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

by

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Psychological Operative Unit Women's Mental Health Prevention Centre, Italy

- *is a public health service, specialised in women's mental health problems.*
- *The team is made up of psychologists, psychiatrists, 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 caring - for more than twenty five years- about 8.000 women (female adolescents included) with anxiety, depression, and psychological distress.*



First Observations

- It is important to point out that there it will be an increasing trend of psychiatric pathologies in the next twenty years, and that the increase creates a state of alarm in all health care institutions.
- Depression, anxiety and eating disorders are increasing in Europe and they are prevalent and rising among women
- Women are those who suffer mostly from such disorders.
- Depression, in particular, is the second cause of disease burden for women in the world.



First Observations

- **There is evidence** that women's mental disorders are more frequent than men's, excluding alcoholism and drug abuse
- **There is evidence** also that the high rate of depressed women is an alarming problem which society and health care institutions must focus on
- **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".



First Observations

- **There is evidence** that several studies on the consequences of violence against women point out serious psychic damages
- **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 difficulties in everyday life and health professionals don't recognize oppression, violence, fatigue and tiredness.



First Observations

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



Why do so many women suffer from mental disorders?

- **The typical inappropriate answer is that:**
 - **women suffer from mental disorders due to hormonal cycle and personality factors.**
- **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 – depression in particular - and hormonal, biological and personality factors.**



Why do so many women suffer from mental disorders?

- **The almost correct answer is:**
- **Gender is a critical determinant of mental health (WHO)**
- **The WHO states:** “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.”

Source: Gender disparities and mental health, WHO May 20, 2002



Why do so many women suffer from mental disorders?

- **Is female gender only one of the various determinants?**
- **No.**



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 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 than men because of their worse living conditions which characterize the group they belong to.



Consequently:

- **Female gender is a critical determinant of mental health**
- **Female gender well being promotion should be the goal of the mental illness prevention programme, aiming at reducing mental illness impact on the general population.**



Women's well-being: a priority in promoting mental health and in 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, women older than 44, widows etc.



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

- *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 or Motherhood attitudes or behaviours (there is to say, a tendency to care for others' needs, as opposed to care for oneself)*
 - *lack or lowering of self-esteem related to domestic and social violence, familiar/ environmental pressures, and gender discrimination.*



The new risk factors in women's daily life: The health context does not recognise these

- Women suffer from **stress** at work more than men. Additionally, they suffer stress and strain linked to the double work. *But the medical approach doesn't pay adequate attention to female stress, unlike male stress.*
- Women suffer, frequently during motherhood (i.e. post-partum syndromes) from **burn-out** caused by intense or emotionally charged interactions with others, in the same way of help professionals. *But the medical approach does not recognize this risk factor of motherhood, unlike what happens for professionals.*
- **Violence** is the most typical instrument of pressure on women; the prevalent actor is an intimate partner. It causes serious pathologies in women. *The medical approach does not take into consideration the domestic violence in etiology and diagnostics of mental disorders.*



To fit Prevention to Women's healthy needs

- 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, women often endure these stressors for a long time and in this way lower their protection factors
- **Prevention must fit a woman healthy needs**
- **Prevention is the first field of action to fight the increasing of pathologies**



Implementing good prevention

- **Until now:** The under-evaluation of risk factors in daily life and the over evaluation of biological-hormonal factors have robbed women of appropriate prevention.
- **From now on:** Research, medical practice, health care services must aim at organizing information plans focused on these risk factors: stress, burn-out, domestic violence.



Implementing good prevention

- Primary prevention should be focused on environmental and social-relational factors.
- Prevention consists primarily in giving a correct and wide information about the processes involved in becoming ill and also, in the opposite direction, forward protecting factors.
- It must be addressed mainly to : *women, female adolescents and teachers, health providers, social workers.*



Prevention addressed to women

The main goal is to provide correct information about links between daily life and mental disease, so women can know how to:

- fight stress, fatigue and tiredness before falling ill;
- overcome the pattern of carrying on one's own shoulders ***others' needs, problems etc.***
(motherhood's behavior is present not only in adult women but also in female adolescents);
- react against family violence and psychological ill-treatment.



Tools of prevention addressed to 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.



- Where the prevention must be improved?
- At workplace
- In schools
- At women association
- In primary care
- In services of reproductive health,
- In pediatrics services



Tools of prevention addressed to female adolescents

- **According to international statistics, adolescence is the age in which the increase of women's mental health disorders begins to start.**
- For this reason, it 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.



Prevention addressed to health and social workers

- 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.



Women mental illness prevention: a priority and a challenge for the European Union

- In order to combat mental disorders, priority must be given to recognising at the European level that there is a "female emergency".
- It must be recognized that this tendency is increasing due to a lack of adequate prevention strategies and appropriate clinical treatments.
- It must be recognized that the under evaluation of daily life risk factors keeps women out of important preventive measures and appropriate treatments.



Women's mental illness prevention: a priority and a challenge for the European Union

- 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 systems.*