

Spotlight

on Women and gender-responsive mental health care

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It is widely accepted that gender is a key social determinant of mental health.¹ However, gender is not routinely considered as part of mainstream mental health policy or practice, and there is limited evidence about effective gender-responsive interventions.² Gender-responsive health care identifies gender differences and inequalities in women, men and non-binary people, and sets about addressing them.³ This Spotlight* highlights the need for significant investment in building the evidence base for gender-responsive approaches to support the mental health of women and girls. Women are more likely than men to be diagnosed with a range of mental health conditions, including depression, anxiety and suicidal behaviours.⁴ The prevalence, risk factors† and experience of poor mental health among women and girls are different from those among men and boys, which means they have different mental health needs, yet there are very few women-specific mental health programs and services in Australia or internationally.

Gender-responsive approaches seem to be more common and more generally accepted in relation to the mental health and wellbeing of men and boys, and include initiatives such as Men's Sheds, Men's Line and Movember. Gender-sensitive approaches to mental health that address the specific needs of women and girls are evident in relation to perinatal depression and eating disorders but are notably lacking for other mental health conditions. For example, a recent international review found that no clinical guidelines for depression provided frameworks to help achieve patient-centred care for women.⁵

The need for gender-responsive mental healthcare is particularly apparent in acute services. Australian research has found that women in mental health inpatient units continue to experience gender-based violence in many forms (from other patients and staff as well as institutional violence such as restraint and seclusion) and that they are not safe in mixed-gender wards.⁶ In inpatient units in Victoria, recent research shows some staff perceive female consumers as more difficult to care for, and express negative attitudes towards the women in their care, resulting in staff dismissing or denying sexual assault disclosures.⁷

It has been argued that mental health services have often failed women by ignoring the sources of their distress, medicalising what are in fact social and structural inequities, and failing to recognise the complexity of their roles as mothers and carers where relevant.⁸ Moreover, approximately two-thirds of unpaid mental health carers in Victoria are women. The intense, stressful and all-consuming nature of this responsibility has significant impacts on the mental health of those providing care.⁹ The few gender-responsive programs that have been evaluated yield mixed results. While some find that a gender-responsive approach is effective in increasing recovery,¹⁰ others have not clearly demonstrated the effectiveness of women-specific interventions.¹¹

* This Spotlight focuses on gender responsive approaches to treatment, response and recovery. However, just as important but outside the scope of this Spotlight, is the need for a gender-responsive approach to mental health promotion.

† Including exposure to male violence, exposure to sexual harassment and gender-based discrimination, unequal caring responsibilities, sexualisation and objectification, sexist attitudes and norms (e.g. dismissing women's experience of physical pain) and unequal access to economic resources.

However, there is general consensus that gender-responsive approaches to mental health for women should:

- Prioritise understanding mental distress in the context of women's lives
- Be co-designed with women service users and enable them to be involved in initiatives intended to promote good mental health and to make choices about their mental health care and treatment
- Be trauma-informed and strengths-based
- Address the reproductive and life stage elements of mental health and wellbeing
- Address the mental health impacts of gendered experiences including sexual abuse, family violence and body image concerns
- Be responsive to the diversity of women's needs, experiences and backgrounds including race, sexuality and disability¹²
- Create an environment based on safety, respect and dignity.¹³

As noted above, a gender-responsive approach should be intersectional and culturally safe – responding to the diversity of women's needs, experiences and backgrounds. For example, mental health services for refugee women must be culturally responsive, and responsive to trauma experienced pre-migration and during the resettlement process.¹⁴ Mental health services for Aboriginal and Torres Strait Islander women also need to be culturally appropriate, which includes recognising the ongoing impacts of colonisation and adopting a holistic whole-of-community approach that promotes social, emotional and cultural wellbeing and takes into account the different roles of women and men within Aboriginal communities.¹⁵ For non-binary and genderqueer people, a non-pathologising clinical approach that accepts and validates all genders is essential for mental healthcare.¹⁶ Recognising that many of the gendered discrepancies in mental health emerge in adolescence, a gendered approach to youth mental health is also essential.

A gender-responsive and trauma-informed approach to women's health must also take into account the connection between women's and girls' experience of gendered violence and poor mental health.¹⁷ For example, women accessing emergency accommodation at McAuley Community Services for Women reported that mental health support by practitioners who don't have a deep understanding of the impacts of family violence and other trauma has been ineffective, sometimes damaging and discourages future help seeking.¹⁸ Mental health practitioners with an understanding of how family violence impacts mental health have been effective when co-located at a crisis accommodation service.¹⁸

There is a clear need for well-defined and practical frameworks for gender-responsive mental healthcare, as well as comprehensive trauma-informed gender sensitivity training for staff. In the absence of evaluated gender-sensitive programs for women, investment in program development and piloting is essential, together with rigorous evaluation to inform the evidence base and improve mental health outcomes for women.

WHV thanks the following expert reviewer for their input:

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Overview

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[Aboriginal and Torres Strait Islander women and mental health](#) *InPsych*, 2017

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