

The EU Mutual Learning Programme in Gender Equality


Gender Equality, Mental Health and Gender Mainstreaming Health Policies

Online, 18-19 November 2021

Comments paper – Malta



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This publication is supported by the European Union Citizens, Equality, Rights and Values Programme (2021-2027).

This programme is implemented by the European Commission and shall contribute to the further development of an area where equality and the rights of persons, as enshrined in the Treaty, the Charter and international human rights conventions, are promoted and protected.

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Gender mainstreaming in mental health and the impact of social media on mental health

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Abstract:

Whereas the health service is of excellent quality, mental health services in Malta still lack behind in terms of integration, infrastructure and hospitality services still require significant improvement. Gender mainstreaming in general, and more specifically within the mental health services context is not particularly well established. With one of the EU's highest accessibility rates for information technology, young people's digital media consumption is high, with problematic use reported also being high. There is a need for much more research into both mental health and youth issues. However, cultural norms are reflected in digital consumption and resulting impacts. More research into gender issues is necessary to highlight aspects that require intervention.

1. The Maltese Context

1.1 Mental Health in Malta

Malta has one of the best state-funded public health services in Europe, however mental health services are not well integrated into the general health service, except in Gozo. A strong medical tradition keeps mental health services based within the psychiatric hospital, which is segregated and highly stigmatised. The quality of care provided is good, but the environment and hospitality services leave room for much improvement. The development of community mental health services started in the mid-1990s, but these remain under-developed and under-resourced, and do not as yet cover all regions despite the country's small size.

The not-for-profit sector has been a prolific actor over the past 30 years, developing a variety of services that complement and augment state mental health services, some through public funding. The state has only very recently re-assessed its contribution to community services, while, lately the private sector has also showed an interest in providing predominantly residential services, a number of which would fall within the 'institution' category, presumably for economies of scale purposes.

State services focus mainly on the treatment of episodes of acute mental illness, and the chronically unwell. Efforts towards prevention and the promotion of good mental health have been rare, and mainly led by civil society. A Health Literacy Survey (NSO,

2014) showed that 45% of the population find it fairly or very difficult to find information about mental health issues, and some reported that they would not know where to access such information. No significant discrepancy by gender was recorded (NSO, 2014).

1.2 Social Media Consumption

Malta is still in the early stages of developing a strong research tradition, with mental health and youth still highly under-researched. Research into young people's leisure (2013) showed that males preferred games, console and PC games (35.6%), against females (18.0%). Contrastingly, social networking sites were preferred by females (45.3%) over males (35.2%). An age difference was also reported: 13-16 year olds preferred pc and console games, followed by social networking sites; 17 to 21 year olds preferred social networking. Access to and experiences of leisure are an expression of traditional gender stereotypes and social processes, which could stem from norms, cultural expectations, education and the mass media. The types of social media consumption pursued by young people tend to conform to traditional patterns and perceptions of masculinity and femininity (Clark and Cassar, 2013). These findings closely reflect the findings reported in Sweden (Lindbom, 2021).

Malta is a media-rich environment, and despite its small size, it is rated among the best EU countries for accessibility to information technology. State effort has been reflected in a rapid increase in internet use over a short span of time (Farrugia and Lauri, 2018). During 2020, 100% of all 16-24 year olds in Malta used the internet, with the absolute majority of them using it every day for communication, entertainment and access to information. This does not come without a price.

Malta reported among the highest prevalence of problematic social media among adolescents aged 15 years. Maltese adolescents were also the ones who reported lowest satisfaction with their lives; like most countries, girls had a lower range (life satisfaction), while boys had the largest range (greatest difference between the extremes of reporting) (Inchley, 2020). These findings may be a reflection that extensive internet use may increase mental illness (OECD, 2018), as a complex consequence of using digital media. A case in point, young persons are more probable than other age groups, regardless of gender, to being exposed to cyberbullying through the use of Ask.fm (Fabri, 2015).

The elevated rate of digital media engagement may also reflect on the exposure to sexual content and related interactions online. Malta is among the countries where sexting is carried out more by males (8%) than females (3%), with 3% of 12 to 16 year olds reporting sending sexual messages at least every month, and 9% reporting sending them a few times per year (Barbovski, et al. 2021). Out of all girl respondents (all countries) 29% were fairly or very upset about receiving sexual messages online. This suggests a strong gender aspect to this contemporary phenomenon, which may need addressing.

Increased access to digital tools makes pornography more easily available, and that needs to be addressed through a more comprehensive sexuality education. In Malta

there is no sexuality education policy. Personal, Social and Career Development as a subject in schools seeks to introduce some education about sexuality, but, as in Sweden, its quality very much depends upon the inclination of the individual teacher. Albeit increasingly secular, Maltese society is still highly influenced by a conservative stance in education, with sexual education being delivered from a mainly conservative position, and still resisted by some parents.

1.3 A Gender Perspective

Malta is considered to be “...in the first phase of gender mainstreaming implementation” mostly related to EU membership. Although some progress has been registered, such as the setting up of the Gender Mainstreaming Unit in 2019, the impact with regard to policy change and service delivery has been minimal (Borg, 2020). Only 2 organisations and 5 individuals made their submissions to the national consultation process for the Gender Equality Mainstreaming Framework (Ministry for European Affairs and Equality, 2019). Clearly, gender mainstreaming is not on the Maltese people’s agenda. None of the contributions referred health services.

Gender mainstreaming in Malta remains mostly tied to a work context, sought through measures such as flexible working, teleworking, and free childcare which continue to be perceived as measures aimed mostly at mothers. Maltese society has adopted increased gender balance with 56.8% of university population being females (NSO, 2021a) and 51.6% of women and 68.4% of men being actively engaged in the work force (NSO, 2021b). The COVID-19 pandemic highlighted cultural and social norms with more females reporting additional household and family responsibilities during the pandemic, (NCPE 2020, Richmond, 2021). Interestingly, 62% of all calls received by a Richmond Foundation’s national mental health helpline during the first 8 months of the COVID-19 pandemic in Malta were by females (Scerri et al., 2021). This may reflect an increase in responsibilities, but also that women feel more comfortable reaching out for help, than men.

With the mental health sector still needing significant development on a general level, it is to be expected that specific issues, such as gender mainstreaming, are not well addressed. Minimal gender-based services are offered within the psychiatric hospital, where a number of in-patient wards are gender specific. Around a decade ago, the admission ward within Mount Carmel Psychiatric Hospital was changed into a mixed admission ward in attempt to combat institutionalisation.

In Malta, gender socialisation also impacts reporting of mental health issues. Women are more likely to report anxiety or depressive symptoms (Richmond Foundation, 2021), whereas men, being brought believing that it is not manly to express emotions, report less symptoms of mental health issues. However, between 2015 and 2021, 80% of suicides recorded in Malta were completed by men (Parliament of Malta, 2021). This distribution is similar to that in Sweden (The Swedish Gender Equality Agency, 2018 as cited in Asklof and Randen, 2021).

2. Comparison

Mental health care in Malta, similar to the Czech Republic, is predominantly based in the psychiatric hospital, a large institution which accommodates around 350 persons at any one time, with state-funding predominantly channelled towards in-patient care. Some progress has been registered with the recent launch of the National Mental Health Strategy (NMHS) (2019). Developed through a wide multi-disciplinary team consultation process led by the WHO regional office, the document aims to increase community care. Among the main challenges, the availability of healthcare resources remains a major obstacle. Contrasting to what is reported about the Czech mental health plan, Malta has no funding allocated directly to the NMHS. Funding depends on allocation in the national annual budget. When this does not materialize, various initiatives remain impossible to implement.

In Malta, the Alliance for Mental Health¹ (A4MH) contributed strongly to the drafting of the NMHS, introducing an extensive list of predominantly community-based mental health initiatives conspicuous by their absence in a European country in the second decade of the 21st century. Apart from lack of visibility of the provenance of funds, more clarity is required as to who is driving the implementation, and whether these are supporters of the status quo. It would be good to take a leaf out of the Czech Republic's book and involve representatives of patients and caregivers as permanent stakeholders in the implementation of the NMHS. Service-user involvement is highly limited if not completely absent from government institutions. The Czech Republic effort to have service users represented across policy development and implementation in the mental health sector Malta would provide significant value added if introduced in Malta.

There is no explicit gender aspect in the NMHS, and services are mostly gender neutral. However, a number of gender based services are delivered by the non-profit sector, which at the front line, have a clear understanding of gender-based disadvantages. Worth mentioning are Malta Gay Rights Movement which provides a social work and counselling service for people who identify as LGBTIQ+, their families and friends; Dar Hosea, a service for female prostitutes who seek support to move away from sex work; St Jean Antide Foundation which provides community support to families with children where adults (predominantly mothers) have a mental health problem; and Richmond Foundation which runs an assisted living service specifically for females, and is in the process of setting up a residential rehabilitation programme for single mothers with mental health issues and their children.

¹ The Alliance for Mental Health (A4MH) was established in 2016 through an unprecedented collaboration of civil society organisations actively engaged in lobbying for mental health policy change. Its wide-range representation comprises psychiatrists, mental health nurses, informal carers and family members, and patients' representatives also supported by a number of allied professionals engaged in the sector.

Similar to Sweden, Malta has a National Youth Policy, driven by the publically-funded National Youth Agency. This organisation embraces a strong research component. Including the research into the leisure activities (2013) mentioned above. As an organisation it is well placed to research pertinent themes, such as consumption of pornography. Collaboration with a mental health entity could provide necessary insight.

In Malta, sexual education (Sexuality and Relationships Education) is covered through the Personal, Social and Career Development (PSCD) subject within public schools. The focus on relationships suggests that the Maltese thrust to the subject goes beyond the Swedish model, incorporating a stronger relationship component. In view of the increased exposure to digital media, and pornography, the curriculum and guidelines, last published in 2013, are to be reviewed regularly to reflect the changes.

2.1 Conclusions and Recommendations

Youth are a particularly vulnerable group in terms of mental health. The COVID-19 pandemic, and the resulting increase in use of digital media, has further exacerbated the situation. Persons of different gender experience varying forms of impact, primarily as a result of social norms and cultural influence. Further research is necessary with a specific focus on the mental health impact. Furthermore, services are to be devised with a clear gender perspective.

Education and funding are two of the more potent drivers for bringing about change. Efforts at European level to educate about the importance of gender mainstream approach across all public policy, but particularly in focus of mental health and digital consumption would be welcome. Direct funding for NGOs to research issues and set up services which governments do not consider a priority serve as a catalyst on the ground, for the mental wellbeing of young people and gender specific services.

The identification of examples of good practice of gender specific services among EU countries, and beyond, and dissemination of information, including the positive impact of such good practice, could entice others to maximize on the benefits of appropriately planned services.

National Youth Agencies and NGOs could be roped into pan-European research into the impact of digital consumption by young people on their mental health. Consideration would be due to compounding social and economic factors, and the consequences of digital consumption to enable a reliable understanding of the complex phenomenon.

Finally, countries with a strong mental health lobby are encouraged to promote mental health as a key area of interest within the EU, promote a concerted effort towards shared objectives and the development of services with a specific focus on the need of young people, towards an EU which is closer to the citizen.

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