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ANALYTICAL REPORT

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TASK 1: SOCIAL EPIDEMIOLOGICAL ANALYSIS

Gender and health inequality : examining systemic disparities in health outcomes between men and women in the united kingdom.

1. Introduction

Gender is one of the fundamental social determinants of health, shaping individual health experiences, access to care and health outcomes throughout the life course (Marmot et al. 2020). In the United Kingdom, both men and women face distinct but significant health inequalities driven by biological differences, social norms, economic disparities, and systemic failures within the healthcare system. Women, despite living longer than men on average, spend a greater proportion of their lives in poor health and frequently experience delayed diagnoses and inadequate treatment for conditions unique to or more prevalent among them (ONS, 2023). Men, conversely, are disproportionately affected by suicide, substance misuse, and are less likely to access health services, resulting in worse outcomes for several preventable conditions (Mental Health Foundation, 2024). The United Kingdom currently ranks 104th globally in terms of the gender health gap, reflecting the scale of systemic inequality (LSE Public Policy Review, 2025) this report examines six key areas of gender health inequality in the uk exploring both illness rates and social issues alongside national responsens and organisational support.

2. Contextual Background and Underlying Factors

2.1 Mental Health Disorders: Higher Burden Among Women

Women in the UK are significantly more likely than men to experience common mental health conditions including depression and anxiety. Today women are three times more likely than men to experience common mental health problems, compared to twice as likely in 1993, indicating a worsening trend (Mental Health Foundation, 2024). Rates of self-harm among young women have tripled since 1993, and young women are three times more likely than young men to experience post-traumatic stress disorder. These disparities are rooted in a combination of socioeconomic disadvantage, exposure to domestic violence, and the psychological burden of unpaid care work, which disproportionately falls on women (Watkinson et al., 2024). The NHS adult psychiatric morbidity survey 2023/24 further confirms these gendered patterns, highlighting the urgent need for gender-responsive mental health services (NHS England, 2024).

2.2 Cardiovascular Disease: Underdiagnosis and Research Gaps in Women

Cardiovascular disease stays a leading cause of death among women in the UK, yet it is often misunderstood as a condition affecting men. Women's symptoms of heart disease often present differently from those of men and are routinely underrecognised by clinicians, leading to delayed treatment and poorer outcomes (British Heart Foundation, 2023). The Lancet Women and Cardiovascular Disease Commission (Vogel et al., 2021) shown that women have historically been underrepresented in cardiovascular research, with clinical guidelines based on studies conducted on male populations. This systemic research bias contributes directly to health inequalities, as treatment protocols may be less effective for women. The British Heart Foundation (2023) reported that women are 50% more likely than men to be misdiagnosed following a heart attack.

2.3 Male Suicide: A Gendered Crisis

Suicide stands for one of the starkest examples of gender health inequality affecting men. In 2023, males accounted for approximately three-quarters of all suicide deaths registered in England and Wales, a trend that has persisted since the mid-1990s (ONS, 2024). The male suicide rate was 17.4 deaths per 100,000 compared to 5.7 per 100,000 for females — among the highest recorded since 1999 (ONS, 2024). Men aged 45 to 49 face the highest rates, at 25.5 per 100,000. Suicide is the leading cause of death in men under 50 in the UK. Social norms around masculinity discourage men from seeking help; as many as 40% of men have never spoken to anyone about their mental health, and only 36% of NHS talking therapy referrals are for men (Mental Health Foundation, 2024). Relationship breakdown, financial pressure, and unemployment are identified as key risk factors (Samaritans, 2021).

2.4 Gender Pay Gap and Socioeconomic Disadvantage

The gender pay gap is a significant structural determinant of women's health. In 2024, the UK mean gender pay gap stood at 13.1%, with health and social care showing a mean gap of 7.8% (DHSC, 2024). Women are overrepresented in low-paid, part-time, and precarious employment, which limits their financial independence and access to private healthcare or health-promoting resources. The Women's Budget Group (2022) highlights those financial constraints, combined with disproportionate caregiving responsibilities, create compounding

barriers to healthcare access for women from lower socioeconomic backgrounds. Poverty is linked to poor health outcomes, and women's greater risk of poverty — particularly in older age — worsens existing health inequalities (Marmot et al., 2020).

2.5 Domestic Violence and Gender-Based Violence

Domestic abuse is a major social determinant of health disproportionately affecting women. According to the Office for National Statistics (2023), an estimated 2.1 million people experienced domestic abuse in England and Wales in the year ending March 2023, with women forming most victims. Domestic violence is associated with a wide range of physical and mental health consequences, including depression, anxiety, post-traumatic stress disorder, and chronic pain. Women experiencing abuse often face barriers to accessing healthcare, as abusers may exercise control over medical appointments. SafeLives (2023) reports that on average, victims experience 50 incidents of abuse before accessing support, showing significant underreporting and delayed intervention, which worsens health outcomes.

2.6 Healthcare Access Inequalities: Gynaecological Care and Diagnostic Delays

Women in the UK face significant inequalities in access to gynaecological and reproductive healthcare. As of 2024, 580,000 women were waiting for gynaecological care in England, with almost half waiting beyond the NHS target of 18 weeks (NHS Confederation, 2024). Endometriosis — a condition affecting approximately 1.5 million women — takes an average of eight years to diagnose, reflecting both a research deficit and a culture of dismissing women's pain (The Women's Organisation, 2025). The Royal College of Obstetricians and Gynaecologists (RCOG, 2025) found that cervical screening coverage sat at only 69% in 2023–2024, well below NHS targets. These delays and gaps in care lead to more advanced disease presentation and worsened long-term outcomes.

3. National Response to Reduce Health Inequalities

The UK government has implemented several national initiatives to address gender health inequalities, with varying degrees of success.

The Women's Health Strategy for England, published in August 2022, stood for the first government-led strategy specifically addressing the systemic failures in women's healthcare (DHSC, 2022). The ten-year strategy committed to improving health outcomes across gynaecological conditions, menopause, fertility, and mental health, and pledged investment in Women's Health Hubs — integrated care centres providing gynaecological, sexual health, contraception, and menopause services. Between 2023 and 2025, £25 million was invested in expanding these hubs (RCOG, 2025). The strategy was renewed in October 2025, with new commitments including the inclusion of menopause questions in the NHS Health Check and an ambition to drop cervical cancer by 2040 (GOV.UK, 2025).

For men's health, the Suicide Prevention Strategy for England 2023–2028 was launched to address the disproportionate burden of suicide among men (GOV.UK, 2023). The strategy aims to reduce suicide rates by targeting high-risk groups including middle-aged men from deprived backgrounds, improving access to mental health support, and addressing the stigma that prevents men from seeking help. The strategy includes funding for community-based support services and improved data collection to watch at-risk populations (Samaritans, 2024).

4. Organisations That Support the Chosen Group

Wellbeing of Women is a leading UK charity dedicated to funding research and raising awareness of conditions affecting women's reproductive and gynaecological health. The charity's mission is to improve the health and wellbeing of women and girls throughout their lives, with a focus on conditions that are underfunded, underresearched, and stigmatised. Wellbeing of Women funds pioneering research into endometriosis, fibroids, ovarian cancer, menopause, and pregnancy complications. Through its 'Just a Period' campaign, the charity works to ensure that menstrual health education is embedded in schools and that period pain is taken seriously as a clinical issue. Wellbeing of Women also engages in advocacy with policymakers, calling for greater investment in women's health research and more fair healthcare delivery (Wellbeing of Women, 2024). The charity supports the implementation of the Women's Health Strategy and has contributed evidence to the government's renewed strategy in 2025.

5. Conclusion

Gender health inequalities in the UK are both wide-ranging and deeply entrenched, affecting men and women in distinct but equally significant ways. Women face disproportionate burdens of mental ill health, gynaecological conditions, diagnostic delays, and gender-based violence, compounded by socioeconomic disadvantage. Men, meanwhile, experience a crisis of suicide, poor mental health service access, and risk-taking behaviours rooted in harmful gender norms. The national response — including the Women's Health Strategy and the Suicide Prevention Strategy — is meaningful progress, but implementation challenges, funding shortfalls, and persistent inequalities demand sustained political commitment. Organisations such as Wellbeing of Women play a vital role in supplementing policy with research, advocacy, and community support. Addressing gender health inequalities requires a whole-system approach that recognises the intersectionality of gender with class, ethnicity, and disability.

TASK 2: EPIDEMIOLOGICAL ANALYSIS

Epidemiological Analysis of Female Suicide and Self-Harm in the London Borough of Southwark

1. Introduction: Definition and Prevalence

This report examines the public health problem of suicide and self-harm among women in the London Borough of Southwark, a densely populated and socioeconomically diverse inner-London authority. While male suicide rates are significantly higher nationally, the rising rate of suicide and self-harm among women — particularly young women — is a critical and often overlooked public health concern. The Office for National Statistics (ONS, 2024) recorded a female suicide rate of 5.7 deaths per 100,000 in 2023, the highest since 1994. Self-harm rates among young women have tripled since 1993 (Mental Health Foundation, 2024), and women are more likely than men to attempt suicide, even if men are more likely to die. Globally, the World Health Organisation (WHO, 2023) estimates that 703,000 people die by suicide annually, with self-harm affecting millions more. In the UK context, suicide and self-harm carry profound social, cultural, and economic consequences, including lost productivity, healthcare costs, and devastating effects on families and communities (GOV.UK, 2023). Southwark is selected as the defined population due to its high levels of deprivation, ethnic diversity, and documented mental health service pressures, making it an appropriate scale for targeted epidemiological analysis.

2. Key Determinants and Risk Factors

The key determinants of suicide and self-harm among women in Southwark are multifactorial, encompassing biological, psychological, social, and structural factors. Drawing on the social determinants of health framework (Marmot et al., 2020), poverty and socioeconomic deprivation are primary risk factors; Southwark ranks among the 20% most deprived local authorities in England (ONS, 2023), and women in the most deprived areas face significantly elevated risks. Domestic abuse — prevalent in Southwark, with the Metropolitan Police recording high rates of domestic incidents — is strongly associated with female self-harm and suicidal ideation (SafeLives, 2023). Mental health conditions, particularly depression, anxiety, and borderline personality disorder, are significant clinical risk factors (NHS England, 2024). Additional determinants include childhood trauma, social isolation, substance misuse, and barriers to accessing timely mental health support. The Lancet Public Health (Watkinson et al., 2024) identified that transgender and non-binary women face substantially heightened mental health risks, with over 88% of trans young adults surveyed reporting suicidal thoughts — a critical consideration in Southwark's diverse population.

3. Health Needs Assessment and Epidemiological Studies

A health needs assessment (HNA) for Southwark draws on multiple data sources. According to data from Public Health Fingertips (OHID, 2024), hospital admissions for deliberate self-harm among females in Southwark are higher than the national and London averages. Local predictions are based on national baseline data on the prevalence of mental health problems by gender from the NHS Adult Psychiatric Morbidity Survey (2023/24). Local Joint Strategic Needs Assessments (JSNAs) produced by Southwark Council (2023) identify young women

aged 16–24 and women from Black African and Caribbean backgrounds as particularly high-risk groups, reflecting intersecting racial and gender inequalities. Epidemiological studies such as the Marmot Review 10 Years On (2020) confirm the strong association between deprivation and mental health outcomes, directly applicable to Southwark's demographic profile. These data collectively indicate a significant and growing public health burden requiring coordinated epidemiological response.

4. Public Health Measures and the 3 Ps

Public health measures in Southwark address female suicide and self-harm through the three Ps framework: Prevention, Protection, and Promotion.

Prevention strategies focus on early identification of at-risk women through GP screening, health visitor contacts, and community outreach, particularly targeting women experiencing domestic abuse or economic hardship. NHS Talking Therapies (formerly IAPT) provides first-line psychological support in Southwark, though access remains inequitable, with long waiting times reported for specialist services (RCOG, 2025). Protection measures include crisis intervention services, A&E liaison psychiatry, and safe messaging protocols for media and online platforms, in line with Samaritans' media guidelines (Samaritans, 2021). Southwark Council's domestic abuse referral pathways offer critical protection for women at heightened risk. Promotion involves community-based mental health promotion campaigns targeting stigma reduction, particularly among Black and minority ethnic women who may face cultural barriers to seeking help. The Women's Health Strategy (DHSC, 2022) supports the development of women's health hubs that integrate mental health services with gynaecological and reproductive care, offering a holistic approach.

5. Surveillance and Monitoring Systems

Effective monitoring of female suicide and self-harm in Southwark employs multiple surveillance systems. The ONS mortality statistics provide annual data on registered suicides by sex, age, and local authority, enabling trend analysis and geographic comparison (ONS, 2024). The Near-Real-Time Suspected Suicide Surveillance System (nRTSSS), operated by the Office for Health Improvement and Disparities (OHID), provides more timely data on suspected suicides in England, reducing the traditional registration delay of approximately 199 days (ONS, 2024). Hospital Episode Statistics (HES) capture data on A&E attendances and hospital admissions related to self-harm, enabling identification of high-frequency service users requiring targeted support. The Mental Health Services Dataset (MHSDS) records contacts with NHS mental health services, allowing monitoring of access and outcomes by gender and geography. GP Quality and Outcomes Framework (QOF) data informs primary care prevalence estimates. Collectively, these systems provide a multi-layered epidemiological picture, though integration across datasets remains a key weakness.

6. Public Health Impact and Consequences

The short-term consequences of female suicide and self-harm in Southwark include significant pressure on A&E departments, mental health crisis services, and social care. Each self-harm presentation carries direct NHS costs estimated at over £1,600 per episode (NHS England, 2024). Long-term consequences include chronic mental ill health, reduced employment participation, impacts on dependent children, and intergenerational trauma. The economic

cost of poor mental health in England is estimated at £119 billion annually (NHS Confederation, 2024). For Southwark specifically, the concentration of deprivation and service demand creates a compounding cycle where unmet mental health needs escalate into crisis, increasing pressure on already stretched services. There are also significant equity implications: women from the most deprived quintile of Southwark are substantially more likely to experience mental health crises but least likely to receive timely intervention (OHID, 2024).

7. Health Intervention Programme

A proposed health intervention for Southwark targets women aged 16–45 at elevated risk of suicide and self-harm, drawing on evidence-based approaches and addressing identified determinants. The 'Women's Wellbeing Southwark' programme would comprise four interconnected components: (1) a community mental health hub co-located with Southwark's women's health hub, offering integrated mental health, domestic abuse, and contraceptive services in an accessible and non-stigmatising environment; (2) a peer support programme training women with lived experience of mental health challenges as community health champions, addressing stigma particularly within Black African, Caribbean, and South Asian communities; (3) a GP-led systematic case-finding protocol using validated screening tools (PHQ-9, GAD-7) at routine health checks, pregnancy reviews, and domestic abuse disclosures; and (4) a digital support platform offering crisis resources, self-help tools, and online access to talking therapies for women unable to attend in-person services.

Evaluation of the intervention would employ a mixed-methods approach, using routinely collected data (HES, MHSDS, ONS) to monitor trends in self-harm admissions and suicide rates over a five-year period, alongside qualitative research capturing women's experiences of the service. A logic model framework would link inputs, activities, outputs, and outcomes. Key performance indicators would include: reduction in A&E self-harm presentations, increase in GP mental health screening rates, reduction in waiting times for talking therapies, and improved patient-reported outcomes on validated mental health scales.

8. Strengths and Weaknesses of the Epidemiological Approach.

One benefit of this epidemiological strategy is the use of many validated data sources, which allows triangulation and reduces reliance on any one dataset. Focusing on a particular geographic demographic enables targeted resource allocation and contextually suitable actions. Using combined quantitative epidemiological data and qualitative health needs assessment data can provide a more comprehensive and nuanced view of the problem (Marmot et al., 2020).

c The proposed intervention's effectiveness is contingent on sustained funding and cross-agency collaboration, which have historically been inconsistent (RCOG, 2025). Finally, the causal pathways between deprivation, gender inequality, and mental health outcomes are complex and multidirectional, making attribution of change to specific interventions methodologically challenging.

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