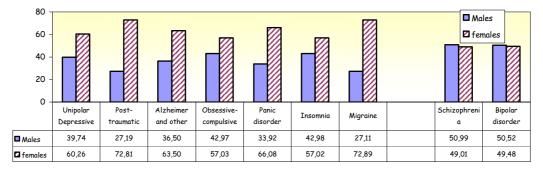
Let's go to build a new action area for women's mental health promotion and empowerment

Why a gender-oriented prevention action of mental disorders?

Depression, anxiety and eating disorders

are increasing dramatically in the European countries, with women more affected than men. At present, depression is the second leading cause of disease burden in the world among women, and women exceed men in all types of common mental disorders, except alcohol and drug abuse.

World Health Report 2004 Disease Burden 2002 - Neuropsychiatric Disorders



Pharmacological <u>consumption</u> is <u>rising</u>, and women are at the first place in psychotropic drugs <u>consumption</u>.

"Female gender predicts being prescribed psychotropic drugs"

(Gender Disparities In Mental Health, World Health Organization, Department Of Mental Health And Substance Dependence, WHO 2002)

Women suffer from daily life and widespread conditions: violence, children burden, isolation, separation, widowhood, unemployment, lack of economical support, poverty, trauma during adolescence.

Several studies show that violence on women leads to serious mental diseases.



"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."

Gender disparities and mental health, WHO May 20, 2002

There are common "inappropriate answers" to women mental problems, which are substantially based on genetic, hormonal hypotheses and on personality characteristics, although evidences on these associations are insufficient.



The doctor said the hormone therapy would make me feel like a new woman....!'d rather have a maid!

Gender is considered one of the several factors predisposing to mental illnesses, whereas female gender gathers those factors: women have the least more stress, rate greatest employment, rate deprivation, isolation, loneliness, disability in old age, troubles and traumas during adolescence, sexual abuse in all life time.

How a correct gender-oriented prevention action?

The condition necessary for adequate prevention of mental health disorders in women lies in the correct identification of the relationship between female gender and risk factors. So, the simple inclusion of female gender in the list of risk factors is misleading. Also important a correct study of epidemiology.

The proper picture of the epidemiology of mental disorders requires that data are disaggregated by sex for each potential risk factor.

Common risk factors concern many women and the attributable risks of these factors are large.

- Disaggregation of data according to sex and in depth analysis by gender
- Identification and investigation of common, daily life risk factors.

Prevention programs should specifically address daily life risk factors:



Stress related to double work and family overload



Burn-out related to motherhood and in adolescence, training on caring of other's needs.

Violences and ill-treatments



Lowered self-esteem due to domestic, intimate and social violence, familial and environmental pressures, gender discrimination, sexual abuse.

Women and health providers don't recognize these risk factors,

To recognize and never tolerate stress, burn-out and violence means: to put into practice the normal weakness, not ever neglect own limits, pursue own rights, and so prevent mental disorders and depression.

Stress, burn-out, violence and ill-treatment

are main risk factors for women mental health

In these find same components: burden overload, lack of working conditions control, lowering of personal interests, resources and plans, isolation and dependency, lowering of self-esteem

If you recognize them, you can avoid

First steps in the direction of good prevention in women mental health

If the impact of mental illness in general population is to be reduced, women's wellbeing should be specifically addressed.

Available epidemiologic data should be systematically reanalyzed, published and interpreted by gender;

prevention consists first of all in correct and complete information on the processes involved in becoming ill;

focus should also be done on protective factors.

Target:

- women;
- female adolescents;
- health providers;
- teachers;
- social workers.





Learn to say: "I am not a superwoman"

Now learn to say "three times NO"

to perfect mother who sacrifices own life for sons

to be placed children needs upon mother needs

to concentrate all care's responsibilities on mother's shoulders or on the adolescents daughters

Action area focused on women mental health "Integrating gender mental health prevention interventions into country policies, practices and health care system"

It aims at

- Highlighting gender gap and gender bias in mental health research and clinical practice;
- implementing wide and clear information on risk factors in women daily life;
- gathering and connecting research groups, experts and professionals involved in women mental health and working in different fields.

Specific tasks are:

- Identifying and highlighting gender prejudices in mental health research and practice;
- addressing research areas uncovered by a gender standpoint;
- identifying and highlighting daily life and social risk factors for mental disorders in women;
- identifying and highlighting protective factors for mental disorders in women;
- developing and implementing 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;
- organizing a web-site in order to inform women on gender based topics in mental health and mental health primary prevention.

Shall those who feel touched by these considerations and are interested in the action area meet in Autumn 2008 in Italy?

If yes, please contact

Elvira Reale and Vittoria Sardelli at erealena@tin.it
Barbara D'Avanzo at barbara@marionegri.it

for proposals, comments, and declaration of interest on a new action area on women mental health.

Post scriptum

By now everyone can if he want, write name and address on a list under this poster