

THE ROLE OF PHILANTHROPY IN ADDRESSING THE GIRLS AND YOUNG WOMEN'S MENTAL HEALTH CRISIS

**A report for the Prudence Trust
and the Pilgrim Trust**

Agenda Alliance and Centre for Young Lives

October 2025

AGENDA
alliance



Pilgrim
Trust

PRUDENCE
TRUST

Contents

About the authors	3
Introduction	4
Methodology	6
What do we know about the girls and young women’s mental health crisis in the UK?	9
What do we know about the mental health support available for girls and young women?	12
Children and Young People’s Mental Health Services	12
The voluntary sector	13
How much are funders spending on girls and young women’s mental health?	13
Which sectors provide mental health support for girls and young women?	14
What are the gaps, stressors and opportunities across these sectors?	19
What do we know about what support is effective in addressing girls and young women’s mental health?	22
What is the role of the philanthropic sector in supporting girls and young women’s mental health?	24
Principles of gender and age-specific support	28
Theories of change	34
Conclusions	36
Bibliography	41

About the authors

Centre for Young Lives (CFYL) was founded by Baroness Anne Longfield CBE in February 2024. Our team combines decades of experience in Westminster, Whitehall and beyond with a relentless commitment and drive to breaking down the barriers that hold back some children, and to ensuring that every child and young person can thrive. We use high quality research and evidence to advocate and campaign for innovative solutions and new models that improve the lives of children, young people and their families.

Agenda Alliance exists to make a difference to the lives of women and girls who are at the sharpest end of inequality. We are an alliance of over 130 member organisations – from large, national bodies to smaller, specialist organisations – working in collaboration to influence public policy and practice to respond appropriately to women and girls with multiple unmet needs.

Introduction

In the context of a high and rising mental health crisis facing young people, girls and young women are the hardest hit. Young women experience the highest rates of common mental disorders like anxiety and depression – and as youth mental ill health has risen in recent years, girls and young women’s poor mental health has risen the fastest. At the sharpest end, while boys and young men are more likely to die by suicide, girls and young women experience the highest rates of self-harm, suicidal ideation and suicide attempts.

Despite this, girls and young women describe poor experiences with mental health services and may experience a larger treatment gap in the NHS, and there is a lack of policy, research and practice attention on their needs. Voluntary, community and social enterprise organisations across the youth, mental health and women and girls sectors play an important role in delivering support, but all three sectors face capacity and funding challenges which limit their ability to meet the rising demand young women and girls are presenting with.

In April 2025, the Prudence Trust and the Pilgrim Trust came together to commission research to help them understand more about the mental health context for young women and girls in the UK, to help inform a planned future grant round focussed on this area. They sought support to deepen their understanding of the evidence base around girls and young women’s mental health, prevention and early intervention approaches, the range and availability of voluntary sector services for this group, and opportunities for their funding to make a difference for young women and girls.

The Centre for Young Lives and Agenda Alliance teamed up to use our combined expertise in the needs of children and young people, and the women and girls’ sector to support this research.

Over the summer and early autumn of 2025 we conducted an evidence review including analysis of a 360 Giving Grant Nav search; held a roundtable with 20 stakeholders; conducted interviews with eight stakeholders from the women and girls’ sector, youth and mental health sectors; and ran a theory of change workshop with the Prudence Trust and the Pilgrim Trust to support the synthesis of our findings.

We identified three sectors supporting girls and young women with their mental health – the youth sector, the mental health sector, and the women and girls’ sector – each of which described challenges with funding and each of which described barriers to supporting girls and young women with their mental health, from poor engagement, to a lack of capacity, to limited expertise on gender- or age-specific support.

We heard about how limited investment in girls and young women's mental health has been, which was supported by our analysis of 360 Giving Grant Nav data, which suggested that grants for mental health and wellbeing support for girls and young women made up less than 1% of mental health and wellbeing grants more broadly.

A lack of funding for support for this group was mirrored in a lack of attention within the evidence base. Overall, we found the evidence base around effective interventions to support women and girls' mental health was limited, with a lack of attention on this topic and a lack of gender disaggregation in studies on mental health more broadly. This presents a challenge for funders seeking to understand which interventions are especially effective or ineffective for girls and young women, which active ingredients are translatable, and what is scalable across the country to deliver effective outcomes for this group.

When asked, young women describe community mental health services which are designed for young women as more accessible to their needs, but very few nationally representative studies have looked at girls and young women's preferences in terms of service delivery. We heard about how important gender and age-specific support is for girls and young women, with gaps identified across sectors and a lack of understanding about age- and gender-specific support across funders, sector leaders and frontline practitioners. To support the development of this evidence base, we have provided a set of age- and gender-specific principles, included within this report, as well as exploring the potential for further work to promote understanding of and delivery of age- and gender-specific support.

While we did not conduct a systematic review of the drivers of girls and young women's mental health, six key themes emerged consistently from the evidence review which we have identified as key priorities for early intervention and prevention support. These are: violence against women and girls; gendered societal pressure and sexism; online pressure and harms; academic pressure; intersectional oppression; and young motherhood. Our theories of change identified the types of interventions that might support girls and young women whose mental health is impacted by this range of drivers.

Throughout this review we have heard that a dedicated grant round for girls and young women's mental health could not be more welcome or more urgent – such is the prevalence of need and the challenges within the sector. Our findings have led us to draw out five themes for philanthropic funders: age- and gender-specific support; improving the evidence base; supporting partnerships between sectors; supporting the sustainability of the sector; and supporting systems change and policy transformation. Our recommendations include tangible, practical steps for an imminent grant round, as well as longer-term opportunities for partnership with other funders in order to maximise impact and meet the scale of need.

Methodology

We used a range of qualitative and quantitative methods to draw together findings to answer research questions designed to help us draw conclusions and recommendations for philanthropic funders.

Research questions

Our overarching research question was:

- Where can philanthropy make a difference in the landscape of mental health support for girls and young women?

Our supplementary questions were:

- What is the prevalence, and what are the drivers, of poor mental health among girls and young women?
- What is the evidence on the effectiveness of models of mental health support for girls and young women, including that which is gender-specific and age-appropriate, in the UK and beyond?
- What is the voluntary or charity sector landscape for girls and young women's mental health support?
- What can philanthropic funders do to reduce the prevalence of mental ill health among girls and young women and improve their access to high quality support?

Activities

Roundtable with the sector

In July we held a roundtable with sector organisations from across the UK, to discuss girls and young women's mental health provision. 21 organisations attended the roundtable, of which:

- 16 of the attendees were from front line support services for girls and young women;
- 5 of the attendees were from national policy and research organisations with a focus on girls and young women's mental health.

Whilst we had organisations from Wales and Northern Ireland, the organisations were predominantly from England. None of the organisations were based in Scotland.

During the roundtable we split into two breakout rooms to foster more in-depth discussion and give space for everyone to share their thoughts. We asked three questions, all of which had follow up questions for the facilitator to ask to ensure the conversation stayed on topic.

The three main questions were:

1. From your work, what opportunities are there for positive change to improve the mental health support for girls and young women provided across the voluntary and statutory sectors?
2. What would enable you to make the greatest difference in improving girls' and young women's mental health?
3. What else could philanthropic funders do to support the delivery of girls' and young women's mental health provision?

Rapid Evidence Review

This review used a structured search process to identify evidence on mental health interventions for girls and young women. Searches were conducted in Google Scholar using predefined strategies for each intervention type, reviewing the first ten pages of results filtered by relevance, alongside additional sources identified through direct sharing or broader internet searches, such as Government reports. Just under 200 pieces of evidence were reviewed, including systematic reviews, meta-analyses, studies, and evaluations published since 2015 in English, and conducted in the UK, US, Australia, Europe, or Canada.

Initial searches targeted girls and young women specifically; where few relevant studies were found, search terms were expanded to include broader children and young people's evidence to identify gendered implications.

Assessing the strength of evidence was challenging due to the diversity of sources, ranging from peer-reviewed studies to grey literature and small-scale evaluations. Judgements were informed by factors such as methodology, sample size, and study limitations. Much of the evidence specific to girls and young women was qualitative or self-reported, which, while less rigorous than randomised trials, provides valuable insights into lived experience and effective service design. Finally, where gender-specific evidence was limited, findings were contextualised within broader evidence for children, young people, or women more generally.

Grant Nav 360

In August 2025 we conducted an expanded search of 360 Giving Grant Nav to explore the funding landscape for girls' and young women's mental health. 360 Giving Grant Nav is a search engine that provides grant data published by UK funders. It is only able to publish grants that have been submitted to the site. In our search, we used a series of different search terms around girls and young women's mental health to get a picture of the types, sizes and scope of funding over the past five years (2020-2025) and ten years (2015-2025) in the 'all grant types' category.

We expanded our search terms to include wellbeing and resilience in line with discussions with funders about the type of projects delivered by women and girls and youth sector organisations.

Our search terms were: (“girls” or “young women”) AND (“mental health” or “wellbeing” or “resilience”). Our full findings are broken down in the separate report shared with the Prudence Trust and the Pilgrim Trust.

Interviews

We held eight semi-structured online interviews with stakeholders from: philanthropy, youth support, mental health support, research, and the women and girls’ sector.

Theory of change

In September 2025, towards the end of our research activity, we held a theory of change workshop with staff from the Prudence Trust, the Pilgrim Trust, Agenda Alliance and the Centre for Young Lives to synthesise and distil our focus. A diagram of the theory of change developed in this workshop can be found on page 30. We also developed six further light touch theories of change based on the key drivers of girls and young women’s mental health identified in the evidence review which can be found on pages 34 and 35.

What do we know about the girls and young women's mental health crisis in the UK?

To understand where best to direct resources to improve girls and young women's mental health, we first sought to understand what is known about the prevalence of mental health problems among girls and young women – as well as what the evidence can tell us about the major drivers of mental ill health among girls and young women.

Prevalence

Evidence indicates that girls and young women are experiencing worsening mental health, with rising anxiety, poor wellbeing, and common mental disorders emerging early and intensifying through adolescence and early adulthood.¹ Self-harm, eating disorders, and suicide attempts in particular are disproportionately high, especially among vulnerable and marginalised groups.²

Probable mental health disorders: While rates of probable mental health disorders³ are similar for boys and girls between the ages of eight and sixteen, by ages seventeen to twenty-five, young women are twice as likely as young men to experience such disorders.⁴ Data from the Millennium Cohort Study suggests that this gender disparity begins even earlier, around age fourteen.⁵ Common Mental Disorders⁶, including anxiety and depression, affect around 26% of women aged sixteen to twenty-four, compared with 9% of men of the same age, reflecting a global trend of poorer mental health among adolescent girls from age fifteen.^{7,8}

Self harm and eating disorders: Broadly speaking, experts suggest that girls and young women are more at risk of “internalising” poor mental health and are disproportionately affected by eating disorders and self-harm. Among eleven to sixteen-year-olds, eating disorders are four times more common in girls than boys, with 4.3% of girls affected compared to 1.0% of boys, and among seventeen to nineteen-year-olds, 20.8% of young women experience eating disorders compared to 5.1% of young men.⁹ Hospital admissions for eating disorders among girls aged 11-15 rose by 112.8% between 2012–13 and 2021–22.¹⁰ Self-harm is more common in young women than young men. In young women aged 17 to 24 years, 12.9% talked about self-harm in the past 4 weeks, compared with 5.6% of young men.¹¹ Young women were also more likely to have tried to harm themselves in the past 4 weeks compared with young men (8.5% versus 1.3%) and to have ever harmed themselves (45.7% versus 28.8%).

Suicide and suicide attempts: Attempted suicide is more common among women, particularly between the ages of sixteen and twenty-five.^{12 13} Boys and young men face higher rates of suicide than girls and young women.¹⁴ In 2024, the male suicide rate was 17.1 per 100,000 (74%) compared to female suicide rate of 5.6 per 100,000 (26%).¹⁵ Overall, both male and female suicide rates remained relatively unchanged from 2023. Between 2022 and 2024, the number of deaths by suicide among females aged 10-14 almost doubled (from 7 to 13).¹⁶ For boys aged 10-14 in this age bracket, the number of deaths by suicide halved from 10 in 2022 to 5 in 2024 (in 2023 it rose to 12).¹⁷ It is important to note that due to the many relevant factors related to death by suicide, challenges with liveness of the data, and the small numbers being analysed, it is difficult to draw conclusions about data on suicide. Previous studies have suggested that girls and young women who die by suicide are also more likely than boys to have experienced abuse, and to have been involved in the care or justice systems.¹⁸

Potential drivers of poor mental health among girls and young women

Understanding the rise of poor mental health in girls and young women is complex and often can be a result of multiple overlapping factors rather than just one.

Violence against women and girls: Girls and young women face some of the highest and increasing rates of both familial and wider forms of violence, including sexual violence and exploitation, intimate partner violence, tech-facilitated abuse, and peer-on-peer or familial abuse.^{19 20} The impact of such experiences on mental health is now well documented. Over half (54%) of women deemed to have experience of extensive physical and sexual violence – and a third (36%) of women who have experienced “extensive physical violence” - meet the diagnostic criteria for at least one common mental disorder (CMD).²¹ Similarly, of women over the age of 16 who were victims of rape or assault by penetration (including attempts) an estimated 63% reported mental or emotional problems and 10% reported that they had tried to kill themselves as a result.²²

Social media: A growing body of evidence links social media use to poor mental health in young people, with girls and young women facing distinct risks. Not only are they spending more time online than their male peers, with women aged 18–24 spending an average of 6 hours 36 minutes daily online, compared to 5 hours 28 minutes for men, experiences online for girls and young women are also often more harmful.²³ Exposure to harmful content is widespread, with over a third of 16–21-year-olds have seen suicide or self-harm content, more than a quarter have encountered pro-eating disorder content, and significant proportions report encountering bullying, misogyny, and racism.²⁴

Research also suggests that young people with internalising conditions, such as anxiety or depression, are more sensitive to online feedback and harmful comparisons, and studies indicate that the association between social media use and depressive symptoms is stronger for girls than boys.^{25 26}

Sexism and gendered "pressure": Gendered societal pressures on girls' appearance and behaviour, including overt experiences of sexism, have been associated with girls and young women's poor mental health, with one study by the Young Women's Trust finding that young women aged 16-30 who experience sexism are five times more likely to suffer from clinical depression.²⁷

Wider pressures facing girls and young women: There is a growing body of literature on the impact of academic pressures on the mental health of girls and young women,²⁸ showing that²⁹ they are at greater risk of developing mental health difficulties than boys, and that financial pressures, amidst rising poverty, and a cost-of-living pressure have been found to impact the mental health of girls and young women.³⁰ A survey from the Young Women's Trust revealed that young women are more likely to be struggling financially, trapped in jobs they don't enjoy.³¹ 77% of young women agreed that the increased cost of living has made things financially difficult for them, compared to 62% of young men.

Intersectional oppression: Girls and young women from Black and Global Majority backgrounds who experience intersecting oppressions, experience higher rates of poor mental health, with a growing body of evidence showing that experiences of racism are linked to poor mental health. This is somewhat reflected in the higher prevalence of poor mental health among marginalised groups, with Black and Black British women more likely to experience a common mental health problem (29%) compared to White British women (21%) and non-British White women (16%).³² Research also highlights how Black and Global Majority communities are more likely to enter into mental health services via non-voluntary means and often have negative experiences associated with statutory agencies.

Young motherhood: Young mothers aged 25 or under are at increased risk of experiencing mental illness both during and after pregnancy, with risk of self-harm increasing after child-birth particularly for women aged 15-24.³³ Young mums can also face additional and unique challenges and risk factors, such as isolation and loneliness, stigma, challenges in educational engagement and employment and poverty – compounded more recently by the cost-of-living crisis.³⁴ Pregnant women are also at particular risk of domestic abuse, a driver of poor mental health.

What do we know about the mental health support available for girls and young women?

Support for girls and young women's mental health is delivered across a range of different pathways. Statutory support through Children and Young People's Mental Health Services is available, however thresholds for support and long waiting lists prevent many from accessing the support they need. Voluntary, community and social enterprise organisations across the youth, mental health and women and girls sector play a significant role in delivering support for girls and young women struggling with their mental health. There remain, however, similar challenges in terms of capacity and funding across the three sectors which can affect the sector's sustainability and ability to meet the rising demand for mental health support among women and girls.

Children and Young People's Mental Health Services

To understand the extent to which there are gaps in statutory provision, we provided a brief analysis of girls and young women's experiences of NHS mental health treatment. The Children's Commissioner for England's Office gathers evidence from NHS Digital on girls' and boys' gendered experiences of mental health support in Children and Young People's Mental Health Services (CYPMHS) in England. Their latest report in 2025 found that more than half (56%) of all children receiving two contacts with CYPMHS in 2023-24 were girls – unchanged from 2022-23 (p14).³⁵ Given the higher rates of poor mental health among girls and young women, it can be inferred that there is likely a larger treatment gap for girls and young women when compared with boys and young men. On average, boys wait longer than girls for their second contact with CYPMHS, a median waiting time of 45 days (about the same as 46 days in 2022-23) compared to 29 days for girls (unchanged from last year), or over 50% longer (p15).³⁶

Girls and non-binary children are slightly more likely to be referred in crisis, and boys are more likely to be referred for neurodevelopmental conditions – which have the longest wait times. NHS Data also shows that girls are more likely to be detained under the Mental Health Act (MHA) than boys and young men, and more likely to be held in secure mental health hospitals.³⁷ The reasons for girls and young women's detention under the MHA also often differs, with girls and young women more commonly detained for posing a risk to themselves rather than to others.

Within mental health settings, restraint was found by Agenda Alliance to be more prevalently used against girls, with particular concerns about prone restraint against girls and the potential for re-traumatisation.³⁸

Evidence from Agenda Alliance's engagement with girls and young women finds that girls felt afraid to seek help, have faced significant barriers to accessing services and support, and have even been re-traumatised by mental health services designed to help them.³⁹ They warn that girls and young women worry that their distress will be minimised by services. A recent inquiry into the support available for young people who self-harm has drawn attention to the normalisation of young women's distress, noting that there is "a danger of apathy among professionals" in services which consistently see high rates of self-harm amongst young women.⁴⁰

The voluntary sector

Young people often voice their preference for mental health support delivered by voluntary and community organisations, highlighting the often welcoming and accessible nature of VCSE organisations delivering support which can sometimes be seen in stark contrast to support received through CAMHS and statutory health services.⁴¹ Similarly, young people highlighted the importance of a safe third space in allowing them to connect with others, engage in activities and share their feelings. An over-focus on diagnosis and thresholds for mental health support in the current system has left a space for the voluntary sector to fill the gaps in providing early intervention and low level support, in particular for children with lower-level needs but who would benefit from support.

How much are funders spending on girls and young women's mental health?

In August 2025, we conducted a search of 360 Giving Grant Nav using a series of different search terms around girls and young women's mental health to get a picture of the types, sizes and scope of funding over the past five years (2020-2025) and ten years (2015-2025) in 'all grant types' category.

A total of under £83m was spent by grant makers on grants which included or referenced support for girls' and young women's mental health and wellbeing between 2015 and 2025. In comparison, a search for mental health and wellbeing grants alone ("mental health" OR "wellbeing" OR "resilience") in the same time period returns £11.8bn in grants, suggesting that support for girls and young women specifically makes up just 0.7% of grants for mental health and wellbeing.

Some grants, including large funds, were overall programmes with a small amount of dedicated work with girls and young women. Overall, total grants were higher in 2020-2025 than in 2015-2020, with 1,232 grants to a total of £47.5m in 2020-25 compared to 694 grants to a total of £34.4m in 2015-2020. This suggests that while investment in this space is low by comparison to other areas, it has been steadily rising over the past decade.

For 2015-2020, the top three funders were The National Lottery, Foundation Scotland and the Department for Culture, Media and Sport (DCMS). For 2020-2025, the top two are the same, whilst Sport England replaces DCMS as the third largest funder. Across both time periods, National Lottery Awards for All England account for the highest amount of grant programmes.

Recipient organisations were concentrated in London, followed by the North West and Yorkshire and Humber. This likely reflects the prevalence of VCSE organisations in larger cities like London, alongside a focus by funders targeting geographical areas with higher rates of deprivation. Organisations receiving the highest number of grants had mostly been in operation for between 10 and 25 years, with newer organisations receiving the fewest grants. While this is logical for funders to invest into organisations with stronger foundations, stability and institutional and sector knowledge, it raises wider challenges for the sector in preventing new organisations being established to broaden the reach and scope of support for girls and young women.

Between 2015-2025, the most common grant amount was between £5-10K. Our search identified three prominent thematic grant rounds on women and girls which were in operation during the years we searched: the Department for Culture, Media and Sport's Tampon Tax Fund, the Pilgrim Trust's Young Women in Mind Fund, and the Women and Girls Initiative from the National Lottery Fund.

Which sectors provide mental health support for girls and young women?

Support for girls and young women in the voluntary sector can be broadly grouped into three sectors:

- The youth sector – such as youth clubs and detached youth workers;
- The women and girls' sector – such as organisations led by and for women and girls offering a range of interventions including social action programmes, women's health support, and support for victims and survivors of violence against women and girls (VAWG);
- The mental health sector – such as Mind, Young Minds and Rethink Mental Illness.

The youth sector

Local authorities in England have a statutory duty to provide a local youth offer for young people, and many local authorities commission VCS organisations to deliver this provision. 80% of youth provision is delivered in the VCS, with an estimated 21,150 paid youth workers and 14,350 volunteers.⁴² Local authority expenditure on youth services has fallen 73% in England since 2010-11.⁴³ YMCA estimates, based on local authority reporting, that local authority expenditure on youth services in England has remained flat year-on-year at £446.5m, a 0.5% decrease on 2022-23.⁴⁴ There are also 54% fewer youth centres in 2022-23 compared to 2010-11.

The National Youth Agency's snapshot report into the sector found that, as in previous years, mental health and wellbeing is the most commonly delivered targeted support within the youth sector, regardless of organisation type, with 86% of youth sector organisations providing targeted mental health support.⁴⁵ The report also found that demand for mental health support has increased more than any other targeted service, with demand increasing amongst 82% of surveyed organisations. The proportion of youth sector services providing dedicated support to girls is also rising, with 40% of youth sector organisations providing support to young women and girls in 2024 compared to 31% the previous year.⁴⁶ However, this may not necessarily be referring to targeted age- and gender-specific services but rather that the service also supports girls.

Recent analysis by the Department for Culture, Media and Sport of the Youth Participation Survey pilot identified enablers and barriers of participation in activities.⁴⁷ Analysis found that females (alongside young people living in more deprived areas and young people eligible for Free School Meals) are less likely to participate in youth groups and clubs. Conversely, males were less likely to take part in social action and volunteering.

Youth organisations we spoke to during our interviews and roundtables highlighted some barriers to engaging girls and young women in some forms of youth work. These barriers included environments which are dominated by boys being unwelcoming (particularly where those boys have been involved in intimate relationships, sexual harassment, or sexual assault of girls and young women); gendered expectations around involvement in sport or other activities; and a lack of capacity to undertake meaningful proactive outreach with girls and young women. Street outreach methods, for example, tend to draw in more boys than girls. There was also an acknowledgement that rising social anxiety may be affecting girls and young women's ability to engage.

The women and girls' sector

There are an estimated 7,400 registered charities across the UK that are run by and for women and girls. Many of those identified were small, grassroots organisations, with the most common being "social associations", followed by VAWG, and women's health.⁴⁸ A survey of over 200 organisations found that the women and girls' social sector is under strain.

The vast majority of organisations had experienced a recent rise in demand for their support and many described challenges in meeting that need.⁴⁹ The scale of demand remains the biggest concern for the sector, followed by the short-term nature of funding sources and concerns about sustainability. Many respondents also reported concerns about the growing complexity of need in the women and girls' social sector that requires more specialist training for staff.⁵⁰

In interviews and our roundtable, we heard that there is a lack of focus on girls' and young women among statutory and philanthropic funders. Funding for this sector is limited, but largely comes from trusts and foundations, with some statutory support depending on the organisation's focus such as VAWG work funded by MOPAC or PCCs, or health initiatives supported by local NHS commissioners. A Freedom of Information request to all local authorities in England and Wales in 2022 previously revealed that 60% of local authorities do not commission or provide any gender-specialist services for girls and young women.⁵¹ The same research also revealed 90% of local authorities do not provide any gender-specialist services for Black, Asian and minoritised girls and young women.⁵² During our roundtable, girls and women's sector representatives stated that funders of youth provision are often focussed on boys and young men - a trend which may be increasing in recent years in the wake of the Netflix show *Adolescence* and increasing conversations about "forgotten" boys.

Representatives also suggested that the sector may have been slow to adapt to a growing emphasis on mental health, meaning they are not able to apply for funding for mental health programmes. Many organisations working with girls and young women provide wellbeing and self-esteem support which they observe is having a positive effect on girls and young women's mental health, but services do not always have the ability to evaluate this effect and do not often label their work as "mental health" support, so may miss out on funding tied to mental health priorities.

Many sector representatives also identified an historic lack of focus on girls and young women within the "women and girls" sector. Agenda Alliance has found that many girls and young women describe women's services as not accessible or appropriate for their age or needs. While there are many organisations which take a concerted approach to reaching girls and young women, such as Women and Girls Network, this is not the case across the sector. As such, girls and young women can sometimes fall between the gaps of non-gender-specific youth services, and non-age-specific women's services.

Funding in the devolved nations

In an interview with a funder in the girls and young women's sector, we heard that the landscape for girls' and young women's organisations varies across the four nations, however each shares common challenges of fragmentation and underfunding.

In Wales for example, we heard that the sector is shaped by rural geography and a dispersed population, with small, local organisations operating in isolation and often without a coherent national infrastructure. Political momentum around violence against women and girls has faded, leaving the sector disconnected and struggling to access funding. This funder stated that they often receive few or no applications for support for women and girls from organisations in Wales.

In Northern Ireland, women's organisations historically received government funding as part of the peace process, centred around community-based women's centres. However, it was reported that this model often placed heavy expectations on under-resourced organisations without fostering a culture of empowerment or trust in the sector. We heard that the funding landscape is now extremely constrained, with limited opportunities for women's organisations, and even fewer for those supporting girls. Scotland previously enjoyed stronger financial support under the SNP with significant investment flowing to the women's sector, but this has since declined as political priorities shifted, leading to serious sustainability challenges. The Women's Fund for Scotland continues to offer small grants, but the overall funding environment remains precarious.

The mental health sector

The voluntary and community sector (VCS) forms a vital part of England's mental health system, delivering support that is often more accessible, personalised, and trusted than statutory services. It includes a vast network of national charities, local community organisations, social enterprises, and user-led groups that provide counselling, helplines, peer support, crisis response, advocacy, and recovery programmes. These organisations often reach people who might not otherwise engage with formal mental health services — including racially minoritised groups, young people, survivors of violence, LGBTQ+ communities, and those living with multiple disadvantages. For example, Mind, in partnership with Agenda Alliance, aimed to increase the availability of high-quality mental health peer support for women⁵³ with a particular focus on those at risk of developing a mental health problem. Likewise, the Mental Health Foundation delivered a three year programme, Young Mum's Together, to offer support for young mothers.⁵⁴

The voluntary mental health sector operates within a fragile funding environment. Most organisations rely on a patchwork of short-term grants, NHS and local authority contracts, charitable trusts, and public donations. While national policy increasingly recognises the sector's importance, funding remains insecure and fragmented, with limited access to multi-year commissioning or core cost coverage. Inflation and wider public-sector pressures have compounded financial strain, leaving many small charities at risk of closure or forced to scale back. This uncertainty undermines workforce stability, long-term planning, and the continuity of care that service users depend on.

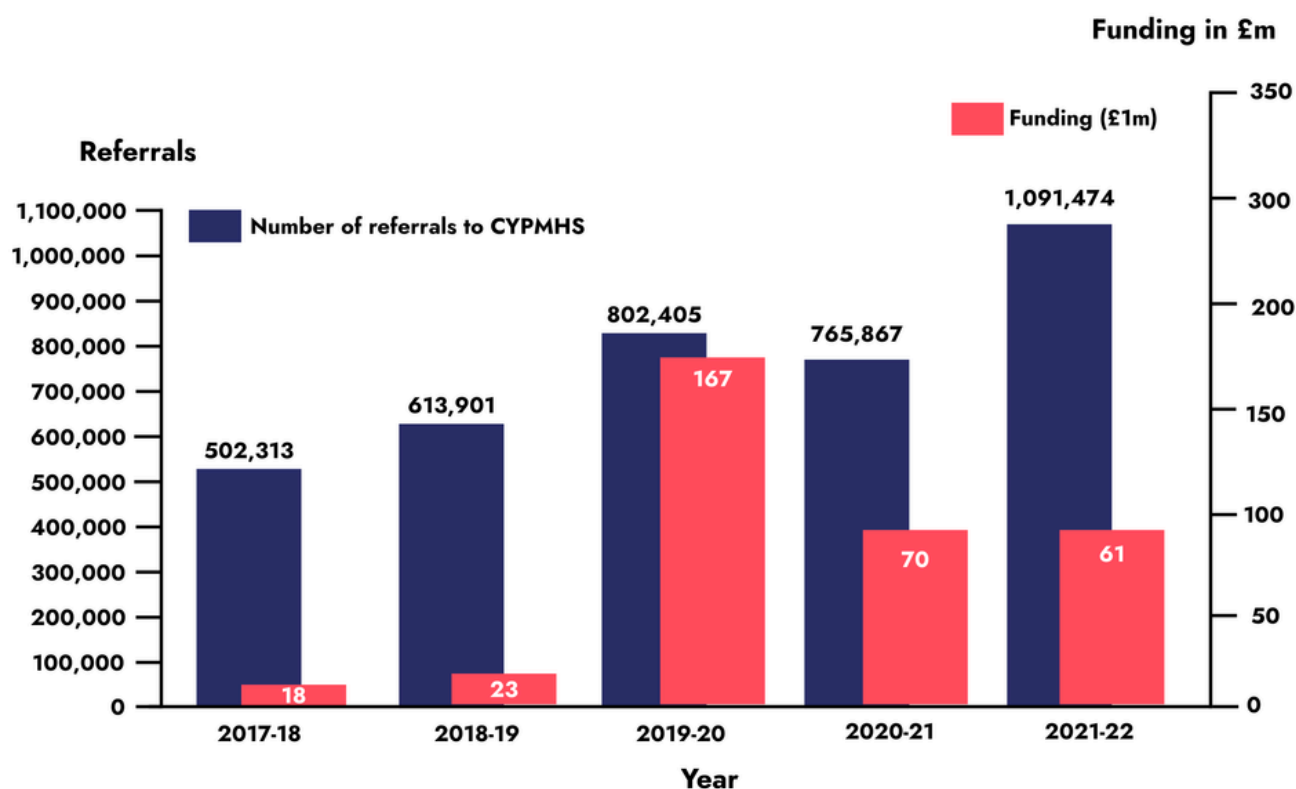


Figure 1: The increase in referrals to CYPMHS vs the change in philanthropic funding, source NPC 2024

Philanthropic funders increased their grant making into the mental health sector during the pandemic, however since then it has dropped off.⁵⁵

Demand for voluntary-sector mental health support has risen sharply in recent years, driven by the combined effects of the pandemic, the cost-of-living crisis, and long NHS waiting lists. Many organisations now face heavier and more complex caseloads, supporting people in crisis or with multiple social and psychological needs. For many, the voluntary sector has become a de facto first line of response, providing practical, emotional, and social help when statutory systems are overstretched.

However, the sector faces persistent challenges. Short-term funding cycles and competitive tendering leave organisations trapped in a cycle of survival rather than sustainability. Despite commitments to partnership working, many groups still struggle for parity of voice within Integrated Care Systems and local commissioning structures. Workforce burnout, reliance on volunteers, and difficulties evidencing impact all constrain growth. Small, community-led organisations, particularly those serving racially minoritised or marginalised populations, often face additional barriers to recognition and funding, despite being best placed to reach underserved communities.

What are the gaps, stressors and opportunities across these sectors?

In our roundtable and interviews with stakeholders from across these three sectors, we heard about the gaps, stressors and opportunities in providing support for girls and young women. Voluntary organisations identified multiple key pressure points and possible solutions to equip the sector to better deal with the downward trend in mental health for girls and young women.

Support around gender specialism: An issue that emerged repeatedly was the need to fund gender specialist work. Some, though not all stakeholders highlighted that funders should prioritise investment in women and girls' organisations. Others highlighted the need for specialist training in trauma-informed approaches and cultural competencies across sectors. This helps to ensure the intersectional and complex needs of girls and young women can be appropriately addressed. Co-productive approaches complement this by sustainably and meaningfully embedding girls and young women into the services. Wellbeing support and reflective practices for staff were also identified as important parts of this work.

Statutory partnerships: Recognising delays and deficiencies in existing statutory services supporting girls and young women's mental health, organisations stressed that relationships between themselves and formal institutions need to be improved. This would ensure that voluntary organisations are more embedded within service provision in ways that allow them to contribute their expertise. For example, stronger relationships with schools can lead to more effective early intervention strategies, while bridges between CAMHS and adult services can ensure better transitional support for young women. This improved access is also important at the decision-making stage, with organisations needing to more easily contribute suggestions directly to policy and decisionmakers. There was an acknowledgement among stakeholders that national policy initiatives such as the roll out of mental health support teams in schools and the Young Futures Hubs could have a stronger emphasis on the mental health needs of girls and young women.

Stronger collaboration: Organisations also called for improved communication channels with each other through creating forums for learning and resource and information sharing. This would particularly benefit smaller organisations with more limited resources. Funders can support this through connecting their networks and creating opportunities for collaborative partnership building. Organisations in the girls and young women's sector would benefit from strengthening collaboration and peer learning, for example forming consortia or networks to share experience, amplify impact, and enhance resilience.

They should also work to better articulate and evidence their impact in ways that align with current funder expectations, while continuing to emphasise the value of gender-specific, empowerment-based approaches.

Cross-sector collaboration: There is particular potential for stronger collaboration between organisations across the women and girls' sector and the mental health and youth sectors, harnessing the specialist expertise across these sectors. Each sector identified gaps in expertise which the other sectors held – whether that was reaching and engaging girls and young women; working in a gender-specific way; providing mental health interventions; or recognising and responding to age-specific needs. Throughout interviews and roundtables it was emphasised that any such partnerships should involve equitable power sharing rather than extractive practices, particularly for smaller organisations which may then struggle to secure future contracts. Projects that bring together organisations specialising in different services facilitate taking a holistic approach to tackling related issues, such as poverty, school attendance and mental health, which were identified as a particular priority.

Flexibility: Organisations in the sector emphasised that dynamism and creativity in approach are paramount to ensuring that the sector is meeting people's needs. For example, offering a menu of options for girls and young women, from group work to creative sessions allows service providers to better cater to the individual. Creative arts-based programmes can also be useful gateways to reach diverse communities, avoiding the stigma of formal mental health services. While online options can open up certain possibilities, it is also essential to recognise the importance of physical and well-maintained facilities for mental health and wellbeing – something that requires sufficient capital investment. Flexibility also ensures that programmes can adapt to changing political dynamics, for example recognising and funding solutions to the rise of the far-right impacting racialised communities' comfort and safety when using public transport.

Engaging girls and young women: Many organisations expressed a desire to do more work to understand what girls and young women want from services. They also highlighted the importance of funders and commissioners engaging with girls and young women to help design bids and subsequent projects and programmes around what girls and young women ask for. There is also a role for funders in investing in girls and young women with lived experience's skills development and directly paying and supporting them to lead groups and peer support.

Improving the evidence on girls and young women's experiences: To better capture the experiences of girls and young women, funders and service providers both need to develop their practices around research and evidence. Funders can offer practical support and tools to youth workers to support them in evidencing their impact in ways that do not overly contribute to heavy workloads. However, sector organisations interviewed stressed that funders also need to invest in and accept a wider variety of research, including ethnographic peer research.

Policy influencing and systems change: Thinking about sector influence, both national and local contexts offer opportunities that need to be galvanised. On a national level, campaigns can help to connect and raise voices more widely and across the sector. Locally, opportunities to link pathways with various institutions and services need to be explored, to ensure effective cross-sector working. Collaboration between the sector and statutory agencies can create long-term change by upskilling statutory services that girls and young women interact with, with the skills and knowledge to work effectively with girls and young women and prevent escalation of problems.

Longer term funding: Beyond just advocating for greater funding, one key concern raised was the short-term nature of current funding models. Organisations stressed that investment needs to be targeted towards creating longer-term and more sustainable service provision with a focus on relationship building rather than on outputs.

To achieve this, project evaluations need to capture a broader range of factors and programmes that have demonstrated success, and should continue to be resourced so that they can be receptive to ongoing needs. It also requires recognising the expertise of localised and specialised organisations rather than preferencing cheaper service providers. Additionally, creating more impactful funding models involves capacity building through investing in both technology and staff, through leadership and training programmes - including specialised training related to girls and young women's needs. Developing multi-year funding models with sustainability plans that consider the wider sector. Funders could also adjust time scales, allowing for longer-term projects; more opportunities to build upon effective strategies; and evaluation processes that recognise that programmes often need time to bed in before we can capture their impact.

Funders may consider match-funding arrangements or funding projects to be adopted as 'tried and tested' examples of what works, to support organisations to secure longer-term funding from statutory agencies. Representatives from the sectors highlighted concerns that funders in the girls' and young women's space can often be sporadic. Sustained focus from funders on age- and gender-specific grants would be welcome and would support the sustainability and security of the sector and allow for development both within organisations and development in terms of progressing the aims of the sector more broadly.

Specific interventions: When asked, a small number of specific interventions were identified:

- Social prescribing for girls and young women: Some representatives suggested that a dedicated social prescribing pathway for girls and young women could be established to support girls and young women to access activities like sports and adventure which boost mental health.
- Support for transitions: Some representatives highlighted that girls and young women transitioning from 18 to 25 are at particular risk, and have particularly challenging experiences with mental health support, but this group is not always a focus of funders.

- Social action: One suggestion was to expand investment in social action projects, where girls and young women are encouraged to be creative and develop their social imagination.
- Spaces for girls and young women: Some representatives identified a need for more community spaces for young women, particularly in communities where girls might play out less or feel less safe walking down the street.
- Longer term interventions: some organisations highlighted that many young women seem very isolated, particularly young mums. They would benefit from the ability to receive long-term support that offers multiple touch points of support (e.g. workshops or peer to peer) for longer than 6-10 weeks.

Specialised support: A final key area of discussion was the need to develop and expand specialised services that are targeted to support specific communities, such as young mothers, the LGBTQ+ community, care experienced young people, religious communities and racialised communities. This requires taking a more flexible and creative approach to service provision that is grounded in co-production, allowing for girls and young women to shape the services they are accessing in meaningful and sustainable ways. One prevalent hurdle for mental health sector organisations is the stigma surrounding their work which can discourage people from visiting their sites. Reaching particularly racialised communities thus requires flexible service models and effective and meaningful outreach into those communities.

What do we know about what support is effective in addressing girls and young women’s mental health?

Overall, there are few robust studies that provided both age and gender-specific findings on the effectiveness of interventions for girls and young women, or robust evidence on the impact of girls and young women-specific services outside of evaluations that rely on qualitative and self-reported impact data. The majority of studies on the effectiveness of interventions were conducted either on children and young people without gender disaggregated findings or otherwise explored effects on women without age-disaggregated findings. As a result, our review considered more broadly the impact of interventions on children and young people and highlighted where possible the impact of girls and women specifically. Engagement with the research community and the sector has confirmed that there remains a lack of focus and evidence on the impact of mental health interventions on girls and young women.

The rapid evidence review identified Cognitive Behavioural Therapy (CBT) as the most robustly evidenced approach, consistently reducing symptoms of anxiety and depression while improving resilience and self-esteem, with some studies showing particular promise among girls.⁵⁶ Interpersonal Therapy (IPT) and Interpersonal Counselling (IPC) also demonstrated results, while trauma-focused interventions such as TF-CBT and EMDR were found to be highly effective for girls who had experienced violence or trauma.⁵⁷

Peer support models, especially those that are co-designed, gender-specific, and relational, were highly valued for enhancing self-confidence, social connection, and emotional literacy.⁵⁸ Evidence on the impact of peer support interventions was largely drawn from positive feedback via evaluation of specific services which predominantly saw improved wellbeing, self-esteem and confidence as a result of girls' and young women's participation in the programme.⁵⁹ Evidence for school-based interventions was mixed. Universal programmes had mixed impact^{60 61}, while targeted and gender-responsive approaches using CBT^{62 63} for example, achieved stronger results. Experiential therapies such as art, drama, animal-assisted, and wilderness programmes showed promise, particularly for girls who struggle with verbal expression.^{64 65 66} Programmes were most effective^{67 68} when they were gender-sensitive, relationship-focused, and co-created with participants.

Evidence for interventions for young mothers and racially minoritised girls remains sparse, though flexible, culturally sensitive, and community-led approaches show promise. Peer support elements were also highly valued by participants in targeted support services for young mothers.⁶⁹

Overall, the evidence base remains limited, with few robust studies, for example RCTs being conducted on age- and gender-specific cohorts. As a result, more weight is given to independent evaluations and relies on self-reporting which does not support a evidence base. Similarly, many interventions explored in the review blended multiple approaches to meet the complex and intersecting needs of girls and young women, adding additional challenge to assessing the impact of each intervention separately.

What is the role of the philanthropic sector in supporting girls and young women's mental health?

Our discussions with funders have highlighted a set of opportunities and pressures they face when seeking to achieve impact with a specific cohort, or to support sustainability with a specific sector, such as the women and girl's sector.

Supporting age- and gender-specific support

One of the most frequently cited barriers to engaging girls and young women effectively was an ability to deliver age- and gender- specific mental health support. Key barriers included a lack of understanding of what this type of support might involve, a lack of collaboration between sectors, service design which is often "one-size-fits-all" and a lack of tools, training and shared language for frontline practitioners. A philanthropic funder can play a bridging and convening role, helping the field move from aspiration to implementation by building shared understanding, practical frameworks, and system-wide adoption. This activity might include:

- Commissioning the development of a gender- and age-specific toolkit in consultation with the sector.
- Develop an open-access resource hub that includes case studies, toolkits, and adaptation guides.
- Fund training and workshops for mental health providers, youth workers, and women's organisations on gender- and age-responsive approaches.
- Develop communities of practice and peer learning cohorts that connect practitioners across sectors to share challenges and innovations.
- Support pilot projects which test and refine the model of gender- and age-specific support.
- Offer incentive grants for organisations that commit to implementing gender- and age-responsive models across different mental health funds.
- Develop evaluation tools and metrics for age and gender responsiveness that can be adopted in routine monitoring.
- Support activity to influence national and local policy to embed gender- and age-specific principles.

Improving the evidence base

There is limited age- and gender-specific evidence of the effectiveness of mental health interventions for girls and young women. The evidence review highlighted that while there is a broad and growing body of evidence on mental health interventions, these were either exploring the impact of interventions on children and young people in general, or adult women.

We spoke to a large global funder of health research who recognised the gaps in research and evidence surrounding girls and young women's mental health. More broadly there are gaps in gender-specific research altogether. This is compounded by a lack of funding for mental health research, and the historic absence of women from clinical trials. The funder highlighted three areas of importance in building a strong and effective evidence base. Firstly, understanding the rationale of why an intervention works (the "active ingredient") and why it might work more effectively for some groups and not others.

Scalability of interventions was also identified as a key aspect of a "good enough" evidence base, addressing the balance of the effectiveness of an intervention and how many people the intervention can reach. Finally, developing shared mental health outcomes was identified by the funder as an increasingly prevalent discussion in the mental health research space in allowing for more effective evaluation and evidence-building. Similarly, there is an ongoing discussion about broadening mental health outcomes to include more holistic outcomes such as quality of life and employment.

This funder highlighted the challenges for philanthropic funders, especially smaller ones, in moving into the research and evidence space in terms of the processes around research and wider considerations such as building research advisory groups. They highlighted that large research institutions like themselves are increasingly open to funder partnerships with smaller philanthropic funders whereby the evidence base could be built up concurrently with implementation of interventions.

Activities to promote the evidence base on girls and young women's mental health support might include:

- Partnering with a large research funder to build capacity in building the evidence base. This might include ensuring that the wider work they commission involves collecting gender-disaggregated data;
- Establishing evaluation and outcome frameworks which can be used across mental health interventions and ensuring that gender-disaggregated data is collected;
- Funding robust evaluations across the grant round and establishing a learning partner;
- Evaluating gender-responsiveness within interventions with a proven evidence base, such as CBT; and/or supporting the evidence base in interventions which girls say they prefer and make more use of, such as creative interventions, peer support, and social action;
- Fund communities of practice for practitioners and researchers to exchange learning.

Supporting partnerships between sectors

Across our conversations with the mental health, youth, and women and girls' sectors, we heard consistently about the gaps each of these sectors experience in meeting age- gender- and mental health-specific needs. This struck us as a gap which funders could address in supporting these three sectors to pool expertise and resources.

Interventions might include:

- Explicitly encouraging consortia or partnership arrangements which combine at least two of these organisations. In some areas these may not be available, so it may be that organisations should be permitted to apply from across regions.
- Fund opportunities for youth, mental health, and women's sector organisations to network and meet to discuss potential partnerships before a grant round is opened.
- Supporting training, collaboration and expertise sharing across these sectors. These training arrangements must be reciprocal and equitable rather than involving one sector training up another which could lead to an extractive process in which an organisation is trained up and then able to absorb further funding that the organisation which trained them may have been eligible for.
- Strengthen policy advocacy by aligning agendas across the youth, women's, and mental health movements.
- Develop shared impact indicators across sectors, produce open-access tools usable across sectors, and partner with research institutions to evaluate collaborative models.
- Establish a multi-sector advisory group of youth, women, and mental health leaders to support the delivery of a grant round.

Examples of consortia and membership support already operating across the girls and young women's sector include:

- [Agenda Alliance](#) convenes over 130 member organisations – from large, national bodies to smaller, specialist organisations – working in collaboration to influence public policy and practice, to respond appropriately to women and girls with multiple unmet needs.
- [Women's Resource Centre](#) support partnership between organisations, support skills and information sharing, and provide leadership to the women's sector.
- [Corston Independent Funders' Coalition](#) is a coalition of funders supporting services for women in the justice system, including a network of women's centres.

VAWG coalitions:

- [EVAV](#) coalition is focussed on policy influencing to tackle VAWG. Alongside Women's Aid and Imkaan, EVAV chairs a VAWG policy call monthly.
- [Women's Aid](#) Federations (England, Scotland and Wales) - provide a national helpline, online systems, policies, training and resources for domestic abuse services.
- [Rape Crisis England and Wales](#) provide a national helpline, training and resources to member rape crisis centres.

Place-based consortia:

- Women and Girls Alliance Leeds brings together women's organisations working together for stronger support for women and girls across Leeds;
- Various pan-London domestic abuse partnerships e.g. Angelou, Pan-London Housing reciprocal, Ascent, pan-London Sexual and Domestic Abuse helpline.

Supporting the sustainability of the sector

Throughout this review we heard repeatedly about the challenges and the pressures in the mental health, youth and women and girls' sector, with the women and girls sector facing some of the most significant challenges.

This presents potential barriers to collaboration across sectors and to the longevity of the expertise of organisations which hold specialisms, roots, and reach with girls and young women. One philanthropic funder which has supported the women and girls' sector previously described barriers to building evidence and impact within a sector which is small and underfunded and therefore frequently lacks the ability to fund high quality evaluation or to lead policy and systems change.

Interventions to support sustainability might include:

- Collaborating with a women's sector fund to provide organisational development support to promote the ability of small organisations to participate in the grant round;
- Support grantees in identifying and tracking realistic outcomes, through areas of work such as evaluation support, diagnostics, and support gathering baseline data. This presents an opportunity for funders to support the evaluation of what works in front-line delivery;
- Involve representatives from women and girls' organisations on steering groups for the grant round and in developing the grants criteria;
- Providing long-term funding as part of the grant round.

Supporting systems change and policy transformation

Finally, supporting systems change and policy influencing was identified as a priority gap for funders to address. Sector organisations described a desire to be part of a pragmatic collaboration with a clear focus, rather than idealistic or imposed partnerships.

Power dynamics also need to be considered carefully in collaboration; large organisations may dominate the conversation, or disengage, whereas smaller organisations may benefit from the collaboration and value the peer support. Whether aiming to build a movement or influence a short-term policy goal, the cohort design should align with the intended outcome and be clear on purpose. Collaboration becomes more effective when working towards a specific and shared objective.

Regardless of size, all organisations involved must see their role in the shared goal, and funders must avoid imposing too broad a mandate that isn't shared by the organisations involved.

In relation to systems change and policy making, some funders described how influencing work is inherently hard to evaluate, where change is often incremental, external factors play a large role, and outcomes are rarely linear. There is the potential for funders to come together to pool resources and knowledge to measure and monitor the success of influencing campaigns.

There was widespread acknowledgement across stakeholders that girls and young women's needs are not prioritised within national policy making. Organisations highlighted the importance of upcoming policy initiatives such as Young Futures Hubs and Mental Health Support Teams implementing gender and age-specific practices and ensuring equity in access for girls and young women.

Interventions across this theme might include:

- Supporting a national campaign to promote girls and young women's mental health support in education and health systems, including through the Young Futures Hubs and mental health support teams in schools roll out;
- Supporting local and regional sector collaborations to drive systems change;
- Supporting advocacy roles which support young women and girls on an individual level navigating a challenging statutory system.

Principles of gender and age-specific support

We developed the below set of principles through the research and evidence from this project, as well as the full catalogue of Agenda Alliance's reports and policy recommendations. To achieve gender and age specific mental health support for girls and young women, services should consider:

1. Providing trauma-informed support by adopting an approach that prioritises the needs, behaviors, and experiences of people throughout the design and development process, that is cooperative, where processes are embedded to ensure that services are listening, understanding, responding, and continually reviewing the ways they work to align with the needs of the girls and young women they are supporting.

2. Ensuring support is culturally specific, offering support led by and for the communities they serve, understanding the impact of forms of discrimination such as racism, and connecting girls' and young women's mental ill-health with the oppression they face.

3. Creating safe spaces that are age appropriate, and make girls and young women feel seen, welcomed and supported, particularly for young women who experience a cliff edge in support once they reach 18.

4. Incorporating gender responsive care into support, accounting for the gendered effects of domestic⁷⁰, sexual⁷¹, caring needs, and inequality, and how these intersect with girls' and young women's mental health needs.

5. Co-producing their services with girls and young women, centering girls' and young women's lived experience and perspectives in the design and development of services intended to support them.

6. Offering peer to peer support, where girls and young women can speak with their peers who are experiencing or have experienced similar issues.

7. Ensuring consistent support with one key worker or trusted person, rather than asking girls and young women to repeatedly retell their story or experience to multiple people, which can lead to re-traumatisation.

Theories of change

A Theory of Change represents the process and ambition of the work of an organisation or project, linking activities to outcomes and aims in a logical sequence. In September 2025, the Centre for Young Lives, Agenda Alliance, the Prudence Trust and the Pilgrim Trust held a theory of change workshop in which we identified a priority challenge relating to girls and young women's mental health which philanthropic funders might be well placed to address. The challenge we identified was a lack of appropriate gender- and age-specific mental health support. This set the overall aim for our theory of change as improving girls and young women's access to appropriate mental health support.

Figure 2 is the theory of change Agenda Alliance produced following this exercise. This details activities, their outputs and the outcomes that lead to the final goal of girls and young women having improved access to trauma-, age-, gender-, and culturally-responsive support with improved quality and availability, and UK wide and regionally specific support. This was created following the Theory of Change workshop, as well as drawing on the evidence base.

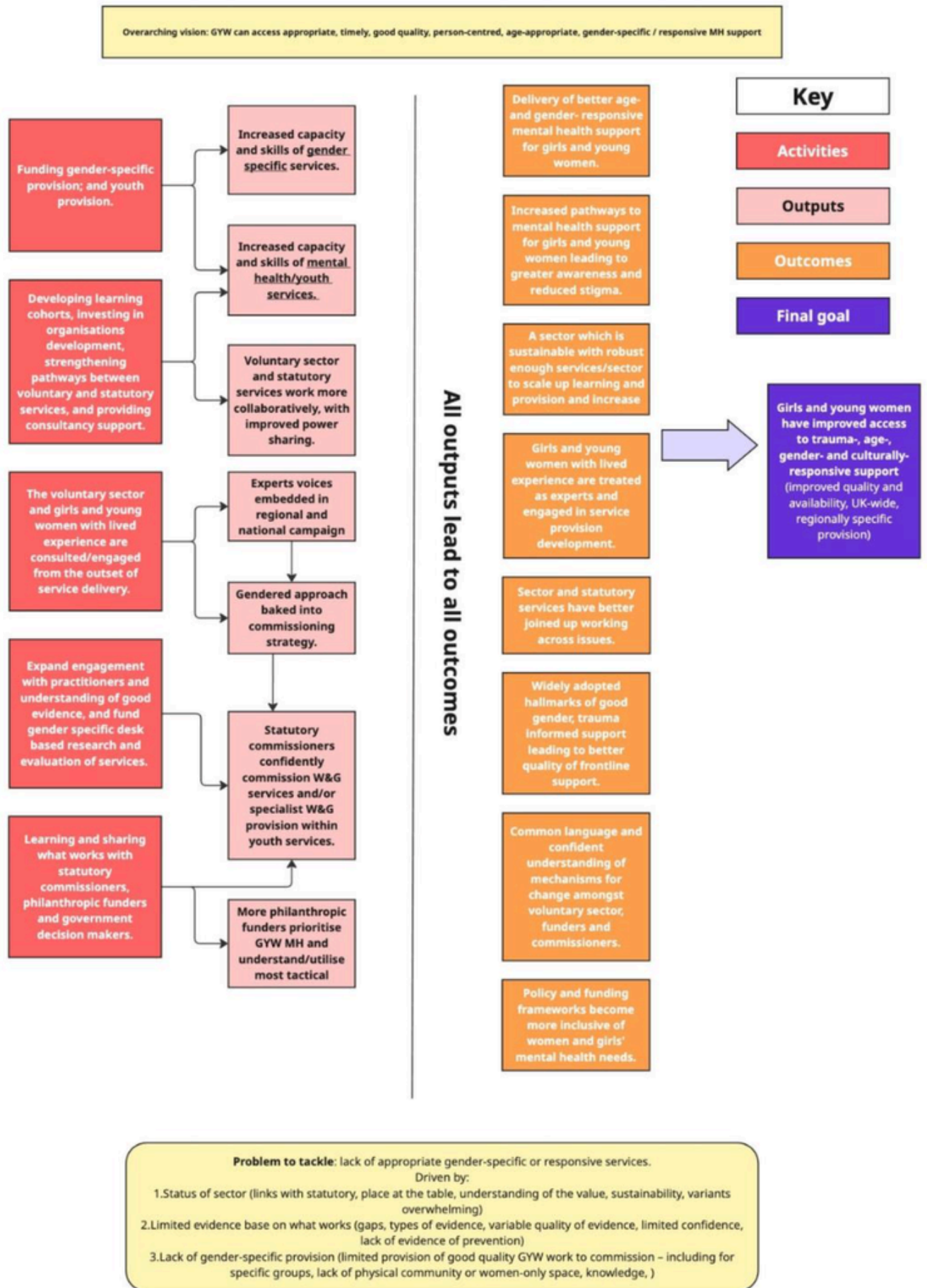


Figure 2: Theory of Change: improving access to appropriate mental health support

Tackling the drivers of mental ill health among girls and young women

During the workshop and drawing from the literature, we identified six pressing drivers of the girls' and young women's mental health crisis. The Centre for Young Lives developed a theory of change addressing each of these six drivers, shown in **Figure 3**. Each represents the pathway to improving the mental health of girls and young women by tackling the driver through preventative and early interventions. We also detail the evidence and assumptions which underpin the theories of change in **Figure 3**.

Academic pressure:

- **Evidence:** Gendered academic pressure is a driver of poor mental health in girls and young women, with studies finding that academic pressure impacting mental health is more common for girls.^{72 73}
- **Assumptions:** We have assumed that interventions that raise awareness of gendered academic pressure, build resilience and support girls and young women with poor mental health will lead to teacher and parent awareness and better coping strategies for girls and young women in the short term. Also, we assume interventions will support girls and young women in developing a more rounded understanding of success and achievement beyond academics. In the long term, we assume this will result in reduced both gendered academic pressure and poor mental health.
- **Intervention examples:** NSPCC Childline hosted monthly counselling sessions about exam/revision stress, and uptake peaked to over double the monthly average in May 2024.⁷⁴ Activities to strengthen resilience, confidence and self-esteem and a well-rounded view of success or achievement include programmes such as Getaway Girls, Leeds,⁷⁵ EmpowerHER programme focused on social action (UK Youth, 2018-2021)⁷⁶ and Girlguiding.

Impact of violence and abuse:

- **Evidence:** There is a growing body of evidence of the impact of violence and abuse on girls and young women's mental health.^{77 78}
- **Assumptions:** In the theory of change we have assumed that early intervention and preventative approaches, such as work with boys and young men and education on healthy relationships, will lead to long term change in societal attitudes and approaches to violence against women and girls and overall reducing violence against women and girls. Similarly, there is strong evidence to show that specialist, targeted mental health support for victims of VAWG reduce the impact of VAWG on girls' mental health.⁷⁹ In the long term, we assume that these interventions will reduce the impact of VAWG on girls' and young women's mental health, and reduce VAWG more broadly.

- **Intervention examples:** Support for healthy relationships through schools and youth programmes such as Tender⁸⁰, early intervention and preventative work with boys and young men such as Beyond Equality⁸¹ and targeted mental health support for victims of VAWG such as Women and Girls Network Young Women's Service⁸² and Hear2Change (Solace, Women's Aid).⁸³ Abianda also provides training for professions across social care, education, health or justice to support professionals' response to women and girls affected by criminal exploitation and violence.

Gender and sexism in society:

- **Evidence:** Girls and young women face gendered pressures, such as body image, and sexism, and this can lead to poor mental health.^{84 85}
- **Assumptions:** We assume, based on several qualitative studies (based on self-reporting from girls and young women participants), that early intervention and preventative approaches that build girls' resilience, confidence and self-esteem (social action, sport and adventure, peer networking) can combat the impact of gendered pressures and sexism. Engagement with schools and parents to raise awareness can support in wider understanding of their impact on girls and young women. Taken together, increased awareness, confidence and self esteem would work to reduce the impact of gendered pressures on girls and young women.
- **Intervention examples:** Interventions might include engagement with schools, for example Outside the Box⁸⁶, as well as stronger support for girls and young women to build resilience and confidence. Examples include Women and Girls Alliance, Leeds⁸⁷ and Fearless Futures.⁸⁸ Sport and social action activities, as above, can also be effective interventions. Finally, peer support and network opportunities to build strong, trusted relationships and positive role models are good examples of interventions. For example, Good for Girls, London (London Youth) and Women Side by Side programme (Mind, Agenda)⁸⁹ and Young Women's mentoring programme.⁹⁰

Impact of young motherhood:

- **Evidence:** Young mothers are at increased risk of poor mental health, which can be compounded by their experience of stigma, isolation and the everyday struggles of parenthood.^{91 92}
- **Assumptions:** Targeted and specialist mental health support for young mum's would reduce poor mental health among young mothers. Similarly, community-based interventions such as young mums' groups can work to remove isolation, help build strong and trusted relationships, and prevent mental health crisis.
- **Intervention examples:** Targeted peer support opportunities for young mothers to reduce isolation and perceived stigma, for example Young Mum's Group pilot (Mental Health Foundation)⁹³, and Young Mum's Aid, Greenwich.⁹⁴

Impact of social media and exposure to harmful online content:

- **Evidence:** Girls and young women are spending more time online compared with their male counterparts, are more likely to report feeling unsafe, bullied or harassed online, and are more likely to experience depressive symptoms linked to social media.^{95 96 97}
- **Assumptions:** Interventions such as online safety and mental health support for girls and young women suffering as a result of social media and online harms would result in greater awareness of the impact of social media among children and parents and support girls and young women to develop coping strategies.
- **Intervention examples:** Education around online safety and use of social media such as Internet Matters⁹⁸, and targeted support for girls and young women who have been victims of harmful online activity such as emotional support services through the Revenge Porn Helpline.⁹⁹

Impact of intersectional oppression and discrimination:

- **Evidence:** Racially minoritised, disabled (including neurodiversity), and LGBT+ girls and young women are more likely to experience poor mental health because of intersectional oppression and discrimination.^{100 101}
- **Assumptions:** We assume that work and interventions to influence practice delivery more widely and deliver targeted and culturally sensitive mental health support would work to improve the experience, access and mental health outcomes of these groups. Taken together, we assume that, alongside broader work to reduce discrimination in society, interventions would reduce both discrimination more broadly and reduce the impact of intersectional oppression and discrimination on the mental health of girls and young women within these groups.
- **Intervention examples:** Targeted mental health support for racially minoritised groups such as Muslim Women's Network Helpline¹⁰² and the Courageous Project (Women and Girls Network)¹⁰³ and Young Changemakers Programme (Centre for Mental Health)¹⁰⁴. Organisations working to improve the system recognition and response to the unique experiences of these groups of girls and young women such as Agenda Alliance and the Comic Relief programme, Supporting and Sustaining Specialism Programme for Black and minoritised women-led by and for the sector.¹⁰⁵

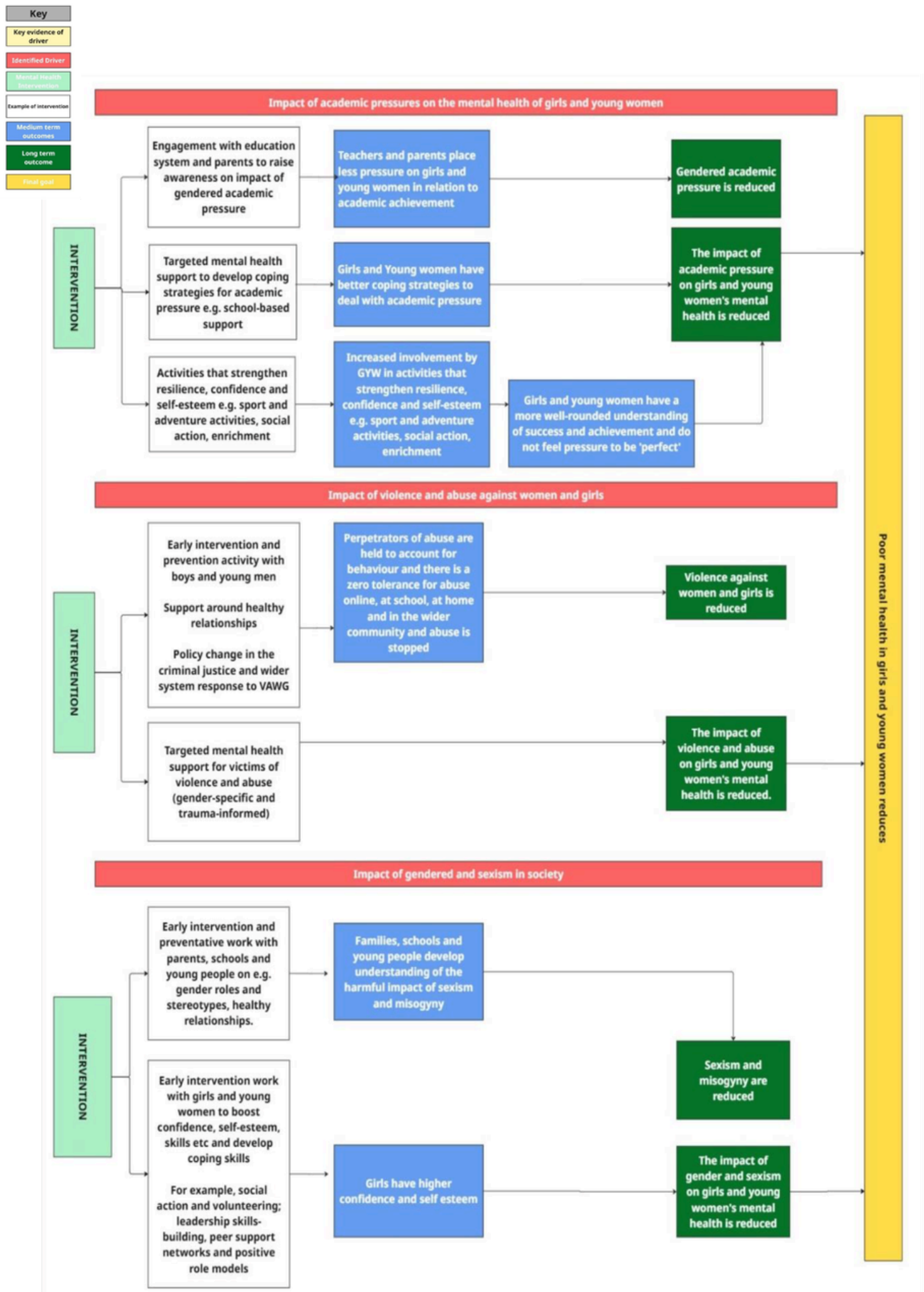


Figure 3: Theories of change addressing the drivers of mental ill health among girls and young women



Figure 3 (cont): Theories of change addressing the drivers of mental ill health among girls and young women

Conclusion

This research has confirmed what many within the youth, women's and mental health sectors have long known: that girls and young women are experiencing a mental health crisis that is both urgent and deepening, but not yet matched by an adequate or coherent response. Despite their disproportionately high rates of poor mental health, self-harm, and trauma, girls and young women remain underserved by existing systems, underrepresented in the evidence base, and underfunded in both statutory and philanthropic provision. The scale and persistence of this gap presents a significant challenge, but also a profound opportunity for philanthropy to play a catalytic and strategic role.

Throughout this work, we have found that while effective models of support exist across the youth, women's and mental health sectors, these operate largely in isolation. Each brings unique strengths: the youth sector's trusted relationships and early intervention emphasis; the women and girls' sector's expertise in trauma-informed and gender-responsive practice; and the mental health sector's professional and clinical grounding. Yet, the intersection between these strengths remains underdeveloped. The result is a fragmented landscape where many girls and young women fall between the gaps; they are disengaged from youth services, too young for women's services, or unable to access mental health support that recognises their gendered experiences and social realities.

Philanthropic funders can help to bridge these divides. By investing in collaboration, shared learning and long-term capacity building, funders can strengthen the ecosystem of organisations supporting girls and young women and drive system-wide improvement. This requires moving beyond short-term, project-based funding to multi-year, relational approaches that enable sustainability, innovation and reflection. Funders are well placed to convene partners across sectors, test and evaluate new models, and amplify what works. They can also help to reframe the national conversation about what effective gender- and age-specific mental health support looks like.

Funding in a cohort-specific way requires an intentional approach that recognises both the distinct needs of the cohort and the diversity within it. For girls and young women, this means funding strategies that are rooted in gender and age awareness, co-designed with girls and young women with lived experience, and designed to address the structural inequalities and social determinants that shape their mental health. A cohort approach might cover the full spectrum of need: preventing mental health problems from developing in the first place, intervening early to stop emerging issues from escalating, ensuring more girls and young women can access the right support at the right time, and ensuring that when they do, those interactions are high quality, safe, and effective. This review has identified gaps at every stage of this spectrum where philanthropic funders may be able to have impact.

A core theme identified through this review was a concern about the quality of the provision girls and young women receive across the statutory and voluntary sectors. To ensure the right support is reaching the right services, funders should set clear expectations around gender and age responsiveness, and provide evaluation frameworks that disaggregate data and measure gendered impact. They should also prioritise partnerships with organisations that demonstrate both cultural competence and community trust. Organisations which have limited success in engaging girls and young women should be required to demonstrate how they will address this, including through equitable partnership with organisations working closely with girls and young women. Equally, funders should seek to support organisations which have demonstrable success engaging with girls and young women, to fund specialist mental health support roles, to support their longevity, and to support these organisations to share learning about what works. This strategic targeting would ensure that funding is not only equitable but effective, reaching those most at risk, and closing gaps in provision.

A clear gap emerging from this review is the lack of robust evidence on what works for girls and young women's mental health. The current evidence base is limited in scale, scope, and gender and age specificity. There is an urgent need for funders to invest in the generation and translation of evidence, supporting rigorous evaluations of future activity and ensuring that existing and planned evaluations in other grant rounds measure the gendered impacts of mental health interventions. A stronger evidence base will not only improve practice but also influence policy and commissioning. Given the extent of the gap in the evidence on this topic, funders would benefit from partnering with large research institutions which share their ambitions.

This review also found that the development and uptake of age- and gender-specific approaches needs to be strengthened. Funders can play a vital role in helping to define, disseminate, and embed these principles through investment in shared frameworks, professional training, pilot projects, and knowledge exchange. Embedding gender- and age-responsiveness into every layer of the system will create environments where girls and young women feel seen, safe, and supported. As part of this, this research underlines the importance of supporting the sustainability and voice of the women and girls' sector which holds much of the expertise on gender-specific support. Many of these organisations best placed to reach girls and young women are small, specialist, and chronically under-resourced. Long term support, core funding, leadership development, and evaluation capacity, can strengthen this sector's ability to meet growing demand and to influence wider systems.

Finally, we heard frequently about the importance of advocacy and systems change, at a national and local level, to address the challenges and blockages in the statutory mental health sector, and to support the policy reforms required to address structural inequalities that underpin poor mental health. Voluntary sector organisations repeatedly highlighted their desire for support to join together with organisations to influence change in a unified way at a regional and national level.

We also heard repeatedly about the challenges girls and young women with complex needs are facing in engaging with children's social services, the youth justice system, education and other statutory agencies. Support for organisations which advocate for girls and young women to get the help they need from those services should also be a priority for this grant round.

The challenge of improving girls' and young women's mental health is both urgent and achievable. It demands that funders act boldly and collaboratively, investing not only in services but in the relationships, evidence, and infrastructure that sustain them. The Prudence Trust and the Pilgrim Trust's commitment to this agenda marks an important and timely step forward. By deepening understanding, fostering cross-sector partnership, and embedding gender- and age-specific approaches, philanthropy can help to transform the landscape of mental health support for girls and young women, ensuring that the next generation grows up with not only better mental health, but also greater hope, equity, and opportunity.

The following recommendations have been developed to help the Prudence Trust and the Pilgrim Trust to make that ambition a reality.

1. Establish a dedicated, multi-year philanthropic fund for girls and young women's mental health.

Create a focused funding stream that recognises girls and young women as a priority group within the national mental health landscape. The fund should support prevention, early intervention, and recovery, with a balance of grants for direct delivery, innovation, and system-level impact. Multi-year, flexible funding will allow organisations to plan sustainably, build capacity, and evaluate their work.

2. Build and strengthen the evidence base on effective interventions.

Invest in research partnerships and learning programmes that generate robust, gender- and age-specific evidence on what works. This should include funding independent evaluations, outcome frameworks with disaggregated data, and participatory action research involving young women with lived experience. The goal should be to move from fragmented, project-level data to a coherent national evidence base. Partnership with large research institutions would maximise impact, and attention should also be given to ensuring evaluations across the organisation's existing grants measure the gendered impacts of the interventions.

3. Develop and promote a shared definition and framework for age- and gender-specific mental health support.

A national framework, developed collaboratively with practitioners, researchers, and girls and young women themselves, that defines what "age- and gender-specific" support looks like in practice would improve the ability of the sector to better meet the needs of girls and young women.

This framework could be used in grants criteria, and could also include support for guidance training modules, and case studies to support implementation across sectors.

4. Support cross-sector partnerships between the youth, women and girls', and mental health sectors.

Encourage collaborative models that combine the youth sector's reach, the women and girls' sector's gendered expertise, and the mental health sector's clinical insight. Fund joint projects, shared learning networks, and consortia bids that pool knowledge and capacity, with a focus on equitable power-sharing and mutual learning between partners.

5. Invest in the sustainability and infrastructure of the women and girls' voluntary sector.

Recognise that many of the organisations best placed to reach and support girls and young women are small, local, and under-resourced. Provide core funding, leadership development, and organisational health support to enable stability, growth, and impact. Prioritise by-and-for organisations, particularly those led by and serving marginalised communities.

6. Embed gender- and age-specific practice and evidence within the funder's own portfolio.

Apply a gender- and age-responsive lens across all funding decisions to ensure that the specific needs of girls and young women are identified, prioritised, and addressed. Require or encourage grantees to collect gender- and age-disaggregated data, evaluate the inclusivity and responsiveness of their approaches, and share learning through open-access reporting. Provide learning support, shared evaluation tools, and communities of practice across the funder's portfolio to help organisations build capacity in gender- and age-specific delivery and evidence gathering.

7. Embed lived experience leadership and co-production throughout all funded activity.

Ensure that girls and young women with lived experience of poor mental health are meaningfully involved in shaping priorities, designing services, and evaluating outcomes. Fund training, mentoring, and paid opportunities for young women to act as peer leaders, advisors, and advocates.

8. Promote shared learning and capacity building across sectors.

Fund communities of practice, training cohorts, and cross-sector learning exchanges that strengthen workforce confidence and capability in gender- and age-responsive mental health care. Encourage collaboration between frontline practitioners, academics, and policymakers to translate learning into practice.

9. Strengthen policy influence and systems change.

Use philanthropic leverage to champion policy and commissioning reform that embeds gender and age responsiveness within national and local mental health systems. Fund collective advocacy, evidence dissemination, and communications campaigns that amplify girls' and young women's voices and elevate the visibility of gendered mental health inequalities.

10. Champion collaborative philanthropy and statutory partnerships for greater impact.

Encourage collaboration between funders, through pooled funds, aligned learning agendas, or joint research commissions, to reduce duplication and increase reach. By working together, funders can coordinate investment, share evidence, and build a stronger ecosystem of support that is equal to the scale of the challenge. We recommend three focus areas for collaborative funding:

- Funding in partnership with a statutory funder, to maximise impact and strengthen organisations' relationships and future funding from statutory sources.
- Partnering with a research institution, to maximise impact in building the evidence base.
- Partnering to build sustainability in the sector. This might include partnerships with women and girls' funders and youth sector funders.

Bibliography

1. Newlove-Delgado, T. *et al* (2023) Mental Health of Children and Young People in England
2. Ibid.
3. Probable mental health disorder refers to an estimate of mental disorder prevalence. The Strengths and Difficulties Questionnaire (SDQ) was used to assess different aspects of mental health, including problems with emotions, behaviour, relationships, hyperactivity and concentration. Responses from parents, children and young people were used to estimate the likelihood that a child might have a mental disorder, this was classified as either 'unlikely', 'possible' or 'probable'. (NHS England, 2023)
4. NHS England (2023) [NHS England » One in five children and young people had a probable mental disorder in 2023](#)
5. Crenna-Jennings, W. for Education Policy Institute (2021) [Young People's mental and emotional health: Trajectories and drivers in childhood and adolescence](#)
6. Common mental disorders (CMDs) comprise different types of depression and anxiety, which cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. (McManus, 2016)
7. McManus, S. *et al* (2016) [Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014](#)
8. Campbell, O.L.K., Bann, D., & Patalay, P. (2021) The gender gap in adolescent mental health: A cross-national investigation of 566,829 adolescents across 73 countries. *SSM Popul Health*. 2021 Jan 26;13:100742. doi: 10.1016/j.ssmph.2021.100742. PMID: 33748389; PMCID: PMC7960541.
9. NHS England (2023) [NHS England » One in five children and young people had a probable mental disorder in 2023](#)
10. Ward, J.L. *et al* (2025) [Admissions to acute medical wards for mental health concerns among children and young people in England from 2012 to 2022: a cohort study](#).
11. NHS England (2023) [NHS England » One in five children and young people had a probable mental disorder in 2023](#)
12. McManus, S. *et al* (2016) [Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014](#)
13. O'Connor, R., & Kirtley, O. (2018) The integrated motivational-volitional model of suicidal behaviour. *Philos Trans R Soc Lond B Biol Sci*. 2018 Sep 5;373(1754):20170268. doi: 10.1098/rstb.2017.0268. PMID: 30012735; PMCID: PMC6053985.
14. ONS (2025) [Suicide in England and Wales: 1981 to 2024](#)
15. Samaritans (2024) [Latest suicide data](#)
16. Samaritans (2024) [Suicides in England, 2024](#)
17. It is worth noting that there are several caveats to be considered when analysing suicide rates due to a time lag in data.
18. Agenda Alliance and Changing Lives (2023) [Dismantling Disadvantage](#)
19. Sardinha, L. *et al* (2024) Intimate partner violence against adolescent girls: regional and national prevalence estimates and associated country-level factors; World Health Organisation
20. Parliament UK (2025) [Violence against women and girls in schools and among children and young people; Research briefing](#)
21. McManus, S. *et al* (2016) [Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014](#)
22. Office for National Statistics (2021) [The lasting impact of violence against women and girls; Census 2021](#)
23. Ofcom (2024) [Online Nation: 2024 Report](#)
24. Mental Health Foundation (2025) [Disturbing online content 'one of the biggest looming threats to young people's mental health](#)
25. Fassi, L. *et al* (2025) Social media use in adolescents with and without mental health conditions. *Nat Hum Behav*. 2025 Jun;9(6):1283-1299. doi: 10.1038/s41562-025-02134-4. Epub 2025 May 5. PMID: 40325198; PMCID: PMC12185317.

26. Kelly, Y. *et al* (2019) Social Media Use and Adolescent Mental Health: Findings From the UK Millennium Cohort Study. *EClinicalMedicine*. 2019 Jan 4;6:59-68. doi: 10.1016/j.eclinm.2018.12.005. PMID: 31193561; PMCID: PMC6537508.
27. Young Women's Trust (2019) [Impact of Sexism on young women's mental health](#)
28. Stentiford, L., Koutsouris, G., & Allan, A. (2021). [Girls, mental health and academic achievement: a qualitative systematic review.](#)
29. Demkowicz, O. *et al* (2025) [Adolescent girls' explanations of high rates of low mood and anxiety in their population: a co-produced qualitative study.](#)
30. Young Women's Trust (2024) [Work and money worries: 2024 annual survey snapshot](#)
31. *Ibid.*
32. NHS Digital (2016) [Health Survey for England, 2016](#)
33. Maternal Mental Health Alliance (2023) [The Maternal Mental Health Experiences of Young Mums](#)
34. *Ibid.*
35. Children's Commissioner (2025) [Children's mental health services 2023-24](#)
36. *Ibid.*
37. Agenda Alliance (2023) [The Mental Health Act: the Impact of age and race](#)
38. Agenda Alliance and Rethink Mental Illness (2017) [Joint briefing for the Second Reading of the Mental Health Units \(Use of Force\) Bill](#)
39. Agenda Alliance (2022) [Pushed out, Left Out](#)
40. APPG Suicide and Self-Harm Prevention (2024) [Annual Report, May 2024](#)
41. Centre for Young Lives (2025) [Growing Up Well Report](#)
42. NYA (2025) [Supporting and Growing the Youth Work Force - The Critical Challenge](#)
43. YMCA (2025) [Beyond the Brink?: The state of funding for youth services](#)
44. *Ibid.*
45. National Youth Agency (2024) [National Youth Sector Census: Snapshot Summer 2024](#)
46. *Ibid.*
47. HM Government (2025) [Barriers and enablers to participation in youth activities; Department for Culture, Media and Sport](#)
48. Kitson, B. (2025) [Underfunded, under resourced and under the radar: the state of the women and girls' sector; Pro Bono Economics](#)
49. *Ibid*
50. *Ibid.*
51. Agenda Alliance (2022) [Pushed out, Left Out](#)
52. *Ibid.*
53. Agenda Alliance and Mind (2020) [Women Side by Side](#)
54. Mental Health Foundation, [Young Mums Together](#)
55. Large, H. *et al* (2024) [The youth mental health crisis](#)
56. Martinsen, K.D. *et al* (2021) Change in quality of life and self-esteem in a randomized controlled CBT study for anxious and sad children: can targeting anxious and depressive symptoms improve functional domains in schoolchildren? *BMC Psychol* 9, 8 (2021). <https://doi.org/10.1186/s40359-021-00511-y>
57. Jensen, T., Holt, T., & Ormhaug, S. (2017) A Follow-Up Study from a Multisite, Randomized Controlled Trial for Traumatized Children Receiving TF-CBT. *Journal of Abnormal Child Psychology*. 45. 10.1007/s10802-017-0270-0.
58. UK Government (2017) [Peer support and children and young people's mental health: Research review](#)
59. St George's University London and McPin Foundation (2020) [Agenda Alliance and Mind's Women's Side By Side Evaluation](#)
60. Humphrey, N. *et al* (2018) The PATHS curriculum for promoting social and emotional well-being among children aged 7–9 years: a cluster RCT. *NIHR Journals Library*. (Public Health Research, No. 6.10). <https://doi.org/10.3310/phr06100>
61. Fulambarkar, N. *et al* (2022) Review: Meta-analysis on mindfulness-based interventions for adolescents' stress, depression, and anxiety in school settings: A cautionary tale. *Child & Adolescent Mental Health*, 28(2), 307–317. <https://doi.org/10.1111/camh.12572>

62. Heikkila, R. *et al* (2023) Preliminary Effectiveness of a Brief School-Based HERO Intervention: Improving the Wellbeing of Final Year Adolescent Female Students. *Child Psychiatry Hum Dev* 55, 575–587 (2024). <https://doi.org/10.1007/s10578-023-01629-3>
63. Diedrichs, P.C. *et al* (2020) Evaluating the “Dove Confident Me” Five-Session Body Image Intervention Delivered by Teachers in Schools: A Cluster Randomized Controlled Effectiveness Trial; *Journal of Adolescent Health* 68 (2021) 331-341
64. Braito, I. *et al* (2021) Review: systematic review of effectiveness of art psychotherapy in children with mental health disorders. *Ir J Med Sci* 191, 1369–1383 (2022). <https://doi.org/10.1007/s11845-021-02688-y>
65. Moula, Z., Powell, J., & Karkou, V. (2022) Qualitative and Arts-Based Evidence from Children Participating in a Pilot Randomised Controlled Study of School-Based Arts Therapies. *Children*, 9(6), 890. <https://doi.org/10.3390/children9060890>
66. Moula, Z., Powell, J., & Karkou, V. (2020) An Investigation of the Effectiveness of Arts Therapies Interventions on Measures of Quality of Life and Wellbeing: A Pilot Randomized Controlled Study in Primary Schools. *Front. Psychol.* 11:586134. doi: 10.3389/fpsyg.2020.586134
67. Duffy, S. & Hyde, C. (2011) [Women at the Centre: Innovation in Community](#)
68. Ministry of Justice (2024) [Process Evaluation of the Newham Y2A Hub](#)
69. This is summarised from all sources referenced here and listed in the full evidence breakdown.
70. One in three girls (aged 13 to 17) reported some form of sexual violence by their partner, compared to one in six boys. Barter, C. *et al* (2009) Partner Exploitation and Violence in Teenage Intimate Relationships.
71. Girls and young women (aged 16 to 24) report the highest rates of domestic abuse experienced by any age group. SafeLives (2017) [Safe Young Lives: Young People and domestic abuse](#).
72. Demkowicz, O. *et al.* (2025) [Adolescent girls’ explanations of high rates of low mood and anxiety in their population: a co-produced qualitative study](#)
73. Stentiford, L., Koutsouris, G., & Allan, A. (2021) [Girls, mental health and academic achievement: a qualitative systematic review](#)
74. NSPCC (2025) [Rise in calls to Childline about exam and revision stress during the exam period last year](#)
75. [Getaway Girls](#)
76. Uk Youth, [EmpowHER Toolkit](#)
77. Agenda Alliance (2016) [Hidden Hurt: Violence, abuse and disadvantage](#)
78. RCPsych (2024) [Violence and abuse are driving mental illness in women and girls, psychiatrists warn; Press Release](#)
79. Crespo, M., Arinero, M., & Soberón, C. (2021) Analysis of Effectiveness of Individual and Group Trauma-Focused Interventions for Female Victims of Intimate Partner Violence. *Int J Environ Res Public Health*. 2021 Feb 17;18(4):1952. doi: 10.3390/ijerph18041952. PMID: 33671385; PMCID: PMC7922543.
80. [Tender](#)
81. [Beyond Equality](#)
82. [Young Womens Services - Women and Girls Network](#)
83. Solace and AVA (2022) [Evaluation of the Solace Hear2Change Prevention Programme](#)
84. Young Woman’s Trust (2019) [Impact of sexism on young women’s mental health](#)
85. Girlguiding (2025) [Girls’ Attitude Survey 2025](#)
86. [Outside the Box: promoting gender equality & tackling sexual harassment in schools : Mentally Healthy Schools](#)
87. [Women & Girls Alliance Leeds](#)
88. Blades Down, [Fearless Futures](#)
89. St George’s University London and McPin Foundation (2020) [Agenda Alliance and Mind’s Women’s Side By Side Evaluation](#)
90. London Violence Reduction Unit (2024) [Girls and Young Women’s Mentoring: Maia and Lift Programme](#)
91. Maternal Mental Health Alliance & Children and Young People’s Mental Health Coalition (2023) [The maternal mental health experiences of young mums](#)
92. Maternal Mental Health Alliance & Mental Health Foundation (2025) [Creating connections: Understanding the needs of young mums](#)
93. Mental Health Foundation (2022) [Young Mums Together](#)

94. Donaghy, M., McGuinness, S., & Smith, K. (2020). Supporting Young Mothers: Impact of the Young MumsAid Psychological Support Service for Pregnant Teenagers and Mothers Aged 16–18. *International Journal for Birth and Parenting Education*, 4(3),
95. Kelly, Y. et al (2019) Social Media Use and Adolescent Mental Health: Findings From the UK Millennium Cohort Study. *EClinicalMedicine*. 2019 Jan 4;6:59-68. doi: 10.1016/j.eclinm.2018.
96. Ofcom (2024) [Online Nation: 2024 Report](#)
97. Department for Education (2023) [State of the Nation](#)
98. [Keep Children Safe Online: Information, advice, support - Internet Matters](#)
99. Revenge Porn Helpline - [Emotional Support Services](#)
100. Centre for Mental Health (2022) [Mental health among young people from racialised communities](#)
101. Agenda Alliance (2022) [Pushed Out, Left Out](#)
102. [MWN Helpline UK](#)
103. [CouRAGEus Project - Women and Girls Network](#)
104. Centre for Mental Health (2024) [A Space To Be Me](#)
105. Imkaan (2023) [“Our Sector, Our Voice, Our Work”: A participatory evaluation of the Comic Relief Supporting and Sustaining Specialism Programme for the ending-VAWG Black and Minoritised women-led by and for sector](#)