

**National Advisory Council on Women and Girls  
(NACWG)  
Satellite Wee Circle  
Hosted by the Health and Social Care Alliance  
Scotland (the ALLIANCE), Engender and See Me**

**Theme: Gender Equality and Mental Health**

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### **Introduction**

On 9 December 2020, the Health and Social Care Alliance Scotland (the ALLIANCE) in partnership with See Me and Engender hosted a Satellite Wee Circle event to help inform and influence the work of the First Minister's National Advisory Council on Women and Girls (NACWG).<sup>1</sup> Over 20 people took part, representing a diverse range of organisations and interests. The event focused on the spotlight theme for November/December 2020 of gender equality and mental health. Due to ongoing restrictions the event was hosted online.

This report contains the feedback from the event, which was centred around the following NACWG spotlight theme questions:

- 1. In Scotland, what are the biggest equality issues for women and girls in relation to mental health?**
- 2. In Scotland, what needs to change to support mental health and improve gender equality for women and girls?**
- 3. What actions should the NACWG recommend to improve gender equality for women and girls to mental health?**

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<sup>1</sup> <https://onescotland.org/equality-themes/advisory-council-women-girls/>

## 1. In Scotland, what are the biggest equality issues for women and girls in relation to mental health?

### Stigma and culture

- Conversations can often focus on children and young people's mental health rather than focusing on matters that concern girls specifically.
- Girls' and women's concerns can be dismissed or not taken seriously. For example, girls can be portrayed as being a "drama queen" or their concerns put down to 'hormones'.
- Stigma and discrimination around young people's mental health is an area of concern and prevents young people from accessing services.
- Mothers are concerned to speak out about their mental health issues for fear that their children will get taken away: one example highlighted was an experience of a GP not wanting to formally diagnose depression because of the risk of social work taking away a child with additional support needs.
- Self stigma can affect girls' and women's own perception of their mental health can prevent women from accessing services. Some women do not consider themselves as "being worthy" of receiving help and support.
- Older women report feeling pressure to "get on with it" and not complain about the symptoms they are experiencing.
- Social media and online cultural images of women portrayal of everyone having fun, coping and leading fulfilled lives – compounding situation for those who are struggling with their mental health – feeling guilty that they aren't coping.
- Women in communities struggle to access services because they feel guilty or ashamed and are worried other people will know they are struggling.
- High profile women speaking out about their experiences can face abuse which could discourage other women.

### Lack of trauma informed approach

- Trauma informed practice is getting traction, however emphasis that there needs to be more progress in terms of awareness and understanding.
- Lack of understanding that behaviour which can be viewed as "challenging" or "acting up" is often linked to experiences of trauma and distress.
- This lack of understanding has a direct impact on decision making the availability of treatment options.
- Women can be retraumatised when accessing services which offer support, for example, experience racism or when sharing their story around sexual abuse.

## Caring responsibilities

- Generational and gendered perceptions of women's role within the home setting. Societal perception of women as the fixers, doers and carers.
- Women balancing working from home with home schooling and caring responsibilities during the pandemic and not perceived as being an equalities issue.
- Women experiencing maternal/perinatal mental health issues are at greater risk of not seeking support for guilt or fear of being viewed as not coping.
- Single parent families are predominately headed by women and this was the case before the pandemic.
- Women who are carers are significantly more likely to experience depression.

## Poverty and inequality

- Women and girls are disproportionately impacted by poverty and depend on social security.
- Prior to COVID-19 women and girls living in poverty were negatively impacted by mental health concerns. Data suggests these inequalities will have been exacerbated.
- Need to view equalities from an intersectional approach as it can be challenging to separate different factors.
- For some women it can be a struggle to access an interpreter which means they are unable to access the services they need.
- Cycle-inequalities caused by mental health and can impact mental health.
- Women often carry the burden and stress relating to making ends meet/family financial insecurity (fear of job loss and financial instability – retail, hospitality job losses).
- Policies around welfare reform can result in women staying in abusive relationships because of lack of financial autonomy (Universal Credit).
- The welfare system is challenging for women in abusive relationships and impacts women's mental health due to sanctions, stigmatisation and inadequate income support.

## Physical health and mental health

- Health issues that impact women and women's pain are not being taken seriously. This can result in diagnostic overshadowing.
- Women are more likely to report anxiety than men, however this can be used against women and restrict other health diagnosis and can lead to the dismissal of physical symptoms.

- Women report not feeling heard by professionals and can often end up educating practitioners about Pre-Menstrual Dysphoric Disorder (PMDD), endometriosis and symptoms associated with menopause.
- Women can feel they are “gaslit” by medical professionals who do not take their concerns seriously when talking about physical symptoms. This in turn impacts upon their mental health.
- There are strong links between pregnancy and mental health.
- Power dynamics within the health system between those delivering and receiving care. One participant expressed that in their experience male psychiatrists struggle to understand issues from a female perspective and may underestimate or disregard concerns.

### Body image

- Preconceived ideas about what women should look like and when they should have children.
- Increase in girls seeking support for body dysmorphia, eating disorders and self-harm due to the pressures of social media.
- Issues including eating disorders are well hidden, young people may struggle to speak to their parents.
- Pressures about how women should look are internalised by men which can result in violence against women, coercive control, and unreasonable expectations about how women should look.
- Issues around over sexualisation and the pressures associated due to sites like ‘OnlyFans’.
- Concerns around body image which prevent girls and women from engaging in sport activities for fear of having the “wrong” kind of body shape or being described as “chunky”.
- Bullying and discrimination taking place within workplaces and education.

### Impacts of COVID-19

- Emerging data highlights that girls and women have experienced increased anxiety, stress, depression and loneliness due to COVID-19.
- Data shows that more girls and women are self-harming and having suicidal thoughts.
- Assumptions that because girls and young women are more likely to access services then access is not an issue. These assumptions fail to recognise that those at highest risk may not seek preventative support which leads to crisis and harm.
- Women who experience mental health issues are not able to receive support from their friends and colleagues because they are working from home.

Friends and colleagues often spot signs when women are struggling to self-manage.

## 2. In Scotland, what needs to change to support mental health and improve gender equality for women and girls?

### Policy, research and practice

- Greater emphasis is required on discussing women's health. There is a big focus on men's health in society. Data shows the rates are broadly the same for women and men.
- Increased attention and action on gender and mental health as a cross policy issue within Government structures.
- A gendered approach needs to take a rounded approach of the impact of poverty, caring responsibilities, isolation, inequality in women's experience of services as well as expertise in violence against women.
- Children and young people's mental health agenda needs to be gender sensitive.
- Conversations around mental health should take a rights based approach. If people knew their rights, there would be less stigma. For example, more awareness and implementation of the United Nations Convention on the Rights of Disabled People (UNCRPD) and United Nations Conventions on the Rights of the Child (UNCRC).
- Scotland's Mental Health Strategy does not take a gendered approach when considering mental health issues, except for a small section on perinatal mental health. The strategy fails to take account of a holistic approach of women's lives and mental health experiences.
- More attention should be given to considering mental health as a result of gender inequality.
- The Coronavirus (COVID-19): mental health transition and recovery plan identifies women and girls as a group requiring action. There is an opportunity to establish specific commitments and actions to identify and address the specific requirement of girls and women.
- Person centred care in statutory documents but not translated into practice. We need to encourage gender sensitive approaches to all policy implementation guidance.

### Data

- Data collection happens in silos. Data needs to capture the full picture of women's lives.
- Emphasis on gathering intersectional data in line with the protected characteristics.

- Research needs to be carried out to understand both risk and protective factors that impact women's mental health.
  - Data is there but perhaps not being used – goes back to raising awareness and better use of data to make interventions.
  - The data might be out there, but we might not know if it is the right data.
  - If you have that evidence/data, that is when you can present it to key decision makers.

## Participation

- Person centred care policies are not being translated into practice. Needs of individual should be listened to and acted on.
- Professionals need to recognise that individuals are the experts in their own experience and should be able to guide their own treatment.
- Systems need to be designed with the specific needs of girls and women in mind.
- Opportunity for participation in the development of the Coronavirus (COVID-19): mental health transition and recovery plan.

## Challenging gender perceptions

- Gendered expectations start from birth which forces women and girls to take certain routes which can lead to mental health issues.
- Preconceived ideas about women abilities when speaking about women and support.
- Early expectations of gender roles through gendered toys at an early age.
- Perception that men and boys are held in higher regard than women and girls. Women in leadership and role models like the First Minister have a positive impact.
- Supporting women to share their experiences. Women have been impacted by COVID-19 but are afraid to share their experience as concerned of impact on work prospects.

## Early intervention

- Human rights need to be discussed in the context with gender at an earlier stage.
- Conversations need to take place at an earlier stage when exploring the links between violence against women and mental health.
- Discussion of mental health issues needs to happen with younger age groups to equip them with the coping strategies to support their mental health throughout their life.

- Girls and women supported, through encouragement and tools, to speak out without fear of being treated differently should experience empathy, compassion and understanding be listen to and contribute to decisions affecting their care and treatment (shared decision making).
- There should be equity of service provision and sources of support – tailored to suit their needs.

### **3. What actions should the NACWG recommend to improve gender equality for women and girls to mental health?**

- Do more to challenge stigma and discrimination around girl's and women's mental health.
- Adopt a human rights based approach to mental health and support children and young people to understand and access their rights at an earlier stage.
- Promote greater policy coherence with regards to mental health using a gender lens.
- Call for the inclusion of clear indicators to measure success of mental health policies on women and girls' mental health and track progress.
- Focus on gender sensitive prevention and early intervention to prevent mental health issues from escalating.
- Policies should focus on tackling gender inequality as part of a preventative approach.
- Call for greater funding and investment in mental health services and support to free up staff capacity and allow for person centred care and support.
- Encourage healthcare professionals to see the whole person and acknowledge the links between physical and mental health and how they intersect with each other.
- Call for parity of mental health with physical health (for example, waiting time targets).
- Include the voices and experiences of girls and women in the design of policy, practice and service design.
- Establish effective complaints procedures.

## **Conclusion**

As this report highlights there are a range of equalities issues which can have negative impact on girls' and women's mental health and outcomes overall. Event participants highlighted the need to tackle the persistent stigma, prejudice and cultural assumptions surrounding women's and girls' mental health. Throughout the discussions, it was recognised that an intersectional approach should be adopted when seeking to understand women's and girls' experiences of mental health and wellbeing. Participants felt that mental health should not be siloed to a single area of policy but should instead be embedded throughout all policy areas. Participants were

clear that action needs to be taken to ensure that policy is translated into practice and funding/resources are available to support services and create meaningful change. Throughout the discussions it was highlighted that in fair conditions women and girls have incredible resilience, agency and are passionate about driving forward change. It was recognised more girls and women needed to be involved in identifying and developing the solutions and reforms required. Girls and women need to be empowered to act rather than being treated as passive recipients of change.

There is great value in sharing the findings from this event more widely. As well as sending this report to the NACWG, the hosts will publish it on the ALLIANCE website the See Me website and we will share with members of the Scottish Government's Women's Health Group<sup>2</sup>.

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<sup>2</sup> <https://www.gov.scot/groups/womens-health-plan-womens-health-group/>

## Appendix 1: Event Agenda and Discussion Topics

### National Advisory Council on Women and Girls (NACWG) Satellite Wee Circle: Spotlight on Mental Health Hosted by the ALLIANCE, Engender and See Me

10.30am-12.00pm, Wednesday 9 December 2020

#### Agenda

#GenerationEqual

10.30-10.45	Welcome and introductions
10.45-11.00	Introducing the NACWG, spotlight theme and questions
11.00-11.30	Group discussions  1. In Scotland, what are the biggest equality issues for women and girls in relation to mental health? 2. In Scotland, what needs to change to support mental health and improve gender equality for women and girls? 3. What actions should the NACWG recommend to improve gender equality for women and girls in relation to mental health?
11.30-11.45	Group feedback
11.45-11.55	Next steps, thanks and close
12pm	End

## About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of nearly 3,000 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.

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## About Engender

Engender is a membership organisation working on feminist agendas in Scotland and Europe, to increase women's power and influence and to make visible the impact of sexism on women, men and society. We provide support to individuals, organisations and institutions who seek to achieve gender equality and justice

## See Me

See Me is Scotland's national programme to end mental health stigma and discrimination. Our vision is to enable people who experience mental health problems to live fulfilled lives. We are working to change negative attitudes, behaviours and cultures towards mental health by creating a movement for change, bringing people together across Scotland who are passionate about tackling stigma to work as one.