National Women's Council of Ireland

Response To Mental Health Commission Discussion Paper A Vision For A Recovery Model In Irish Mental Health Services

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The National Women's Council of Ireland (NWCI) is a non-governmental organisation representing women's groups in Ireland. The NWCI currently has 163 member organisations affiliated to it, representing an estimated 300,000 women.

Working as a national representative organisation of women in Ireland, the NWCI's mission is to achieve women's equality, empowering women to work together, while recognising difference, in order to remove structural, political, economic, social/cultural and affective inequalities. Underpinning the NWCI strategic plan[1] is an inclusive equality framework, setting out four spheres – Affective, Social/Cultural, and Economic

[1] See www.nwci.ie website for further information

and Political equality, each with its own rights-based goal. The NWCI is currently developing a Women's Health policy that is informed by the interrelationship between these spheres of equality, with a particular emphasis on diversity of women's experience.

Introduction

The NWCI welcomes the discussion paper *'A Vision for a Recovery Model in Irish Mental Health Services'* and we are pleased to have the opportunity to respond.

We have endeavored to focus our response in the Question & Answer format requested by the MHC, and the answers specifically focus on the mental health needs of women.

We present our perspective on women and mental health, which is based on the work of NWCI with, and by, our affiliated membership.

We trust that the recommendations we make will contribute to the Commissions work in further developing a recovery model policy for Ireland.

Women & Mental Health

Women have a particular experience of mental ill health, and therefore specific mental health needs. In 1997 the Government acknowledged that mental health services do not meet women's needs.[2] Women's mental health is affected by various factors relating to women's inequality and multiple discriminations in Irish society. In order to respond to women's experience and needs, mental health provision requires a gendered approach to both policy and service provision as recognized in the recent report by the Women's Health Council[3] and borne out by the WHO's acknowledgement that gender is a determinant of mental health.[4]

The NWCI wish to draw particular attention to the following issues in order to inform the development of mental health policy:

- Women's Experience Of Mental Ill Health
- Women's Unequal Position In Ireland
- Violence Against Women
- Diversity of women

Women's Experience of Mental Illness

There are significant gender differences in the experience of mental illness.

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[2] DoH&C (2007) A Plan For women's Health 1997-1999

[3] WHC (2005) Women's Mental Health, Promoting a Gendered Approach to Policy & Service Provision.

[4] WHO (2001) Gender Disparities in mental health.

Depression, including postnatal depression is considered the most common form of mental illness amongst women.

Eating disorders are more common among women than men; and women are more likely to be diagnosed with anxiety related disorders and post-traumatic stress than men.[5]

In relation to treatment women are generally more likely to be prescribed psychotropic drugs by their GPs, while men are more likely to be referred for specialist treatment.[6]

Women with experience of mental ill health have expressed concern to the NWCI about the use of medication and the lack of availability of services such as counseling.[7] This concern is borne out by a recent Canadian review, which indicates that women are more likely to be prescribed psychotropic drugs such as SSRIs rather than the use of non-drug methods such as counseling, support, nutrition and exercise.[8]

Women mental health service users have identified a number of issues to the NWCI including:

- The gender specific experience of mental ill health
- Stigma attached to mental ill health, lack of optimism and the impact of long term medication
- The need for a person centred approach to treatment and mental health

Impact of Women's Continued Unequal Position in Ireland

The WHO notes that the impact of gender on health is determined by women's subordinated status in society.[9] The UN Convention on the Elimination of Discrimination Against Women (CEDAW) stresses the broad range of risks to mental health to which women are disproportionately susceptible as a result of gender discrimination, violence, poverty, armed conflict, dislocation and other forms of social deprivation.[10]

In Ireland, women continue to experience economic inequality. The gender pay gap persists, with women currently earning 14% less than menThe Institute of Public Health has noted that for women the gender pay gap is a pathway to poverty and ill health.[11]

An increasing number of people living in poverty are working. In 2004, 6.2% of women who are working were at risk of poverty in comparison to 7.2% of men. In 2004, 23% of women were at risk of falling below the 60% poverty line in comparison to 18% of men.

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[5] WHC (2005) ibid.

[6] WHC (2005) ibid.

[7] NWCI (2004) In From The Margin

[8] Currie, Janet (2005) The Marketization of Depression: The Prescribing of SSRI, Antidepressants to Women. Women and Health Protection., Canada http://www.whp-apsf.ca/pdf/SSRIs.pdf

[9] WHO Europe (2001) Strategic Action Plan For Women In Europe

[10] http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm#recom24

[11] IPHI (2005) Health Impacts of Employment, A Review

Women aged 65 and older have a 45% risk of being below the 60% poverty line in comparison to 34% of men. Lone parents, the majority women, have a 42% risk of living on an income below the 60% poverty line. Women do not have equal access to social welfare allowances, defined within the system as 'qualified adults'; which also affects the level of state pensions.

As a result of women's ascribed roles, women undertake the majority of unpaid care work, which can have an impact on women's mental health. While there is limited data available in Ireland, there is evidence to suggest that unpaid care work negatively impacts women's mental health, including through lack of sleep, increased anxiety, lack of social life and higher rates of illness generally[12].

Overall women's continued unequal position means that more women experience poverty, a determinant, which negatively effects mental and physical health.

Impacts Of Violence & Sexual Abuse On Women's Mental Health

It is increasingly recognised that violence against women is a major contributor to the burden of mental and physical ill health experienced by women.[13]

Research suggests that women who are abused by their partners suffer more depression, anxiety and phobias than women who have not experienced abuse (WHO 2002). An overview of studies on domestic violence and depression in women found an average prevalence rate of 47.6%.[14]

In Ireland the SAVI Report (2002) found that of the 42% of women who have experienced sexual abuse or violence over their lifetime, including child sexual abuse, 25% reported symptoms consistent with a diagnosis of Post Traumatic Stress Disorder (PTSD) at some time in their lives following and as a consequence of their experience of sexual violence. Those who had experienced sexual violence were significantly more likely to have used medication for anxiety or depression or to have been a psychiatric hospital in-patient than those without such experiences. For example, those who had experienced attempted or actual penetrative sexual abuse were eight times more likely to have been an in-patient in a psychiatric hospital than those who had not been abused.

A Canadian study suggests that the impact of violence, abuse and trauma on women's mental health is not generally taken account by treatment services. When it is recognised, as a causative factor a biomedical treatment approach is the norm.[15]

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[12] Canadian Women's Health Network

[13] Victorian Health Promotion Foundation (2004) The Health Costs of Violence, Measuring the burden of disease caused by intimate partner violence. Melbourne, VicHealth: Victorian Health Promotion Foundation. www.women.vic.gov.au

[14] Golding, J (1999) Intimate Partner Violence as a Risk Factor for Mental Disorder: A Meta Analysis

[15] Morrow. M (2002) Violence & Trauma in the lives of women with serious mental illness. http://www.bccewh.bc.ca/PDFs/violencetrauma.pdf

The issue, raised by women themselves, of the need for more holistic and empowering options such as counselling and support groups needs to be recognised.

The development of the recovery model is an opportunity for development in this area.

Diversity of Women

The NWCI believes that any analysis of health and women must acknowledge that women are not a homogenous group. Recognition must be given to the mental health impact of multiple discriminations experienced by particular groups of women such as: older women, Disabled women, Lesbians, Minority Ethnic women including Traveller and migrant women, isolated rural women and those living in poverty amongst others. For these groups the experience of basic gender inequality is compounded. For example, living in a homophobic society can negatively impact on Lesbians' mental health, which can further be complicated by the outmoded view that lesbianism is a psychiatric disorder.[16]

The increase in the incidence of depression in the 50-70 age group further compounds matters for older women who may also be dealing with the impact of ageism as well as age related physical ill health.

During extensive consultation with women in Ireland by NWCI on the Government's Green Paper 'Developing A Policy for Women's Health' (1995) an overwhelming need was expressed for a holistic approach to mental health. The lack of mental health promotion and services such as locally accessible counseling was highlighted and the need for them expressed. Self-help groups were identified as a valuable model of support for women recovering from mental ill health as well as a way of addressing mental health issues in situations such as bereavement and relationship break-up.

In the subsequent Women's Health Policy (1997) the Department of Health & Children acknowledged that the mental health services do not meet women's needs and identified the need for research on women and mental health as an area for action.[17]

During further consultation by NWCI with member organizations[18] women again raised the need for holistic, person centered and equitable approaches to women's mental health. The requirement for accessible services such as counseling was also highlighted.

The NWCI's 'In From The Margin' Project (2001-04), which had over 800 women participants, raised issues of diversity of women and women's diverse experience and health impacts. Once again mental health promotion and community based counseling services were noted as crucial to women's well being and prevention of ill health.

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[16] LOT (1999) Lesbian Information & Resource Pack, A Learning And Development Tool Towards Inclusion.

[17] DoH&C (1997) 'A Plan for Women's Health 1997-1999'

[18] NWCI (2001) Framing The Future & Millennium Project, Health Report.

Community development and primary health care approaches to health were also endorsed. Concern was expressed on issues such as over use of medication, particularly for women experiencing depression. The experience of stigma, lack of choice and poverty by women experiencing mental ill health was noted.

The need for cultural awareness and culturally appropriate services including appropriately trained interpreter services for Traveller and migrant women, as well as Irish Sign Link (ISL) interpreting for deaf women, was highlighted.

A number of migrant women seeking asylum in Ireland have experienced armed conflict and displacement in their countries of origin; and have been victims of violence, torture, rape and bereavement. The resultant distress and mental health impacts require specific counseling, not currently available.

In the absence of services, NWCI community based member organizations have been responding to women's needs by providing counseling services and support groups ranging from general counseling for life events such as bereavement and relationship break-down, to specific counseling, for women experiencing violence and/or sexual abuse, including for women who are survivors of child sexual abuse.

Mental Health Commission Questions

The following are NWCI's response to the discussion document presented in the question and answer format provided by MHC.

Do you think the recovery model is relevant to the Irish mental health services?

The NWCI, in common with Irish health policies, subscribes to social models of health. Therefore the recovery model is totally relevant to the mental health services, particularly in light of the forthcoming changes expected in the mental health services following recommendations of the Expert Group on Mental Health Policy. Combined with recent health service restructuring this should be an opportune time for development and implementation of a recovery model appropriate to service user needs in Ireland.

In your view what are the barriers to promoting the recovery model within the Irish mental health services?

As with any major system change there may be several barriers to overcome.

Generally, lack of commitment, leadership and allocation of the resources required to move the policy forward, is a significant barrier.

For a recovery model to be relevant and successful for women in Ireland, account must be taken of the need for a gendered approach, which takes account of women's

experience and mental health needs, as well as the mental health impact of women's continued inequality.

In your view what are the factors that will facilitate the recovery model within the Irish mental health services?

- Recognising the gendered experience of mental ill health and women's specific mental health needs as raised above.
- Developing and implementing a recovery model that will be relevant and promote women's mental health
- Placing women at the centre of planning, developing and implementation of the policy
- Trauma treatment and counselling should be provided for women who have been victims of the range of gender-based violence including rape, child sexual abuse, domestic violence and the range of violence experienced by women who have escaped armed conflict.
- Providing training for health care workers including:
    - Gender-sensitive training to enable health care workers to detect and manage the mental health consequences of gender-based violence[19]
    - Equality and cultural awareness training to ensure that the mental heath needs and experience of women are understood
- As noted in the MHC discussion paper, building on work which complements the recovery model, including the work of women's groups who have been meeting service gaps by providing locally accessible mental health promotion, education and counseling services.
- The inclusion of family supports and education to minimize trauma for women experiencing mental ill health, e.g. where a woman's primary role is caring for her children the experience of mental ill health may be compounded by increased anxiety about her family. Similarly if education and support is provided to family members including children they will be better placed to understand and provide support as well as ensure their own mental health is maintained.
- Promoting inter-sectoral collaboration amongst all stakeholders. To ensure participation by service users, and community and voluntary organizations provision of support, training and capacity building should be available.
- Provision of training to health service and other personnel to ensure collaborative and partnership skills for working with non-traditional participants including service users and community based women's organizations.

[19] CEDAW Recommendation 24

- At the outset building in opportunities for a range of research, including qualitative methods, to bridge the information deficit that currently exists in Ireland, including gendered data on mental health/illness.
- Communicating with all stakeholders including service users and community and voluntary organizations re: proposed changes and change processes and outcomes.
- Leadership and commitment to the implementation of a recovery model policy implementation throughout the services including DoH&C and HSE and Department of Finance
- Paying attention to lessons learned by other countries experience of implementing a recovery model (e.g. those referred to in the discussion document).

Without these components it will be difficult to change the status quo and move to a more modern, holistic and person centered approach which ensures recovery and participation rather than protract a system which continues to promote ways of working that can result in exclusion and frequently prolongs illness unnecessarily.

Taking account of women's experience will ensure that women's particular health needs are met and mental health promoted.

Do you know of any area within the mental health services where the recovery model is used?

The recovery model is used by a number of NWCI Members including:

- Bodywhys, which works in the area of eating disorders.
- Women's community-based women's groups who have been providing services to women such as counselling, mental health education services, alongside crisis and person centred counselling as part of their work to promote women's mental health and respond to local women's needs and meet gaps in service provision e.g. Letterkenny Women's Centre, and Longford Women's Link[20] This was recognized in the White Paper on Adult Education (2000)
- The work of GROW and Schizophrenia Ireland's (SI) work and publication 'Towards Recovery' (2003) and SI's Pre-Budget Submission (2004).

What, in your view, is the single factor that would promote the recovery approach in our mental health services?

Choosing a single factor is difficult as there is a need for a multi-faceted approach over short and long-term to achieve such a paradigm shift in the mental health service model.

The need for high-level commitment of resources to ensure the work can actually be undertaken, developed and maintained is critical for success. Undertaking actions to

[20] Longford Women's Link http://www.longfordwomenslink.org/

enable meaningful participation by service users, including promoting women's involvement would contribute to ensuring the success of the initiative.

Stigma, lack of optimism and the impact of long term medication as well as the specific experience of mental ill health for women, and the overall issue of the need for a person centred approach to treatment and mental health were amongst issues raised to NWCI by participants of SI women's group.

What is your view of user-self-management programmes in mental health as have been developed for physical illnesses?

The NWCI supports user self-management programmes.

Person centered and empowerment approaches have characterized the women's health movement including formation of self-help groups, development and dissemination of quality information. Women have found that having knowledge and information about their health has been empowering both in management of illness and disease prevention (e.g. Breast Self Examination as a means of early detection of Breast Cancer)

In some cases lobbying has been undertaken, often in response to lack of recognition for women's service needs or experience, e.g. DES Action (Daughters of women who had been administered DES during pregnancy resulting in increased risk of certain cancers amongst other complications.) and Positive Action (Women who contracted HepC through Anti-D serum blood product).

Any other comments on the discussion paper?

NWCI recognize the work of the Mental Health Commission, particularly for taking a collaborative and partnership approach in the development of mental health services in Ireland. We look forward to future collaboration.

In conclusion we present five key recommendations:

The NWCI Recommend That

- The Mental Health Commission take account of women's specific experience of mental ill health, including the impact of women's continued unequal position in Irish society, to ensure that for women the implementation of the recovery policy is truly person centred.
- That women's specific mental health needs are addressed including provision of appropriate treatments and services, which are not limited to use of psychotropic drugs but include accessible community based support services.
- In developing the recovery model the Mental Health Commission take a person centered approach, which includes placing women at the centre of all planning, development and implementation.

- The Mental Health Commission collaborate with women service users, community based and other women's organizations, particularly those who represent women or who have been providing locally accessible counseling and support services and mental health promotion.
- The Mental Health Commission take account of the recent report by The Women's Health Council,[21] which provides strong evidence and rationale for a gendered approach to mental health policy and service provision, and which takes account of women's specific mental health needs.

[21] WHC (2005) Women's Mental Health: Promoting a Gendered Approach To Policy & Service Provision http://www.whc.ie/publications/Womens_Mental_health.pdf