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Gender Equality, Mental Health and Gender Mainstreaming Health Policies

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Gender, youth, and mental health in Ireland

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Abstract:

There has been increased attention to the impact of gender on health, including mental health, in Ireland in recent years. A major health system reform and a new mental health policy framework commit to better access to care, to gender-sensitive services and to youth mental health services. Advances in data collection, resourcing and policy implementation will be required to ensure service delivery.

1. Introduction

The Irish health system is a mix of publicly funded services under the auspices of the Health Service Executive (HSE) and a substantial private system. Health policy is developed by the Department of Health. While primarily funded through taxation, Ireland is the only western European country without universal primary care coverage (Medical Cards provide free care for the poorest) (OECD/European Observatory on Health Systems and Policies, 2019; Thomas *et al.*, 2021). Entitlement to public health care varies according to means, age and residency (OECD/European Observatory on Health Systems and Policies, 2019). Wait times for access to public inpatient care are significant and rising (RTÉ, 2021). Private health insurance is held by 2 in 5 (OECD/European Observatory on Health Systems and Policies, 2019) and is publicly subsidised through tax breaks (Loughnane, 2017). A two-tier system operates, as insurance holders can bypass public waiting times to gain faster access to diagnostics and care in private and public hospitals (Johnston *et al.*, 2019; OECD/European Observatory on Health Systems and Policies, 2019). The health system is in the process of a 10-year Sláintecare reform (Government of Ireland, 2018) intended to provide universal healthcare.

Public mental health services provided by the HSE include community and hospital services, Child and Adolescent Mental Health Services (CAMHS) and the National Office for Suicide Prevention. The Mental Health Act 2001, which provides the legal framework for involuntary detention and many other issues, is currently being reviewed in line with international obligations. The Mental Health Commission (2020), the statutory body responsible for quality assessment of mental health services, has found that access to adult acute mental health beds is inadequate nationally, which is related to insufficient specialist and community resources. There are significant waiting lists for access to CAMHS services and, with limited public child inpatient

beds, young people are sometimes admitted to adult psychiatric units (Children's Rights Alliance, 2021). [Sharing the Vision: A Mental Health Policy for Everyone](#), (Government of Ireland, 2020a) provides the core policy framework for mental health services, supplemented by [Connecting for Life](#), the national suicide prevention strategy, amongst others. *Sharing the Vision* provides for a project to ensure services are gender sensitive. Within the HSE, clinical mental health programmes (Self Harm; Eating Disorders; Early Intervention in Psychosis; ADHD in adults)¹, intended to standardise evidence-based practice across services, have been initiated and are at different stages of development. Perinatal mental health services², providing specialist support to women experiencing mental health difficulties in pregnancy, are being rolled out across maternity services.

1.1 Gender and health in Ireland

The emphasis on gender mainstreaming in health in Ireland has varied over time. In 1997, the national [Plan for Women's Health 1997-1999](#) was published and the Women's Health Council (WHC) established to advise the Minister for Health. The WHC published a number of reports on women's mental health, including [Women's Mental Health: Promoting a Gendered Approach to Policy and Service Provision](#) (2005). In 2008, Ireland was the first country to develop a National Men's Health Policy (Department of Health and Children, 2008). In 2012, the HSE, with the National Women's Council of Ireland (NWC), developed [Equal but Different A framework for integrating gender equality in Health Service Executive Policy, Planning and Service Delivery](#). Much of the state's gender-specific health infrastructure from this period was removed following the financial crisis, including the dissolving of the WHC³.

A further phase targeting gender and health is currently underway. The Action Plan for Men's Health 2017-21 (HSE, 2017) continues the focus on men's mental health issues. The cross-governmental [National Strategy for Women and Girls 2017-20](#) (Department of Justice and Equality, 2017) [due to be updated] includes objectives to address physical and mental health, including development of a Women's Health Action Plan. In 2019, the Department of Health established a [Women's Health Taskforce](#) to improve women's physical and mental health outcomes. While mental health provision to-date has generally followed a gender blind trajectory (Bergin *et al.*, 2013; Women's Health Council, 2005), there has been attention to gendered effects within discrete areas, particularly in relation to suicide prevention for men and the development of perinatal mental health services. Civil society organisations providing programmes and expertise on gender and health include the Men's Health Forum⁴, Irish Men's Sheds⁵ and the Women's Mental Health Network⁶.

1.1.1 Gender and mental health in Ireland

¹ <https://www.hse.ie/eng/about/who/cspd/ncps/mental-health/>

² <https://www.hse.ie/eng/services/list/4/mental-health-services/specialist-perinatal-mental-health/>

³ S.I. No. 401/2009 - Health (Miscellaneous Provisions) Act 2009 (Commencement) (No. 2) Order 2009 <https://www.irishstatutebook.ie/eli/2009/si/401/made/en/print>

⁴ <https://www.mhfi.org/>

⁵ <https://menssheds.ie/who-we-are/our-history-mission-values/>

⁶ <https://www.stpatricks.ie/advocacy/collaborative-efforts/women-s-mental-health-network>

Detailed disaggregated mental health data is relatively limited in Ireland. Men reported higher positive mental health scores in the Department of Health's *Healthy Ireland* survey (see Ipsos MRBI, 2016). In 2020, an equal proportion of women and men were admitted to psychiatric units and hospitals, although 72% of all admissions for under-18s were female. Women were admitted in higher numbers for depressive disorders (69%) and eating disorders (95%) (Daly and Craig, 2021). The male suicide rate (2006-2016) was on average 4.4 times greater than the female rate (O'Donnell and Richardson, 2018). A comparison of men and women's responses to the *Social Impact of COVID-19* survey (Central Statistics Office, 2020) found women's well-being was being more adversely affected by the crisis.

1.2 Mental health and young people in Ireland

Ireland ranked poorly on child mental wellbeing in UNICEF's *Report Card (2020)*, at 26th among 38 OECD/EU countries. In the last two decades, the highest rates of self-harm in Ireland have been consistently amongst young people and age of onset is decreasing (Joyce *et al.*, 2020). 40% of adolescents (12-19 years) in the [National Study of Youth Mental Health](#) (Dooley *et al.*, 2019) reported experiencing levels of depression outside the normal range; 49% levels of anxiety outside the normal range. 58% of young adults (18-25 years) were outside the normal range for depression and anxiety. Overall, in the study, females, in particular, indicated increased levels of anxiety and decreased levels of self-esteem, body esteem, resilience and other protective factors than males. A 2019 Eurofound report showed that in the majority of EU Member States, young women aged 15–24 were more likely to experience depression than young men. The highest incidence of moderate to severe depressive symptoms was in young Irish women (17%). Societal body image pressures can impact young women's wellbeing. Approximately one third of adolescent females in Ireland diet regularly and are dissatisfied with their body; with approximately 10% being at risk of eating disorders (see HSE, 2018). A national consultation with young people during the COVID-19 pandemic (Department of Children and Youth Affairs, 2020) found the crisis had negatively affected wellbeing, including overthinking, worry and anxiety.

The *National Youth Mental Health Taskforce* (Department of Health, 2017) provided recommendations across a range of areas, including: increasing online youth mental health supports; improving school, college and community supports; and the accessibility of mental health services. Digital mental health supports, such as the HSE's YourMentalHealth.ie and Text 50808, are an increasing element of provision.

1.2.1 Digital and social media and young people in Ireland

Children and young people in Ireland are active users of digital and social media. CyberSafeKids (2021) report 93% of 8-12-year-olds own a smart device; 84% have their own social media and/or instant messaging account. 96% of 12–19-year-olds in the *National Study of Youth Mental Health* (Dooley *et al.*, 2019) had a social media profile and approximately two-thirds spent 2-hours plus online every day. Adolescents who spent less than two hours online reported lower levels of depression and anxiety, but also lower support from friends and support-focused coping. 40% of those aged

18-25 years had occasionally experienced the posting of inappropriate photos of them online, with young women more likely to report this experience. The study found young people use social media to continue offline relationships, indicating benefits to time online. Spending long periods of time online, however, was associated with higher levels of depression and anxiety and lower levels of body esteem. Eurofound (2019) reported Ireland as having one of the highest rates of cyberbullying, with young women more likely to experience such activity.

2. Country comparisons

2.1 Czech Republic

The ongoing reform of mental health care in the Czech Republic, and particularly the emphasis on development of policy with the users of services, has parallels with Ireland's Women's Health Taskforce. To date, the Taskforce has gathered research evidence (Walsh, 2019), developed priority actions; and engaged in a nationwide listening process with women, including with marginalised women⁷. Women participating in mental health research (NWCI, 2018) have previously called for: gender sensitive prevention programmes and staff training; increased provision of women-centred supports; and more equitable access to mental health services. Similar difficulties to those identified in the Czech Republic, such as the limited resources of patient and voluntary groups and the lack of data, may also hamper the delivery of service-user centred and intersectional programmes in Ireland. Both Member States demonstrate a similar policy intent to develop community mental healthcare. Progress in Ireland towards increased treatment choice and community care has been slow and/or partial (Joint Oireachtas [Parliament] Committee on the Future of Mental Health Care, 2018).

2.2 Sweden

The focus on youth mental health in Sweden's *Youth Policy Communication* chimes with Ireland's recent efforts to improve mental wellbeing and access to supports for young people. As Sweden moves to develop a youth mental health survey, Ireland's national survey (Dooley *et al.*, 2019) may provide a useful comparator. In Ireland, recent online safety legislation⁸ has outlawed the abusive sharing of intimate images. Further legislation⁹, with the potential to increase child safety online, is in development. Children's organisations (see Children's Rights Alliance, 2021) and the 1,2,3 Online Safety Campaign¹⁰ have called for this legislation to: end self-regulation of social media; provide an individual complaints mechanism; and establish an Online Safety Commissioner (which appears to have parallels with functions of the Swedish Media Council). Like Sweden, Ireland, through the National Council for Curriculum

⁷ <https://www.gov.ie/en/publication/ebe3e-significant-milestone-as-minister-donnolly-publishes-a-report-of-womens-voices-on-womens-health-following-a-radical-listening-exercise-this-year/>

⁸ Harassment, Harmful Communications and Related Offences Act 2020

⁹ Online Safety and Media Regulation Bill

¹⁰ <https://www.childrensrights.ie/resources/1-2-3-online-safety-campaign>

and Assessment¹¹, is engaged in reform of sexuality education curricula (Government of Ireland, 2020b), which provides opportunities to address emerging digital issues. It will be important, reflecting the gendered nature of sexual violence and of online engagement, that revisions are gender sensitive, including for trans and non-binary youth (for example, see Transgender Equality Network Ireland, 2015 on supporting trans young people in schools and the European Women's Lobby's 2020 proposals for a feminist approach to sexuality education).

3. Conclusion and Recommendations

Gender differences in mental health experiences and service use, as well as in young people's wellbeing and online engagement, point to the need for coordinated gender sensitive responses. Reflecting developments and best practice in Ireland, the Czech Republic and Sweden, consideration should be given to:

- Collection of disaggregated data at EU and Member State level providing the necessary detail (including age, gender, race, ethnicity, and socio-economic status) to facilitate intersectional analysis of mental health needs.
- Development of an EU-wide programme to support gender mainstreaming, with a specific focus on mental health. This could draw from the WHO (2016) [Strategy on women's health and well-being in the WHO European Region](#) and the European Institute of Women's Health's (2018) [EU Manifesto for Women's Health](#).
- Mechanisms for the co-creation of EU and Member State mental health policy/programmes with those most impacted, particularly with young people and marginalised women (including women refugees and those experiencing intimate partner violence). This reflects the EU Commission (2013) recommendation to develop mechanisms promoting children's participation in decision-making.
- Recognising the cross-border nature of online abuse, particularly image-based abuse, the development of an EU-wide approach and supports for Member States to improve online safety.

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