



UNIVERSITY OF  
BIRMINGHAM

COLLEGE OF  
SOCIAL SCIENCES

# Gender and Mental Health

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National Women's Council of Ireland  
Roundtable event  
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# Overview

- What is the issue?
- Experience from England: addressing gender in mental health policy, service design and delivery
- Mainstreaming as an approach
- Ways forward

# What is the issue?

Gender shapes:

- Life experiences
- Socio-economic realities
- Expression of mental distress
- Pathways into services
- Treatment needs and responses

Influenced by the social construction of gender roles and expectation.

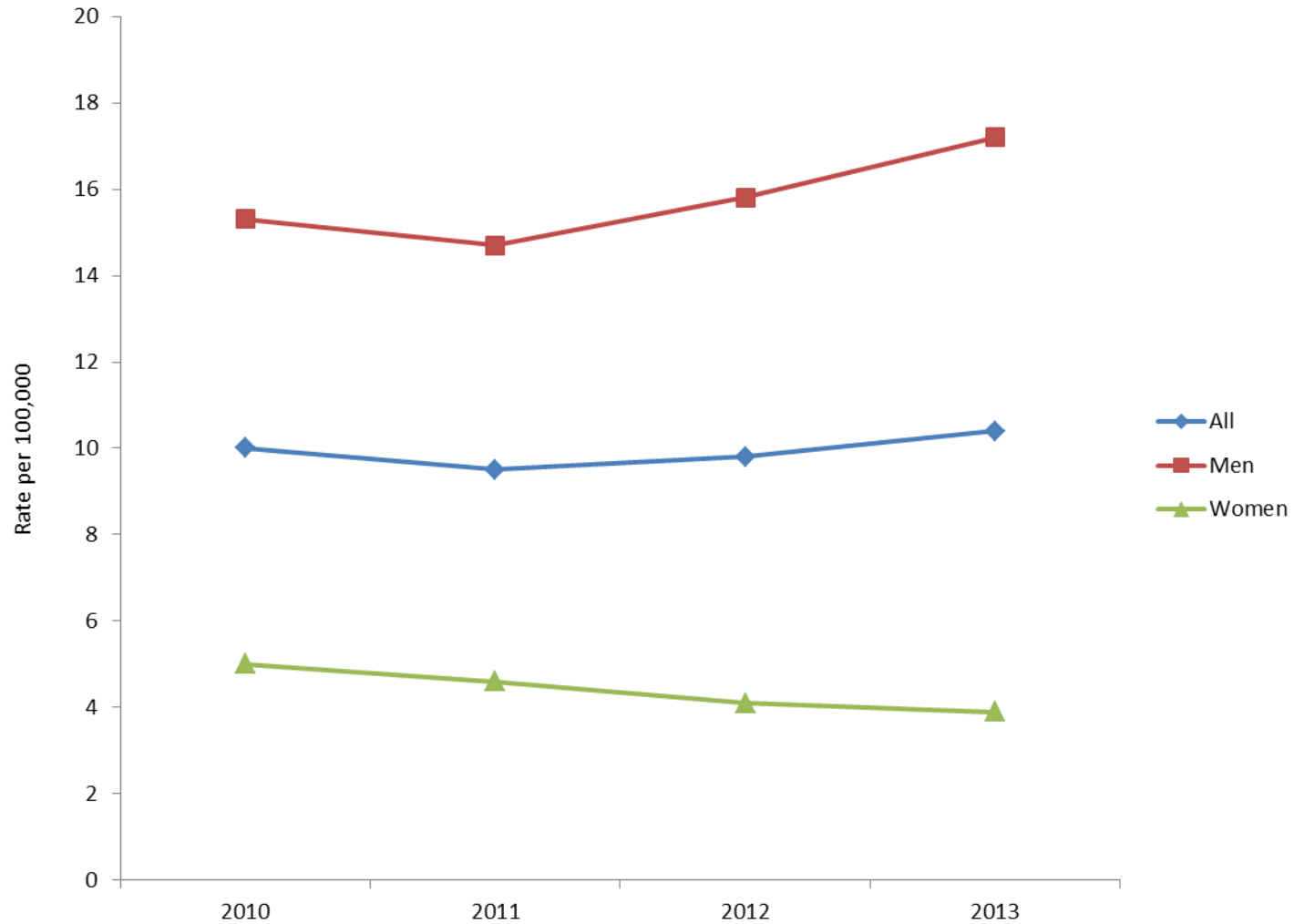
Gender inequalities are systemic but often ignored and, thus, policy is shaped by dominant social norms

'Malestreaming'

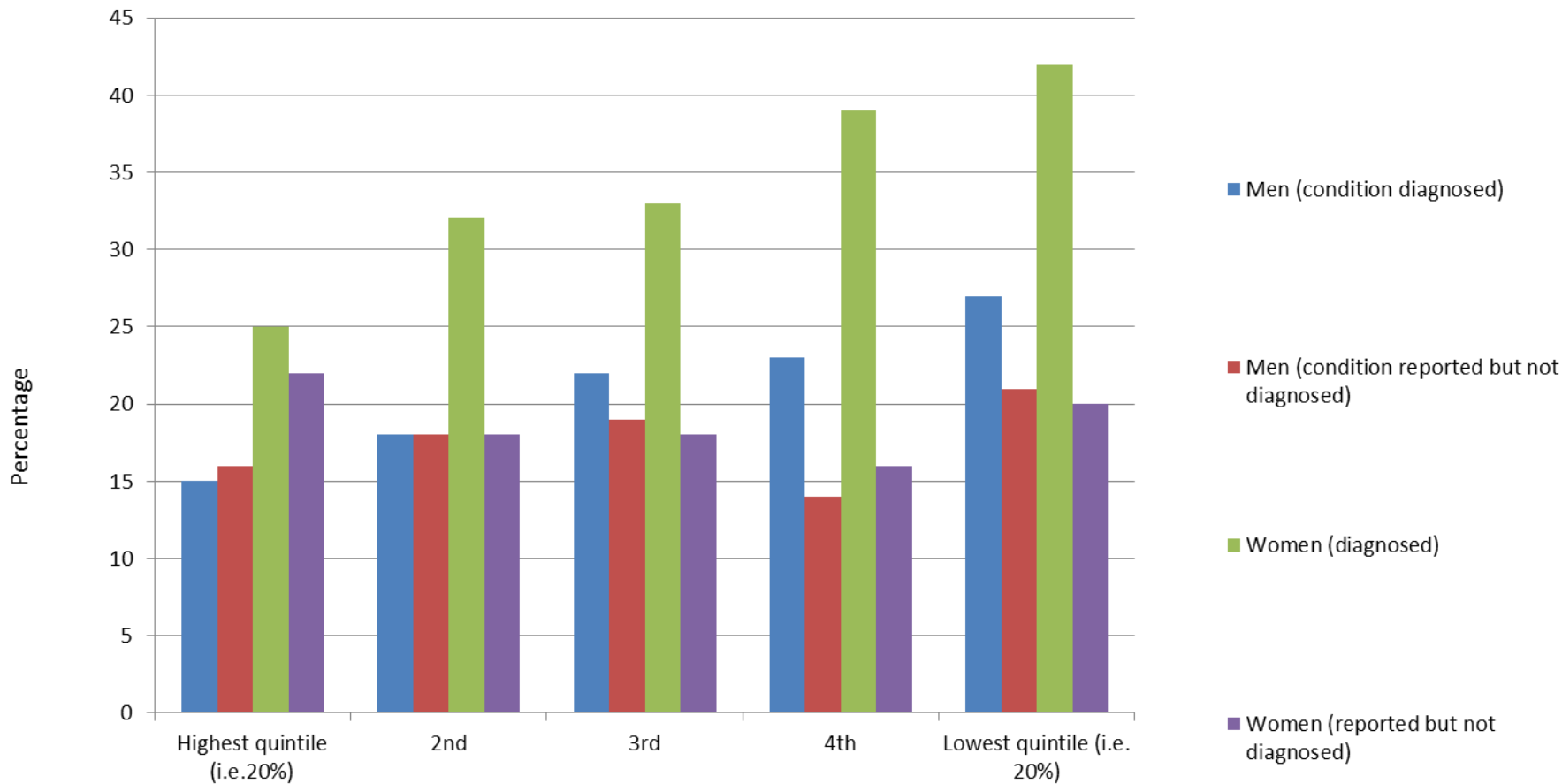
# In a context of:

- Rising demand
- Austerity
- Shifting notions of the gender binary
- Increasing rates of coercion
- A national policy context that emphasises user-centredness
- A global policy context that supports gender mainstreaming

	Women	Men
Life experiences	Sexual and emotional abuse Domestic violence Caring responsibilities	Accidents – occupational etc. Victims and perpetrators of violence Social isolation Homelessness Prison
Socio-economic realities	Poverty Gender pay gap Juggling the demands of caring and work Backbone of caring services but few in leadership positions	Full-time employment Unemployment Retirement
Expression of mental distress and symptoms	Depression Anxiety Eating disorders Self-harm Perinatal mental health issues Borderline personality disorder Depression	Early-onset psychosis Suicide Substance abuse Antisocial personality disorder
Pathways into services	Primary care Community services Maternity services	Accident and Emergency Drug/alcohol related services Via criminal justice routes
Treatments needs and responses	Community-based informal Gender-specific services Greater risk of victimisation and exploitation	Activity-based Assertive outreach Early intervention



**Rates of deaths by suicide per 100,000 population in the West Midlands  
(Source: ONS Suicides in the United Kingdom, 2013 Registrations)**



**Diagnosis of mental illness by equivalised household income and gender (Source: Health Survey for England 2014)**



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## Improving women's lives

WomenCentre is a registered charity with a mission to improve the quality of life for women both locally and nationally. With centres in Calderdale and Kirklees, we have nearly 30 years experience of





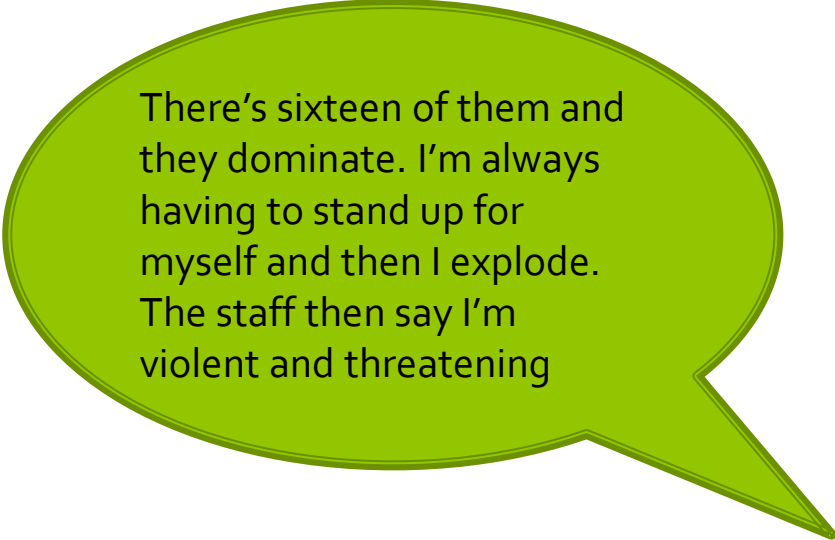
# Welcome to Men's Sheds

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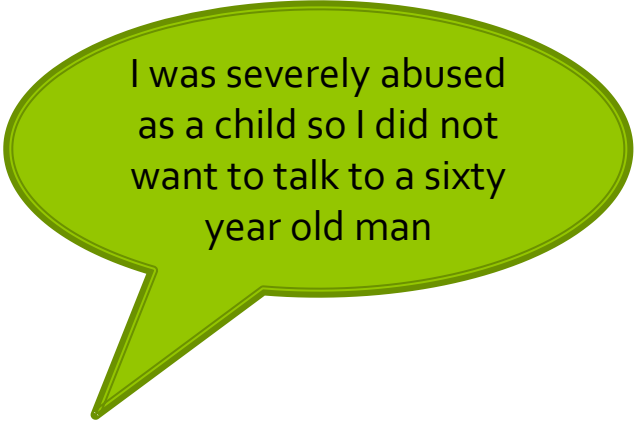


# Gender mainstreaming in mental health in England

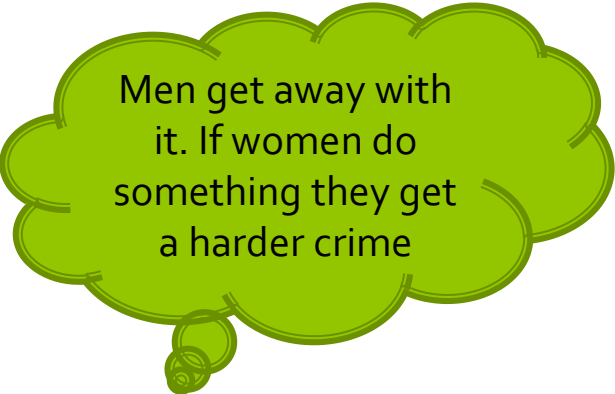
- Context of universal health coverage
- Academic and practitioner critique of gendered differences in mental health in morbidity and mortality
- Grassroots activism highlighting differential experiences of services and outcomes
- New Labour's focus on gender equality
- Mental health identified as one of four health priorities



There's sixteen of them and they dominate. I'm always having to stand up for myself and then I explode. The staff then say I'm violent and threatening



I was severely abused as a child so I did not want to talk to a sixty year old man



Men get away with it. If women do something they get a harder crime

*Parry-Crooke, G., Oliver, C. and Newton, J., 2000. Good girls: Surviving the secure system. A consultation with women in high and medium secure settings. London, England: Women in Secure Hospitals/University of North London.*

# What do women want?

Services that:

- Ensure their safety
- Promote choice, self-empowerment and determination
- Place importance on the underlying causes and context of distress as well as symptoms
- Address issues relating to women's roles as mothers, and the need for accommodation and work
- Value women's strengths and abilities and potential for recovery

*Davies, J. and Waterhouse, S. (2005). Do women need specific services? In Nasser, M. et al (eds.). The Female Body in Mind. Hove: Routledge.*

# Gender mainstreaming in mental health in England



# UN definition of mainstreaming

*“The process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making the concerns and experiences of women as well as of men an integral part of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres, so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal of mainstreaming is to achieve gender equality.”*

**UN (1997). Report of the Economic and Social Council for 1997  
United Nations General Assembly. 52<sup>nd</sup> session A/52/3**



# Features of mainstreaming

- ✓ Dual strategy of mainstreaming gender combined with targeted actions for gender equality
- ✓ Leadership and accountability mechanisms for monitoring progress
- ✓ Identification of issues and problems across and use of sex-disaggregated data to understand gender differences and disparities
- ✓ All staff are responsible but supported by gender specialists
- ✓ Support to women's decision-making and empowerment

*Moser, C., & Moser, A. (2005). Gender mainstreaming since Beijing: a review of success and limitations in international institutions. Gender & Development, 13(2), 11-22.*

# Progress in mainstreaming gender into health policy and practice

- Gap between intention and translation into practice
- Generic goal with translation into specific policies rare
- Little evidence to suggest gender mainstreaming is incorporated into training of health staff
- Inadequately resourced

## Why?

- Weak theory of change
- Instrumentalism: depoliticisation of gender and failure to address structural, social, economic and political barriers to equality
- Potentially mutes more radical critiques and solutions



# Gender specific and gender sensitive mental health

1. Implement the gender equality duty in mental health services
2. Implement gender-specific provision in acute inpatient settings
3. Tackle violence and abuse – relational security
4. Improve access to perinatal mental health services
5. Integrate action on gender with action on race
6. Improve response to women in contact with the criminal justice system

# Gender specific and gender sensitive developments

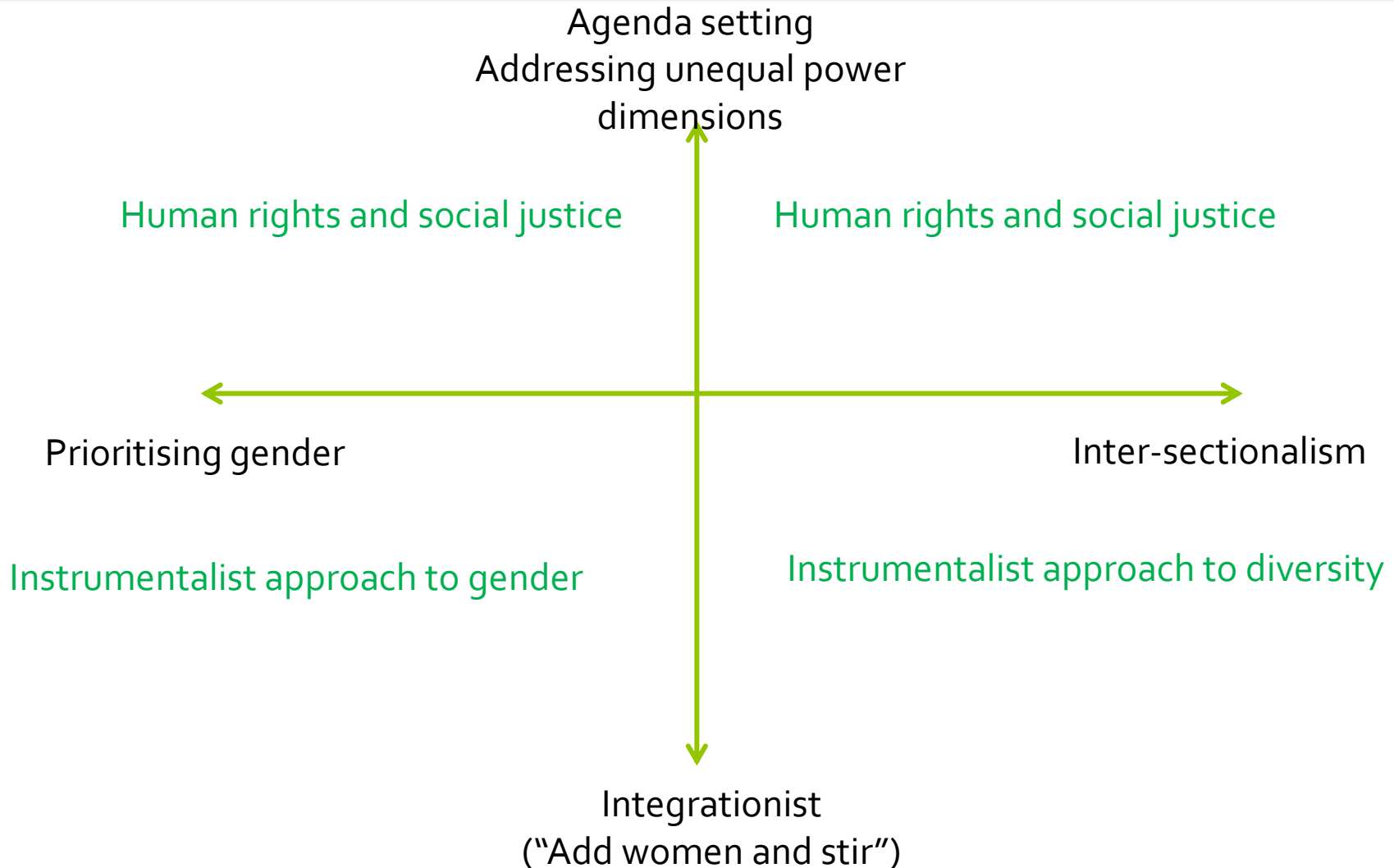
1. Implementation of the gender equality duty
  2. Gender-specific provision in acute inpatient settings
  3. Address violence and abuse
  4. Access to perinatal mental health services
  5. Integrate action on gender with action on race
  6. Improve support for women in contact with the criminal justice system
- Development of a network of women's mental health leads
  - Reference group of women using services
  - Women-only sleeping, bathing facilities and spaces in-patient facilities
  - Awareness raising and training
  - Gender-sensitive approach focused on relational security
  - Supporting women using mental health services to disclose their histories of trauma and abuse
  - Increase access to effective therapeutic help, including the management of self-harm
  - Community alternatives to prison
  - Political lobbying

# Challenges of mainstreaming in mental health

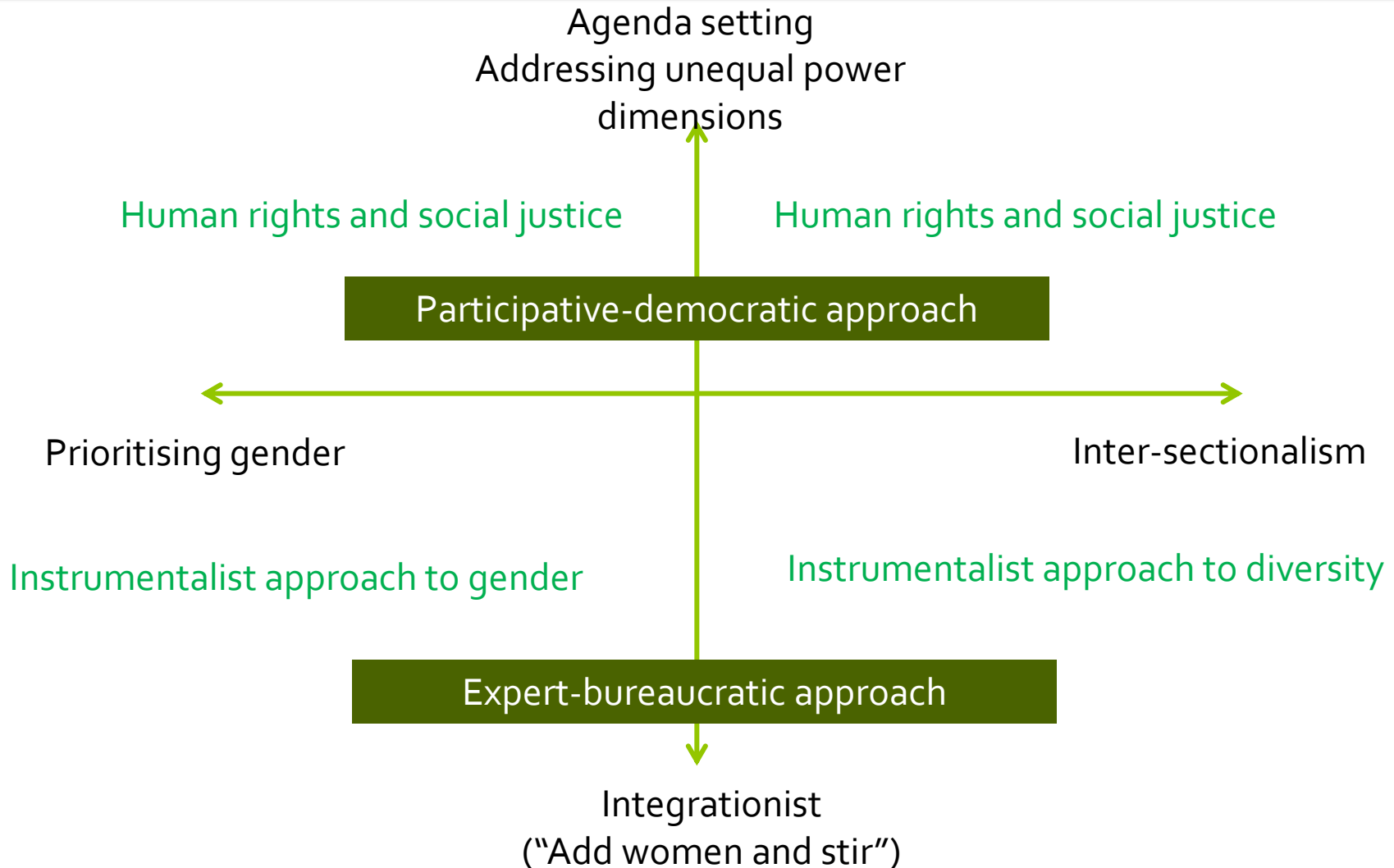
- Tendency to attribute all female-male differences to biology, so maternal health per se becomes the focus
- Gender differences in mortality and morbidity leave key actors unconvinced about gender-based inequalities and the need for mainstreaming
- The hegemony of a bio-medical approach and leading to policy makers and professionals not understanding the necessity to consider social conditions and social determinants of health
- Weak political power of women, other groups, and mental health service users, therefore, the demand for change and equity muted

*Ravindran, T. S., & Kelkar-Khambete, A. (2007). Women's health policies and programmes and gender mainstreaming in health policies, programmes and within the health sector institutions. WHO Background Paper.*

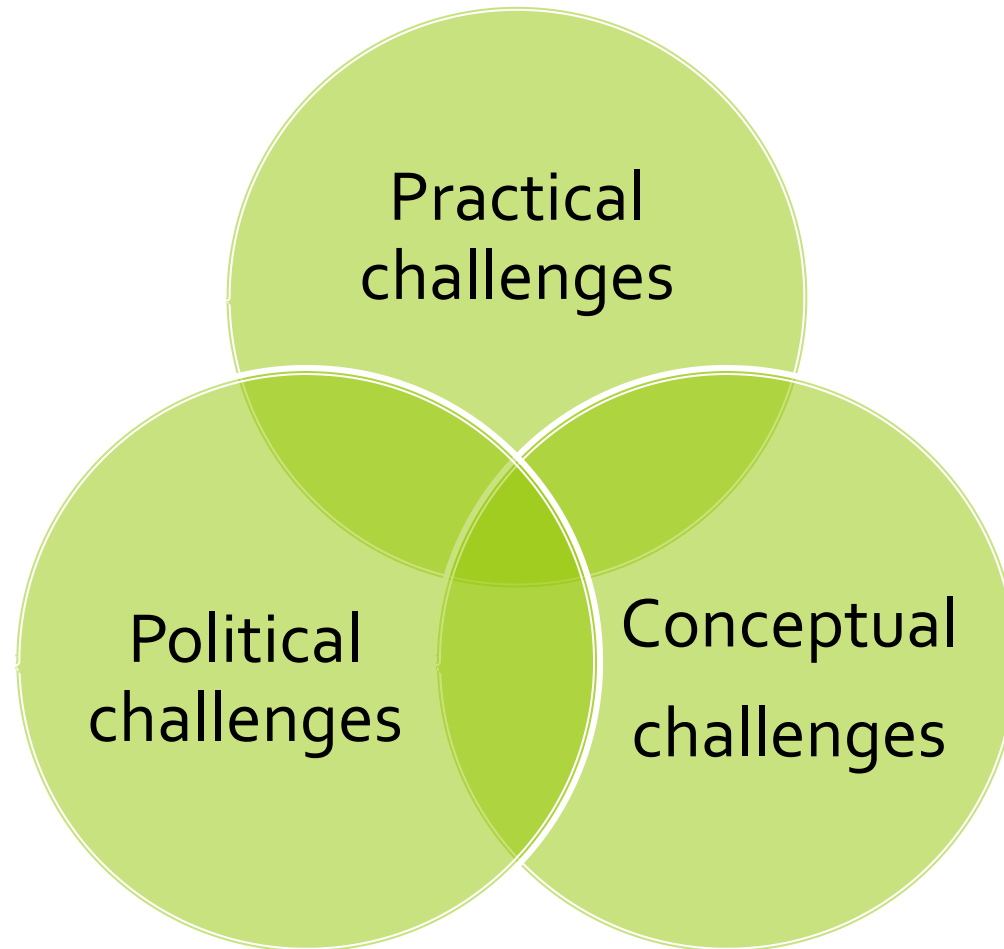
# Different conceptions



# Implications



# Between a rock and a hard place



# Learning

1. Invest for **sustainability**
2. Make it **inclusive** and agree the priorities for change
3. **Use** intelligence from data and communities and address the implications
4. **Making it real** through practical initiatives
5. Produce solutions **co-productively**
6. Value and nurture the contribution of the **third sector**
7. Address the **power dynamics**: champions and leaders
8. Organisational development and **cultural change** through training and consultancy
9. Evaluate and **learn** from what works and what does not

# Conclusions

- How do we move to an agenda setting approach that locates gender equality in a broader approach to human rights and social justice in health?
- How do we sustain solidarity and collective action for gender equality?
- How do we address the political agenda of institutionalisation of power relations?



Thank you

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