



Homewood
Health | Santé

Life Lines

Improving your quality of life, one step at a time



Women's Mental Health: Concerns, Barriers and Support

Sex and gender interact with a variety of other determinants of health to influence our mental health. Despite efforts to focus on equality, gender bias continues to create complications that can take quite a toll on women's mental health. Social beliefs and cultural practices influence us, even before birth, and carry on throughout our lives as we grow and develop into adults. They help build our understanding of what we can enjoy and how we "should" act. Sometimes, however, they become barriers preventing women from seeking the support they need.

This article will look at women's common mental health concerns and explore some of the distinct physiological factors that affect their health. We will also share available resources and treatment options.

Common mental health concerns for women

At the turn of the Millennium, the World Health Organization decided to update its inaugural Status of Women's mental health study published in 1993. The new document included a prediction: that depression would become "the second most important cause of disease burden in the world by the year 2020."¹ Researchers further stated that "women in developed and developing countries alike [were] almost twice as likely as

men to experience depression."² And they warned that, "violence and self-inflicted injuries" would "have special relevance for women's mental health."³

Today, just a few years beyond that forecast, women are experiencing mental health challenges that outpace available support. Researchers have continued to focus on profiling the unique differences around the kinds of mental health challenges women tend to experience most frequently. They've found that "women are more likely to be diagnosed with anxiety or depression, while men tend toward substance abuse or antisocial disorders."⁴ They have also validated that women and men exhibit various differences in symptoms. The symptoms women may experience are more likely:

- Internalizing disorders, where emotions aren't shared and "typically results in withdrawal, loneliness, and depression," is more common in women. Men tend to do the opposite, developing "substance abuse" and "antisocial problems" that see them "externalizing their emotions which leads to aggressive, impulsive, coercive and noncompliant behavior."⁵

- Focusing on negative emotions and going over their problems more repeatedly than men do. It's a gender-based difference that characterizes women's experiences with depression, where they seem more vulnerable to becoming "stuck" instead of engaging in more active problem-solving.⁶
- Hormonal triggers certainly contribute to changes in women's bodies, and they are often seen as a natural cause of both pre- and post-natal depression. But the truth is that they are not always at the root of issues. There are other genetic and biological factors also at play.

Reconsidering the influence of harmful gender-biased narratives related to hormones

Recalling common behavioural stereotypes about women's bodily functions probably doesn't take much thought. Many factors beyond an individual woman's biology influence their mental health. Still, it's harmful gender-biased viewpoints that continue to perpetuate unfair beliefs.

The Lancet, a highly respected medical journal, published a series of studies exposing how gender beliefs can influence women's care.

- One study revealed that while women's sex hormones and an impairment of their fight-flight-flee responses shaped their experiences with depression, there were other psychosocial factors at play. Women reported that things such as low self-esteem, experiences with body shaming, and relationship stressors such as violence and sexual abuse also contributed to their depression.⁷
- When looking at anxiety, trauma and stress-related mental health conditions, researchers hypothesized that biological differences made women more vulnerable. They investigated how monthly fluctuations of hormones such as estrogen and progesterone affected women's thinking and behaviours but ignored any psychosocial influences.⁸

We shouldn't ignore societal expectations' role in influencing women's physical and mental health, especially regarding reproductive health issues related to infertility or fundamental reproductive rights. Pressures and stresses can lead women to feel that they have lost control and a sense of direction over their lives. Consider how categorially many other non-biological issues contribute to women's poor health. There are economic, legal, and environmental influences, as well as poverty and inequality related to women's wages, opportunities, and living conditions.

Social and cultural beliefs feed discrimination and bias against women trying to secure care

Social and cultural ideas about femininity and masculinity influence our thoughts and actions and impact situations they shouldn't.⁹ For example, it's not uncommon for women to report incidents where they have not been taken seriously by physicians. One report shared findings of over 1000 women over the age of 16 who completed a survey in the province of British Columbia.¹⁰ Many women frequently reported the need to advocate for their health to obtain diagnostic exams and treatment because their symptoms and concerns have been dismissed, stigmatized, or attributed to incorrect diagnoses. Many women shared that they initially didn't "think their gender played a role in their care...when asked to share specifics about their experiences, [but] it became clear that being a woman did influence their treatment."¹¹

It isn't wholly unexpected. Research focused exclusively on male subjects has provided information and influenced medical practices for decades. Excluding females has, in some cases, delayed understanding of drug interactions and their effects on female hormones and health conditions.¹² Dr. Alyson McGregor writes about what she believes to be a "flawed assumption" that medicine that "makes sense in a male body [also] must make sense in a female one."¹³

Historically, misinformed attitudes and beliefs about menstrual cycles sometimes led to women being misdiagnosed for serious medical conditions. Alarming, however, women still report that these attitudes cloud their current-day healthcare experiences. One panel of physicians said that they've come across women in their practices that have experienced situations where "heart disease [was] labelled as anxiety, an autoimmune disorder [was] attributed to depression, [and] ovarian cysts [were] chalked up to 'normal period pain.'"¹⁴ Another study revealed that 51% of women felt that a physician "had diminished or overlooked their symptoms"¹⁵

There are also differences between treatment approaches for women's and men's mental health conditions that can be attributed to unconscious biases in medical care. Developing more awareness to identify and address these problems is a big step towards improving women's health care in general, but also helping to deliver critical support to women who are experiencing serious mental health conditions.

What are some ways for women to cope with these concerns?

Providing clear examples and information about a wide range of situations helps advocacy groups in their quest to influence reforms. When women share their experiences, it can create a demand for policy changes. Here are some ways that women can take action:

- Be prepared when you meet with doctors. Have up-to-date lists of prescriptions, vitamins, and supplements, and note any allergies to ensure that doctors are working with complete information.
- Be bold and ask questions. If answers aren't immediately available, physicians do leverage their networks to better understand your experiences and provide the best care options for you.
- Trust that you are the most in-tune and well-informed person about your body. Intuitively, we often can tell when something feels off. When you experience symptoms of something unusual, take action to get medical care and keep pushing for answers.
- Seek out local and national organizations that are working to understand and improve women's healthcare experiences. A quick web search of "woman's health advocacy" can often provide local and national contacts. By connecting with these groups, you might learn about medical trials or discover other ways to improve women's health care, including offering financial donations.
- Ask for second opinions or consider switching physicians if you aren't satisfied with your experience. The latter may be more challenging to orchestrate because of the corresponding problem of physician shortages.

Hospitals are also doing their part to change the face of women's healthcare by introducing specialized nursing roles, such as Forensic Nurse Examiners (FNE). These roles exist so that women build their value and self-worth after experiencing violence and abuse. Working with an FNE can help women develop confidence about their treatments and mental health recovery from traumatic events.

What are some factors that affect women's mental health?

Awareness of the unique differences associated with women's mental health concerns is essential because these can shift as we age. Some of the most common factors that affect women include:

- **Premenstrual Syndrome (PMS)** results from hormone fluctuations during women's monthly menstrual cycles. It can include a variety of symptoms, such as headaches, bloating and increased emotional sensitivity. Depression and anxiety can intensify the symptoms.
- **Premenstrual Dysmorphic Disorder (PMDD)** shares a similar group of symptoms to PMS; however, it differs because they are significantly worse. PMDD is characterized by "extreme mood swings, tension, irritability, and severe depression. " In many cases, it affects personal and professional relationships and worsens around a woman's period.¹⁶
- Pressures many women feel about achieving or maintaining an idealized body image or lifestyle that social media has influenced are often referred to as **body dysmorphia**. Women believe that they must conform to what they see online, and this can result in other serious complications, such as:
 - **Eating disorders**
 - Women comprise the majority of people with eating disorders, at 85-95% of those diagnosed with bulimia or anorexia nervosa.¹⁷
 - **Anxiety**
 - One study showed that approximately 10% more young women experience anxiety-related conditions than men.¹⁸
 - **Depression**
 - While up to 5% of the world's population is affected by depression, women's occurrence rate is double that of men.¹⁹
 - **Suicide**
 - Women attempt suicide 1.5 times more than men.²⁰

What are some of the barriers that prevent women from seeking treatment to improve their mental health?

Race and culture

One study found that lack of access to mental health support and cultural stigmas prevent women from getting the help they need. In some cultures, women with mental health challenges face severe stigma. Other times, language barriers create problems. For example, some languages do not have words to describe someone experiencing mental health challenges.²¹

Female international students studying in North America face intense pressure to balance their studies, earn income, and adjust to new living situations. In some cases, while they may have gained more independence and responsibilities, they struggle with family and cultural obligations that they must also maintain. Many of these women who experience mental health challenges don't know where to turn for help.

Age, education, and income

According to Mental Health Research Canada, women under 25 are "over-represented among those with high anxiety, stress and depression and are less likely to seek mental health support, citing an inability to pay or not having insurance coverage as barriers."²² The problem can be partly attributed to a shift in employment practices. Full-time roles are becoming more difficult to find as younger women struggle to break into their fields. As a result, they often start off taking low-wage, contract positions that rarely offer benefits. When they need specialized support and healthcare, sometimes the fees associated with these services become prohibitive when weighed against covering basic living expenses. Mental health issues will go unresolved and become increasingly more severe.

Urbanization

Mental health treatment is only sometimes available in smaller communities, and people must travel to regional centres for expanded services. For example, in Canada's far north, people face everyday challenges with general medical care, but even more so with the ease of obtaining mental health services. Many rural communities also find the availability to coordinate care and treatment with traditional Indigenous medicine quite challenging.

What are some resources available for women seeking mental health treatment?

While many local resources are available, we would like to profile some broad-based solutions that women may be interested in exploring.

If you live in Canada, visit the Government of Canada website and search for "Mental Health Support: Get Help" to find links to national and provincially-based services.

<https://www.canada.ca/en/public-health/services/mental-health-services/mental-health-get-help.html>

If you are in the United States, start with the US Government's Women's Health website.

<https://www.womenshealth.gov/mental-health/get-help-now>

What can we do to support women and their mental health better?

There are some initial steps we can begin to take that will offer better support for women and improve their mental health:

1. Acknowledge gender inequality.
2. Ensure that women are better supported at home and in workplaces.
3. Speak out against misinformation.
4. Hold employers accountable for developing diversity, equity and inclusion policies that are respectful and inclusive for all women.
5. Remember to act with kindness and compassion, always.

With encouragement, awareness, and increased availability of resources, women can develop better resilience and feel more supported.

References:

1. World Health Organization, (2000). Women's Mental Health: An Evidence Based Review. Mental health Determinants and Populations Department of Mental Health and Substance Dependence, World Health Organization. Retrieved December 29, 2022 from https://apps.who.int/iris/bitstream/handle/10665/66539/WHO_MSD_MDP_00.1.pdf
2. Ibid.
3. Ibid.
4. American Psychological Association, (2011). Study Finds Sex Differences in Mental Health. American Psychological Association. Retrieved December 29, 2022 from <https://www.apa.org/news/press/releases/2011/08/mental-illness>
5. Ibid.
6. Nolen-Hoeksema, 1987; Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008, as cited by Eaton et. al, (2011). Brief Report: An Invariant Dimensional Liability Model of Gender Differences in Mental Disorder Prevalence: Evidence From a National Sample. Journal of Abnormal Psychology, American Psychological Association. Retrieved December 29, 2022 from <https://www.apa.org/pubs/journals/releases/abn-121-1-282.pdf>
7. Riecher-Rössler, A. (14 November 2016). Sex and Gender differences in mental disorders. The Lancet Psychiatry. Retrieved December 29, 2022 from [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(16\)30348-0/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(16)30348-0/fulltext)
8. Ibid.
9. Reviewed by Coveney, S (2022 January 31). The Gender Gap in Mental Health. News Medical Life Sciences. Retrieved December 29, 2022 from <https://www.news-medical.net/health/The-Gender-Gap-in-Mental-Health.aspx>
10. BC Women's Health Foundation in partnership with Pacific Blue Cross (2019 October). In Her Words: Women's Experience with the Healthcare System in British Columbia. BC Women's Health Foundation. Retrieved January 10, 2023 from <https://assets.bcwomensfoundation.org/2020/10/28162020/BCWHF-In-Her-Words-Report-2019.pdf>
11. Furfaro, H. (2022 September 16). Why women with serious mental illness often get worse care than men. The Seattle Times. Retrieved December 29, 2022 from <https://www.seattletimes.com/seattle-news/mental-health/why-women-with-serious-mental-illness-often-get-worse-care-than-men/>
12. McLean Hospital, (2020, July 22). The Impact of Age and Gender on Mental Health. McLean Harvard Medical School Affiliate. Retrieved on December 29, 2022 from <https://www.mcleanhospital.org/essential/impact-age-and-gender-mental-health>
13. McGregor, A.J.,M.D. (2020 May 19). Sex Matters: How Male-Centric Medicine Endangers Women's Health and What We Can Do About It. Hachette Book Group Inc. p.7. Retrieved December 29, 2022 from <https://www.alysonmcgregormd.com/book>
14. Northwell Health – Katz's Institute for Women's Health. (n.d.). Gaslighting in women's health: No, it's not just in your head. Northwell Health. Retrieved on December 29, 2022 from <https://www.northwell.edu/katz-institute-for-womens-health/articles/gaslighting-in-womens-health>
15. CBC News. (2019 October 10). Half of women in B.C. say doctors have played down their health concerns, report finds. CBC News. Retrieved December 29, 2022 from <https://www.cbc.ca/news/canada/british-columbia/bc-women-health-care-needs-dire-state-1.5314682>
16. McLean Hospital, (2022, March 4). Understanding Mental Health Over A Woman's Lifetime. McLean Harvard Medical School Affiliate. Retrieved on December 29, 2022 from <https://www.mcleanhospital.org/essential/understanding-mental-health-over-womans-lifetime>
17. Cooper, S. (2022 June 13). Women's Mental Health: Facts and Statistics. Innerbody.com. Retrieved December 29, 2022 from <https://www.innerbody.com/womens-mental-health-facts-and-statistics>
18. Ibid.
19. Ibid.
20. Ibid.
21. Pasieka, C. (2022 April 10). Racialized women face significant barriers when seeking mental health care, study finds. CBC News. Retrieved December 29, 2022 from <https://www.cbc.ca/news/canada/toronto/racialized-women-mental-health-1.6413689>
22. Canadian Mental Health Association (CMHA). (2022 October 25). CMHA testimony before FEWO: young women and girls mental health study. CMHA.ca. Retrieved December 29, 2022 from <https://cmha.ca/news/cmha-testimony-before-fewo-young-women-and-girls-mental-health-study/>



Send us your questions, comments, and suggestions — lifelines@homewoodhealth.com

For more information, please contact our Client Services Representatives available 24 hours a day, seven days a week, in English or French. All calls are completely confidential.

1-800-663-1142

1-866-398-9505 (Numéro sans frais - en français)

1-888-384-1152 (TTY)

604-689-1717 International (Call Collect)

Follow us:   

HomewoodHealth.com

© 2023 Homewood Health™



Homewood
Health | Santé