

**St Patrick's**  
Mental Health Services



**Submission to the Department of Justice and Equality  
on the new National Women's Strategy 2017-2020**

**31<sup>st</sup> January 2017**

St. Patrick's Mental Health Services (SPMHS) is the largest, independent not-for-profit mental health service in the State, founded by Jonathan Swift in 1745, who recognised the links between mental health and social justice. In addition to striving to provide the highest quality of mental health care for service users, SPMHS actively advocates for the promotion and protection of the rights and integrity of those experiencing mental health difficulties. SPMHS welcomes the opportunity to contribute to the public consultation on the new National Women's Strategy, and to support the State's efforts to promote women's and girls' equality in Ireland. This submission will focus on the 'high-level' strategy objective to "Improve women's and girls' ... mental health".<sup>1</sup>

SPMHS welcomes the explicit inclusion of improving women's mental health as one of the high-level objectives of the new strategy. Gender has been noted as a 'critical determinant' of mental health and mental health difficulties.<sup>2</sup> Prevalence of many major mental health difficulties including depression, anxiety, anorexia and bulimia nervosa, somatic disorders and post-traumatic stress disorder are higher amongst women.<sup>3</sup> Nationally, occurrence of a 'probable mental health problem' was indicated as 13% for female participants in comparison to 6% for males in the 2015 Healthy Ireland survey.<sup>4</sup> Women account for the majority of admissions to SPMHS, with a ratio of female to male admissions of 3:2 for 2016. A similar pattern has been evident over the last five years. This submission aims to consider pertinent issues related to women's mental health in the contexts of treatment and support for mental health difficulties, preventative approaches, and mental health promotion.

## Key Points

- **Role burden and socioeconomic factors**

It is necessary to note that issues pertaining to women's mental health cannot be considered without acknowledging the relevance of the socio-economic and socio-cultural contexts within which women live, as has been highlighted by the World Health Organisation.<sup>5</sup> While advancing socioeconomic equality is addressed in a separate strategy objective, it is

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<sup>1</sup> Gender Equality Division, Department of Justice and Equality (2016) *Towards a new National Women's Strategy 2017-2020 – Consultation Document*. Available at: [www.genderequality.ie](http://www.genderequality.ie)

<sup>2</sup> World Health Organisation (2001) *Gender disparities in mental health*. In: Mental health. Ministerial Round Tables 2001, 54th World Health Assembly, 2001, World Health Organisation, Geneva, Switzerland.

<sup>3</sup> World Health Organisation, Mental Health Determinants and Populations Team (2000) *Women's mental health: An evidence-based review*. Geneva, World Health Organisation.

<sup>4</sup> Ipsos MRBI (2015) *Healthy Ireland Survey 2015- Summary of Findings*. Dublin: The Stationary Office. Available at: <http://health.gov.ie/wp-content/uploads/2015/10/Healthy-Ireland-Survey-2015-Summary-of-Findings.pdf>

<sup>5</sup> World Health Organisation and Calouste Gulbenkian Foundation (2014) *Social Determinants of Mental Health*. Geneva, World Health Organisation.

important to highlight that the risk of mental health difficulties is greater for women experiencing educational or economic disadvantage. Further, gender discrepancies in life role demands and opportunities, particularly concerning unequal burden of care and employment respectively, have been linked with causes and incidence of mental health difficulties.<sup>6</sup> <sup>7</sup>For women with disabilities, who may be both receivers and providers of care, socioeconomic challenges can be further compounded and high rates of mental health difficulty, particularly depression, have been identified amongst women with disabilities.<sup>8</sup> Therefore, public policy around care, childcare and disability support services will likely have a continued impact on the mental health of women in Ireland. More specifically, continued progress in modernising availability and costs of childcare, building on recent progressive efforts such as the introduction of paternity leave, employment equality initiatives, and improving supports for carers and women with disabilities in Ireland should be seen as fundamental to improving the mental health of women in Ireland.

- **Rights-based approach**

With regard to mental healthcare, SPMHS advocates for the adoption of a rights-based approach, wherein the right to enjoy the highest attainable level of health and essential healthcare provision is recognised as a human right and enshrined in law. Such an approach would be particularly pertinent for women experiencing various forms of marginalisation and disadvantage who are most at risk of developing mental health difficulties. Further, SPMHS highlights the outstanding need for the State to ratify the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), and asserts this as essential for the protection of the rights of women with mental health difficulties, and to protect women against discrimination related to mental health. SPMHS advocates that the ratification of the UNCRPD occurs as a matter of urgency.

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<sup>6</sup> Health Service Executive and National Women's Council of Ireland (2014) *Gender Matters – A user friendly guide to providing health services responsive to the needs of women and men*. Dublin: National Women's Council of Ireland.

<sup>7</sup> World Health Organisation, Mental Health Determinants and Populations Team (2000) *Women's mental health: An evidence-based review*. Geneva, World Health Organisation.

<sup>8</sup> National Women's Council of Ireland (2008) *Disability and Women in Ireland – 'Building Solidarity and Inclusion'*. Available at: <http://www.nwci.ie/download/pdf/disability.pdf>.

- **Stigma**

Annual surveys undertaken by SPMHS indicate that stigma regarding mental health issues remains a barrier to people seeking support for mental health difficulties.<sup>9</sup> Women experiencing mental health difficulties may face additional barriers associated with stigma such as potential concerns about the perceptions or judgements of others regarding parenting capacity, an issue which has been found to impact support-seeking and open disclosure of mental health concerns.<sup>10</sup> Furthermore, it is important that mental health services be mindful of the need to address any parenting-related issues in an equal manner for both mothers and fathers, as there may be a tendency to place a greater emphasis on the mothering role. The potential for increased levels of stigma and discrimination against women in later life, and an associated impact on timely diagnosis and access to support, has also been highlighted.<sup>11 12</sup> Continued efforts to reduce stigma, including public education initiatives, will be essential over the coming years to improve women's mental health across the lifespan, and to facilitate timely access to support when and if it is needed.

- **Information and access**

With regards to specific actions which could be taken to advance the strategy objective, improving timely access to mental health information and services for women and girls by targeted awareness campaigns and greater provision of accessible information would be beneficial, particularly in the context of the higher risk of mental health difficulties amongst women and girls experiencing poverty, domestic or sexual violence, or educational disadvantage. Differences in how women and men most often access mental health services should be considered within actions to improve women's mental health also, in particular pathways through primary care, community and maternity services.<sup>13</sup> Further, for women

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<sup>9</sup> St. Patrick's Mental Health Services (2016) Mental health stigma online survey. Available at: <http://www.stpatricks.ie/survey-shows-22-say-they-would-conceal-suicidal-thoughts>

<sup>10</sup> Dolman, C., Jones, I. & Howard, L. (2013) Pre-conception to parenting: a systematic review and meta-synthesis of the qualitative literature on motherhood for women with severe mental illness. *Archive of Women's Mental Health* 16: 173-196.

<sup>11</sup> Jané-Llopis, E. & Gabilondo, A. Eds. (2008) *Mental Health in Older People. Consensus paper*. Luxembourg: European Communities.

<sup>12</sup> World Health Organisation & World Psychiatric Association (2002) *Reducing Stigma and Discrimination against Older People with Mental Disorders*. Geneva: World Health Organisation. Available at: [http://www.wpanet.org/uploads/Sections/Old\\_Age\\_Psychiatry/reducing-stigma-discrimination.pdf](http://www.wpanet.org/uploads/Sections/Old_Age_Psychiatry/reducing-stigma-discrimination.pdf)

<sup>13</sup> Newbigging, K. (2016) *Gender and Mental Health*. Presentation at NWCi Roundtable event November 16<sup>th</sup>, 2016.

with children, child-friendly facilities within mental health services may practically facilitate access while also normalising any needs to access support or services.

- **Mental health awareness and girls**

The need for inclusion of mental health education within school curricula was identified within the last strategy, and enhancing the knowledge and skills of young people with regard to their mental wellbeing remains crucial, and will have the further benefit of reducing societal stigma regarding mental health issues. Within the Healthy Ireland Survey, young women (15-24 years) recorded the lowest average score for negative mental health, with scores indicative of greater psychological distress, and further were the group with the highest percentage of ‘probable mental health problem’ (16%).<sup>14</sup>

As recommended by the UN Committee on the Rights of the Child in its examination of Ireland in January 2016, there is an outstanding need to establish a national specialist independent, advocacy service for all children under 18 years who are engaging with mental health services.<sup>15</sup> Such a service is needed to support girls experiencing mental health difficulties to know how to get the help they need and to ensure they are aware of their rights and entitlements.

- **Perinatal and postnatal mental health**

The recent ‘Well Before Birth’ study indicates a prevalence rate of 16% for depression amongst pregnant women in Ireland, falling at the higher range of averages recorded in OECD countries.<sup>16</sup> These findings reinforce the need to improve perinatal mental health services nationally, to provide greater screening and monitoring of mental health needs during and after pregnancy, as noted in the National Maternity Strategy, and to support the educational needs of primary care providers around these issues.<sup>17</sup> Furthermore, the

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<sup>14</sup> Ipsos MRBI (2015) *Healthy Ireland Survey 2015- Summary of Findings*. Dublin: The Stationary Office. Available at: <http://health.gov.ie/wp-content/uploads/2015/10/Healthy-Ireland-Survey-2015-Summary-of-Findings.pdf>

<sup>15</sup> UN Committee on the Rights of the Child, *Concluding observations on the combined third and fourth periodic reports of Ireland* (March 1<sup>st</sup>, 2016) <https://documents-ddsny.un.org/doc/UNDOC/GEN/G16/039/97/PDF/G1603997.pdf> [Accessed September 2nd, 2016].

<sup>16</sup> Shannon, J. (2016) *Pregnant women should be screened for depression*. The Irish Medical Times. Available at: <http://www.imt.ie/news/pregnant-women-should-be-screened-for-depression-10-11-2016/>

<sup>17</sup> Department of Health (2016) *Creating a Better Future Together – National Maternity Strategy 2016-2026*. Available at: <http://health.gov.ie/wp-content/uploads/2016/01/Final-version-27.01.16.pdf>

importance of implementing awareness campaigns of mental health needs during and after pregnancy, as suggested in the National Women's strategy 2007-2016, remains apparent.<sup>18</sup>

- **Eating disorders**

As identified in the previous National Women's Strategy, there is a continuing need for improved services for eating disorders, conditions predominantly affecting females. Timeliness of intervention is crucial with evidence supporting the need for early intervention services to reduce the duration and impact of illness.<sup>19</sup> There is a related need for greater education of primary care providers, particularly GPs, regarding eating disorders, in particular recognising symptoms at an early stage. Improved awareness and responsiveness will enable effective engagement of primary care services with the National Clinical Programme for Eating Disorders.

Young women remain the group most likely to develop eating disorders, and the Healthy Ireland Survey (2015) indicates that women aged 15-24 are most likely to be under-weight, indicating the need for effective preventative and educational initiatives.<sup>20</sup> While eating disorders may primarily be associated with younger women however, it is important to note that there are increasing numbers of older women being diagnosed and receiving treatment for eating disorders<sup>21</sup>, and a particular need for education and support for partners and family members of older women has been identified as significant to recovery.<sup>22</sup>

- **Trauma and mental health**

Women are more likely to be affected by trauma and stressful events to the detriment of their mental health<sup>23</sup>, with incidence of lifetime experience of sexual abuse or assault, in

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<sup>18</sup> Department of Justice, Equality and Law Reform. *National Women's Strategy 2007-2016*. Available at: <http://justice.ie/en/JELR/National%20Womens%20Strategy%20PDF.pdf/Files/National%20Womens%20Strategy%20PDF.pdf>

<sup>19</sup> Treasure, J. & Russell, G. (2011) The case for early intervention in anorexia nervosa: theoretical exploration of maintaining factors. *The British Journal of Psychiatry* 199 (1) 5-7.

<sup>20</sup> Ipsos MRBI (2015) *Healthy Ireland Survey 2015- Summary of Findings*. Dublin: The Stationary Office. Available at: <http://health.gov.ie/wp-content/uploads/2015/10/Healthy-Ireland-Survey-2015-Summary-of-Findings.pdf>

<sup>21</sup> Ackard, D. M., Richter, S., Frisch, M.J., Mangham, D., & Cronemeyer, C.L. (2013) Eating disorder treatment among women forty and older: increases in prevalence over time and comparisons to young adult patients. *Journal of Psychosomatic Research* 74 (2) 175-178.

<sup>22</sup> O'Connor, P. (2017) *Reconstructing Livability: a grounded theory of partners' experience of living with someone with an eating disorder*. Unpublished PHD thesis. School of Nursing and Midwifery, Trinity College Dublin.

<sup>23</sup> World Health Organisation (2001) *Gender disparities in mental health*. In: Mental health. Ministerial Round Tables 2001, 54th World Health Assemble, 2001, World Health Organisation, Geneva, Switzerland.

particular, found to be substantially higher for women than men in Ireland.<sup>24</sup> While ultimately preventative strategies tackling the root causes of gender-based violence will have the most positive impact on incidence of associated mental health difficulties, timely and sensitive responses to women and girls who have experienced trauma remains imperative. The significance of gender-sensitive healthcare could be seen as especially pertinent in this context. For example, the availability of women-only ward spaces and facilities within treatment settings, including within addiction services, and effective and responsive support systems towards disclosure of violence, abuse or other trauma. St. Patrick's Mental Health Services recognises the crucial work provided by the National Counselling Service in this regard, and further highlights the need for greater resources to be allocated to this most valuable service to meet the needs of those who have experienced trauma.

St. Patrick's Mental Health Services welcomes the recent launch of the Second National Strategy on Domestic, Sexual, and Gender-based Violence, and in particular the cross-sectional approach and training needs highlighted therein as necessary to respond adequately and sensitively to the needs of women who have experienced violence and abuse.<sup>25</sup> There is a need for training and routine inquiry amongst a broad range of healthcare professionals, including within mental health, primary care and maternity services, in relation to domestic abuse given the variety of circumstances in which women experiencing domestic abuse may present.<sup>26</sup> Further, there is a need for greater research regarding domestic abuse and other forms of trauma, and related mental health needs, amongst women in Ireland.

- **Mental Health in Later Life**

The incidence of dementia is substantially higher amongst women than men in Ireland.<sup>27</sup> Implementing a preventative 'brain-health' approach and targeting specific at-risk sub-groups has been recommended by the Institute of Public Health and the Alzheimer's Society of Ireland.<sup>28</sup> Gender-sensitive strategies for women should be developed within such an

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<sup>24</sup> Women's Health Council of Ireland (2005) *Women's Mental Health – Promoting a Gendered Approach to Policy and Service Provision*. Dublin: The Women's Health Council.

<sup>25</sup> Cosc & The Department of Justice and Equality (2016) *Second National Strategy on Domestic, Sexual, and Gender-based Violence 2016-2021*. Available at: [www.cosc.ie](http://www.cosc.ie)

<sup>26</sup> Council of Europe (2008) *Taskforce to Combat Violence against Women, including Domestic Violence*. Strasbourg: Council of Europe. Available at: [https://www.coe.int/t/dg2/equality/domesticviolencecampaign/Source/Final\\_Activity\\_Report.pdf](https://www.coe.int/t/dg2/equality/domesticviolencecampaign/Source/Final_Activity_Report.pdf)

<sup>27</sup> Alzheimer's Society of Ireland Press Release – Women in their Sixties Twice as Likely to Develop Alzheimer's as Breast Cancer (March 8<sup>th</sup>, 2016). <https://www.alzheimer.ie/Alzheimer/media/SiteMedia/PDF's/Greater-research-into-gendered-nature-of-breast-cancer.pdf> [Accessed August 10<sup>th</sup>, 2016].

<sup>28</sup> Cleary, O., & McAvoy, H. (2015) *Brain health and dementia prevention in Ireland a*

approach, for example considering culturally relevant initiatives to encourage cardiovascular health, maintaining social connections and physical exercise for women in later life. Considering barriers to participation is also relevant here, and to support wellbeing in later life more generally. For example, the importance of accessible public transport for older adults and how this can benefit health has been highlighted within research.<sup>29</sup> For older women living in rural areas, improving transport accessibility and availability would be a practical action to facilitate social, civic, and cultural participation and subsequently support wellbeing.

- **Psychobiological issues**

**Metabolic Syndrome:** In their annual report in 2015, The Mental Health Commission stated that '*Patients with severe mental illnesses, particularly schizophrenia and chronic mood disorders, demonstrate a higher prevalence of metabolic syndrome or its components compared with the general population*'.<sup>30</sup> Metabolic syndrome is a significant predictor for poor cardiovascular health and subsequent disease states and there are clear gender-dependent differences in diagnosis and treatment of cardiovascular disease which leaves women with severe mental health difficulties particularly vulnerable. Based upon the increased risk of metabolic syndrome for people with severe mental health difficulties, baseline and periodic medical evaluations should become a standard component in on-going clinical assessment. This requires greater communication and co-ordination of care between primary and secondary healthcare providers, more education for women around medication choices and easier access to health enhancing programmes for women experiencing severe mental health difficulties.

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*discussion paper*. Institute of Public Health in Ireland and the Alzheimer Society of Ireland. Available at: <http://www.publichealth.ie/sites/default/files/documents/files/Brain%20Health%20and%20Demential%20Prevention%20in%20Ireland.pdf>

<sup>29</sup> Centre for Aging Research and Development in Ireland (2014) *Public and Community Transport for Older People in Rural Ireland- North and South*. Available at: <http://www.cardi.ie/sites/default/files/publications/cardi-ruraltransport-final.pdf>

<sup>30</sup> Mental Health Commission (2015) *Mental Health Commission Annual Report*. Available at: <http://www.mhcirl.ie/File/2015-Annual-Report-inc-Report-OIMS.pdf>



## **Summary**

SPMHS strongly agrees with the proposed strategy objective of improving girls' and women's mental health, and suggests several priority areas which merit attention over the next four years in order to achieve this. The fundamental importance and relevance of policies and services which can impact the socioeconomic circumstances and opportunities of women has been noted. Continued efforts to reduce stigma, and to facilitate accessible information and timely access to services will be essential to achieving the objective. Specific aspects of mental health pertinent to women and girls have been highlighted. With regard to these, the need for greater awareness and training amongst healthcare staff within primary care, maternity, and mental health settings has been suggested to enable timely and effective treatment where indicated, and to ensure sensitive responses to needs, particularly regarding disclosure of trauma. The importance of the continued inclusion of mental health skills and awareness programmes within school curricula is necessary from a preventative standpoint, while for girls accessing mental health services an outstanding need for an independent youth advocacy service remains. Preventative strategies to improve the mental health of women in later life are also essential, and reducing barriers to meaningful participation and social inclusion will be necessary in this regard. To conclude, SPMHS advocates that we all have the right to the highest attainable level of health, and welcomes this opportunity to support the State's efforts to strive towards this for the women of Ireland.

**Ends**