Overview

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

Matt Hancock, Minister of State for Health, England

George Osborne and the leaders of the 12 councils in Manchester announce the devolution deal, November 2014:

Source: Matt Ratcliffe, Manchester Evening News

Simon Stephens, CEO NHS England
What is the problem?

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

Gender neutral or ‘malestreaming’
<table>
<thead>
<tr>
<th>Category</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life experiences</td>
<td>Sexual and emotional abuse, Domestic violence, Caring responsibilities, Social isolation, Social media</td>
<td>Accidents – occupational etc., Victims and perpetrators of violence, Homelessness, Prison</td>
</tr>
<tr>
<td>Socio-economic realities</td>
<td>Poverty, Gender pay gap, Juggling the demands of caring and work, Backbone of caring services but under represented in leadership, impact of by welfare benefit reforms</td>
<td>Full-time employment, Unemployment, Retirement</td>
</tr>
<tr>
<td>Expression of mental distress and symptoms</td>
<td>Depression, Anxiety, Eating disorders, Self-harm, Perinatal mental health problems, Borderline Personality Disorder/complex PTSD</td>
<td>Early-onset psychosis, Suicide, Substance misuse, Antisocial personality disorder</td>
</tr>
<tr>
<td>Pathways into services</td>
<td>Primary care, Community services, Maternity services</td>
<td>Accident and Emergency Drug/alcohol related services, Via criminal justice routes</td>
</tr>
<tr>
<td>Treatment needs and responses</td>
<td>Community-based informal Gender-specific services, Greater risk of victimisation, exploitation and traumatisation</td>
<td>Activity-based Assertive outreach, Early intervention</td>
</tr>
</tbody>
</table>
Self-harm ever (reported face-to-face) in 16–24 year olds, by sex:
2000, 2007 and 2014
Base: adults aged 16–24 and living in England
Rising demand in a context of:

- Austerity
- Shifting notions of the gender binary
- Increasing rates of coercion
- Impact of social media and other socio-cultural influences
- A national policy context that emphasises user-centredness
- A global policy context that supports gender mainstreaming
What do women want?

Support that:

- Ensures their safety
- Promotes choice, self-empowerment and determination
- Places importance on the underlying causes and context of distress as well as symptoms
- Addresses abuse, violence and other forms of trauma
- Addresses concerns relating to women's roles and life transitions
- Values women’s strengths and abilities and potential for recovery
- Practical support

It follows that women-friendly services..

- Understand the distinct and specific needs of women and understand how women can be traumatised in their contact with services.
- Are sensitive to the diversity of women’s needs, experiences and backgrounds.
- Value women’s strengths and potential for recovery.
- Are co-designed with women with lived experience.
- Prioritise understanding mental distress in the context of women’s lives and enable all dimensions of problems experienced to be addressed.
- Specifically address emotional, physical and sexual abuse and violence; body image concerns, reproductive and life stage elements of health and wellbeing.
- Enable women to make choices about their care and treatment.
- Provide women-only spaces, particularly in-patient settings, to enable women to feel secure, safe and respected.
- Empower women to develop skills for addressing their difficulties.
- Promote self-advocacy and advocacy for women who need support to voice their views.
WomenCentre provides holistic, one-stop services at our centres in Huddersfield, Dewsbury and Halifax and in the community.

Our wide-ranging services include emotional and practical support on issues such as debt, benefits, mental or physical health, domestic violence, counselling, training and development and much more.

WomenCentre enables women to:

- improve health and well-being
- increase training and employment opportunities for improved economic conditions
- raise self-confidence, self-esteem and social interaction skills
- improve citizenship and social inclusion
- support the development of positive, safe and stable circumstances and relationships
- improve safety and wellbeing of their children

Any woman can join us to support our work and make a difference.

“I can’t explain to you how it was, it was the last straw and I didn’t know where to go… If I hadn’t had support from here, I don’t know where I’d be.”

Recent news

- Why Mother’s Day can be so hard for some
- Press release: Women at the centre of regional scheme for migrants this International Women’s Day
- Latest timetable for Kirklees services and courses
- WomenCentre Annual Report 2017 – now available to read
- New Walking Groups in Dewsbury
Making it real means gender specific and gender sensitive provision

1. Implementation of the Equality Act
   Integrate action on gender with action on race, disability, sexuality and gender identity

2. Sustainable investment in community initiatives

3. Gender-specific provision in inpatient settings

4. Therapeutic support to address violence and abuse

5. Access to perinatal mental health services

6. Improving support for women experiencing multiple and severe disadvantage eg. in contact with the criminal justice system

- Codesigned and coproduced with women using services
- Awareness raising and training
  - Gender-sensitive approaches focused on relational security
  - Trauma informed care
- Improved access to support in a crisis
- Supporting women using mental health services to disclose their histories of trauma and abuse
- Increasing access to effective therapeutic help, including the management of self-harm
- Personal development and capacity building
- Community alternatives to prison
Where are we now?

- Raft of NICE guidance
- Five Year Forward View for Mental Health
  - Access to evidence-based specialist mental health care for perinatal mental health problems
- Domestic Violence Bill
- National Taskforce on Women’s Mental Health
  - Due to report late 2018
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 changes

- A narrow (bio-medical) approach and leading to policy makers and professionals to not recognise the necessity to consider social conditions and social determinants of mental health

- Weak political power of women, other groups, and mental health service users, therefore, the demand for change and equity muted
How will we know times up for gender inequality in women’s mental health

- Cross government action to addressing the social causes of women’s mental health
- Policies, services and practice are gender-informed
- Clear leadership and accountability to ensure and monitor progress on gender sensitive policy and provision
- Data collection and reporting to understand gender differences and disparities
- Co-design of gender specific and gender sensitive policies, services and therapeutic options with women with experience of poor mental health
- Sustainable investment in the third sector is valued and nurtured
- Organisational development and cultural change through training and personal appraisals
Times up for gender inequality for women’s mental health

- How do we ensure that gender equality is located in a broader approach to human rights and social justice in mental health?

- How do we address the political agenda of institutionalisation of power relations?

- How do we sustain solidarity and collective action for gender equality?
Abel, K.M. and Newbigging, K., Addressing unmet needs in women’s mental health in BMA (eds). *Addressing unmet needs in women’s health*, p.45-55.


Thank you

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