

Gender Sensitive Mental Health Service Delivery

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A. Background

Women's Centre for Health Matters Inc (WCHM) works to improve the health and wellbeing of women in the ACT and region, with a focus on women who are marginalised or socially isolated. One of the key areas in WCHM's 2008-2012 Strategic Plan is improving women's access to gender sensitive mental health information, services and practitioners. WCHM plans to achieve this by completing a gendered analysis of women's experience of mental health services and use this information to develop and implement a multi-faceted strategy to influence policy and practice in this area. This paper should be read in conjunction with the paper titled 'Gender Sensitive Health Service Delivery' (WCHM, 2009), which provides a general overview of key concepts relating to gender sensitive service delivery.

B. Introduction

Gender differences have an impact on mental health and the experience and course of women's mental illness. For this reason, women's mental health can only truly be understood by considering the biological as well as the social, cultural, economic and personal contexts of women's lives. Practitioners that implement this knowledge into their services, that is those who are 'gender-sensitive', have been shown to achieve better health outcomes for women. In contrast, 'gender neutral' approaches have neglected the unique needs of women with mental health problems and perpetuate mental health inequalities between men and women.

B. Gender issues in mental health

Research has found that the prevalence of psychiatric disorders, particularly mood, anxiety and eating disorders, is greater in women than in men (Judd, Armstrong and Kulkarni, 2009). However, looking at mental health through a

gender lens also reveals differences in the course of illness and the different impact of biological, psychological and social factors in the causation of illness. This means that there are differences between men and women when it comes to things such as age of onset, symptoms, comorbidity with other illnesses and ways in which mental illnesses are expressed (Judd et. al., 2009). For example, depression in women is more often characterised by appetite, sleep disturbance and fatigue (Young et. al., 1990), and is more likely to be accompanied by anxiety (Korstein, et. al., 2002). Women and men also process emotions differently, with women being more emotionally expressive (Kring and Gordan, 1998). Although the physical and emotional differences between men and women are important, the social and cultural impacts on mental health should not be forgotten. For example, there is a strong inverse relationship between social position and physical and mental health outcomes (Dohrenwend, 1990). This greatly affects women, as in almost every society, women's status remains lower than men's. Women's low status is reflected in high incidences of gender-based violence, for example 38 per cent of Australian women experience personal violence in their lifetime (ABS, 1996). Women who have experienced violence are more likely to experience mental health problems, particularly depression, anxiety, eating disorders and substance abuse (Danielson, et. al., 1998).

C. *What is gender-sensitive mental health practice?*

Gender sensitive health practice means considering women's mental health in biological, social, cultural, economic and personal contexts of their lives, also known as the 'social determinants' of women's health (Stewart, 2007). Gender-sensitive practice also acknowledges that a woman's current circumstances, including her age, physical health, housing situation and level of financial security, will impact on her service needs. For example, mental health services provided to women who are trauma sufferers, especially those services that involve restraint, seclusion or institutionalisation, may unintentionally trigger feelings of powerlessness and cause the woman to become re-traumatised (Judd et. al., 2009).

D. *What do gender-sensitive mental health services look like?*

Gender-sensitive mental health services are more than just 'women only' services. After talking to women service users, providers and reviewing a wide range of literature, Barnes et. al. (2002) found that gender-sensitive mental health services were likely to have the following characteristics:

- They offer women choices about the type of support they receive, and who provides it to them (e.g. a choice between a male or female doctor).
- They provide women with opportunities to be involved in their own care and treatment, including service planning and delivery.
- They have staff that treat women with respect, give them time to talk and listen to what they have to say.
- They have 'women only' spaces within their buildings.
- They keep women's personal information confidential at all times.
- They see mental health from a holistic perspective, that is, they consider women's mental health in the context of their life experiences and personal situations.

- They take into account the 'social determinants of health', that is, they acknowledge the way that women's personal circumstances and socio-economic status affects their mental health.
- They recognise women's strengths and empower them to take control of their own lives.
- They operate in a way that is culturally sensitive to women from outside the dominant culture.
- They have a stable and secure funding base, which allows them to offer consistency and longevity in the support they provide.

Williams and Paul (2008) also site three 'core principals' of gender-sensitive mental health service delivery. These are:

- 1) Equality: Power is used openly and fairly
- 2) Knowledge and Commitment: Staff are able and willing to bring a gender-sensitive perspective to their work
- 3) Relationships: Staff place relationships with service users at the centre of services.

E. Conclusion

'Gender-neutral' approaches to mental health have neglected the unique treatment needs of women experiencing mental health problems. As practitioners and service providers we must realise that gender-sensitive mental health practice is about more than just 'women-only' services. Comprehensive gender-sensitive mental health care requires it's planning, delivery, monitoring and evaluation to be informed by a knowledge and understanding of gender differences between women and men, and how those difference impact on peoples whole life experiences and circumstances. Only by ensuring mental

health services operate in a way that is truly gender-sensitive will we achieve the best possible outcomes for women with mental health problems.

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