Have you thought about gender

..in MENTAL HEALTH Programs

Why think about it?

All genders can experience mental illness, however more women and gender diverse people are affected than men. This is because they are more likely to be exposed to many of the social factors that increase the risk of poor mental health.

For example, more women juggle multiple roles, such as being mothers, partners, carers and income earners, affecting their physical and emotional health, access to social activities and financial security. They are more likely to have lower levels of education and incomes, lower status and less secure jobs and therefore live in poverty. Women, girls and gender diverse people are also more likely to be subjected to all forms of abuse. In addition women often live longer and therefore are more likely to experience dementia, or the mental distress related to losing loved ones, their own independence, or experiencing ill health or disability. Gender diverse people are more likely to feel excluded from society, pressured to deny their identity and worried that they won't be accepted by friends and family.

Have you thought about PREVALENCE?

- What **mental health conditions** are prevalent within the communities you are working with? Are these **more likely to be experienced** by men, women or transgender people, young and old?

  - Women and gender diverse people are more likely to experience depression and anxiety, with depression being twice as likely among women than among men.
  - In most communities, women are more likely to attempt suicide, but men are more likely to complete suicide. Also, boys have much higher rates of mental health problems than girls, up to pre-teens.
  - Men are more likely to be dependent on drugs or alcohol.
  - Approximately 10-20% of women experience depression either during pregnancy or in the first twelve months after giving birth. Although generally pregnancy itself is often a period with less mental health problems.
  - A woman's exposure to violence or abuse as a child or an adult, increases her likelihood of experiencing depression 3-4 fold.
  - Young women's high engagement with social media has been linked to poorer levels of self-esteem and increasing levels of depression and anxiety.
  - Women can often be the carers of people with mental ill health, which puts them at greater risk of mental ill health themselves.

- What proportion of your community is **male, female, or gender diverse**? What proportion are **teenagers**, **child bearing or elderly**?
- How accessible are **drugs or alcohol**? How prevalent is **violence** within the **community or household**? How much access do young people have to **social media**?

- What are the social expectations of women and men in your setting? How do those roles assist (or not) in managing mental health issues? What are the **existing coping strategies**? What does this tell you about the mental health conditions you might find in the community you are working with? Does the prevalence of different types of mental health conditions mean that a **particular gender should be more represented in the beneficiary numbers**?

Have you thought about ACCESS?

Will men and women have the same **access to services supported by the project**?

- How does the **stigma around mental health** affect men and women in the community? Men can find it more difficult to ask for help than women, and are more likely to request help for the physical symptoms of mental ill health (heart palpitations or headaches) than emotional symptoms. Men can often experience under diagnosis of mental ill health. Males with mental illness like schizophrenia are often more likely to be cared for by their families, women are more likely to be abandoned. What does this mean for the types of services required?

- Men and women **may experience and display the symptoms of mental ill health differently.** Health services may be more responsive to some symptoms over others or may stereotype based on gender. For example **even with the same symptoms,** women are **more likely to be diagnosed with depression than men, and less likely to be diagnosed with alcohol dependence.**

- **The gender of who is providing the services.** Consider what men and women from different cultural groups, indigenous communities or particular faiths – in particular non-dominant groups – need to enable their access to services. For example can women receive treatment from male health staff and would they need a male family member present - how might this limit their access?

- **Accessibility of mental health services**. **Think about clinic hours, location, accessibility, transport, lighting and safety, washroom and baby changing facilities, cost**. For example, consider the distance to public transport, working hours, caring duties (school hours), bathrooms and safe spaces to breastfeed. Consider pregnant women or new mothers, elderly people, people with disabilities. Are some household members prioritised over others in accessing health care, particularly when funds are limited? Do mental health services need to be provided more discreetly, with limited signage to allow for privacy?

Have you thought about ADVOCACY and AWARENESS RAISING?

Consider how women, men, boys and girls might access, share and benefit from **mental health messaging** in different formats.

- Is the project producing messaging considering the different communication channels used by men, women, boys, and girls, young and old? Think about who listens to the radio, watches TV, reads newspapers, uses social media and attends public spaces and which ones. Who attends what community groups or meetings?

Have you thought about CAPACITY BUILDING and SYSTEMS STRENGTHENING?

Who benefits from **training opportunities**?

- Consider the access to training opportunities. Can training opportunities contribute to increasing the voice of a particular gender, for example training female cadres or male generalist nurses? If a large portion of the workforce are female volunteers, consider if training could help them access paid positions.