#) on

27 February 2019⁹ and a debate in the Chamber on [body image and mental health](#) on 23 July 2019.¹⁰

A number of recent developments in mental health policy, including in the NHS Long Term Plan (January 2019), and the Independent Review of the Mental Health Act (December 2018), are set out below:

Mental health in the NHS Long Term Plan

Chapter 3 of the [NHS Long Term Plan](#) (7 January 2019) provided a number of commitments to improve mental health services, from page 50 (children’s mental health) and page 68 (adult mental health). The Plan included a commitment for a further 24,000 women to be able to access specialist perinatal mental health care by 2023/24. Specialist care will be available from preconception to 24 months after birth, which will provide an extra year of support. In April 2019 NHS England confirmed that new and expectant mothers across the country are now able to access specialist mental health care in the area where they live.¹¹

The Long Term Plan also referred to measures to improve maternity services, including the establishment of twenty Community Hubs in areas with the greatest need. These are intended to act as ‘one stop shops’ for women and their families, bringing together antenatal care, birth facilities, postnatal care, and mental health services.

On 1 July 2019 the Government has published an [Implementation Framework for the Long Term Plan](#) and paras 2.30 to 2.36 cover improvement to mental health services.

Chapter 2 of the [Long Term Plan](#) also set out action the NHS will take to strengthen its contribution to prevention and health inequalities, and on 22 July 2019 the Government published its Prevention Green Paper, [Advancing our health: prevention in the 2020s](#). This noted a number of actions that had already been taken to prevent mental ill health, including the 2017 Green Paper, [Transforming Children and Young People’s Mental Health Provision](#), and making mental health a mandatory part of the school curriculum. It also noted the launch of the mental health prevention package, [Every Mind Matters](#).

Independent Review of the Mental Health Act 1983

The final report of the Independent Review of the Mental Health Act 1983 was published in December 2018 ([Modernising the Mental Health Act: Increasing choice, reducing compulsion](#)). The Government welcomed the publication of the final report of the independent review and has said it will consider its recommendations in detail and respond in due course.¹² There was a [Westminster Hall debate on reform of the Mental Health Act 1983 on 25 July 2019](#)¹³ and further background can

⁹ See also the Commons Library briefing prepared ahead of this debate ([CDP 2019 0055, 26 February 2019](#))

¹⁰ See also the Commons Library reading list prepared ahead of this debate ([CDP 2019 0202, 22 July 2019](#))

¹¹ NHS England, ‘[Specialist Mental Health Support For New Mums Available in Every Part Of England](#)’, 4 April 2019

¹² See [PO 209277, 24 January 2019](#) and [HCWS1149, 6 December 2018](#)

¹³ WH Deb vol 663

be found in the Library debate pack briefing prepared for this ([CDP-2019-0193](#)).

Cross-Government Suicide Prevention Workplan

In January 2019, the Department of Health and Social Care (DHSC) [announced](#) the publication of its first [cross-government suicide prevention workplan](#). Alongside this, the Government published [Preventing suicide in England: Fourth progress report of the cross-government outcomes strategy to save lives](#).

Online Harms White Paper

In April 2019, the Government published a consultation ([Online Harms White Paper](#)) setting out its plans to tackle online content that harms individuals wellbeing.

1.4 Mental health policy in Scotland, Wales and Northern Ireland

Health services, including mental health services for women and girls, are devolved. The following links provide information on Government strategy in this area in Scotland, Wales and Northern Ireland, including announcements on perinatal mental health services:

Scotland

Scottish Government, '[Mental Health Strategy 2017-2027: First Progress Report](#)', 26 September 2018

Scottish Government, '[Better Mental Health in Scotland](#)', 19 December 2018.

Scottish Government, '[Mental Health Support for New Mums](#)', 30 August 2019

Wales

Welsh Government, '[Together for Mental Health- A Strategy for Mental Health and Wellbeing in Wales](#)', 16 August 2018.

Welsh Assembly Children, Young People and Education Committee, '[Perinatal Mental Health in Wales](#)' (last updated January 2019)

Northern Ireland

Northern Ireland Health and Social Care Board, [Mental Health](#)

Northern Ireland Assembly Research and Information Service, '[Mental Health in Northern Ireland](#)', 25 January 2017.

Royal College of Midwives, '[Urgent Enquiry needed for women in Northern Ireland suffering with perinatal mental health conditions](#)', 9 April 2019.

2. Parliamentary Material

2.1 Questions

House of Commons

[Pregnancy: Mental Health Services: Written question – 276533 \[12 July 2019\]](#)

Barbara Keely: To ask the Secretary of State for Health and Social Care, with reference to the NHS Long Term Plan Implementation Framework, what targets his Department has set for increased access to specialist community perinatal mental health services in 2019-20.

Jackie Doyle-Price: NHS England has invested in better perinatal mental health care for new and expectant mothers, with at least 9,000 additional women receiving treatment last year. This represents significant progress against the target set out in the Five Year Forward View for Mental Health for at least 30,000 additional women each year to access evidence-based specialist perinatal mental health treatment by 2020/21.

The NHS Long Term Plan includes a commitment for a further 24,000 women to be able to access specialist perinatal mental health care by 2023/24, building on the additional 30,000 women who will access these services each year by 2020/21. Specialist care will also be available from preconception to 24 months after birth, which will provide an extra year of support.

[Mental Health Services: Mothers: Written question – 275192 \[9 July 2019\]](#)

Jim Shannon: To ask the Secretary of State for Health and Social Care, what steps he is taking to (a) improve identification of maternal mental health problems and (b) increase funding maternal postnatal checks.

Jackie Doyle Price: This Government is committed to preventing mental illness and improving health outcomes for new parents and their children.

The NHS Long Term Plan commits to improving access to and the quality of perinatal mental health care for mothers, their partners and children with the ambition to increase access to perinatal mental health services to an additional 30,000 women by 2020/21, with a further 24,000 women to be able to access specialist perinatal mental health care by 2023/24.

From April 2019, new and expectant parents are able to access specialist perinatal mental health community services across England. Specialist care will also be available from preconception to 24 months after birth, which will provide an extra year of support (care is currently provided from preconception to 12 months after birth).

The potential for a six week post-natal maternal health check for all mothers that includes questions relating to mental health, is the subject of further work by NHS England and NHS Improvement to establish a

clearer picture of current practice in the area. If taken forward, the check could be introduced from April 2020.

The NHS Long Term Plan Implementation Framework set out plans to provide all areas with an additional funding to support the delivery of mental health priorities – including an expansion of access to specialist community perinatal mental health services in 2019/20.

Prison Officer Training: Women's Mental Health, 911875, 11 July 2019, HC Deb c.438

Liz Twist: What recent discussions she has had with Cabinet colleagues on trends in the level of training for prison officers working with women with mental health needs.

Robert Buckland: From April of this year, a new specialist training package known as Positive Outcomes for Women: Empowerment and Rehabilitation has been devised to support prison officers working with women in custody and the community. That will help staff to have the necessary skills and knowledge to deal with those with specific needs.

Liz Twist: Given that women in prison account for a disproportionate amount of self-harm incidents, it is increasingly important that they are given support in prison. When will the Minister commit to enhancing support for vulnerable women with a mental health need in prison?

Robert Buckland: The hon. Lady will have heard what I just said about the new training programme, but it is part of a wider policy framework. In particular, there is work on the Lord Farmer review to improve family ties for female offenders and a further investment of £5 million for community provision. My experience last week at Her Majesty's Prison Eastwood Park taught me a lot about how women can help each other and support each other through the process, which can often be a very traumatic time for them.

Carolyn Harris: This year's inspection of HMP Foston Hall identified that 74% of women had mental health problems, but only two thirds were receiving any help. At the same prison, only half of officers had received any mental health awareness training despite a general feeling that they would like more. What more can be done to improve mental health training across the estate to reduce self-harm and suicide and to improve on the current position?

Robert Buckland: I am grateful to the hon. Lady for raising that important point. As I have said, the roll out of the new POWER scheme is going to be very important in terms of giving prison officers the tools they need to help support women with mental health needs. I do think that our overall strategy is now translating into real change, with the key worker scheme allowing prison officers to work with individual prisoners to identify their needs, so there is progress, but I accept that much more needs to be done.

Females: Prisoners: Written Question- 272741 [3 July 2019]

Jim Cunningham: To ask the Secretary of State for Justice, what assessment he has made of trends in the level of training for prison officers working with women with a mental health need.

Edward Argar: All Prison Officers complete the Prison Officer Entry Level Training which includes sessions on mental health, self-harm and suicide and personality disorder. There has very recently been the

development of a new course specifically for the female estate called POWER – Positive Outcomes for Women: Empowerment & Rehabilitation. This is a two-day programme and is due to be rolled out shortly across the estate. One of the modules specifically refers to mental health in the female estate, with an aim to ensure delegates gain an overview of the mental health needs of female offenders and how this impacts on offending – including understanding the main disorders found in women in prison; the challenges caused by psychosis and schizophrenia; and explores the personality disorder pathway and personality disorder services.

Mental Health and Suicide: Children: Written Question-266104
[18 June 2019]

Chris Raune: To ask the Secretary of State for Health and Social Care, what assessment he has made trends in (a) depression, (b) suicidal ideation and (c) self-harm amongst (i) adolescent males and (ii) adolescent females since 2010.

Jackie Doyle-Price: The Department assess a wide range of research into trends around depression, self-harm and suicide to inform evidence-based policy development. NHS Digital has published the report, ‘Mental Health of Children and Young People in England, 2017’, which covers prevalence and trends in mental disorders in young people. The report is available at the following link:

www.digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017

The Department commissions the Office for National Statistics to monitor and publish data on suicide trends across all age groups. Published data shows that suicides amongst 15-19 year-olds have been increasing in recent years. The latest data is published at the following link:

www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2017registrations

The Department also funds the Multi-Centre Study of Self-Harm, which analyses long-term trends in people presenting at hospital for self-harm. We are aware of research showing increases in attendances at hospital and in primary care for self-harm, especially in young women and girls.

Postnatal depression: Suicide: Written Question- 254806 **[15 May 2019]**

Luciana Berger: To ask the Secretary of State for Health and Social Care, how many women have taken their own lives in the first year after the birth of their child in each year since 2010.

Jackie Doyle-Price: The maternal mortality rates by suicide, per 100,000 maternities up to one year post-partum are set out in the following table.

Cause of death	2010-12	2011-13	2012-14	2013-15	2014-16
Psychiatric Causes – Suicide	10	13	14	12	16

Source: MBRRACE-UK, Office for National Statistics, National Records Scotland, Northern Ireland Statistics and Research Agency. Data for United Kingdom.

Mental Illness: Children: Written Question- 248006 [26 April 2019]

Rosie Cooper: To ask the Secretary of State for Health and Social Care, whether his Department has made an assessment of the potential link between perinatal mental illness and emotional and behavioural problems in children.

Jackie Doyle-Price: The Chief Medical Officer found in her 2014 annual report, 'The health of the 51%: women', that the evidence shows that mental health problems in pregnancy and the first year after birth are experienced by up to 20% of women, and if untreated, this can affect the emotional and reasoning development in their children. Perinatal mental illnesses are associated with risks of negative child outcomes, which can persist into late adolescence and adulthood. These risks are more likely in children of women with chronic mental illness or who are living in poverty. Further information is available in the report which is available at the following link:

<https://www.gov.uk/government/publications/chief-medical-officer-annual-report-2014-womens-health>

In addition, the costs of perinatal mental health problems, a 2014 report by the Centre for Mental Health and London School of Economics identified that 72% of the cost of untreated mental illness relates to adverse impact on the child. This report is available at the following link:

<https://www.centreformentalhealth.org.uk/publications/costs-of-perinatal-mental-health-problems>

The NHS is implementing its plans to identify and treat more people with perinatal mental illnesses. The NHS Five Year Forward View for Mental Health included a commitment to increase access to perinatal mental health services to an additional 30,000 women by 2020/21. The work is underway to build capacity and capability in specialist perinatal mental health services. In April 2019, NHS England confirmed that new and expectant mothers are now able to access specialist perinatal mental health community services in every part of the country.

The NHS Long Term Plan contains an ambition to build on this with a further 24,000 women to be able to access specialist perinatal mental health care by 2023/24. Specialist care will also be available from preconception to 24 months after birth, which will provide an extra year of support.

Public Health England leads on the Improving Prevention and Population Health work stream of the National Health Service Maternity Transformation Programme. One of its priority areas is to reduce the impact of perinatal mental illness. This can be viewed at the following link:

<https://www.england.nhs.uk/mat-transformation/>

Mental Illness: Written Question- 246941 [24 April 2019]

Chris Ruane: To ask the Secretary of State for Health and Social Care, what assessment he made of the prevalence of diagnosed mental health conditions in each National Statistics socio-economics classification category in each of the last 10 years.

Jackie Doyle Price: Public Health England assessed the prevalence of common mental health disorders in the population by age group, sex and deprivation quintile. Estimates are based on data from the Adult Psychiatric Morbidity Survey, a survey of mental health problems taken every seven years and last undertaken in 2014.

Estimates show an increase of common mental disorders in men and women with increasing deprivation, across all age groups (16-24, 25-65 and 65 and over).

The analysis by Public Health England is published by NHS Digital and can be viewed at the following link:

<https://digital.nhs.uk/data-and-information/find-data-and-publications/supplementary-information/2019-supplementary-information-files/supplementary-analysis-of-prevalence-of-common-mental-health-disorders-by-age-group-gender-and-deprivation>

[Pregnancy: Mental Health Services: Written Question- 245897](#) [18 April 2019]

Vicky Foxcroft: To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 5 December 2017 to Question 115732 on Baby Care Units, what progress his Department has made increasing access to specialist perinatal mental health support.

Jackie Doyle-Price: The Department is committed to improving perinatal mental health services. NHS England has invested in better perinatal mental health care for new and expectant mothers, with at least 9,000 additional women receiving treatment last year. This represents significant progress against the target set out in the Five Year Forward View for Mental Health for at least 30,000 additional women each year to access evidence-based specialist perinatal mental health treatment by 2020/21.

The NHS Long Term Plan includes a commitment for a further 24,000 women to be able to access specialist perinatal mental health care by 2023/24, building on the additional 30,000 women who will access these services each year by 2020/21. Specialist care will also be available from preconception to 24 months after birth, which will provide an extra year of support.

[Eating Disorder Question, HC Deb, c. 335-336](#) [27 February 2019]

Rebecca Pow: Thousands of young girls—including, sadly, some from Taunton Deane—are purchasing so-called quick-fix diet and detox products that are often endorsed by celebrities on social media, something for which these celebrities can be paid thousands of pounds. NHS chiefs say that some of these products can have highly detrimental health effects and are heaping work on our mental health services. In Eating Disorders Awareness Week, and following this morning's excellent Westminster Hall debate secured by my hon. Friend the Member for Angus (Kirstene Hair), will the Prime Minister agree that the irresponsible and unsafe endorsement of such products should be addressed?

Prime Minister [Theresa May]: My hon. Friend raises an important issue. I am sure that all Members have had constituency cases where they have seen the devastating impact that eating disorders can have on individuals, and on their families and friends. The Government have been taking steps over the past few years. In 2014 we announced that we were investing £150 million to expand eating disorder community-based care for children and young people, and 70 dedicated new or extended community services offer care as a result. As my hon. Friend said, young people may be encouraged to take products because of celebrity endorsement. The celebrities involved should think very carefully about the impact that these products can have in effecting eating disorders, which devastate lives.

Self-harm: Females: Written Question- 223269 [19 February 2019]

Jim Shannon: To ask the Secretary of State for Health and Social Care, with reference to the Children's Society finding in their report entitled The Good Childhood Report 2018 that one in five 14 year old girls have self-harmed, what discussions he has had with the Secretary of State for Education on effective prevention of self-harm among teenage girls.

Jackie Doyle-Price: Ministers from both Departments meet to discuss many issues through the Inter-Ministerial Group for Mental Health.

We are concerned about the rise in young people, especially girls, self-harming, which is why we included a new key area for action to address self-harming in the Cross-Government Suicide Prevention Strategy in 2017.

We continue to fund research into self-harming through the Multi-Centre Study for Self-harm in England which will look at self-harming in children and young people in more detail over the next two years.

We have invested £249 million to ensure every emergency department has a mental health liaison team in place by 2020/21, which are well placed to treat people who present at hospital for self-harm. The NHS Long Term Plan has committed to ensuring that 70% of liaison mental health teams meet the 24 hours a day, seven days a week standard by 2023/24 and 100% thereafter. The NHS Long Term Plan also commits to developing integrated models of primary and community care to support people with complex needs, including self-harming.

Furthermore, it commits to building on work through the Global Digital Exemplar programme, to explore the use decision-support tools and machine learning to support better delivery of personalised care and predict future behaviour, such as risk of self-harm or suicide.

We are also concerned about potentially harmful suicidal and self-harm content online and met recently with internet and social media providers to seek assurances from the sector that they will address these issues. Ministers from the Department of Education were in attendance at that meeting. The Government will publish an Online Harms White Paper later this year which will set out our requirements of the online sector in addressing suicidal and self-harm content.

Postnatal Depression: Written Question- 211766 [23 January 2019]

Jonathan Ashworth: To ask the Secretary of State for Health and Social Care, what steps he is taking to improve the quality of data on the number of women diagnosed with post-natal depression.

Jackie Doyle-Price: NHS Digital and NHS England are working to improve the quality of data on the number of women diagnosed with post-natal depression by improving the Maternity Services Dataset (MSDS) and the Mental Health Services Dataset (MHSDS).

The MSDS currently only collects information on whether or not the recommended questions for the prediction and detection of mental health issues were asked at a mother's antenatal booking appointment. The new version of the MSDS (due to commence in April 2019) will expand on this by including questionnaires such as the Edinburgh Postnatal Depression Scale, to improve the detection and prediction of mental health problems.

Information about specialised perinatal mental health services is captured within the MHSDS, including the recording of a post-natal depression diagnosis.

NHS Digital published linked data between the MSDS and the MHSDS for the first time in June 2017 to support improvement in the identification of women in the perinatal period in secondary care. This identified a number of data quality issues which are being addressed via the cross arm's length body programme of work aiming to improve the quality of mental health data collected within the MHSDS.

Monthly data quality reports are also published showing provider level data validation of selected key data items in the MHSDS. These reports are available as part of the Mental Health Services Monthly Statistics available at the following link:

<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics>

Women with Depression or Anxiety, Department Question, HC Deb, c 1005-1006 [15 January 2019]

Dr Paul Williams: Half of all women who experience depression or anxiety in the perinatal period say that their problem was not asked about by health services. There are some genuinely positive things to say about the NHS long-term plan's proposals for specialist services, but what is the point in having services if half the people with a problem do not have it diagnosed? What are we going to do about that?

Jackie Doyle Price: The hon. Gentleman has quizzed me about this a number of times, and I know that he cares very deeply about it. One of the specific issues he has raised with me is the awareness of GPs and their involvement in diagnosing these problems. Obviously we are taking that forward as part of the GP contract. I can also advise him that there is a significant expansion in perinatal services. We are confident of achieving the national trajectory of 2,000 more women accessing

specialist care this year, and more than 7,000 additional women accessed such care as of March 2018.

[Postnatal Depression: Written Question- 169246 \[3 September 2018\]](#)

Tim Farron: To ask the Secretary of State for Health and Social Care, whether he has met with the representations of the National Childbirth Trust to discuss the findings of its report, Hidden Half: bringing postnatal mental illness out of hiding, published in June 2017 and recommendations for tackling low rates of identification of perinatal mental illness.

Jackie Doyle-Price: My Rt. hon. Friend the Secretary of State for Health and Social Care has not met with the National Childbirth Trust.

The Department is aware of the National Childbirth Trust's 'Hidden Half' Campaign. We are grateful to the National Childbirth Trust for their campaigning on this important issue.

This Government is committed to improving perinatal mental health services for women during pregnancy and in the first postnatal year, so that women are able to access the right care at the right time and close to home.

The Department is investing £365 million from 2015/16 to 2020/21 in perinatal mental health services, and NHS England is leading a transformation programme to ensure that, by 2020/21, at least 30,000 more women each year are able to access evidence-based specialist mental health care during the perinatal period.

House of Lords

[Gambling: Females: Written Question- HL152276 \[24 April 2019\]](#)

Lord Chadlington: To ask Her Majesty's Government what assessment they have made of reports that female gambling addicts now outnumber male gambling addicts in Sweden; and what plans they have to re-evaluate and expand the policy evidence base in the UK in respect of the gender makeup of gambling addicts.

Viscount Younger of Leckie: The main source of data for problem and at-risk gambling behaviour in Great Britain is the Health Surveys for England and Scotland, and the Problem Gambling Survey Wales. 2016 data showed that men were more likely than women to be classified as a problem gambler (1.2% and 0.2% respectively). The surveys also indicated that certain other groups are at greater risk of experiencing problems from gambling, including those with poor mental health or who are unemployed. However, further work is needed to understand the nature of these associations.

Government recognises the importance of building understanding of how gambling related harm is experienced and by whom. Public Health England (PHE) is carrying out an evidence review looking at the health harms associated with gambling and the Responsible Gambling Strategy Board (now called the Advisory Board for Safer Gambling, ABSG) published a paper setting out a potential framework for measuring

harm. Protecting vulnerable people from gambling-related harm is a priority for the Government and where there is evidence that a particular product or environment is causing harm, we will take action. In March 2019, government awarded just over £1 million to GamCare for a project to raise awareness of how gambling is linked with a range of issues affecting women and girls and help to better identify women in need of support. One of the core work strands of the programme is to build data in this area.

2.2 Debates

House of Lords Debate, Criminal Justice System: Women, 25 July 2019, [HL Deb c. 874-908](#).

Westminster Hall Debate, Mental Health Act 1983, 25 July 2019, HC Deb [c.664WH- 706WH](#)

Westminster Hall Debate, Female Offender Strategy: One Year On, 24 July 2019, [HC Deb 613WH-636WH](#)

House of Commons Debate, Body Image and Mental Health, 23 July 2019, [HC Deb c. 1247-1272](#).

House of Lords Question, Mental Health: Weight and Shape-Related Bullying , 22 July 2019, [HL Deb, c.530-532](#).

House of Commons, Early Years Family Support, 16 July 2019, [HC Deb, c. 760-798](#).

House of Lords, Mental Health of Children and Young Adults, 16 May 2019, [HL Deb c. 1657-1695](#).

Westminster Hall Debate, National Marriage and Mental Health Awareness Weeks, 16 May 2019, [HC Deb 180WH- 206WH](#)

Westminster Hall Debate, Eating Disorders Awareness Week, 27 February 2019, [HC Deb c122WH-145WH](#)

House of Lords, Mental Health: Children and Young People, 30 January 2019, [HL Deb c1115-1131](#)

House of Commons, Mental Health First Aid in the Workplace, 17 January 2019, [HC Deb 1366-1395](#)

House of Lords, Mental Health Budget: Domestic and Sexual Violence, 22 November 2018, [HL Deb c 320-321](#).

Westminster Hall, Five Year Forward View for Mental Health, 30 October 2018, [HC Deb 310WH-318WH](#)

Westminster Hall, Perinatal Mental Illness, 19 July 2018, [HC Deb 178WH-210WH](#)

3. Press and News Articles

Samira Shackle, [‘Long Read-“The way universities are run is making us ill”: inside the student mental health crisis’](#), *The Guardian*, 27 September 2019.

Mark Rice-Oxley, [‘New global “scorecard” to map extent of mental illness crisis’](#), *The Guardian*, 25 September 2019

Helen McArdle, [‘Warning as levels of mental distress in Scotland at fifteen year high’](#), *The Herald*, 25 September 2019

Jemima Olchawski, [‘Suicide among young women is at the highest ever level- and Brexit is overshadowing the crisis’](#), *The Independent*, 10 September 2019.

Laura Bates, [‘Until we take sex discrimination seriously, women’s mental will suffer’](#), *The Telegraph*, 9 September 2019.

Paul Gallagher, [‘High levels of sexism is “fuelling poor mental health among women”](#)’, *The Independent*, 8 September 2019

Joanna Whitehead, [‘New Mothers have no time to discuss mental health says charity’](#), *The Independent*, 5 September 2019.

Maya Oppenheim, [‘Mental health services “put women at risk” by failing to ask them about domestic abuse’](#), *The Independent*, 19 August 2019

Rosie Taylor, [‘Obsession with social media “fuels anxiety in teenage girls”](#)’, *The Times*, 14 August 2019

Sanya Burgess, [‘Routine questions about domestic abuse are not being asked, charity warns’](#), *Sky News*, 13 August 2019.

Lauren Harte, [‘New campaign calls for better perinatal mental health system in Northern Ireland’](#), *Belfast Telegraph*, 19 July 2019

Sarah Boseley, [‘Domestic abuse victims more likely to suffer mental illness- study’](#), *The Guardian*, 7 June 2019

Rossalyn Warren, [‘The “independent advisors” improving mental health after domestic abuse’](#), *The Guardian*, 17 May 2019

[‘Call for specialist mental health help for NI new mums’](#), *ITV/UTV*, 15 May 2019

Kate Kopczyk, [‘Mental health study: the “public health challenge” in grassroots sport’](#), *BBC Sport*, 16 April 2019

Katie O’Malley, [‘Tampon tax fund to support women with mental health problems’](#), *The Independent*, 28 March 2019

Alex Matthews-King, [‘Two-thirds of pregnant women under-25 show signs of mental health problems, “alarming” research finds’](#), *The Independent*, 7 March 2019

Wera Hobhouse, [‘To mark International Women’s Day Parliament should enshrine a mother’s right to mental health checks into legislation’](#), *Politics Home*, 7 March 2019

Maya Oppenheim, [‘Emotional responsibility of being a mother damaging women’s health, study finds’](#), *The Independent*, 22 January 2019

Denis Campbell, [‘Depression in girls linked to higher use of social media’](#), *The Guardian*, 4 January 2019

Nick Trigg, [‘Mental health: one in four young women struggling’](#), *BBC News*, 22 November 2018

Haroon Siddique, [‘Mental health disorders on rise among children’](#), *The Guardian*, 22 November 2018

Natasha Hinde, [‘Breast cancer impacts on mental health, but women aren’t being told that’](#), *Huffington Post*, 24 September 2018

Sally Weale, [‘UK survey finds sharp decline in happiness of young women and girls’](#), *The Guardian*, 19 September 2018

Mark Gale, [‘Young women are facing a mental health crisis, and financial struggles are often to blame’](#), *New Statesman*, 13 September 2018.

Katherine Sacks-Jones, [‘We need a Mental Health Act that responds better to the realities of women’s lives’](#), *Huffington Post*, 15 August 2018

Denis Campbell, [‘More than 200 suicides recorded at mental health units over seven years: CQC figures show overall number falling but more women have begun taking their own lives than men’](#), *The Guardian*, 14 August 2018

Denis Campbell, [‘Thousands of mothers left to cope alone with mental illness’](#), *The Guardian*, 30 July 2018

[‘Has the number of teenage girls self-harming doubled?’](#), *Full Fact*, 9 August 2018

[‘Mental Health during pregnancy’](#), *Full Fact*, 13 February 2018

4. Other Announcements and Reports

University of Manchester, '[One in Four UK children Have a Mother with Mental Illness](#)', 11 June 2019

NHS England, '[Number of Girls and Young Women Reporting Self-Harm in England on the Rise](#)', 5 June 2019

British Medical Association, '[Perinatal Mental Health Provision](#)', 21 May 2019

NHS England, '[Specialist Mental Health Support For New Mums Available in Every Part Of England](#)', 4 April 2019

NHS England, '[Are Women Who Work Long Hours More Likely To Be Depressed?](#)', 26 February 2019

UK Department of Health and Social Care, '[Government Makes Women's Mental Health A Top Priority](#)', 20 December 2018

UK Department of Health and Social Care, '[The Women's Mental Health Taskforce: Final Report](#)', 19 December 2018.

Stonewall, '[LGBT in Britain- Health](#)', 7 November 2018

NHS England, '[Nearly A Quarter Of 14-Year Old Girls In UK "Self-Harming"](#)', [Charity Reports](#)', 29 August 2018.

About the Library

The House of Commons Library research service provides MPs and their staff with the impartial briefing and evidence base they need to do their work in scrutinising Government, proposing legislation, and supporting constituents.

As well as providing MPs with a confidential service we publish open briefing papers, which are available on the Parliament website.

Every effort is made to ensure that the information contained in these publicly available research briefings is correct at the time of publication. Readers should be aware however that briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

If you have any comments on our briefings please email papers@parliament.uk. Authors are available to discuss the content of this briefing only with Members and their staff.

If you have any general questions about the work of the House of Commons you can email hcinfo@parliament.uk.

Disclaimer

This information is provided to Members of Parliament in support of their parliamentary duties. It is a general briefing only and should not be relied on as a substitute for specific advice. The House of Commons or the author(s) shall not be liable for any errors or omissions, or for any loss or damage of any kind arising from its use, and may remove, vary or amend any information at any time without prior notice.

The House of Commons accepts no responsibility for any references or links to, or the content of, information maintained by third parties. This information is provided subject to the [conditions of the Open Parliament Licence](#).