Woman's Trust Response to The Mental Health Strategy For England Consultation

Woman's Trust submits its response to the call for evidence that will inform the development and implementation of a new cross-government mental health strategy for England.

About Woman's Trust

The response to this survey is **on behalf of Woman's Trust** (www.womanstrust.org.uk), representing the organisation's views, with 30 years specialism in mental health provision.

Woman's Trust (WT) is **a charity, not for profit**, led by and for women and children. It provides specialist therapeutic and mental health (MH) support to those affected by domestic abuse (DA) and related violence against women and girls (VAWG).

The work of Woman's Trust is focused on

- **Advocacy**
- **Education**
- **Healthcare - mental health**

Which area or areas of England do you work (or does your organisation operate) in?

- **London** – support services across all boroughs
- **Across England** – advocacy and education

What is the first part of your workplace address (or organisation's main) postcode?

- **London NW1**

Please provide more detail on the type of organisation you work for. (50 words)

Woman's Trust (WT) provides specialist free mental health and therapeutic support for women, young women (aged 16+), children (aged 5+) survivors of domestic abuse and advocates for improved systems:

* specialist counselling (BACP accredited), peer support, mental health services
* psycho-educational workshops for professionals, schools, survivors
* raising awareness, advocating for specialist trauma-informed responses.

Hospital to community

Provide practical examples and evidence on how mental health services can work more effectively across the wider NHS, neighbourhood health centres and different sectors

Woman's Trust (WT) practice-based and research evidence demonstrates that mental health (MH) services can work more effectively from hospital to community through:

• **A Women's Mental Health Strategy across the NHS and community**. A Women-specific strategy should recognise women's distinct mental health needs, apply an intersectional lens, and ensure services are designed for and by women and girls. Women's experiences differ from men's, and girls' and young women's needs differ from boys' and young men's. Research shows 1 in 12 women attempt suicide compared with 1 in 20 men (McManus et al., 2016)[1], while self-harm hospital admissions for girls/young women aged 10–24 are three times higher than for boys/young men (Public Health England, 2024)[2]. Existing specialist services, including those of Woman's Trust commissioned by the Greater London Authority and local authorities, demonstrate effectiveness but demand far exceeds capacity (DA Commissioner 2022[3], Woman's Trust 2025[4]).

• **Women's and girls' experiences of domestic abuse and violence (VAWG) must be central to the mental health response**. Over one in four women experience domestic abuse and one in five children live with it. Evidence shows one in two women seek mental health support because of domestic abuse (RCP, 2024)[5], there are more domestic abuse deaths by suicide than homicide (NPCC, 2025)[6], and half of women's suicide attempts are linked to domestic abuse (City University, 2022)[7].

• **Expand specialist mental health responses for domestic abuse by building on proven community MH models**. Woman's Trust has developed specialist counselling over 30 years, supporting more than 22,000 women and girls, with commissioned services demonstrating positive outcomes, reducing depression and suicidal ideation.

• **Ensure women's mental health services and spaces are separate**, physically and psychologically safe, and responsive to women's diverse and intersectional needs, including young women, Black and minoritised women, migrant women, women with convictions.

• **Strengthen partnerships with community-based women's organisations**, using established specialist services already embedded across health, social care, housing, criminal justice, to improve access, continuity of care, and recovery. (Safelives 2018)[8]

[1] McManus et al., 2016, Suicidal thoughts, suicide attempts and self-harm
[2] Public Health England, 2024, Children and Young People's Mental Health and Wellbeing
[3] DA Commissioner 2022 , A Patchwork of Provision report
[4] Woman's Trust 2025, Living without hope report
[5] RCP, 2024
[6] NPCC, College of Policing 2025 Domestic Homicides and Suspected Victim Suicides 2023-2024
[7] City University of London et al, 2022 Intimate partner violence, suicidality and self harm
[8] Safelives 2018 Angelou Partnership VAWG service in three London Borough evaluation

What further support should be provided for people with severe and enduring mental illness?

With one in two women reporting they sought mental health support linked to domestic abuse and related VAWG, there are clear links to PTSD, depression, self-harm, addiction, suicidal ideation, suicide attempts and deaths, alongside significant physical health impacts.

To support women with severe and enduring mental illness:

• **Early identification and intervention by GPs and health professionals, with referral pathways to specialist counselling** and mental health support provided by women's organisations and women's centres, will help women stay well. Evidence suggests many women disclose abuse to health professionals but are not referred to appropriate specialist support (SafeLives, 2021)[9].

• **Long-term specialist mental health support through counselling and peer support groups delivered within women's mental health services** enables women to address trauma and improve participation in education, employment and community life. At Woman's Trust, over 50% of women accessing support are not in employment, education or training at the start of counselling. Following specialist therapeutic support, women report increased confidence to engage in work, education and their communities.

• **Increasing the availability of specialist therapeutic support and reducing barriers to access caused by limited capacity** and long waiting lists will help prevent mental health crises and hospital admissions. Woman's Trust reports waiting lists representing around 50% of referrals, while the Domestic Abuse Commissioner has highlighted that fewer than half of survivors access counselling. Specialist domestic abuse and VAWG-informed counselling, including responses to suicidal ideation, provides effective community intervention and reduces crisis presentations.

• **Strengthening pathways between NHS mental health services and specialist community-based women's organisations through clear referral routes and co-located services** will reduce inpatient admissions and lengths of stay. Pilots at St Charles Hospital, where mental health IDVAs worked alongside Woman's Trust counsellors, demonstrated positive outcomes for women, improved practitioner confidence, and stronger continuity of care between hospital and community services.

What are the main barriers to continuity of care across transitions between hospital and community services, and between different levels of care, including child to adult services?

Woman's Trust research (Woman's Trust 2025) evidenced barriers to care between NHS settings and community services such as women's specialist MH services which include

- **lack of awareness of domestic abuse and understanding of the impact** on health and specifically mental health by professionals
- **lack of awareness of the existence of specialist services in the community** and referral pathways by health professionals,

[9] SafeLives, 2017, We only do bones here

- **unable to refer due to long waiting lists and lack of resources for community specialist counsellors** (eg at WT) with need exceeding demand by over 50% as reported by the DAC Patchwork Provision (2022)
- **barriers to accessing mental health provision, with health professionals taking alternative actions** that are not addressing the DA trauma appropriately. Examples include medicating instead (eg anti-depressants), defining behaviour as aggressive and chaotic (eg reporting to the police, with women being criminalised instead of seeking appropriate specialist MH services – Advance report over 70% of women with DA and MH needs in prison or on probation),
- **Professionals, including MH staff, not engaging with DA multi-agency practices,** such as MARACs, IDVAs and community counselling services to put together a wraparound holistic response for the woman/survivor, and instead working in silos across systems.

Provide examples from either side of the transition and outline how these barriers could be effectively addressed.

Barriers to transition from hospital to community (Woman's Trust 2025) could be addressed through:

- **Provide in-depth and continuous training** on the awareness and understanding of domestic abuse and the impact on health and specifically mental health to NHS and other statutory professionals
- **Commission specialist women's mental health services in the community** (GBP27.5m will secure services for 25,000 across England)
- **Build clear pathways for referrals** by health professionals, extending the "paths to safety" programme
- **Build partnerships** across the whole system, by engaging with MARACs and other local/borough specific multi-agency settings, **co-locations of MH community counsellors** in NHS MH settings
- **Making Women's and Girls Mental Health response improvements a strategic priority** for all NHS settings, ICBs, Hospitals and GP practices.

Analogue to digital

What evidence and innovative examples are there of digital and AI tools being used to achieve these outcomes? Please provide examples.

Woman's Trust clients, women and children affected by DA, are positive about being provided support through both in person and digital tools eg online video or phonecalls, as part of their counselling support to improve engagement and access. There has been no request for AI tools however.

A consistent human counsellor is prioritized by our clients and this is central to our mental health response. Where digital tools are requested, it is in the form of information and recorded workshops to provide background information on domestic abuse and its impact on mental health.

We note that AI tools are currently built to provide information and responses based on databanks, rather than cognitive intelligent and unique responses tailored to an individual, particularly responding to the feelings and trauma experienced. The evidence currently indicates that AI solutions and algorithms present risks to both vulnerable and traumatized persons, such as DA victims/survivors and neurodiverse individuals (Prof Helen Fry research)[10], namely

- AI programmes tend to be agreeable and encouraging, which can become harmful if they reinforce unhealthy /harmful thoughts resulting from DA, and creating echo chambers that could harm mental health for survivors
- DA survivors have often been controlled and isolated by the perpetrator, and this may be reinforced by an AI which further isolates them from human connections as substitutes to genuine community engagement
- Recovery from trauma due to domestic abuse is a long-term process and technology/AI cannot become a band-aid that delivers a short-term fix but leaves survivors unable to move forward and rebuild their lives.

Tools can however be further developed to map services and help to find the appropriate mental health specialist services for women and survivors. The risk of declining support and disqualifying someone at high risk, rather than ensuring safeguarding them, will need to be prioritized.

How can data be used more innovatively to improve mental health and wider societal outcomes?

There remains limited data and research on women's and girls mental health with data often focused on generic or men's experiences.

To develop better understanding and improved responses appropriate for women and girls, the Department of Health needs to prioritise further research nationally and data is required on the following

- **Women's and girls suicide attempts database**, which currently are not recorded and there is little if any data. There is some evidence that indicates that women and girls attempt suicide at up to 3x the number of men, and this results in significant impact on the NHS and other services, as well as continued long-term harm to women and girls. This has not be prioritized due to the focus on the number of deaths rather than attempts of suicide, and hence men's suicide strategy has been prioritized.

[10] Prof Helen Fry 2026, AI Confidential BBC and Fernando Comet https://fernandocomet.medium.com/hannah-fry-the-mathematician-humanizing-ai-649bd00575e3

- Further research data on the **link of domestic abuse on both women's and girls, and also children, and the impact on mental health** in England and the NHS is urgently needed in order to understand the key drivers and design appropriate responses.
- Data on **the need for counselling and mental health support by women and girls nationally and the gap in resources**, both in the community and within the NHS is lacking severely. There are indications that there is less than half the resources needed (WT 2025, DA Commissioner 2022 Lord Darzi 2024 report)
- **Serious death reviews of suicides linked to domestic abuse**, by ICBs working with local authorities, on the same basis as Domestic Homicide Reviews need to be carried out and published, in order to understand the gaps in the systems and improve responses, with action plans to be implemented.

Sickness to prevention

Which preventative approaches have the strongest evidence for reducing incidence or severity of mental health problems and promoting good mental health?

It is vital that preventative approaches to mental health are considered through an intersectional lens, with a specific focus on women and young women and girls.

Evidence shows that they are disproportionately affected with higher rates of increase of mental health incidents than boys and men. Half of the women with mental health needs report to psychiatrists that DA and VAWG are a key driver. Young women reporting 3 times more incidents of self-harm (NHS 2024) whilst also experiencing DA at double the rates of adult women (1 in 3 of survivors are aged 16 to 25).

- **primary prevention - stopping mental health problems before they start**
  An **integrated intersectional response** for Domestic abuse and Mental Health needs to be developed, as part of education and awareness raising for young women through schools and workshops.
  WT has been successfully delivering **psychoeducational workshops** to young women (aged 16-25) in London at high risk or experiencing DA, with increased risk factors of gang involvement, exploitation, in care, school exclusions with the London Violence Reduction Unit. Young women reported very positive outcomes.
  WT has also been delivering **webinars and workshops** for adult women aiming to improve understanding of DA and how to manage the impact of trauma on MH.
- **secondary prevention - supporting those at higher risk of experiencing MH problems**
  WT provides **long term therapeutic groups** for women who have completed 1-2-1 counselling but continue to require longer term support. This enables

women to continue their recovery whilst also rebuilding community connections in a safe space.

- **tertiary prevention - helping people living with mental health problems to stay well**
  Women supported through counselling, often continue to be impacted by the trauma resulting from DA as they work towards rebuilding their lives. WT has developed specialist **peer support groups and well-being sessions** at its Women's Centres, to provide spaces for women to share their feelings and support each other, to build connections in the community and to provide a safe space as they rebuild their lives.

Which preventative approaches have the strongest evidence for reducing the numbers of lives lost to suicide?

Suicides due to domestic abuse are now evidenced to exceed domestic homicides (NPCC, 2026) with evidence of up to 10 suicides of women victims by week – that is one in two of all suicides by women nationally (McManus 2016).

Women referred to WT and receiving counselling and therapeutic groups **report 70% reduction in suicidal ideation** and 94% reduction in anxiety (Woman's Trust 2025). In our 30 year history, with over 22,000 we have no record of clients ending their lives after support through WT.

"Women need to feel there is hope for a better life – we are not just what our abusers tell us we are. I felt hopeless and suicidal … the support I received has stopped me going mentally 'mad' and I feel I'm not alone. I'm not suicidal and I can see hope now." Woman survivor supported by WT

Our specialist therapeutic counseling approach (Woman's Trust 2025)[11] is

- **Specialist 'person-led' counselling and therapeutic** services informed by in-depth understanding of the long-term mental health impact. We enable women to make their own choices through their journey. Our approach recognizes the impact of the perpetrator's behaviour on survivors.
- **Trauma-informed approach**, rooted in our specialist expertise in understanding the dynamics of domestic abuse and its devastating and often long-lasting effects on women's mental health, their lives and that of their children.
- **Holistic response,** recognising the whole person and her diverse needs, such as housing, financial, legal, children and family, by providing her with independent, free and confidential mental health response. We work in a whole system approach with multiple statutory and voluntary agencies.
- **Intersectional and accessible services** responding to women facing multiple disadvantages. Our counsellors reflect the communities we serve and we aim to respond to her needs, including black and minoritised groups, languages and lived experience.

[11] Woman's Trust 2025, Living without hope, pg 26

- **A safe space, both psychological and physical**, through women-only specialist services, to discuss their experiences openly and without fear of judgement, to process their thoughts, express and learn to manage their feelings and reactions.
- **We meet her where she is at,** including one-to-one counselling, therapeutic groups, workshops. Our flexible support in person, online or hybrid access, responds to her changing needs. We engage women at our Women's Centre in central London, regional hubs and online

How can services better support the 'missing middle' - those with sustained needs (that affect their participation in community life, for example, in education or work) who may not meet the criteria for NHS mental health services?

Women affected by domestic abuse will experience a range of mental health needs including stress and anxiety, depression, PTSD, and suicidal ideation. These needs are often changing as the abuse and risk they face is dynamic, particularly when living with the perpetrator although often even after they leave.

The needs are often complex, and many will continue to deal with the impact of trauma, isolated, unable to engage in work or training or education. The support provided through NHS is often not specialist, limited in number of sessions and does not meet the needs of most survivors.

Woman's Trust and 100 charities across (Woman's Trust letter 2025)[12] the country have called for funding and delivering specialist therapeutic and mental health services for women nationally, to meet the demand and to engage with those currently not reached. **An investment of GBP27,5m per year will ensure support for 25,000 women and young women in England and London.** This will be in the form of

- Counselling up to 18 sessions on a one-to-one basis
- Therapeutic Groups of up to 8 sessions for up to 10 women

Women will be able to engage based on the principles of the WT therapeutic approach and support with be person-led and tailored to their individual needs and circumstances.

Factors enabling good practice

What commissioning, funding and oversight or accountability arrangements best support safe and integrated mental health services that improve outcomes across mental health, participation in work, education and community life, and social functioning?

Woman's Trust research in Living Without Hope found that despite evidence from the Domestic Abuse Commissioner, the Domestic Abuse APPG inquiry; stakeholder and

[12] Woman's Trust and 100 charities letter to Department of Health and Home Office by 100 charities, calling for this specialist response (May 2025) https://womanstrust.org.uk/wp-content/uploads/2025/05/Letter-to-secretaries-of-state-and-ministers-12-May-2025-1.pdf

survivor consultations, academic research; Women's Mental Health Strategy Taskforce; NHS England Long-term Plan;

- The Home Office, the Department of Health and Social Care (DHSC), the NHS in England **do not specifically identify women's mental health as a priority, nor the need to respond to the impact of domestic abuse** on their increasing mental health needs.

- The **national Suicide Prevention Strategy does not make specific recommendations or provisions** for addressing the high prevalence of domestic abuse survivors' suicide attempts or deaths by suicide, for women and girls.

To improve MH responses for DA survivors and women, **Woman's Trust recommendations** include:

- The Home Office, Department of Health, NHS, London MOPAC, local authorities and Integrated Care Boards should **include women's and girls' mental health needs linked to domestic abuse and VAWG as an explicit key strategic priority** and national emergency, with action plans and funding, to deliver improved outcomes in all central and local government VAWG and health plans.

- Government at central and local levels (including the Department of Health, NHS England and MOPAC) should **invest in specialist women's community-based counselling and mental health services for survivors of domestic abuse**, and additional funding for statutory mental health services in the mental health neighbourhood hubs, to enable all survivors, with a focus on women.

- An urgent **investment of at least £27.5 million per year nationally** for specialist mental health support in the community through DA and VAWG services for women and girls who are DA survivors, with savings of 10 times per £1 spent to the public purse as reported by the NHS.

- The HO and DHSC should **develop a national partnership with voluntary and statutory organisations based on a coordinated whole system approach** to address MH challenges for DA survivors and women. Local authorities and ICBs should develop local partnerships based on a coordinated whole system approach to commission and address MH needs of women and girls DA survivors.

Woman's Trust submission

The submission is made by Alice Roner-Piller, Chief Executive (alice.r@womanstrust.org.uk) and Niki Scordi, Chair (niki.s@womanstrust.org.uk) of Woman's Trust. We want to thank all those who contributed to the evidence, and particularly the women and girls survivors of domestic abuse, the Woman's Trust staff and trustees including Victoria Birch and Laura McCarthy, and our partners and colleagues across the VAWG voluntary and statutory sector.