NWCI Submission to the Joint Oireachtas Committee on the Future of Mental Healthcare

January 2018

The National Women's Council of Ireland (NWCI) welcomes this opportunity to input into the work of the Joint Oireachtas Committee to develop '*a single, long-term vision for mental health care and the direction of mental health policy in Ireland'*. Our submission focuses on issues relating to the mental health needs of women. This focus on women's mental health reflects that women and men are affected by different mental health problems and experience them in different ways. Women primarily experience anxiety and depression, while men are mostly affected by behaviour and personality difficulties, including alcohol and drug dependence. Currently, the differing health needs of women and men are not reflected in mental healthcare services or policy. The Committee's development of a vision for mental healthcare provides the opportunity to ensure that mental health services can respond to women and men's specific needs.

The first part of this submission outlines why a gender perspective, which responds to women's mental health needs, is important in the context of the development of a vision for mental healthcare. The second part responds to the specific high-level themes (access to services, primary care, recruitment and funding) identified by the Committee in the request for submissions, making recommendations for how a gender perspective can be adopted within these themes and in the development of performance indicators.

Introduction to NWCI and our work on women's mental health

Founded in 1973, NWCI is the leading national women's membership organisation. We represent over 180 organisations from a diversity of backgrounds, sectors and locations across Ireland and a growing number of individual members who support the campaign for women's equality. Our vision is of an Ireland and of a world where women can achieve their full potential and there is full equality for women.

Due to systemic gender stereotypes and discrimination, women experience particular inequalities in accessing healthcare, as well as having a higher incidence of negative experiences (e.g. eating disorders, depression, gender-based violence) and specific health concerns (such as reproductive and maternal health) which affect their wellbeing. NWCI has been working on women's health for over 40 years, receiving AGM motions from our membership on a wide range of health issues, including mental health, maternity services, provision of care, cancer services, Traveller women's health and violence against women.

NWCI's expertise in informing the development of health policy has been widely recognised, as well as our unique role in communicating the health concerns of women in Ireland through ongoing consultation with our membership base. In the specific area of mental health, our member organisations in the women's sector play an important role in engaging women, particularly those who are marginalised, supporting wellbeing and responding to women's experiences of trauma.

Overview of women's mental health in Ireland

Mental health & wellbeing	The 2016 Healthy Ireland Survey[1] recorded higher levels of positive mental health among men than women.
Young women	Young women (15-24 years) were the group with the highest percentage of negative mental health (17%) in the 2016 Healthy Ireland Survey.[2] Ireland has the highest rate for child suicide of girls in Europe.[3]
Suicide and self-harm	More women than men attempt suicide, while men are more likely to die by suicide than women. A study in Ireland[4] found the incidence of attempted suicide by females was 19% more than males when the entire population was considered. In 2016, the female rate of self-harm was 24% higher than the male rate. The highest rates of self-harm were amongst young women (15-19 year olds) - one in every 131 girls in this age group presented to hospital in 2016 as a consequence of self-harm.[5]
Maternal mental health	16% of pregnant women - attending maternity services across Ireland are at probable risk of depression during their pregnancy. With the second highest birth rate in Europe, this means that each year over 11,000 women in Ireland could be experiencing, or at risk of depression during pregnancy.[6]
Violence against women	In 2014, the EU Fundamental Rights Agency reported that 25% of Irish women had experienced a form of physical and/or sexual violence since the age of fifteen, and 8% experience physical and/or sexual violence each year.[7]
Dementia	The incidence of dementia is substantially higher amongst women than men in Ireland (lifetime risk of one in six, compared with nearly one in 11 for men).[8]
Caring responsibilities	Women undertake the majority of unpaid care work – 98% of those looking after the home/family were women in 2016[9]. Caring responsibilities can have a negative impact on mental and physical health, leading to exhaustion, depression, injury and greater vulnerability to illness generally.

Currently, NWCI is currently engaged on a programme of work focusing on women's mental health. Recent work in this area includes convening a **'Gender and Mental Health' roundtable event** in November 2016 attended by key agencies working in mental health to provide recommendations for the development of the national mental health policy; co-hosting, with the International Association of Women's Mental Health and Trinity College Dublin, the **World Congress on Women's Mental Health in March 2017**; and production in 2017 of the **docu-film 'Out of Silence – Women's Mental Health in Ireland'** exploring mental health from women's perspective.

By hosting the 2017 **World Congress on Women's Mental Health**, attended by 500 delegates from around the world, NWCI made Ireland the centre of international debate on how to improve women's mental health. In addition to world-renowned keynote speakers, including Prof. Michelle Williams, Dean of the Harvard School of Public Health; Dr Margaret Mungherera, past President World Medical Association; and Prof. Helen Herrman, President World Psychiatric Association, a large number of the Congress symposia were led by Irish mental health professionals, organisations and academics, showcasing the research, services and advocacy work being undertaken on women's mental health in Ireland. NWCI's **'Out of Silence – women's mental health in Ireland'** docu-film, premiered at the World Congress. The 20-minute film can be viewed at: https://vimeo.com/207121324. In the film women discuss their personal experiences of mental health related to intimate partner violence, perinatal mental health and eating disorder. Interviews with health professionals and researchers point to the urgent need for woman-centred mental health policies and services. We are currently using this film to frame women's mental health and

wellbeing conversations with our member groups in different parts of the country. The information we are gathering from these conversations ensures that women's experiences of mental health and wellbeing are integrated into NWCI's mental health policy work (see excerpts from these conversations on p.7 below).

As a membership organisation, NWCI regularly engages with our members on issues affecting the women using their services. Recent consultations on mental health have highlighted the effectiveness of providing women-specific, community-based mental health supports and the importance of providing access to free counselling services for women who have been subjected to domestic and sexual violence. In addition, during our work to support the development of a HSE Charter for the maternity services, members highlighted the importance of providing mental health supports for women during all stages of pregnancy. Our work with young women through our annual FemFest Congress has highlighted that mental health is a significant issue for younger women, often related to pressure to conform to idealised body norms and to experiences of sexual harassment.

PART1: Reflecting women's mental health needs in the vision for future mental healthcare

The need to respond to the impact of gender on mental health

While mental health difficulties affect both genders in equal measure, it is widely accepted that women and men are affected by different problems and experience them in different ways.[10] Women primarily experience anxiety and depression, while men are mostly affected by behaviour and personality difficulties, including alcohol and drug dependence. As reported by the World Health Organisation[11], the prevalence of many major mental health difficulties including depression, anxiety, anorexia and bulimia nervosa, somatic disorders and post-traumatic stress disorder are higher amongst women.

Gender differences in mental health		
	Women	**Men**
Life experiences	- Sexual and emotional abuse - Domestic violence - Caring responsibilities	- Accidents – occupational etc. - Victims & perpetrators of violence - Social isolation - Homelessness - Prison
Socio-Economic Realities	- Poverty - Gender Pay Gap - Juggling demands of care & work - Backbone of caring services but few in leadership positions	- Full time employment - Unemployment - Retirement
Expression of mental distress & symptoms	- Depression - Anxiety - Eating disorders - Self-harm - Perinatal mental health issues - Borderline personality disorder - Depression	- Early onset psychosis - Suicide - Substance abuse - Anti-social personality disorder
Pathways into services	- Primary Care - Community Services - Maternity Services	- Accident and Emergency - Drug / alcohol related services - Via criminal justice routes

Treatment needs and responses	- Community based & informal - Gender specific services - Greater risk of victimisation & exploitation	- Activity-based - Assertive outreach - Early intervention

Table adapted from presentation by Dr. Karen Newbigging, Senior Lecturer in Health Policy and Management, University of Birmingham at NWCI 'Gender and Mental Health' Roundtable, November 2016.

Gender differences appear not only in relation to the kinds of mental health problems experienced by women and men, but also in their patterns of help seeking and treatment. Women are more likely to seek help from their GP and in turn GPs are more likely to prescribe women drugs rather than refer them to psychiatric services.[12] Mental health problems are clearly gendered and it follows that treatment programmes and service provision need to adopt a gendered approach in order to be effective.

Responding to women's mental health needs

Gender inequalities and the social roles ascribed to women have a powerful impact on their mental health and wellbeing. For example, family carers – the majority of whom are women – may experience depression due to isolation, lack of support and stress. In examining women's mental health, we need to reflect that women are more likely to be poor, to parent alone, to be the main provider of unpaid care work, to be in precarious employment, to earn low wages and to be at risk of domestic or sexual violence. As a result, mental health policy and service developments need to take account of the full range of factors – biological (eg hormonal factors), psychological (eg coping styles of women) and social factors (eg role as mothers and carers) – which influence women's mental health.

In Ireland, the Women's Health Council[13] report *Women's Mental Health: promoting a gendered approach to policy and service provision* clearly outlines the differences in mental health symptoms and treatment needs presented by women:

- Women and men are affected by different types of mental health difficulties. Women are affected by depression at twice the rate of men and women are more likely to experience anxiety, eating disorders, and attempt suicide.
- Women and men seek and receive treatment for mental health difficulties in different ways - women are less likely to receive specialist care and twice as likely to be prescribed psychotropic drugs.
- Women in Ireland are treated primarily through primary care; however GPs receive little specific training in mental healthcare. Women prefer counselling to medication.
- Women find inpatient mental health settings intimidating.
- The three main factors that contribute to the prevention of mental health problems, and especially depression in women are: autonomy/independence, financial security, and psychosocial supports.

NWCI advocates incorporating a gender perspective into the vision for mental healthcare so that our mental health policies and services can recognise the particular needs of women and men and respond accordingly.

The Government has made commitments both nationally and internationally to incorporate a gender perspective into the planning, delivery, implementation and monitoring of healthcare, including in the *National Strategy for Women and Girls 2017-20*[14] which commits the HSE, with NWCI, to progress the development of a Women's Health Action Plan (WHAP)[15] specifically 'to address the particular physical and mental health needs of women and girls' [emphasis added].

Under the new Public Sector Equality and Human Rights Duty[16], the HSE as a public body is required to assess the gender impacts of service provision and this can be used to support the development of gender-specific mental health services.

Gender mainstreaming is an internationally recognised approach which includes assessment of gender inequalities and a gender sensitive approach to health care policy, planning and service delivery. Since 2010, NWCI has been working in partnership with the HSE to progress gender mainstreaming in the health service. In 2012, NWCI and the HSE published ***Equal but Different: A Framework for Integrating Gender Equality in Health Service Executive Policy, Planning and Service Delivery***[17] setting out a strategic and operational plan for uncovering and tackling gender inequalities and gender differences in health. Training tools, guides and resources have been developed and pilot projects have been initiated to support implementation. The adoption of a gender perspective in the vision for future mental healthcare in line with the *Equal but Different Framework* and a commitment to implement the Framework in mental health services would ensure that services respond to the needs of women and men.

This is a crucial period for mental health services in Ireland, given the Committee's development of a vision for mental healthcare and the Department's work to develop a new national mental health policy. It is essential that we have the evidence base from which to develop policy and services. Evidence providing a comprehensive profile of women's mental health needs, including qualitative research focusing on the different experiences of women and girls, is urgently required to ensure that mental health service delivery for the next decade, adequately incorporates women's needs. The most recent publication on women's mental health in Ireland was produced by the Women's Health Council in 2004[18]. Research is needed to document women's mental health and wellbeing in Ireland; women's use of mental health services in Ireland; and good practices, policies and services in Ireland and other jurisdictions in providing mental health supports to women.The ongoing development of mental health services would benefit greatly from regular health intelligence, based on data analysed by gender, age, socio-economic and ethnic categories. Disaggregation by gender and other factors will provide information on mental health service use and outcomes for different groups of women, such as Traveller and Roma women, who may experience multiple discriminations in access to mental healthcare.

RECOMMENDATIONS: GENDER SENSITIVE MENTAL HEALTHCARE

- Adopt a gender perspective in the vision for future mental healthcare in line with the *Equal but Different Framework* to ensure the vision responds to the particular health needs of women and men. Commit to gender proof all Department of Health and HSE strategies, plans and services arising from the vision.
- Progress gender mainstreaming in mental health services by piloting gender sensitive policies and services. Implement the Public Sector Duty in mental health services.
- Produce disaggregated data by gender, ethnicity and age and ensure data is routinely analysed to inform policy and service delivery.
- Resource research into the specific mental health needs of women at different life stages and identify and resource models of best practice.
- Engage women service users in consultation and decision-making processes within mental health services.
- Ensure all mental healthcare staff receive gender equality training.
- Adopt targeted actions and run awareness campaigns of mental health difficulties particularly impacting on women and girls, including depression, self-harm, eating disorders and anxiety.

PART 2: Gender perspective and the Committee's high-level themes

This part of the submission provides recommendations for how a gender perspective can be integrated in the high-level themes identified by the Committee – access to services, primary care, recruitment, funding – and in the development of performance indicators for mental healthcare.

Access to services and policy implementation – primary care, recruitment and funding, performance indicators

Research indicates that women require mental health services which address a range of needs, from ensuring their safety; responding to the causes and context of their mental health difficulties as well as the symptoms; supporting them in their roles as mothers and carers; and providing choice in treatments which recognise their ability for recovery.[19] Recognising women's routes into mental health services and their particular support needs, the following issues should be taken into consideration across all of the high-level themes identified by the Committee:

- **Trauma-informed care** - involves the design and provision of mental health services in a way that accommodates the vulnerabilities of trauma survivors and understands their symptoms in the context of their experiences. This requires changes in health professionals practice, including an awareness of the impact of violence and other traumas on people's mental health and the need to minimise the potential for re-traumatisation in a clinical setting.
- **Violence experienced by women** - Women are overwhelmingly affected by domestic violence, sexual violence and abuse, with over a quarter of women in Ireland experiencing physical and or sexual violence since the age of 15.[20] There is a significant link between violence and women's mental health - one study in Irish general practices found that two-thirds of women with depression had experienced domestic violence.[21]
- **Caring responsibilities** - Women are more likely to have caring responsibilities, with impacts on their access to health services, their income and can lead to stress and other forms of mental ill-health. In addition, women's fears that their children will be taken into care may impede them from seeking mental health supports.
- **Changing mental health needs across the life-course** - Specific services are required to address women's service needs at different ages. Eating disorders are more prevalent among younger women; in their child-bearing years women may require mental health supports related to pregnancy; in part because of longevity older women are more likely to develop dementia. For example, the very poor perinatal mental health infrastructure (limited access to perinatal psychiatry, lack of mother-and-baby units, etc.)[22] available to women have recently received attention via the *National Maternity Strategy 2016-26*[23] and the HSE's 2017 Model of Care for Perinatal Mental Health.[24] Implementation of the commitments to perinatal mental health is urgently required.
- **The diversity of women's experiences** - In developing capacity within mental health services there should be a particular focus on vulnerable women (including asylum seekers, homeless women, Traveller and Roma women, LGBTQI women and women with disabilities). As an example, culturally appropriate services should be available, including appropriately trained interpretation services for migrant women and Irish Sign Link (ISL) interpreting for deaf women. Developments in mental health services should align with the *National Traveller and Roma Inclusion Strategy 2017-20*[25] and the forthcoming HSE *Intercultural Health Strategy*.

NWCI's Out of Silence – Women's Mental Health and Wellbeing Conversations

In 2017/8 NWCI is undertaking a programme of conversations with groups of women across the country in which women have been telling us about their experiences of mental health and what supports their wellbeing. A report will be developed documenting these conversations. Here we provide a small sample of what women have been telling us, illustrating the need for a gender perspective in mental health services:

*"There is nothing within the health service to explain the experience of abuse when you are getting treatments. There is nowhere that you can mark down what has happened to you [**trauma**]."*

*"You always feel you need a reason to feel depressed – I have a home, I have kids. So, why? Why do I feel like this? It's very important when someone says, **'I hear you'**".*

*"There is a lot of talk about men not speaking and women having more contacts, but women also experience **isolation**."*

*"**Abusive behaviours** can be very subtle, including emotional abuse. Its only when a woman gets out that she realises it was abuse. That's how much they've been chipped and chipped away at. They've always been told they were mad."*

*"You see a different person each time in the mental health service and you have to say the same things over and over again. I just want **counselling** but I can't afford it. I realised no one is going to help me. So, then I went to a **women's group**. That was the best thing I ever did, they knew what I needed."*

*"We should reflect on **the improvement in services in more recent times**. 20 years ago we would not even be having this conversation [about women's mental health]."*

Primary care

There is a clear need to further develop mental health supports at primary level, which offer the potential to provide mental health supports in an accessible manner close to people's homes, as well as developing a proper shared care system between primary care and specialist mental health services. While primary care provides the majority of mental health care in Ireland, key weaknesses exist in service provision. A 2011 Mental Health Reform consultation with service users[26] identified significant gaps in primary care provision, including the dominance of medication as treatment option, lack of referral options for GP to counselling or community mental health teams, the cost of accessing GP care, and the continued use of Emergency Departments as an access point for mental health services. Similar issues were also raised during NWCI's mental health and wellbeing conversations with women in 2017. Of particular concern is the limited access to counselling and psychosocial interventions, which is an identified preference for many women. Currently, less than €10 million is spent annually on the Counselling in Primary Care Service.[27] In the absence of adequate mental health services, some of NWCI's community-based member organisations have been providing counselling services and support groups for women, ranging from general counselling for life events such as bereavement, to specific counselling for women experiencing violence and/or sexual abuse.

The Committee has identified 7 themes it wishes to address in a primary care module. In table below we identify areas related to these themes which should be considered from a woman's mental health perspective.

Themes identified by the Committee	Women's mental health perspective
1. 24/7 Crisis Intervention	- Need for women-only spaces - Staff awareness of trauma
2. Role of General Practitioners including medication	- Gender differences in prescribing, with women more likely to be prescribed medication - Referral process to mental health services[28]

3.	**Lack of Service for 16–18 year olds**	-	Services for young women, particularly given the high rate of female child suicide and self-harm
4.	**Talking Therapies/Local Counselling**	-	Women's preference for this form of treatment
		-	Practical arrangements, such as childcare, to support women's access
		-	The limited number of sessions available through the Counselling in Primary Care (CIPC) service, which has been identified in our consultation with women as a barrier to recovery
		-	Availability of group therapy
		-	Therapeutic supports provided by NGOs and women's groups
5.	**Accessibility of services for the homeless/minority groups**	-	Accessibility of mental health services for women experiencing violence
6.	**Prevention/Early Intervention**	-	Awareness campaigns on mental health difficulties particularly impacting on women and girls
7.	**Dual Diagnosis**	-	Examination of the rates of diagnosis of Borderline Personality Disorder among women and examination of the potential benefits of trauma-informed care

Funding

Currently, inequity in access to mental health services exacerbates women's health inequalities. As a higher proportion of women engage in low/unpaid work and undertake the majority of unpaid care, women are particularly disadvantaged by the two-tier mental health service in which those with lower incomes wait longer for services. The Committee's vision for mental healthcare will align with the cross-party Oireachtas *Sláintecare* model to reform the public health system into a single-tier universal health and social care service. The *Sláintecare* report particularly recognised the under-resourcing of community mental health services and specified the additional funding requirements for child and adolescent mental health teams, adult community mental health teams and other areas of mental health provision. NWCI strongly welcomes progress to a universal health service, while recognising that *Sláintecare* requires further gender analysis to ensure that the model and its implementation fully address the healthcare needs of women.

RECOMMENDATIONS: HIGH-LEVEL THEMES

Access to Care and Primary Care

- Provide Trauma-informed care.
- Provide care for women's mental health needs across the life-cycle, such as increases in public hospital beds for eating disorder treatment, perinatal mental health services etc.
- Develop targeted awareness campaigns and information for women and girls, particularly in the context of the higher risk of mental health difficulties amongst women and girls experiencing poverty, domestic or sexual violence.
- Provide women-specific, community-based mental health supports including access to free counselling services for women who have been subjected to gender-based violence.
- Mental health teams in all settings should develop strong connections to community supports for women, especially those organisations working on issues related to violence and addiction.
- Resource gender-sensitive community-based mental health supports provided by NGOs.
- Enhance the supports, including access to healthcare, available to family carers.

Recruitment

- Increase the mental health workforce, with a particular emphasis on current areas of deficit, including community mental health, child and adolescent services and counselling.
- Implement the commitment under Objective 2 of the *National Strategy for Women and Girls* to provide maternity cover for staff absences in primary care to ensure continuity of service.

- Ensure all staff providing mental health care in specialist and primary care receive gender equality training and training in trauma-informed care.

Funding
- Provide sufficient funding for a single-tier universal mental health service.

RECOMMENDATIONS: PERFORMANCE INDICATORS
Adopt performance indicators to monitor gender aspects of mental healthcare provision, including:
- Service use data –disaggregated by gender and other variables – to establish a comprehensive picture of who is accessing services and to identify barriers to access.
- Documented gender impact assessments of new services / policies.
- Proportion of staff receiving relevant training (eg gender equality) both ongoing and within professional curricula.

Adopt performance indicators specific to women's mental healthcare, including:
- Care pathways and models of care in place for women-specific mental healthcare, for example care pathways for pregnant women &screening for domestic violence in mental health services.
- Number of women-only facilities in community and in-patient mental health services.
- Policies in place relating to women's safety within mental health services and reports of safety incidents.
- Service user evaluation of services by women.
- Access to female clinicians, where requested by female patients.

Conclusion

NWCI welcomes the opportunity to submit to the Joint Oireachtas Committee on the Future of Mental Health Care and hopes that women's mental health needs will form a core element of the Committee's future vision. NWCI would welcome the opportunity to give evidence to the Committee during the course of its deliberations.

Contact

Dr Cliona Loughnane, Women's Health Co-ordinator
National Women's Council of Ireland, 100 North King Street, Smithfield, Dublin 7
Tel: 01 67 90 100 E: clional@nwci.ie

[1] Ipsos MRBI (2016) *Healthy Ireland Survey 2016*. http://health.gov.ie/wp-content/uploads/2015/10/Healthy-Ireland-Survey-2015-Summary-of-Findings.pdf
[2] Ipsos MRBI (2016) *Healthy Ireland Survey 2016- Summary of Findings*.
[3] What are European countries doing to prevent intentional injury to children? 2015 http://www.childsafetyeurope.org/archives/news/2014/info/ciir-report.pdf
[4] Corcoran, Keeley, O'Sullivan, and Perry (2004) 'The incidence and repetition of attempted suicide in Ireland.' *European Journal of Public Health.*
[5] Griffin, E. *et al.* (2017) National self-harm registry Ireland Annual Report 2016. National Suicide Research Foundation. http://www.nsrf.ie/wp-content/uploads/reports/NSRF%20National%20Self-Harm%20Registry%20Ireland%202016.pdf
[6] Finding of Well Before Birth Study. See TCD Press Release (November 2016) 'Rates of depression are high amongst pregnant women in Ireland'. https://www.tcd.ie/news_events/articles/rates-of-depression-are-high-amongst-pregnant-women-in-ireland/7341
[7] Fundamental Rights Agency (2014) *Violence Against Women: an EU-wide survey report*. http://fra.europa.eu/en/publication/2014/violence-against-women-eu-wide-survey-main-results-report
[8] Alzheimer Society of Ireland, press release 'Women in their 60's twice as likely to develop Alzheimer's over the rest of their lives as they are breast cancer'. https://www.alzheimer.ie/Alzheimer/media/SiteMedia/PDF's/Greater-research-into-gendered-nature-of-breast-cancer.pdf
[9] CSO (2017) *Women and Men in Ireland.* http://www.cso.ie/en/releasesandpublications/ep/p-wamii/womenandmeninireland2016/introduction/
[10] For example, see: Women's Health Council (2004) *Women's Mental Health: promoting a gendered approach to policy and service provision* http://health.gov.ie/wp-content/uploads/2014/03/Womens-Mental-Health-Promoting-a-Gendered-Approach-to-Policy-and-Service-Provision.pdf; World Health Organisation 'Gender Disparities in Mental Health' http://www.who.int/mental_health/media/en/242.pdf?ua=1; UK Department of Health (2002) *Women's mental health: into the mainstream* https://lemosandcrane.co.uk/resources/DoH%20-%20Womens%20Mental%20Health.pdf
[11] World Health Organisation, Mental Health Determinants and Populations Team (2000) *Women's mental health: An evidence-based review.* Geneva, World Health Organisation.
[12] Women's Health Council (2002) 'Submission to the European Commission's Green Paper: Improving the Mental Health of the Population'. See also World Health Organisation 'WHO Gender Disparities in Mental Health' . http://www.who.int/mental_health/media/en/242.pdf?ua=1
[13] Until its dissolution in 2009, the Women's Health Council was the only Irish statutory health body with a specific gender focus.
[14] Department of Justice and Equality (2017) *National Strategy for Women and Girls 2017-2020: creating a better society for all.* http://www.justice.ie/en/JELR/National_Strategy_for_Women_and_Girls_2017_-_2020.pdf/Files/National_Strategy_for_Women_and_Girls_2017_-_2020.pdf
[15] Action 2.1: Strengthen the partnership work with the National Women's Council of Ireland in identifying and implementing key actions to address the particular physical and mental health needs of women and girls in order to advance the integration of their needs into existing and emerging health strategies, policies and programmes through an action plan for women's health. [Emphasis added.]
[16] See IHREC (2017) Public Sector Equality and Human Rights Duty Eliminating discrimination, promoting equality and protecting human rights. https://www.ihrec.ie/app/uploads/2016/09/Public-Sector-Equality-and-Human-Rights-Duty-Leaflet.pdf
[17] NWCI &HSE (2012) *Equal but Different a framework for integrating gender equality in Health Service Executive Policy, Planning and Service Delivery* http://www.nwci.ie/download/pdf/equal_but_different_final_report.pdf
[18]The Women's Health Council (2004) Women's Mental Health: Promoting a Gendered Approach to Policy and Service Provision. http://health.gov.ie/wp-content/uploads/2014/03/Womens-Mental-Health-Promoting-a-Gendered-Approach-to-Policy-and-Service-Provision.pdf
[19] Davies, J. and Waterhouse, S. (2005) 'Do women need specific services?' In Nasser, M. et al (eds.). *The Female Body in Mind.* Hove: Routledge.
[20] Fundamental Rights Agency (2014) *Violence Against Women: an EU-wide survey report*.
[21] Bradley, F., M. Smith and T. O'Dowd (2002). 'Reported frequency of domestic violence: cross sectional survey of women attending general practice.' *British Medical Journal* 324. https://www.ncbi.nlm.nih.gov/pubmed/11823359
[22] For a discussion of women's experiences in Ireland see: Higgins A, Tuohy T, Murphy R, Begley C. (2016) 'Mothers with mental health problems: contrasting experiences of support within maternity services in the Republic of Ireland'. *Midwifery*, 36: 28-34.
[23] Department of Health (2016) *Creating a better future together. National Maternity Strategy 2016-2026.* http://health.gov.ie/wp-content/uploads/2016/01/Final-version-27.01.16.pdf
[24] http://hse.ie/eng/services/news/media/pressrel/hse-launches-new-specialist-perinatal-mental-health-model-of-care.html Once implemented the model of care will ensure there is one specialist perinatal mental health service within each of the HSE Hospital Groups.
[25] Department of Justice (2017) *National Traveller and Roma Inclusion Strategy 2017-20.*
[26] Mental Health Reform (2013) *Mental Health in Primary Care in Ireland: A briefing paper.* https://www.mentalhealthreform.ie/wp-content/uploads/2013/07/Mental-Health-in-Primary-Care-in-Ireland1.pdf
[27] ICGP Submission to Committee on the Future of Mental Healthcare (December 2017). http://www.oireachtas.ie/parliament/media/committees/futureofmentalhealthcare/openingstatements/ICGP-Opening-Statement.pdf
[28] The Department of Health (2017) National Youth Mental Health Taskforce Report identified that a need to review the current initial referral process, with the potential for waiting times to be reduced if a standardised referral process was created. http://health.gov.ie/wp-content/uploads/2017/12/YMHTF-Final-Report.pdf