

Voices Project: Mental Health Resource

Health Trends:

Approximately 92% of the mental illnesses experienced by women are identified as affective psychoses, neurotic disorders, schizophrenic psychoses, adjustment reaction and depressive disorders. Next to depression, general and specific anxiety disorders are among the most common mental health illnesses reported by Canadian women. Other conditions include: bipolar depression, panic disorders, seasonal affective disorder, hypochondria, drug and alcohol dependence as well as suicide anxiety. Sixty-seven to eighty-seven percent of cases of personality disorders are diagnosed in women, while schizophrenia affects 125,000 Canadian women. General psychiatric disorders are responsible for 15-19% of mental illnesses women, while anxiety accounts for 10-13%. Five percent of Canadian women suffer from anorexia nervosa or bulimia, or both. These women make up 95% of persons with eating disorders.

Depression is the most common, serious mental health disorder among women from every cultural background in Canada. In fact, the incidence of depression, particularly among younger women, has increased 10 fold in the last two decades. Depression accounts for 75% of hospitalizations related to women's psychiatric illness. Cross-cultural analyzes reveal that, internationally, women predominate in the diagnosis of depression at a rate of two times that of men. Statistics also indicate that women have a 20-26% risk of developing depression during their lifetime. Moreover,

depressed women are at greater risk of psychiatric and medical comorbidity. Three to four percent of women who suffer from depression will also experience concurrent anxiety.

Unfortunately, along with drug dependency and phobias, depression has also been identified as a contributing factor to attempted suicide among women. Women are twice as likely as men to attempt suicide; the risk is highest for women in their middle years. However, since men employ more violent methods, they are more likely than women to die as a result of suicide attempts.

Among Canadian women, alcohol is the most commonly used drug. Alcohol dependence is most prevalent in women aged 20-30. Unfortunately, aside from the most notable physical, psychological and social effects of addictions in women, there are a number of secondary complications related to these disorders. Alcohol dependence frequently increases women's risk of other drug addictions as well as aggravating antisocial behavior personality disorders. In general, the rate of mood and anxiety disorders are substantially higher for women who are dependent on alcohol. The reverse side of this ill-fated coin is that women who exhibit primary anxiety and drug disorders run a much higher risk of developing subsequent alcohol dependence. Finally, there appears to be a higher incidence of substance abuse among women with personality disorders. As is the case with other mental health issues faced by women,

those who abuse alcohol, and may subsequently become dependent, are often responding to overwhelming personal, familial, and/or societal pressure in the form of poverty, social disadvantage, discrimination and abuse.

Health Determinants:

The issues affecting and affected by women's mental health are as diverse and complex as the women themselves. Consequently, a discussion of the specific mental health challenges women face cannot exist in isolation of the conditions that create a framework for their lived experiences. Most researchers agree that women tend to be more vulnerable to mental health illness than men. However, these researchers are beginning to uncover disturbing evidence about how increased psychiatric disorders among women, particularly depression, is associated with social disadvantage in the form of victimization, unequal gender roles, family issues, employment and poverty.

Stress, anxiety, and depression are typically preceded or exacerbated by issues around substance abuse, sexual abuse, violence, discrimination and poverty. Some researchers submit that depression and anxiety may also be exacerbated by issues related to women's reproductive life cycle including: premenstrual tension, menstruation, pregnancy, post-partum depression, infertility, abortion, and menopause.

Perhaps the most disturbing precursor of mental health problems among women is a history of childhood abuse, particularly sexual victimization. Internationally, the sexual abuse

of girls cuts across class, race and economic boundaries. According to current statistics, 17% of Canadian girls report having been a victim of incest. Unfortunately, given the nature of this abuse, it is reasonable to assume that the majority of cases go unreported, making this a conservative estimate. A substantial number of young women flee abusive families only to be further victimized in the streets where they are harassed, assaulted, beaten, raped, exploited for pornography, and sometimes murdered.

Research:

In Canada, the most notable flaw in women's mental health research is its conspicuous scarcity in the literature. Indeed, this area of research appears to provide more gaps to the literature than it provides contributions. The scant studies that examine mental health issues faced by women, tend to focus on severe mental illness and relate to treatment regimens and outcomes. Few studies explore the precursors of mental health issues and only a handful investigate the influence of social environment on mental health.

Given that women experience depression twice as often as men, there has been surprisingly little research conducted in this area. A lack of Canadian based information about women's mental health is due, in part, to political apathy in the form of limited funding. Globally, only one percent of studies examine the relationship between gender and anxiety disorders and research related to substance abuse among women is limited.

Worldwide, there is a lack of research into the long-term, mental health effects of reduced educational opportunities, unequal family labor, sex abuse and adolescent pregnancy. Moreover, the relationship between depression and post-partum status as well as long term use of oral contraceptives is not well understood. Finally, there has been limited research into the relationship between sex abuse and anorexia, bulimia, personality disorders and post-traumatic stress disorder.

A Canadian follow-up guide to Beijing '95, suggests that researchers begin to conduct feminist analysis as well as focus on issues of diversity among women with respect to mental health issues. They go on to point out a need to highlight the impact of social change on women's mental health and identify how policy affects women differently than men. Finally, this committee recommends improving and facilitating community-based research that is conducted by women, for women.