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Gender perspective in mental health: prevention of new risk factors in women daily life

by
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[1] is a public health service, specialized in women's mental health problems.

The team is made up of psychologists, psychiatrists, a medical doctor specialised in homeopathy, nurses. The Centre exemplifies the possibility of carrying on, within the Public Health System, activities of gender oriented Prevention, Treatment, Research and Training.

We have been treating women for more than twenty five years.

From an epidemiological point of view, this population corresponds to the general female population of Italy. Main symptoms are anxiety, depression, and psychological distress. Our statistics are consistent with international and European ones.

The international evidences

Mental illness health can drastically reduce the quality of life of the affected individuals and their families. It is a leading cause of disability. The most common mental disorders in the EU are anxiety and depression. In Europe, depression is present in 4.5% of the general population every year. By the year 2020, depression is expected to be the second most common cause of disability in the developed world.

International statistics show that mental disorders (particularly depression, anxiety, eating disorders) are prevalent and rising among women. Depression, specially, is the main cause of burden diseases in women between 15 and 44 years of age: Unipolar Major Depression takes 1st place in ten leading causes of female burden of disease (Source world health report 1999, Database).

Research has highlighted that children's mothers and girls are at the highest risk of depression. The prevalence rates, in depression are between 2 and 3 times higher in women than in men.

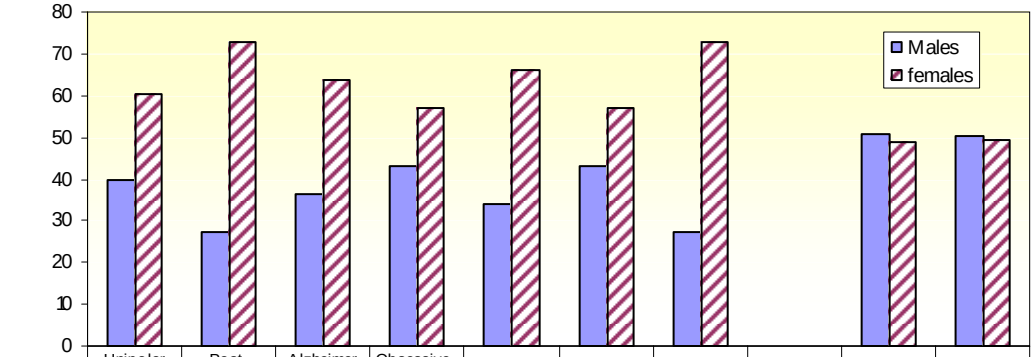
Female adolescents run a much higher risk of disease compared to boys, and in some cases, like eating disorders, the ratio for women goes up to 9: 1 (90% of the total cases).

There is evidence that women's cases exceed men's ones in all types of mental disorders, excluding alcoholism and drug abuse (see graphic 1).

Graphic 1

World Health Report 2004

Disease Burden 2002 - Neuropsychiatric Disorders



	Unipolar Depressive disorder	Post-traumatic stress	Alzheimer and other dementias	Obsessive-compulsive disorder	Panic disorder	Insomnia	Migraine		Schizophrenia	Bipolar disorder
Males	39,74	27,19	36,50	42,97	33,92	42,98	27,11		50,99	50,52
females	60,26	72,81	63,50	57,03	66,08	57,02	72,89		49,01	49,48

Source: The World Health Report 2004

There is evidence also that the high rate of depressed women is an alarming problem which society and health care institutions must focus on.

Depression is 2-3 times more common among women compared to men and is the main cause for disability among women in the age bracket 15 and 44 in the world health report 2004.

In Europe, The report (2004) of European Commission, DG Health and Consumer Protection, on " The state of mental health in the European Union" says that Women have higher rates of depression and anxiety (referred to as internalising disorders) and men have higher rates of substance abuse and antisocial disorders (called externalising disorders).[2]

Another study, Esemed Project, highlights the magnitude of mental disorders in six European countries (Belgium, France, Germany, Italy, the Netherlands and Spain) and says: "Women have consistently lower positive mental health levels than men in all the countries where data were available"[3]

The same study (ESEMeD project) has provided the first national survey on the prevalence of mental problems in Italy. The sample (4.712 subjects) has been selected in order to represent a population of about 47 millions inhabitants aged 18 years or over. The findings have shown that the 12-month prevalence of any mental disorder is 7,3% of the whole population aged 18 years or over (3.9% in men and 10.4% in women) and the life-time prevalence is 18.3% (11.6% in men and 24.4% in women). The prevalence of depression is 3% (1.7% men and 4.2% in women).
About 8.5 million italian citizens suffer from mental distress at least once in their lifetime, women are at major risk of developing any mental disorder (except alcohol use disorders) and being unemployed, housewife or disabled increases the risk of mental disorder.[4]

There is evidence that pharmacological assumption is rising and women occupy the first place in psycho-drugs assumption. The WHO asserts : "Female gender predicts being prescribed psychotropic drugs". [5]In Italy, according to ISTAT (Italian National Statistics Board) there are 5.5 million of medicine users (psycho medicines particularly anti-depressants); among these, there are 3.7 million women and 1.7 millions men.

Women in treatment with drugs often experience paradox symptoms and more side effects. Medical treatment is often ineffective and causes psychological dependence.

There is evidence that comorbidity is associated with mental illness of increased severity, higher levels of disability and higher utilization of services. Women have

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[2] V. Kovess et al. *The state of mental health in the European Union*, European Commission, DG Health and Consumer Protection, Luxembourg 2004.

[3] J. Alonso et al. *Prevalence of mental disorders in Europe: results from the European Study of the Epidemiology of Mental Disorders (ESEMeD) project*, Acta Psychiatr Scand 2004: 109 (Suppl. 420): 21–27

[4] G. De Girolamo et al. *La prevalenza dei disturbi mentali in Italia. il progetto esemed-wmh*, http://www.epicentro.iss.it/temi/mentale/esemed.pdf
A. Barbato et al, *Italy* in " Mental Health Promotion and Mental Disorder Prevention across European Member States: a collection of country stories" European Commission, DG Health and Consumer Protection, Luxembourg 2006.

[5] Department of gender, *Gender Disparities In Mental Health*, World Health Organization Department Of Mental Health And Substance Dependence, WHO 2002

higher prevalence rates than men of both lifetime and 12 month comorbidity involving three or more disorders.[6]

There is evidence that several studies on the consequences of violence against women point out serious psychic damages. In particular they show these consequences:

- Depression
- Suicidality
- Fear, feelings of shame & guilt
- Anxiety, panic attacks
- Low self-esteem
- Sexual dysfunction
- Eating problems
- Obsessive-compulsive disorder
- Post traumatic stress disorder
- abuse of medication, alcohol & drugs

The severity and the duration of exposure to violence are highly predictive of the severity of mental health outcomes. Rates of depression in adult life are 3 to 4 fold higher in women exposed to childhood sexual abuse or physical partner violence in adult life.[7]

There is evidence that:

- many women suffer in daily life from isolation, separation, widowhood, unemployment, lack of economical supports, children burden, violence, etc.
- Women are not asked about their everyday life difficulties and health professionals don't recognise oppression, violence, fatigue and tiredness.

There is no evidence, at present, of an appropriate health policy to fight this emergency.

[6] idem

[7] L. Heise, C. Garcia-Moreno. *Violence by intimate partners* in " World Report on Violence and Health" WHO, 2002

Why do so many women suffer from mental disorders?

The answers

- The research, even though has difficulties in proving the validity of genetic hormonal and personality hypotheses, however is mainly oriented to evaluate the correlation among women's mental pathologies, particularly depression and hormonal, biological and personality factors. Similarly, in clinical practice we find female gender prejudices: the fact that mental illness, particularly depression is much more spreading on women, is considered - by a lot of psychiatrists - as related to female biology (hormonal fluctuation and so on) and personality traits (passivity, low self-esteem, dependency).

- **The European Commission** in the report (2004) on "Action against Depression" asks why female gender prevails in mental illness filed. The same Commission brings forward various hypotheses: "**Gender** differences concerning the prevalence of depression, with higher morbidity for females, are a common finding. Discussions around possible explanations have focused on differences in the willingness to report about depressive symptoms in surveys, biological differences, e.g. concerning hormonal stability, or factors associated with gender differences concerning social roles." *European Commission, Actions against Depression, 2004.*

- **The WHO states : gender is a critical determinant of mental health**
  "Gender is a critical determinant of mental health and mental illness. Depression, anxiety, psychological distress, sexual violence, domestic violence and escalating rates of substance use affect women to a greater extent than men across different countries and different settings. Pressures created by their multiple roles, gender discrimination and associated factors of poverty, hunger, malnutrition, overwork, domestic violence and sexual abuse, combine to account for women's poor mental health. There is a positive relationship between the frequency and severity of such social factors and the frequency and severity of mental health problems in women. Severe life events that cause a sense of loss, inferiority, humiliation or entrapment can predict depression."
  Gender disparities and mental health, WHO May 20, 2002.

- **The European Union, in the report on status mental health, point out follow risk factors:**
  Gender, Age, Marital status, Social factors - Unemployment and Deprivation, Rural-urban differences and Migration**.** "In Europe, relatively high frequencies of mental health problems are associated with poor education, material disadvantage and unemployment."[8]

[8] DG Health and Consumer Protection, T*he state of mental health in the European Union*, European Commission, 2004.

What does mean all this?
Is female gender only one of the various determinants?

No.
- Because the indicator female gender is always involved in all other indicators:
Women have the lowest rate of employment , the greatest rate of poverty, isolation, widowhood, disability in old age, and troubles in adolescence.
Why don't the European epidemiologic studies point out this evidence?
- Because the data collection are not dis-aggregated by sex in each variable. For this reason one can artfully multiply different risk groups; really the main risk group is one: the women. In fact women are the majority among old and disabled people, adolescents, widowers and etc.
- Because there are prejudices shutting off the view of the link between mental health and psychosocial factors: women are suffering mainly from depression more then men because of their worse living conditions which characterise the group they belong to.

Consequently:
Female gender is a critical determinant of mental health and female gender well being promotion should be the goal of mental illness prevention programme, aiming at reducing mental illness impact on the general population.
To put on women for promoting society well-being isn't a new idea: it is already present in Economics.
The United Nations development Programme asserts:
"As we move forward with the implementation of the MDGs (Millennium Development Goals), it is important that we are fully committed to investing in policies and programmes that empower women and promote gender equality." – *Kemal Dervis, UNDP Administrator, 6 Sept. 2005*

Women's well-being: a priority in promoting mental health and preventing mental illness

In order to accomplish this goal, prevention should be gender sensitive and mainly addressed to the most vulnerable subjects: female adolescents and women (in the range 15-44 years of age). In this range focus on: women with children; unemployed women, isolated women, raped and ill-treated women; and further to women older 44 than, widows, etc.

Prevention programmes should be focused on new risk factors linked to women's daily life, they are responsible for women's poor healthy:

- stress related to double work and family overload;

- burn out related to Motherhood by Motherhood or motherhood attitudes and behaviour (there is to say, a tendency to care for other's needs as opposed to care for oneself);

- lack or lowering of self-esteem due to violence, familiar/ environmental pressures and gender discrimination. [9]

[9] These risk factors are explained in the follow publication: E. Reale, *Prima della Depressione. Manuale di prevenzione dedicato alle donne,* Ed. F. Angeli, Milano 2007.

1. **Stress at work** can be defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the abilities, resources, or needs of the worker. Job stress can lead to poor health and even injury[10].
The women suffer from stress at work more than men. Their stress is caused by: hectic jobs, conflicting or high demands, low control over pace of work or how to carry out duties .Additionally, as we know, a very important risk factor for women, differently than man is the **stress and strain linked to the double work** load for the family and for the labour market.

In the medical research and clinical practice, great importance is given to work as a major risk factor in the analysis, prevention and treatment of men diseases, *but for women little attention is given to this factor or to other life conditions*. In particular, little or no attention is given to the coexistence for women of a plurality of roles, responsibilities and tasks linked to the their professional and family life. **The risk of physical and mental illness is neglected** and parameters useful to measure of measuring the hazards and satisfaction of family work are not available.

2. Burn-out is a state of physical, emotional, and mental exhaustion as the result of a period of expending too much effort at work while having too little recovery. It is caused by unrealistically high aspirations and illusory and impossible goals. Unrealistic aspirations and expectations are doomed to frustration and failure. Workers, involved in helping profession, who have frequent intense or emotionally charged interactions with others are more susceptible to burnout.
In the motherhood we find the same risk of helping professions, **but the risk is not recognised**. And not is analyzed in the diagnostic proceedings.
The analysis of being a mother focus on characteristics as overload of personal responsibility, high expectations, perfectionist models, dependence from the satisfaction of other's needs, all things to high risk of burn-out.
Thus, motherhood and family work, and its character of caring needs of others as opposed to caring for oneself, can well be considered as a **specific risk factor** for women's mental health.
For this reason a mother can go in burn-out more frequently than other help workers: every time she feels overwhelmed and unable to meet constant demands of cares from others (sons and other persons of family context).

3. **Violence** is the most typical instrument of pressure on women; the prevalent actor is an intimate partner. Violence can assume various forms such as:

- sexual violence in the form of rape;
- physical violence, threats and bowls;

[10] the effects of job stress on chronic diseases are more difficult to see because chronic diseases take a long time to develop and can be influenced by many factors other than stress. Nonetheless, evidence is rapidly accumulating to suggest that stress plays an important role in several types of chronic health problems, especially cardiovascular disease, musculoskeletal disorders, and psychological disorders. The National Institute for Occupational Safety and Health Stress at work U.S. Department of Health and Human Services, Publication No. 99-101

- verbal and psychological violence (insults, depreciation and denial of autonomy)

At home, the woman is subjected to verbal and psychological violence consisting in abuses and critical judgments which tend to reduce her self-esteem, her autonomy and self-confidence.

When a woman continues her relationship with the partner violent and submit herself to his requests and behaviours; the consequences are:

- she feels despised and worthless;
- she is forced to increase her tasks or to cope with unpleasant tasks, conforming herself to partner's desires and orders;
- she tends to limit, even to deny her own needs.

Most cases of female depression refer to women who feel guilty for having been insulted or assaulted.

The use of violence as a form of pressure in everyday life is the specific risk factor for depression in women, is not sufficiently recognized by health professionals as frequent aetiology for many pathologies.

In synthesis:

Each risk factor has specific characteristics in the various women's life stages: adolescence, maternity, menopause and old age.

But women and health professionals don't recognize *stress, burn-out or consequences of violence* as mental health risk factors. Consequently, the women often endure these stressors for a long time and in this way lower their protection factors (self-esteem, social supports, personal interests and resources).

Prevention must fit to woman needs of focusing research and medical practice on these risk factors.

Implementing good prevention

In the field of <u>mental health</u> the under-evaluation of risk factors in daily life and the over-evaluation of biological-hormonal factors have robbed women of appropriate prevention.
Today: Research, medical practice, health care services must aim at organizing information plans focused on these risk factors:

A good prevention is one able to single out risk factors, to start up from them the corresponding protection factors and to transfer them in an appropriate information.

Primary prevention should be focused on environmental and social-relational factors. These are factors on which it is possible to intervene before that the overload of pressures becomes a mental pathology.

Prevention consists primarily in giving correct and wide information about the processes involved in becoming ill and also, in the opposite direction, forward the protecting factors.

It must addressed mainly to:

- *women,*
- *female adolescents, teachers,*
- *health providers,*
- *social workers.*

Women

The goal of informative approach is to arouse women's awareness on:

- fight stress, fatigue e tiredness before falling ill;
- overcome the pattern of carry on own shoulders ***others' needs, problems etc. (motherhood's pattern is present in adult women and in female adolescent)***;
- react against family violence and psychological ill-treatment.

To Identify the causes of personal disease and to recognize that: the limited control of any given situation, and taking care of their self emotionally and physically can help to avoid mental troubles.

Tools of prevention for women:

- listening-centres training-stages, social and psychological support-groups, self-help groups, etc.
  - Addressed to:
    - Women with children;
    - Women having difficulties in social relationships, in organizing both housework and extra-familiar work;
    - Women ill-treated, abused, alcoholic women, etc.
    - Women in old age.
  - With the goal of:
    - Increasing women's ability to communicate and express themselves emotionally; particularly in domestic violence;

- Increasing the ability of analyzing their life-style and their behaviour models;
- improving their self-confidence and their self-esteem.

Female adolescents; teaching personnel

According to international statistics, adolescence is the age in which the increase of women's mental health disorders begins to start.

For this raison, is important to set up meetings with teachers and parents aiming to improve the healthy behaviours through:

- support of personal autonomy;
- increase of relationship with peers;
- reinforcement in personal interests, skills and plans;
- improvement in resources, self- image and self-esteem.

Health providers

Then we should develop seminars and meetings addressed to health and social workers who come into contact with women's mental disorders.

- In order to combat against the prejudices:

  woman's biological stages and reproductive system (menarca, pregnancy, childbirth, post-partum, menopause) are not appropriate causes or risk factors to explain the female morbidity. Contrary, woman's social role, subordinated and dependant, double work, family burden and pressures, intimate partner violence, are appropriate causes of increasing mental illness among women.
- In order to promote a clinical approach:

  it is necessary to explain and analyze with medical tool (anamnesis, diagnostic assessment, prognosis) the link between mental illness and specific stressors of female everyday life (*violence experiences, work overload, motherhood stress, and cultural aptitude to taking care of others)*

Social workers

Women carry a very heavy family load: all social and economic support policies must be addressed to them.

We consider important to organize a specific training programme on behalf of general practitioners, psychiatrists, psychologists and other social-health workers, aimed at:

- reducing drug-abuse;
- stimulating a medical and psychological approach able to explain the connection between mental illness and everyday life;
- understanding women's life stages (adolescence, maternity, menopause and old age) as steps of increasing psycho-social risk factors.

Implementing appropriate prevention in each European Country

About an appropriate prevention will develop working groups and exchanges with health providers, and women health associations in each European Countries, aiming to:

- state common strategies for the prevention of mental diseases in women;
- implement health workers' training;
- identify lifestyles correlated to well-being;
- organise the exchange of information and experience among health providers and social workers;
- define criteria and indicators for evaluation of good quality in the practice of mental health services;
- make and spread gender-oriented guide lines for the knowledge of risk/protection factors in women's everyday life to be used in prevention campaigns;
- avoid psycho-drugs prescription in early age and in stress situations for preventing further mental disorders.

How can we issue a challenge in Europe for starting a fit prevention for women?

Prevention should have priority in any health system, for any pathology, yet in the field of mental illness we notice a lack of interest in developing studies and indications on primary prevention. This lack of interest damages women in special way, since they are the majority and have many risk factors in their environment.

Improper prevention (often overlapping treatment) is connected to the recommendation to begin drugs assumption as early as possible, i.e., at the first symptom, even during adolescence; to avoid interruptions and to carry out drug assumption for long periods of time.

In order to combat mental disorders, priority must be given to recognising at European level that there is a "female emergency" regarding mental pathologies, depression particularly.

It must be recognized that this tendency to increasing is due a lack of adequate prevention strategies and appropriate clinical treatment.

It must recognized that the under evaluation of daily life risks keeps women out of important preventive prospects and appropriate treatments.

In order to combat this inappropriate approach to women's mental health problems, it is necessary to build up a specific **Action area** concerning female gender in the European project on mental health (IMHPA). The Action area includes researchers, experts and consultants from different European countries. The goal of this action is promoting an appropriate prevention for women in the European Countries.

This Action area has the purpose of: ***Integrating gender mental health prevention into countries policies, practice and the health care system***; and it will be finalized :

- to collect in each country and exchange epidemiological and clinical data, critical observations on **gender bias**, **sexual prejudices** and **inequalities** presently in existence in research and clinical practice (medical, psychological and psychiatric);

- to analyse the data pointed out by each group, and to elaborate the synthesis on which the consensus will be reached;

- to develop Indications, Recommendations, Guide-lines on women mental health promotion and women mental illness prevention.

The action area develops an gender action plan with specific aims:

- identifying gender prejudices in mental health research and practice;
- addressing research areas uncovered by a gender standpoint;
- identifying daily life and social risk factors for mental disorders;
- developing prevention strategies in women;
- promoting professional training, developing indicators of gender-oriented practice; producing recommendations and guidelines for the inclusion of the gender perspective in research and prevention:
    - guidelines for medical and psychological treatment and prevention addressed to health professionals and medical institutions;
    - guidelines for primary prevention addressed to social context, women consumers, women's associations;
    - recommendations for political Institutions and Governments;
- organising a web-site in order to inform women on gender based topics in mental health and on mental health primary prevention