

STRESS, MENTAL HEALTH & SUICIDE: WOMEN

Issue/Problem	Women are more likely than men to report having either a lot of worry or a great deal of worry
Evidence Base (Equality & Inequalities Report)	<p>When asked about worry or stress in the previous 12 months women were much more likely than men to report having either a lot of worry (30% compared to 24%) or a great deal of worry (14% compared with 10%).</p> <p><i>Ref: NI Health and Social Wellbeing Survey 2001 cited in "Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview" DHSSPS (2004:61).</i></p> <p>Women were more likely than men to have a potential psychological disorder (24% and 17% respectively).</p> <p><i>Ref: NI Health and Social Wellbeing Survey 2001 cited in "Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview" DHSSPS (2004:66).</i></p>
Evidence Base (Literature Review)	<p>Poverty, low social status, social isolation and the experiences of child sexual abuse and domestic violence are issues which tend to be more common amongst women than men. The complex interplay of these factors can impact adversely upon the women's mental health.</p> <p><i>Ref: Department of Health (2002:16-20) Women's Mental Health: Into the Mainstream. Strategic Development of Mental Health Care for Women.</i></p> <p>Socio-economic factors such as low income and poor housing conditions cause stress and feelings of powerless amongst women. Educational factors such negative school experiences often result in a lack of confidence and self-esteem later in life. Long term dependency on prescription drugs (for depressive and sleeping disorders) often leads to anxiety. Living in unsafe neighbourhoods and other environmental factors (such as crime and anti-social behaviour) are further factors causing stress and anxiety amongst women.</p> <p><i>Ref: Derry Well Woman (2003) Other Borders: Women's Mental Health and Emotional Wellbeing.</i></p>

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Other factors such as abortion, the psychological impact of giving birth, postnatal depression and the menopause have important associations with mental health problems.

Ref: Promoting Mental Health Strategy and Action Plan 2003-2008. DHSSPS (2003:20)

Particular sub-groups of women appear to be more vulnerable to mental ill-health and for whom there are existing gaps in service provision include mothers, carers, older women, black and minority ethnic women, women in rural areas, transgender women, women involved in prostitution, women offenders, women with learning disabilities, and women with substance misuse problems. Poverty and social disadvantage are common features amongst these different groups of women. “Multiple Identity” (i.e. women who belong to several of these groups) can experience even greater mental health problems.

Department of Health (2002:16-20) Women’s Mental Health: Into the Mainstream. Strategic Development of Mental Health Care for Women.

Is the issue/problem being addressed by current or proposed strategies and policies? On what level?

A number of **inter-departmental** strategies have been produced or are currently in development which recognise and address many of the factors contributing to the mental ill-health of women. For example, the New TSN agenda and the [Northern Ireland Anti-Poverty Strategy](#) are aimed at tackling the problems of unemployment and social exclusion and skewing resources towards those areas, groups and individuals in greatest need. The proposed strategic aim of the new Anti-Poverty Strategy is to improve the income and living conditions of the most disadvantaged, including disadvantaged and social excluded women.

The proposed new [Gender Equality Framework Strategy](#) is a new cross-departmental approach to tackling gender inequalities and promote gender equality in Northern Ireland. The Strategy identifies issues such as domestic violence, healthcare and childcare and as key action areas. Other strategies/initiatives such as [Investing for Health](#), the [Race Equality Strategy](#), the [strategy for older people](#), the proposed [strategy for people with disabilities](#), and [proposals for tackling the issue of domestic violence](#), also have a gender dimension and are likely to have an impact upon the lives of particular sub-groups of women in Northern Ireland. The [Equality Commission](#), the [Human Rights Commission](#) and the [Gender Policy Unit](#) in OFMDFM are all committed to promoting gender equality in Northern Ireland and subsequent policies and practices arising out of their activities are likely to have a positive impact upon the mental health of both men and women.

The [Review of Mental Health and Learning Disability](#) is currently in the process of reviewing the law, policy and provisions affecting

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people with mental health needs in Northern Ireland. The [report](#) of Adult Mental Health Expert Working Committee in particular makes a number of recommendations for the development of more responsive and person-centred adult mental health services.

On a **departmental level** and at HSS Board and Trust level numerous policies have been devised to address issues such as domestic violence, women’s health, childcare and teenage pregnancy. The DHSSPS [Promoting Mental Health Strategy and Action Plan](#) provides an integrated approach aimed at improving and promoting mental and emotional health for all people in Northern Ireland. The strategy aims reduce the proportion of people with a potential psychiatric disorder by 19.5% by 2008 through a range of interventions. The strategy also aims to work in partnership with HSS Boards, Trusts and the community and voluntary sectors to develop programmes which will improve social support and reduce social exclusion for vulnerable groups.

The DHSSPS also publishes an annual [“Priorities for Action”](#) (PfA) document outlining the Department’s plans of action under various programmes of care. Key issues identified within the PfA for 2004/05 include [investment in mental health services](#) with an objective to provide a modern and responsive service to people with mental health needs in a greater variety of settings. The PfA documents outline how mental health services should be developed over the medium term.

Many voluntary and community groups, particularly community women’s groups, have also devised *local* programmes aimed at addressing the mental health needs of women (e.g. counselling, complimentary therapy, support groups etc). However, obtaining recurrent funding for such programmes can be problematic.

Is the problem amenable to further intervention by the DHSSPS or other?

The Department of Health (2002) publication [“Women’s Mental Health: Into the Mainstream”](#) aims to develop gender sensitive mental health care. The paper includes a number of suggested interventions for the improvement of women’s mental and emotional health:

- developing a women’s mental health strategy as part of the wider commitment to addressing inequalities in the delivery of mental health services.
- recognising that gender differences in men and women’s mental health need to receive equal focus in researching, planning, commissioning and delivering services.
- exploring different models of care which specifically address women’s mental health needs (e.g. single sex inpatient care, women-only counselling sessions).

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- inclusion of gender in staff training programmes and developing a culture of evidence-based practice in regards to gender and mental health.

“*Other Borders*” a cross border health care strategy for women in the North West has identified a range of intervention for specific groups of women including:

- **Older women:** a review of prescription drugs use on a case to case basis, community education on the use of prescription drugs and the provision of counselling services as an alternative (or complementary) to the use of prescription medication. Conduct a review of barriers to accessing health care for older women such as the lack of available transport (especially for older women in rural areas).
- **Women in poverty (including lone parents):** improve support services for women with eating disorders. Conduct a review of the barriers to healthy eating and exercise for women on low incomes. Develop counselling services as an alternative or complement to the use of prescription drugs.
- **Traveller women:** conduct a review of GP home visits to traveller sites. In association with statutory and voluntary agencies, promote the discussion of domestic violence in the Traveller community.
- **Black and minority ethnic women:** continue to improve interpretation services and the provision of information on health and social services in other languages. Develop outreach work with black and minority ethnic women on mental health issues.