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Gender Equity in Mental Health asks for a broad approach, Solidarity & Determination

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Abstract:

Gender equality is an important issue regarding the application of the law, in the Netherlands as elsewhere and the Dutch Government has adopted policies in that direction that according to monitoring are yet to be truly implemented! When it comes to gender, diversity equity and (mental)health parity of esteem and equity are key issues. The Dutch Alliance for Gender and Mental Health association including user's, women's right organisations and health professionals is active since 2019 in raising awareness for gender equality and equity as a critical counterpart of the Dutch authorities.

The Swedish approach to internet usage and detrimental consequences on the mental health in youngsters is very much in line with Dutch national policies. When it comes to internet and youth in the Netherlands there is moreover emphasis and policy on internet bullying, blaming and shaming.

The Czech approach to gender "equality" is very much in line with that in the Netherlands. The main difference being that in the Netherlands policies are forged in a more interactive fashion the so-called polder model in which all parties involved discuss and negotiate in order to reach consensus.

1. Introduction

The Dutch Government and the Health Care organisations put great effort in enhancing gender equity in health care. Yet a gender-sensitive approach to (mental) health is still far from granted for women but also for others with gender diversity. The Dutch law states that all citizens are equal and legally gender equality should be attained and respected. But people are not equal. Equity points at the respect due to gender and diversity. Parity of esteem is crucial, both for the government as for our associations for (gender/human) rights and is pivotal for action.

A strong appeal, supported by her Majesty Queen Maxima, was made on policymakers on the 3rd of February this year, calling for action, women's determination, and solidarity to make sure the health professionals and patients and their relatives are well informed about gender differences in (mental) health. Moreover, the accessibility for often traumatised women in healthcare and mental

healthcare should improve. Too often women are still not taken seriously with their (stress related) complaints and exposed to comprehensive assessments instead of opening a conversation on the (social determinants) of high stress levels in women. Whereas the current COVID-19 pandemic has largened the gap instead of taking gender and diversity issues seriously in these, for women very harsh times. Where men thrived in working at a distance, women were confronted with an overload of caring activities for the household and eventually children, and often exposed to a higher level of domestic stress and violence.

2. Current activities in the Netherlands

The Dutch Government has been and is active in the field of pursuing gender equity and gender equality for the law. The latter has yet to be achieved as for instance women's wages are still lower than those of men.

The three following governmental reports and the article in the Lancet illustrate how policies in the Netherlands aim at acceptance of diversity, put Gender Equality policies in a EU perspective, how gender equality is monitored continuously in Dutch businesses from small to very large and how university departments urge for recognition of gender-sensitive (mental)health.

- “Gender & LGBTI Equality Policy Plan 2018-2021 The Netherlands” exposes how the Dutch government policies aim at achieving equality for all for the law and parity of esteem when it comes to respecting diversity (including individuals with mental health problems) in the community and at the work-place.
- The document “The Policy on Gender Equality in the Netherlands” (2015) was commissioned for the European Parliament and describes what the Dutch government policies encompass when it comes to implementing principles for (gender)equality when applying Dutch law to gender and diversity in our society.
- Finally the document “Gender Equality in the Netherlands: assessing 100 leading companies on Workplace equality” (2020) monitors how the intentions from the former document has been disseminated and applied to the workplace. Sadly leading to the conclusion that since 2015 little has changed in terms of gender equality and equity on the work floor in the Netherlands and that still a lot has to be done to ensure equal chances and wages between men and women in the Dutch leading companies.

Moreover when it comes to gender and (mental)health several departments in Dutch university hospitals and larger health organisations take gender sensitive (mental) health seriously and apply its principles in research, teasing out how diseases manifest differently in men and women (in many fields e.g. cardiology, infections, mental health and many others). Considering that most of the research on drug has and is being done in men, research and clinical practice focusses on differentiating dosage of drug when applied to women, considering different reactions, dosages and kinds of side effects according to gender and hormonal cycles. (Oertelt-Prigione et al. 2020).

In the Netherlands (mental)health care policies are forged by a so called “polder model” where along with the politics, the national institute for (mental)health, health insurance companies, representatives of the organisations, professional and users representative work on agreements (hoofdlijnakkoorden) in which priorities are agreed upon for periods running from a couple of years to nearly ten years currently. And monitored by independent agencies such as the “Trimbos Institute for Mental Health and Addiction”.

It is obvious that the agenda is overcrowded and dominated by financial concerns, concerns on parity of esteem and the question whether a gender quorum should be imposed. Bearing this in mind it is obvious that issues as gender-sensitive mental health are often overlooked in the process.

This is the reason why the Dutch branch of the International Association for Women’s Mental Health (IAWMH) took the initiative to bring together women from all parties concerned and forge an Alliance Gender & Mental Health to make sure that gender and diversity are never forgotten on the political agenda.

The Netherlands Association for Gender & Mental Health (2019) currently unites six associations representing more than 200.000 members across the Netherlands, including users’ women’s rights organisations and health professionals.

- the Users and Families (**MIND** the Dutch national association of organisations for people with mental health problems and their relatives);
- **WOMEN Inc.** is an independent platform that strives for mentality change with respect to the role and participation of women in society.
- The **Dutch Association of Psychologists** (NIP);
- **The joint Nursing organisations** (V&VN);
- the National Association of **General Practice Mental Health Professionals** (Landelijke Vereniging POH-GGZ);
- the **Netherlands Psychiatric Association.**

The Alliance for Gender and Mental Health stimulates by active common involvement in joint and specific actions aiming at achieving:

1. a safer access to (mental health) services for women and gender diverse.
2. better information for the public on gender inequity in Mental Health Care.
3. raising awareness in all health professionals during their training and in the workplace on issues of gender and mental health and finally
4. that government money is earmarked for research in gender sensitive (mental) health.

A milestone will be the hosting of the 9th Congress of the International Association for Women's Mental Health (IAWMH)¹ on 6-9 November 2022 where all participants of this EU conference are kindly invited to submit their research and ideas and policies and participate in this interactive event.

3. Comments on the Swedish and Czech papers

The two papers are profoundly different in their approach.

The Swedish paper addresses utterly important issues in research in youth and shows the pitfalls on research on gender as a causal factor in psychopathology whilst highlighting the unique opportunities offered by online treatments that during the pandemic are flourishing.

- The references show that quite some similar research is being pursued in the Netherlands too. And that the Dutch policies are rather in tune with each other
- Whereas a “digital approach” via Internet as a safe way of reaching out to vulnerable youth has been in place for nearly a decade now (e.g., “Grip on your Dip”) as an online Cognitive Behavioural Therapy (CBT) programme for treating depression in adolescents, that shy away from taking the steps to be referred (eventually with their parents) to Mental Health facilities. It is obvious that their “digital/social media world” is more important for them than the likelihood stigmatisation through referral.
- What we missed in the Swedish presentation is awareness and action against Online Bullying running from bullying young children to sexual harassment online, and publishing embarrassing pictures of youngster putting them publicly to shame.
- In 2013 already the Dutch national Ombudsman wrote a report on this question and urged the government to take action
<https://www.dekinderombudsman.nl/system/files/inline/2013Planofactionagainstbullying.pdf>
- Recently special attention and funding has been mobilised to foster research on causes and possible solutions for this huge plague that deeply impacts on youngsters <https://www.nwo.nl/en/cases/stop-bullying>

The Czech paper reflects an approach aiming at being heard and understood at the crucial tables where decisions are made, e.g., the Advisory Mental Health Board making sure that the issue of a gender sensitive approach is taken along both in terms

¹ <https://www.iawmh2022.org/>

of policies, raising public awareness, and coordinating the cooperation between institutes and the civil society.

- It is despite the comprehensive documentation still unclear who in the Czech Republic assume responsibility for these crucial lobby activities.
- The approach seems very much a top-down one with the best intentions from the side of the government. What we miss are the bottom-up initiatives and actions and proposals to improve the situation of women and gender diversity. Obviously, we realise that these kinds of actions and citizens initiatives have by far been favoured in the past. But in an EU perspective it would be important to stimulate action bottom-up and listen to what lives in the community and the workplaces.
- In sum the Dutch policies at achieving better Gender Equality and Equity are very much in line with the Czech approach but a profound difference is that the Dutch society is far more interactive involving much more input and communication between the governmental authorities and NGO's, action groups and professional and citizens alliances.

4. Tentative conclusions

- Gender matters and needs, together with issues around gender diversity, a prominent place on the EU health agenda and in ties between Member States both in terms of equality and equity.
- The Swedish approach asks for international cooperation in which the Netherlands will be happy to participate enlarging the cyber perspective also to online bullying and learning from the approaches in different countries to help and support young victims but also to prevent the further expansion of this traumatising plague.
- The Czech agenda needs to be expanded to all Member States where we would favour a collaborative effort including users, professionals, and Women's right and Gender Equity organisations. In our experience too often governments and professionals and their organisations talk about gender issues instead of involving the most concerned in these conversations and debates.
- We are deeply persuaded that involving all parties especially the women in the community and the users of (mental)health facilities is the only way out in terms of identifying the real problems. And making sure that solutions are tailored according to the expressed needs and ideas for improvement, rather than forged in top-down politically correct terms.

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