



Women and Mental Health

“I decided that my mind, body, and spirit had worked together to craft the best they could with limited resources, and to see myself as a helpless victim of chronic “mental illness” was merely adding insult to injury.”

Eleanor Longden

The number of people being treated for mental health issues in Scotland is on the increase. Anti-depressant use, for example, has increased by 48% in the last decade. For women this is a particular issue as 3 out of 4 people receiving anti-depressants or anti-anxiety prescriptions are women.

Women’s experience of mental health support has been complex throughout history. Mental health difficulties are often diagnosed by comparing an individual’s behaviour to what would be perceived by the assessor as “normal behaviour”. This approach can often miss the challenges of oppression women experience and in turn misunderstand their responses to them. As far back as 1949, Simone de Beauvoir recognised this dilemma, highlighting; “humanity is male and man defines woman not in herself, but as relative to him”.

Women experiencing male violence and abuse, for example, often have few options to escape a situation where they are threatened with murder, sometimes on a daily basis. This requires women to use a range of behaviours to protect themselves and others at risk, such as children. These creative and sometimes surprising attempts to protect themselves can be confusing to others, who have not experienced this oppression. The women’s behaviours can then be seen as the problem, rather than the violence and abuse they are experiencing.

This is particularly true of anxiety and depression, which without a detailed understanding of women’s experiences, can lead to the issue being treated medically. This often results in the prescribing of medication, when information about a woman’s local Women’s Aid group may offer the woman the safe space to recover. Escaping violence and abuse will often have a positive effect on women’s mental health, reducing the amount of time they require mental health support.

Living with mental health challenges can impact on all areas of life. Relationships, work, care for children can all be difficult for women, particularly if those around them view their natural reactions to oppression as suspicious.

“If programmes to promote women’s mental health focus on the reduction of individual “lifestyle” risk factors, they may neglect the very factors that bring that lifestyle into being”.

(World Health Organisation (2000), Mental Health Determinants and Populations)

“Its bad enough struggling to get into the building but when you get in there and you have to spend the first 15 minutes raising their awareness and challenging their assumptions or being patronised, you’re bloody exhausted.”

(Disabled Woman)

Services that recognise women’s reactions to oppression as “normal”, even where there are negative consequences, provide more opportunity for women to recover. Anti-oppressive practice, single sex safe spaces and increasing women’s control in their own lives, all contribute to physical and emotional wellbeing and positive mental health.

EVENT RESULTS

THEME: When we talk about health more often than not the focus is on our physical health, when in fact most people will experience bouts or prolonged poor mental health including stress, anxiety, trauma, depression and grief to name just a few. Unfortunately there is still a fear of being judged if we talk about mental health and the reinforcement of a “just get on with it” attitude creates barriers for women looking for support and advice.

PARTICIPANTS: Total of 39 women from local communities, representing a wide range of backgrounds, convened 8 break-out groups on issues with 38 proposed actions. (Jan 2016)

TOP FIVE PRIORITIES VOTED BY PARTICIPANTS (NUMBER OF VOTES)

- Create a special police response unit for women with mental health issues. **28 votes**
- More education within schools and colleges for teachers, around the issue of mental health – incorporate mental health issues into the curriculum. **23 votes**
 - Management training on mental health.
 - Courses.
 - Understanding.
 - Return to work – sympathy and adaptation to help.
- All employees access to information and support. **20 votes**
- Mental health training for all police officers. **17 votes**

GENERAL OVERVIEW OF RESULTS

- Education/Training/Awareness raising/publicity. **118 votes**
- Individual action/mind-set change. **81 votes**
- Organised action/Support groups. **40 votes**
- Structural change. **51 votes**

DETAILED RESULTS FROM THE WORKING GROUPS

- Create a special response unit. **28 votes**
- More education within schools and colleges for teachers, around the issue of mental health – incorporate mental health issues into the curriculum. **23 votes**
- Management training on mental health:
 - Courses
 - Understanding
 - Return to work – sympathy and adaptation to help
 - All employees access to information and support. **20 votes**
- Mental health training for all police officers. **17 votes**
- Alternative therapy. **14 votes**
- Less medicalisation of children with mental health and more social and community interventions and involvement (share resource information and knowledge with other parents, carers). **14 votes**
- Employers/workplace – access to support groups
 - Mindfulness
 - Yoga/Pilates
 - Sport/wellbeing. **13 votes**
- Acceptance. **11 votes**
- Short talks on mental health. Training and presentation with medical staff. **11 votes**
- Early intervention, public awareness through education. **10 votes**