

**WCHM Position Paper
On
Gender Sensitive
Mental Health
Service Delivery**

**November
2009**

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 strategy to influence policy and practice in this area, and to influence other mental health community sector organisations to co-ordinate in the planning, provision and evaluation of women's mental health services. This paper should be read in conjunction with the paper titled 'Gender Sensitive Health Service Delivery'¹, which provides a general overview of key concepts relating to gender sensitive service delivery.

B. Gender, women and mental health

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 not only the biological and physiological, but also the social, cultural, economic and personal contexts of a woman's life.² Evidence suggests that practitioners who implement this knowledge into their services, that is those who are 'gender-sensitive', achieve better health outcomes for women. In contrast, 'gender neutral' or 'gender blind' approaches have neglected the unique needs of women with mental health problems and perpetuated mental health inequalities between men and women.

¹ WCHM, "Gender-sensitive health service delivery" (Women's Centre for Health Matters Inc.: Canberra, 2009)

² D.E. Stewart, "Social Determinants of Women's Mental Health" in *Journal of Psychosomatic Research*, Sep 2007

Research has found that the prevalence of psychiatric disorders, particularly mood, anxiety and eating disorders, is greater in women than in men.³ Moreover, 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. There are differences between men and women when it comes to age of onset, symptoms, comorbidity with other illnesses and ways in which mental illnesses are expressed.⁴ For example, depression in women is more often characterised by appetite, sleep disturbance and fatigue,⁵ and is more likely to be accompanied by anxiety.⁶ Women are more likely than men to seek help from, and/or to disclose mental health problems to their primary health physician, but then conversely, are less likely than men to disclose problems relating to drug and alcohol use⁷.

In addition to these physical and emotional differences between men and women, social and cultural circumstances have a unique impact upon women's mental health. For example, there is a strong inverse relationship between social status, and physical and mental health outcomes.⁸ This greatly affects women, as in almost every society, women's status remains lower than men's. Women's low status is reflected in the high incidence of violence against women; women's lower socio-economic status; an under-representation of women in positions of power; and an over-representation of women in part-time and casual work, amongst other things. A consequence of violence against women for example, is that they are more likely to experience mental health problems, particularly depression, anxiety, eating disorders and substance abuse.⁹ Financial insecurity also appears to predispose women to mental illness, as demonstrated in the findings of the WCHM commissioned report, *Social Determinants of Women's Health and Wellbeing in the Australian Capital Territory*.

³ F. Judd, S. Armstrong, J. Kulkarni, "Gender-sensitive mental health care" in *Australasian Psychiatry*, Vol 17 (2) 2009

⁴ Ibid

⁵ M.A. Young, W.A. Scheftner, J. Fawcett, G.L. Klerman, "Gender differences in the clinical features of unipolar major depressive disorder" in *Journal of Nervous and Mental Disease*, Vol. 178 (1990)

⁶ S.G. Korstein, G.M. Sloane, M.E. Thase, "Gender-specific differences in depression and treatment response" in *Psychopharmacology Bulletin*, Vol. 36 (2002)

⁷ World Health Organisation, "Gender and women's mental health"

⁸ B.P. Dohrenwend, "Socio-economic status and psychiatric disorders" in *Social Psychiatry and Psychiatric Epidemiology*, Vol. 25 (1990)

⁹ K.K. Danielson, T.E. Moffitt, A. Caspi, P.A. Silva, "Comorbidity between abuse of adult and DSM-III-R mental disorders: Evidence from an epidemiological study" in *American Journal of Psychiatry*, Vol. 155 (1998)

Gender-stereotyping and bias in relation to identifying and treating mental illness is another factor that may further impede good mental health outcomes for women.¹⁰ For example, stereotypical conceptualizations of women as 'emotional', menopausal or suffering from 'PMS' may engender bias in the identification and treatment of mental illness. Women are more likely than men to be diagnosed with depression, "... even if they have similar scores on standardized measures of depression or present with identical symptoms."¹¹ Furthermore, historically, research has concentrated on the relationship between a woman's reproductive functioning and her mental health. Recent studies have indicated that in fact, a woman's physiological and reproduction functioning has minimal impact upon her mental health and wellbeing if psychosocial factors are given appropriate consideration.¹² Any negative impacts resulting from domestic violence, caring responsibilities, alcohol and drug dependency, housing status, income and the current state of a woman's relationships and support networks, must be considered and addressed in conjunction with the treatment of mental illness symptoms.

To ignore the wider context of a woman's life and the potential for it to negatively affect her mental health and wellbeing is not smart practice.

C. *What is gender sensitive mental health service delivery?*

Gender sensitive mental health service delivery means considering women's mental health in the context of their lives and acknowledging 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 have experienced trauma, especially those services that involve restraint, seclusion or institutionalisation, may unintentionally trigger feelings of powerlessness

¹⁰ I. Broverman, S. Vogel, D. Broverman, F. Clarkson, P. Rosenkrantz, "Sex-role stereotypes: A current appraisal" in *Journal of Social Issues*, Vol. 28, No. 2 (1972)

¹¹ E.J. Callahan, K.D. Bertakis, R. Azari, L.J. Helms, J. Robbins, J. Miller, "Depression in primary care: patient factors that influence recognition" in *Family Medicine*, Vol 29 (1997); G. Stoppe, H. Sandholzer, C. Huppertz, "Gender differences in the recognition of depression in old age" in *Maturitas*, Vol 32 (1999)

¹² L. Dennerstein, E. Dudley and H. Burger, "Well-being and the menopausal transition" in *Journal of Psychosomatic Obstetrics and Gynaecology*, Vol. 18 (1997)

and cause the woman to become re-traumatised.¹³ Gender sensitive mental health service delivery also acknowledges the role that health practitioners may play in empowering or disempowering those in their care. Research has found that women's main complaints against their health practitioners arose from being objectified or stereotyped as unintelligent, infantile, incompetent or 'unbalanced' and having their illness misdiagnosed or ignored.¹⁴

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, WCHM has identified four key qualities that must inform gender sensitive health service delivery: availability, accessibility, affordability and appropriateness. Gender sensitive mental health service delivery understands that 'women are their own experts' and that women are best placed to make decisions about the issues that affect their health and well-being.

Issues concerning gender-sensitive mental health service delivery have not been explored in depth, but in the end they concern practice – what should be done on the ground, and how services need to be delivered make them more gender sensitive.

This Position Paper seeks to define a WCHM view of the principles and characteristics of gender sensitive mental health service delivery, to inform our responses to policy and to advocate for improvements to women's health services.

D. What does gender sensitive mental health service delivery look like?

Gender sensitive mental health services are likely to have the following characteristics:

- They have a holistic approach to mental health, where women are treated as whole individuals rather than as their illness or diagnosis – they use a social model rather than a medical model.

¹³ Judd et. al., op. cit.

¹⁴ M. Miers, "Developing an understanding of gender sensitive care: exploring concepts and knowledge" in *Journal of Advanced Nursing*, Vol. 30, No. 1 (2002), p74

- They offer women choices about the type of support they receive, and who provides it to them (i.e. a choice between a male or female doctor). This is of particular importance for some CALD/Aboriginal and Torres Strait Islander women, for women who have suffered trauma, and/or for women who may feel uncomfortable disclosing personal information to a male practitioner.
- They provide women with opportunities to be actively involved in their own care and treatment, including service planning and delivery. (i.e. advanced directives)
- They offer women choice in treatment options, which may include medication, talking therapy and/or other community-based services like peer support.
- They have staff that treat women with respect, give them time to talk and listen to what they have to say, including the provision of longer consultations and more preventative health measures and counselling where needed.
- They have staff and practitioners with qualifications in women's health and/or are trained to understand the impact of gender on mental health and well-being.
- They are culturally sensitive.
- They understand that all health issues and life events may affect men and women differently across their lifespan and use a life course approach in service planning and delivery.
- 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. For example, a woman's child and/or other caring responsibilities, her relationships, housing status, income, age, sexuality, ethnicity, religion and cultural and linguistic background, all have the potential to negatively impact upon a her mental health and wellbeing.
- They employ a holistic, individual approach to service delivery that recognises that women often have a multitude of concurrent challenges, which then often leads into a cycle of difficulties.
- They have 'women only' spaces within their buildings.
- They provide family-friendly and more specifically child-friendly environments (i.e. affordable childcare and/or supervision), and services are inclusive of family.
- They keep women's personal information confidential at all times.
- Services are either located near women and/or public transport routes, or an outreach program should be available in most localities.

- Pathways of care are easy to navigate, information is provided in preferred formats, and for those women who experience difficulty in understanding and/or navigating the mental health system, assistance is provided.
- They have a stable and secure funding base, which allows them to offer consistency and longevity in the support they provide.¹⁵

F. Conclusion

‘Gender-neutral’ or ‘gender blind’ 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 service delivery is about more than just ‘women-only’ services. Comprehensive gender sensitive mental health care requires its planning, delivery, monitoring and evaluation to be informed by a knowledge and understanding of both sex and gender differences between women and men, and how those differences impact on peoples’ whole life experiences and circumstances. It does not have to equate to spending more money or providing more services, but rather, gender sensitive mental health care can be implemented within existing services to ensure they are more appropriate to the needs of the patient¹⁶ to ensure that individual women have access to women-sensitive services and access to gender sensitive information so that they can make informed decisions regarding their health.

A key role for WCHM will be to continue advocating to government, as well as other health institutions, to ensure they recognise social issues and provide policy and services that meet women’s needs.

If health providers have an increased knowledge of how gender interacts with health and health care they will better be able to reduce the burden of illness for women and their families.¹⁷ Only by ensuring mental health services operate in a way that is truly gender

¹⁵ M. Barnes, A. Davis, S. Guru, L. Lewis, H. Rogers, “Women-only and women-sensitive mental health services: A summary report” (University of Birmingham: UK, 2002)

¹⁶ The Women’s Health Council, 2007, op cit., 6.

¹⁷ Ibid

sensitive will we achieve the best possible outcomes for women with mental health problems.

WCHM supports further development of gender sensitive mental health service delivery in order to better meet the needs of women in the Australian Capital Territory (ACT).

References

Barnes, et. al., "Women-only and women-sensitive mental health services: A summary report" (University of Birmingham: UK, 2002)

Broverman, et. al., "Sex-role stereotypes: A current appraisal" in *Journal of Social Issues*, Vol. 28, No. 2 (1972).

Callahan, et. al., "Depression in primary care: patient factors that influence recognition" in *Family Medicine*, Vol 29 (1997) 172-176

Danielson, et. al., "Comorbidity between abuse of adult and DSM-III-R mental disorders: Evidence from an epidemiological study" in *American Journal of Psychiatry*, Vol. 155 (1998), 131-133.

Dennerstein, et. al., "Well-being and the menopausal transition" in *Journal of Psychosomatic Obstetrics and Gynaecology*, Vol. 18 (1997), 95-101

Dohrenwend, B.P., "Socio-economic status and psychiatric disorders" in *Social Psychiatry and Psychiatric Epidemiology*, Vol. 25 (1990), 41-47.

Judd, et. al., "Gender-sensitive mental health care" in *Australasian Psychiatry*, Vol 17 (2) 2009, 105-111.

Korstein, et. al., "Gender-specific differences in depression and treatment response" in *Psychopharmacology Bulletin*, Vol. 36 (2002), 99-112.

Maslen, S., *Social Determinants of Women's Health and Wellbeing in the Australian Capital Territory* (Women's Centre for Health Matters: Canberra, 2008)

Miers, M. "Developing an understanding of gender sensitive care: exploring concepts and knowledge" in *Journal of Advanced Nursing*, Vol. 30, No. 1 (2002), p69 – 77

Stewart, D.E., "Social Determinants of Women's Mental Health" in *Journal of Psychosomatic Research*, Sep 2007

Stoppe, et. al., "Gender differences in the recognition of depression in old age" in *Maturitas*, Vol 32 (1999), 205-212.

The Women's Health Council, "A Guide to Creating Gender-Sensitive Health Services" (2007)

WCHM, "Gender-sensitive health service delivery" (Women's Centre for Health Matters Inc.: Canberra, 2009)

Wilkinson, R. and Marmot, M., (eds.), "Social Determinants of Health: The Solid Facts" (World Health Organisation: Denmark, 2003) 5-9

Williams, J., Paul, J., "Informed Gender Practice: Mental health acute care that works for women" (National Institute for Mental Health in England: UK, 2008).

Women's Health Association of Victoria, Position Paper on Gender and Practice (2001) 4

World Health Organisation, "Constitution of the World Health Organisation"

World Health Organisation, "Gender Disparities in Mental Health"

Young, et. al., "Gender differences in the clinical features of unipolar major depressive disorder" in *Journal of Nervous and Mental Disease*, Vol. 178 (1990), 200-203.