

## WOMEN AND MENTAL HEALTH



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## **A European non-governmental organisation committed to:**

- the promotion of positive mental health and well-being
- the prevention of mental distress
- the improvement of care
- advocacy for social inclusion
- protection of human rights for people with mental health problems, their families and carers

## **Currently 68 member organisations in 30 European countries**

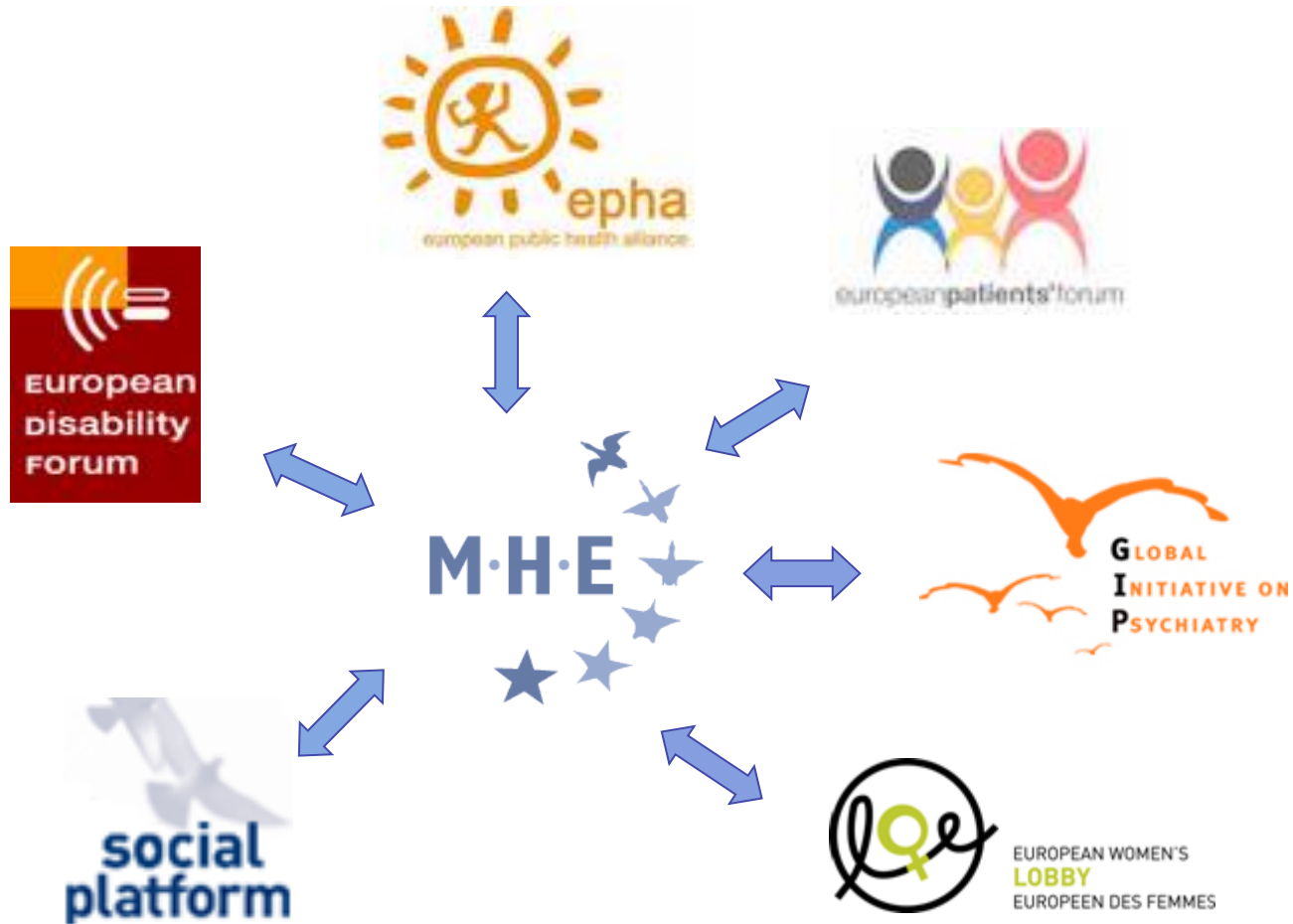
- Mental health promotion NGOs
- NGOs representing users of mental health services
- NGOs representing users' families
- Other European NGOs in the mental health field
- Research and educational institutions

# What does Mental Health Europe do?



- Lobbies the European institutions to raise the profile of mental health and well-being on the European agenda
- Mainstreams mental health and well-being in European policies together with other NGOs
- Develops policy recommendations through its European projects
- Acts as a platform for exchange and collaboration among European health and social NGOs
- Represents the interests of its members and supports them with information on European policy and legal developments
- Develops communication strategies and materials: newsletter, website, leaflets, press releases, position papers and media relations

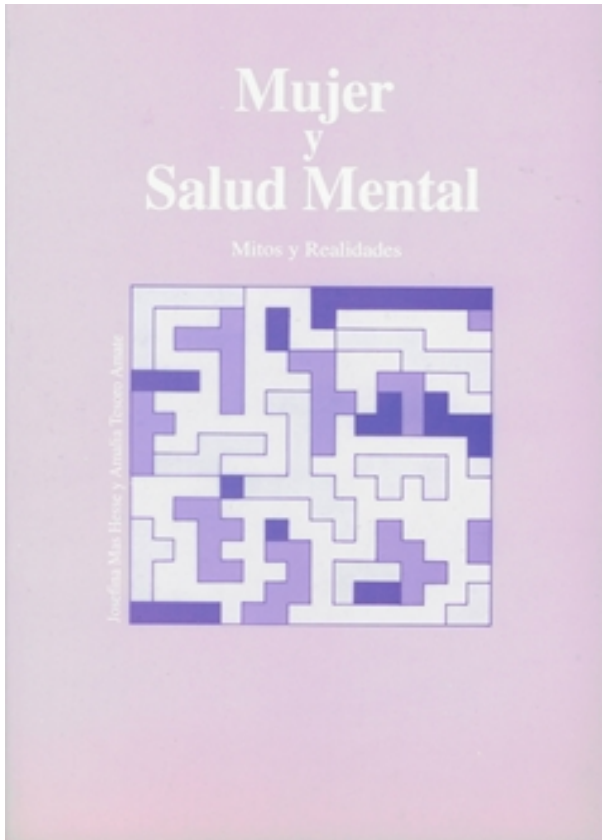
# MHE affiliation with European/global networks



## Current Projects of MHE on Gender and Mental Health

- DAPHNE III: “Train, Improve, Reduce! Diminish the mental health and psychological consequences of violence against women by dismantling prejudices of law enforcement agents” (2011-2012)
- DAPHNE: “Violence Against Women at work Let s talk about it! The mental health impacts of violence and harassment against women at work” (2009-2010)

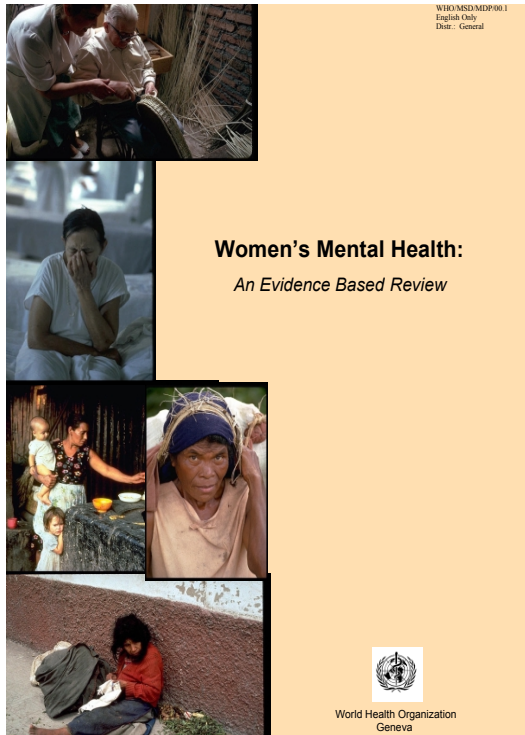
# Gender concept



Mas J, Tesoro A (Eds) Woman and Mental Health, Myths and realities. AEN 1993

- **Gender definition:** “the state of being male or female (typically used with reference to social and cultural differences rather than biological ones” (Oxford Dictionary)
- **"Sex"** refers to the biological and physiological characteristics that define men and women.
- **"Gender"** refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women.
- Research shows that socially constructed differences between women and men in roles and responsibilities, status and power, interact with biological differences between the sexes to contribute to differences in the nature of mental health problems suffered, health seeking behaviour of those affected and responses of the health sector and society as a whole

# Social Model of Health



- While human biology and health care remain important determinants of health, they are part of an expanded health field concept (Raeburn & Rootman, 1989).
- The idea of the health field stresses the importance of both individual behavioural factors and material, economic and psychosocial factors, and their complex reciprocal relationships, in determining health and illness.
- Gender is conceptualized as a powerful structural determinant of mental health that interacts with other structural determinants including age, family structure, education, occupation, income and social support and with a variety of behavioural determinants of mental health.
- Understood as a social construct, gender must be included as a determinant of health because of its explanatory power in relation to differences in health outcomes between men and women.

Astbury J, Cabral M. "Women's Mental Health: An Evidence Based Review" WHO 2000



## •What do we know?

- Sex differences in prevalence, onset and course of disorders
- Underlying factors
  - The interaction between biological and social vulnerability
  - Gender roles
  - Gender based violence
- Health seeking behaviour
- Service delivery issues
- Social consequences

## •What research is needed?

## •What are the implications for mental health policies and programmes?



## Gender and Mental Health

Mental health problems are among the most important contributors to the global burden of disease and disability. Mental and neurological conditions account for 12.3% of disability adjusted life years (DALYs) lost globally and 31% of all years lived with disability at all ages and in both sexes, according to 2000 estimates. These conditions are a concern in industrialised as well as in developing countries, where the mental health situation has shown limited improvement, and may have deteriorated significantly in many communities.



WORLD HEALTH ORGANIZATION

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Department of Mental Health  
and Substance Dependence



World Health  
Organization

REGIONAL OFFICE FOR  
Europe

- 27% of the adult population (here defined as aged 18–65) had experienced at least one of a series of mental disorders in the past year
- Rates for women are significantly higher as compared to those for men
- Overall rates are 33.2% versus 21.7%
- Except for substance use disorders (men: 5.6%, women 1.3%),
- and psychotic disorders (almost identical estimates).

# Prevalence rates of selected disorders

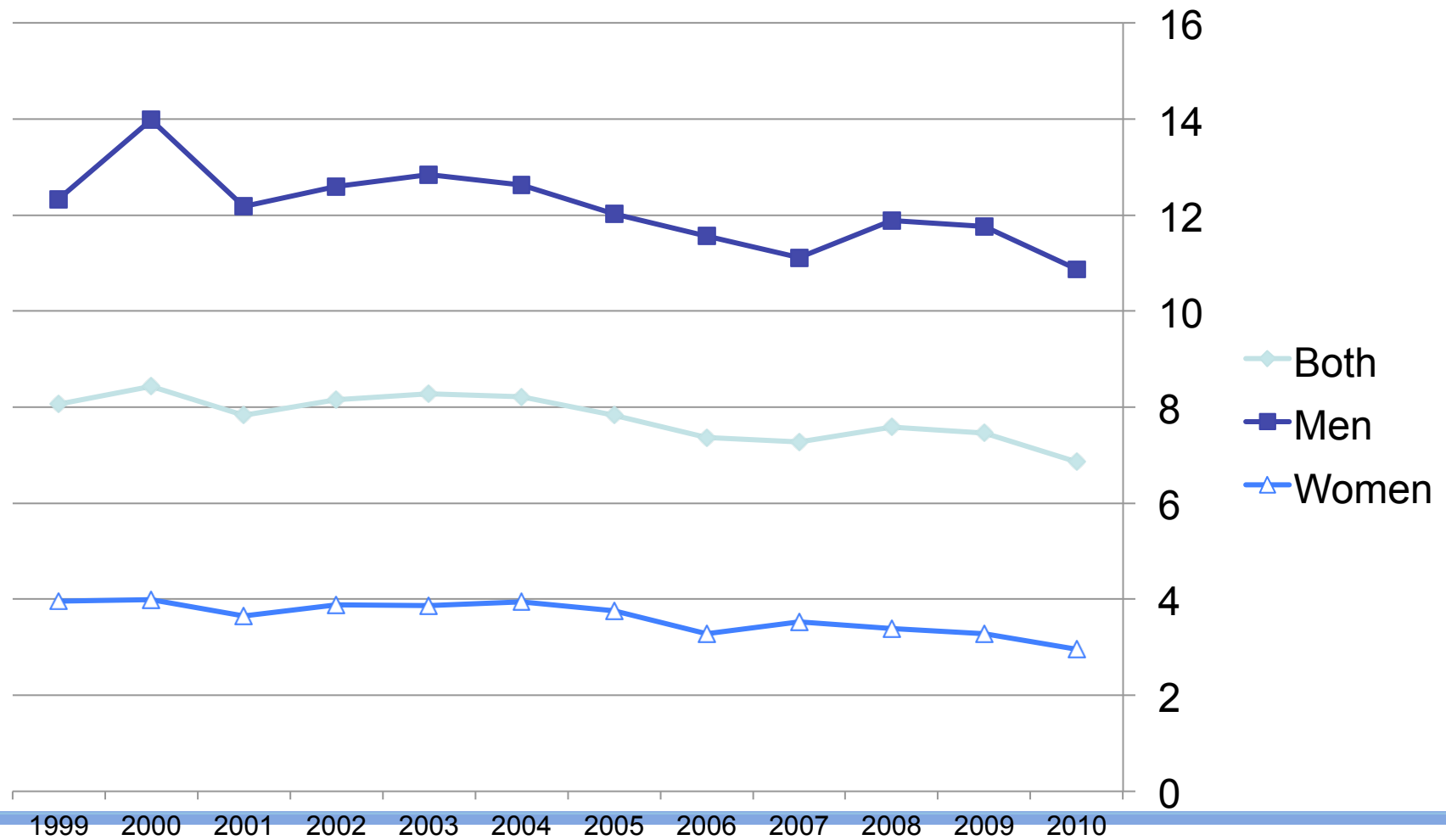


## National Comorbidity Survey: Prevalence rates of selected disorders

Mental Disorders	Lifetime Prevalence Female	Lifetime Prevalence Male	12 Month Prevalence Female	12 Month Prevalence Male
Major depressive episode	21.3%	12.7%	12.9%	7.7%
Alcohol dependence	8.2%	20.1%	3.7%	10.7%
Antisocial personality disorder	1.2%	5.8%	NA	NA

(Source: Kessler et al., 1994)

# Spanish Suicide National Rates (/100.000 p) (1999-2010) (INE)



# Sex differences in prevalence, onset and course of disorders



- **Lifetime prevalence rates** for any kind of psychiatric disorder were high, but similar for men (48.7%) and women (47.3%)
- In **childhood**, most studies report a higher prevalence of conduct disorders, for example with aggressive and antisocial behaviours, among boys than in girls.
- During **adolescence**:
  - Girls have a much higher prevalence of depression and eating disorders, and engage more in suicidal ideation and suicide attempts than boys.
  - Boys experience more problems with anger, engage in high-risk behaviours and commit suicide more frequently than girls.
  - In general, adolescent girls are more prone to symptoms that are directed inwardly, while adolescent boys are more prone to act out.
- In **adulthood**:
  - The prevalence of depression and anxiety is much higher in women, while
  - Substance use disorders and antisocial behaviours are higher in men.
  - In the case of severe mental disorders such as schizophrenia and bipolar depression, there are no consistent sex differences in prevalence, but men typically have an earlier onset of schizophrenia, while women are more likely to exhibit serious forms of bipolar depression.
- In **older age** groups, although the incidence rates for Alzheimer's disease is reported to be the same for women and men, women's longer life expectancy means that there are more women than men living with the condition.

# Underlying factors



- Interaction between biological and social vulnerability:
  - Genetic and biological factors
  - Hormonal changes
  - Antenatal and postnatal depression
  - Psychological distress associated with reproductive health condition (infertility, hysterectomy...)
- Gender Roles:
  - Lower self esteem
  - Anxiety over their body image
  - Lack of autonomy and control over one's life
  - Low income women and uncontrolled LE
- Gender based violence:
  - Depression, anxiety and stress-related syndromes, dependence on psychotropic medications and substance use and suicide are mental health problems associated with violence in women's lives.
  - A highly significant relationship between lifetime experience of physical violence by an intimate partner and suicide ideation
  - A strong association between being sexually abused in childhood and the presence of multiple mental health problems later in life

# Domestic Violence and Suicide



Table 1: *Relationship between domestic violence and contemplation of suicide*

Source: WHO Report 2001

Experience of physical violence by intimate partner	% of women who have ever thought of committing suicide ( $P < 0.001$ )							
	Brazil <sup>1</sup> (n=940)	Chile <sup>2</sup> (n=422)	Egypt <sup>2</sup> (n=631)	India <sup>2</sup> (n=6327)	Indonesia <sup>3</sup> (n=765)	Philippines <sup>2</sup> (n=1001)	Peru <sup>1</sup> (n=1088)	Thailand <sup>1</sup> (n=2073)
Never	21	11	7	15	1	8	17	18
Ever	48	36	61	64	11	28	40	41

<sup>1</sup> WHO Multi-country Study on Women's Health and Domestic Violence (preliminary results, 2001). Geneva, World Health Organization (unpublished document).

<sup>2</sup> International Network of Clinical Epidemiologists (INCLIN) (2001). *World Studies of Abuse in Family Environments (WorldSAFE)*. Manila, International Network of Clinical Epidemiologists. This survey questioned women about "severe physical violence."

<sup>3</sup> Hakimi M et al. (2001). *Silence for the sake of harmony: domestic violence and women's health in Central Java*. Yogyakarta, Indonesia, Program for Appropriate Technology in Health.

# Health seeking behaviour



- Women reported higher levels of distress than did men, and were more likely to perceive having an emotional problem than men who had a similar level of symptoms. Once men recognised they had a problem, they were as likely as women to use mental health services.
- Men tended to use alcohol as a remedy for relief from temporary strain caused by external pressure, and considered the use of psychotropic drugs as indicating loss of autonomy.
- Women, on the other hand, used psychotropics to restore their capacity to carry out emotionally taxing labour related to their caring work in the private sphere.
- Women are consistently more likely to use outpatient mental health services than are men. Men may seek care at a later stage after the onset of symptoms, or delay until symptoms become severe.

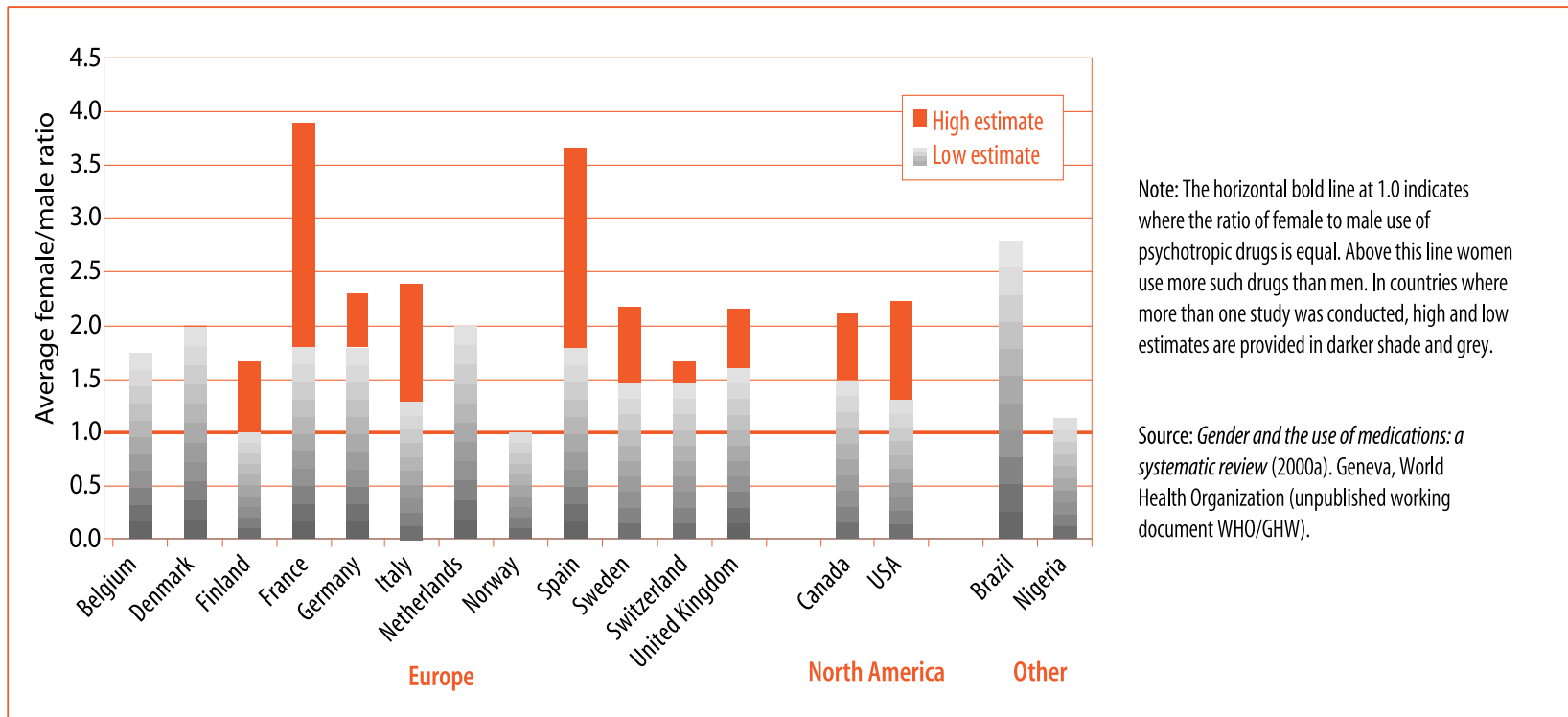


- The low detection and referral rates for mental disorders in primary care may affect women disproportionately more than they affect men, because women tend to present to primary rather than referral facilities when they have a mental health problem.
- Gender-related experiences and stereotypes on the part of the physician may influence the diagnosis of depression and the higher rates of prescription of psychotropic drugs to women
- Gender stereotyping may also lead to under-diagnosis of mental health problems in men

# Psychotropic drug use

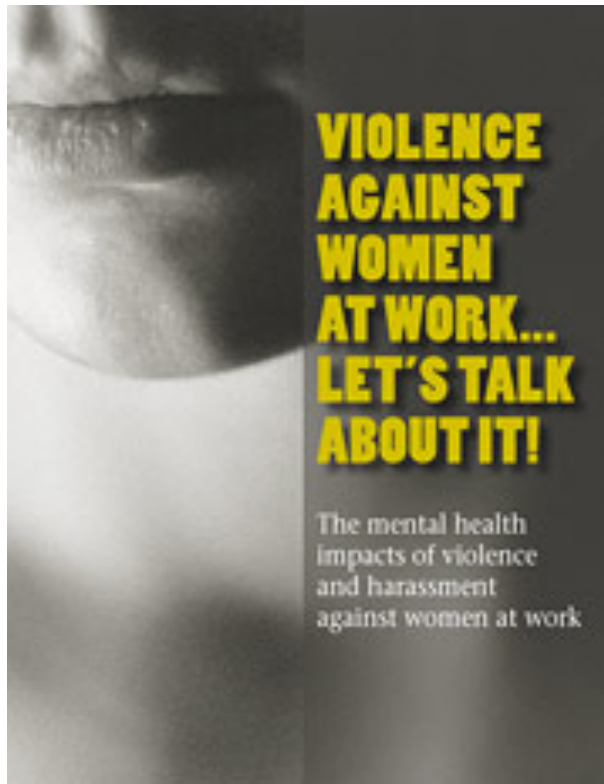


Figure 1: Average female/male ratio of psychotropic drug use, selected countries



- Women may face greater disability than men because of the higher prevalence of depressive and anxiety disorders.
- Schizophrenic patients found that married men were likely to be cared for and financially supported by their wives, while married women were more likely to be deserted, abandoned or divorced by their husbands, and to have experienced physical abuse by their husbands prior to separation.
- Women may have an advantage over men when it comes to residential independence
- Socially constructed gender roles make women the principal caregivers in many settings, while giving them less social support to perform this function, leading to low morale and high stress levels

# DAPHNE: VIOLENCE AGAINST WOMEN AT WORK



- Between 40 and 90 per cent of women suffer some form of violence and harassment during the course of their working lives
- Violence and harassment at work has immediate effects on the concerned women, including a lack of motivation, loss of confidence and reduced self-esteem, depression and anger, anxiety and irritability
- Main Objectives:
  - To contribute to the protection of women
  - To contribute to the prevention of violence against women at work
  - To develop and carry out an awareness raising campaign
  - The identification, collection and dissemination of best practices



# DAPHNE III: TRAIN, IMPROVE, REDUCE !



Domestic violence may have a both physical and psychological impact on the health of victims, and available data shows that:

- 25% of all women who attempt suicide do so because of the psychological trauma caused by domestic violence
- Women experiencing domestic violence are several times more likely to self-harm, be suicidal, misuse drugs and/or alcohol
- Research found that 59% of domestic violence survivors had been admitted to a psychiatric in-patient clinic
- Between 50% and 60% of women mental health service users have experienced domestic violence, and up to 20% will be experiencing current abuse

## Project objectives:

- To provide cross-cultural and gender-sensitive information on the mental health aspects of violence towards women
- To develop training modules which partners will use to train law enforcement agents who deal with abused women, promoting an adequate response to this issue
- To promote an adequate attitude of police officers when dealing with victims of domestic abuse

# Implications for mental health policies and programmes



- Mental health policies and programmes should incorporate an understanding of gender issues
- Gender-based barriers to accessing mental health care need to be addressed in programme planning.
- A public health approach to improve primary prevention, and address risk factors, many of which are gender-specific, is needed
- If gender discrimination, gender-based violence and gender-role stereotyping underlies at least some part of the distress, then these need to be addressed through legislation and specific policies, programmes and interventions.
- Training for building health providers' capacity to identify and to treat mental disorders in primary health care services needs to integrate a gender analysis.
- Provision of community-based care for chronic mental disorders should be organized to ensure that facilities meet the specific needs of women and men, and that the burden of caring does not fall disproportionately on women.

# UK: “Working towards Women’s Well-being”



## Working towards Women’s Well-being: Unfinished business



- *Working towards Women’s Well-being* reflects and contributes to the government-wide commitment to ensure fairness and equity for all women, of all ages and all backgrounds.
- Laying the foundations
- Learning and development
- Leadership
- Gender-specific provision
  - Women-only day services
  - Crisis houses for women
  - Single-sex inpatient accommodation
  - Secure services for women
  - In primary care: improving access to psychological therapies
  - Gender issues in assessment and care planning and the CPA process
  - Initiatives to tackle violence and abuse
  - Develop perinatal mental health services
  - To improve recognition of and responses to the needs of women as mothers and carers.

# Thank you very much

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