

A Briefing on

Women's Mental Health in Ireland



2020

National Women's Council of Ireland,
Department of Health, Health Service Executive

The Women's Health Taskforce is focused on ways to improve women's physical and mental health outcomes and experiences of healthcare.

The Women's Health Taskforce and the *Sharing the Vision* National Implementation Monitoring Committee will undertake a joint project within 12 months to outline an effective approach to the mental health of women and girls. The project should ensure that mental health priorities and services are gender-sensitive and that women's mental health is specifically and sufficiently addressed in the implementation of the *Sharing the Vision* policy.

Why do we need to address women's mental health and wellbeing?

We need to consider women's specific mental health needs because there can be gender-related differences between women's and men's experiences of mental health and of mental health services.

There are differences between women and men in how they express mental distress. This is seen in the prevalence of **particular mental health conditions** among women; women's **pathways into treatment** and support; and in women's therapeutic preferences¹.

Many of the **risk factors for experiencing mental health difficulties** – poverty, violence, low social status, responsibility for care of others – fall disproportionately on women. Women in Ireland are more likely to²:

- provide the majority of care for children and older people
- do the majority of work in the home
- parent alone
- experience violence and sexual assault
- be in unstable or part time employment
- earn less and be less financially secure

Marginalised women including asylum seekers, homeless women, Traveller and Roma women, LGBTQI+ women, and women with disabilities are disproportionately impacted by poor mental health. For example, a lone mother may not have time, the childcare supports, or the money to go to the GP when she needs mental health care. If a woman does most of the caring for her children and her parents as they get older, she may not be able to look after her own mental health. If this woman is a migrant or a member of the Travelling community she may also have limited health literacy and limited access to health services³.

Women experience pressure to look a certain way or fit a certain body image. This can impact their well-being and self-confidence. It can also cause girls and young women to develop eating disorders, depression or anxiety⁴.



What do we need to know about women's mental health?

Because women have **different life experiences** and socio-economic realities to men, the mental health symptoms they present with are also often different, as are their pathways into services, and their treatment needs.

More women than men report mental health problems⁵ and more women than men engage in self-harm⁶. Women are also more likely to attempt suicide (with men more likely to die by suicide)⁷. Hospitalisation rates are somewhat lower for women than men for a variety of diagnoses. Many women's preferred interventions are talking therapies or counselling, while women report that mental health services generally tend to rely more on medication⁸.

Mental health difficulties can happen to anyone but some, including depression, eating disorders, perinatal mental health, self-harm and post-traumatic stress disorder, **are more common in women.**

- Gender stereotypes can have consequences for women's health⁹ and can cause women to feel judged for how they look and act. This can cause low self-esteem, stress, depression, anxiety and **eating disorders** in women.
- Many women experience violence, assault and abuse, including physical, emotional and sexual abuse and harassment. For women who experience violence, the mental health consequences – from **depression** to **post-traumatic stress disorder** – can be far-reaching¹⁰.
- Pregnancy and early motherhood can be difficult, with some women experiencing **mental health difficulties during pregnancy** or in the first year after giving birth¹¹.



Women's mental health over the life-cycle

The mental health needs of a teenage girl and of a woman in her 50s can be very different. Table 1 shows how mental health can impact women at different ages.

Table 1 - Women's mental health and wellbeing at different ages	
Young women	<ul style="list-style-type: none"> — The 2016 <i>Healthy Ireland survey</i> found that young women (15–24 years) were the group with the highest levels of negative mental health¹². — In the 2019 <i>My World Survey</i> of youth mental health in Ireland, females indicated increased levels of anxiety and decreased levels of self-esteem, body esteem, resilience and other protective factors than males of the same age¹³. — In 2016, it is estimated that one in every 131 girls aged 15–19 years presented to hospital because of self-harm¹⁴. — Approximately, one third of adolescent females in Ireland diet regularly and are dissatisfied with their body, with around 10% being at risk of eating disorders¹⁵.
Middle aged women	<ul style="list-style-type: none"> — 16% of pregnant women are at risk of depression during their pregnancy¹⁶. — In 2016, 98% of those looking after the home/family were women¹⁷. Caring responsibilities can have a negative impact on mental and physical health, and can lead to exhaustion, depression, injury and put women at a higher risk of illness.
Older women	<ul style="list-style-type: none"> — Dementia is substantially higher amongst women than men¹⁸. — Rates of depression are consistently higher older women than in older men¹⁹.
All ages	<ul style="list-style-type: none"> — One in four women in Ireland have experienced physical and/or sexual violence since the age of 15²⁰. Many health problems can be linked to violence, including depression, emotional distress and suicidal thoughts, plans and attempts.



Do particular groups of women experience worse health?

There are clear links between poverty, social inequality and mental health. Research shows that **marginalised women are disproportionately impacted by poor mental health**²¹.

The chances of a long and healthy life are not the same for all women. Women living in poverty and isolation, particularly lone parents and older women, highlight the impact of low income on their wellbeing²².

Women from disadvantaged areas and marginalised social groups are likely to experience worse mental health and challenges accessing mental health supports. Marginalised women, including asylum seekers, homeless women, Traveller and Roma women, LGBTQI+ women, and women with disabilities, also have a higher risk of poor mental health than other women, often due to discrimination and isolation. Some women report that they struggle to access health services because of discrimination, racism and homophobia²³.

Table 2: Mental health by specific groups of women

LGBTQI+ women	<ul style="list-style-type: none">— LGBTQI+ individuals are more likely to report mental health difficulties than the non-LGBTQI+ population and are proportionately more likely to access mental health services²⁴.— One in five LGBTQI+ people experience severe or extremely severe depression²⁵.— Members of the transgender community are more likely to experience isolation, fear, stigma, physical violence and family rejection contributing to depression, anxiety, self-harm, suicide and substance misuse²⁶.
Migrant women	<ul style="list-style-type: none">— Undocumented migrant women, those seeking asylum and those who have refugee status often experience poor access to health services and lack of culturally-appropriate services²⁷.
Traveller women and Roma women	<ul style="list-style-type: none">— Suicide rates among Traveller women are five times higher than women in the general population²⁸.— 63% of Traveller women reported their mental health was not good for one or more days in the last 30 days; this was compared to 20% of female medical cardholders²⁹.— 60% of Roma women report more than 14 days of the previous month when their mental health was not good³⁰.
Women who are homeless	<ul style="list-style-type: none">— An Irish study reported that almost 50% of women experiencing homelessness said their health was 'poor' or 'fair'. 90% had at least one diagnosed mental or physical health problem³¹.

Learn more about women's health in Ireland

More information about women's health can be found in the 2019 report **Women's Health in Ireland – Evidence Base for the development of the Women's Health Action Plan**, commissioned by the National Women's Council of Ireland, Department of Health, and the Health Service Executive. The report can be accessed at: www.nwci.ie / <https://www.gov.ie/en/campaigns/-womens-health/>

Keep in touch with the Women's Health Taskforce by following [#WomensHealthIRL](https://twitter.com/WomensHealthIRL) on social media.

Endnotes

- ¹ Government of Ireland. (2006). *A Vision for Change– Report of the Expert Group on Mental Health Policy*. Dublin.
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- ¹⁸ Gantly, D. (10th March 2016) ‘ASI highlights double impact of dementia on women’. *Irish Medical Times*.
- ¹⁹ O’Regan, C. et al. (2016) *Mental Health and Cognitive Function. TILDA: Irish Longitudinal Study on Ageing*. Dublin: TILDA.
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- ²¹ For example, see: Dept. Justice and Equality. (2017). *National Traveller and Roma Inclusion Strategy 2017–21*. Dublin: Government of Ireland; Higgins, A. et al. (2016). *The LGBTIreland Report: national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland*. Dublin: GLEN and BeLonG To; and Mental Health Reform and Simon Community (2017) *Homelessness and Mental Health: Voices of Experience*. Dublin: Mental Health Reform, Dublin Simon Community and St Stephen’s Green Trust.
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