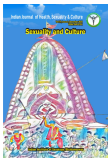
Indian Journal of Health, Sexuality & Culture
Volume (7), Issue (2), December 2021
ISSN 2581-575X
https://www.iisb.org./



Letter to the Editor

From gender-specific to gender-sensitive mental health care services : Bridging a service gap

Sharad Phillip[1], Narayan Prasad[2], Raviteja Innamuri[3]

[1]Senior Resident, Dept. of Psychiatry, National Institute of Mental Health & Neuro Sciences, Bengaluru, Karnataka, India

[2]Director & Co-founder, Public Health Literacy, Miami, Florida, US

[3]Asst. Professor, Dept. of Psychiatry, Govt. Medical College, Nizamabad, Telengana, India

Date of Submission : 20 July 2021
Date of Acceptance : 17 October 2021

Keywords: Gender, Mental Health Care, Women, Treatment

To the Editor,

When examining mental health care (MHC) service provisions, gender is conceptualized as a susceptibility, access, uptake, and outcome influencer. It appears to run as a fault line to impact even other determinants of mental ill-health such as social position, income, employment, access to resources, and education. Service delivery models, when specializing, cater to specific sub populations that may be socially, demographically, or even geographically defined. They attempt to eschew gender biases while emphasizing gender sensitivity. However, the provision of specialized services has been emphasized only for one gender. Current MHC services, including substance use care, psychosexual health clinics general adult psychosis services, may appear gender-equal in not having gender specificity. While there is no stated specificity in existing special clinics for any gender, parity in the sensitivity gender-based nuances may not be forthcoming. However, in recent times, gender-based advocacy efforts have focused on the provision of specialized women's MHC services and specific issues faced by them. This, while improving access and service gaps for women, has not addressed similar gaps for other genders across the gender spectrum. However, such specializations come at a cost of taking away aspects of care provision, especially in resource-constrained settings. Equity for age groups in mental healthcare service delivery may be best achieved with developing care services for individuals across the age spectrum- old age psychiatry services are required as much as child and adolescent or young adult psychiatric services. When gender is examined similarly, we do not see parity in services for other genders. Considering the forthcoming Mental Health Month (November) and International Men's Day (November 19), we write to emphasize this significant service gap.

Corresponding author: Raviteja Innamuri
Email: drravitejainnamuri@gmail.com

How to cite the article: Phillip, S., Prasad, N., Innamuri, R., (2021). From gender-specific to gender sensitive mental health care services : Bridging a service gap. Indian Journal of Health Sexuality and Culture 7 (2), 64–66.
DOI: https://doi.org/10.5281/zenodo.6063340

Several studies have documented the vulnerability of men with regard to mental health. Ministry of Women and Child Development reported higher sexual abuse in boys, which increases vulnerability to mental morbidity at a later age (Ministry of Women and Child Development, Government of India, 2007). The National Crime Records Bureau also reported higher rates of completed suicides in men (NCRB, 2020). More recently, The National Mental Health Survey (NMHS) examined mental health morbidity within a binary construct of gender (Gururaj et al., 2016; Gautham et al., 2020). The prevalence of 'any mental morbidity' was higher in males for both current (13.9% vs. 7.5%) and lifetime (16.7% vs. 10.8%) (Gautham et al., 2020). More common mental health conditions like depression and anxiety were prevalent more in women; conditions like substance use, developmental disorders such as Attention Deficit Hyperactivity Disorder, and Autism Spectrum Disorders were prevalent more in men.

The self-reported treatment gap for any mental morbidity was 84.5%. This data is not dis aggregated as per gender. Treatment gaps reflect only the proportion of people not on treatment to the total requiring treatment. Gaps in access may not have been reported or understood. Notably, substance use disorders were prevalent more in men, such as Alcohol Use Disorders (9.1% vs. 0.5%), which also had the highest treatment gap (86.3%). Results indicate that mental morbidity is closely associated with male gender, low income, and lesser education. Presumably, men were not accessing MHC services as much as women. Barriers to men accessing MHC services include stigma and the probable stereotype of "man-ness". The assigned gender roles (bread winner, head of the family, etc.), expected gender behavior (not to express emotions or feelings), and atypical presentations (substance use, externalizing behaviors) may have further limited MHC access. During the COVID-19 pandemic, despite the stark risks and vulnerabilities associated with men, such as higher mortality, higher travel, and related exposure, higher loss of permanent jobs, MHC services did not assimilate these nuances.

In any given society, a family is considered as a fundamental and functional unit. In a conventional family, both the man and woman need to enjoy good health for the family to enjoy good health. If the eventual goal at the horizon is community living and gender parity, then society has to be sensitized about mental health needs of every gender and play their important role in identifying, improving access and addressing the mental health needs of these genders. Women's mental health care services should also focus on developing packages and models that focus on other genders. Some suggestions include, improving awareness regarding specific mental health issues in every gender, checking mental health needs of other genders, separate services for men to report sexual abuse, reorienting service access to minimize interruptions to work schedule, LGBTQAI+ (Lesbian, Gay, Bisexual, Trans, And Intersex people) sensitization of mental health issues and relating the pandemic and genders with mental health. We urge the mental health fraternity to recognize this lacuna in service provision and take appropriate steps to "increase investment in mental health". Moving from gender-specific to gender-sensitive mental healthcare services highlight the need for understanding gender differences in societal norms and independent of genotype expression. The critical need to investigate mental health issues among men as a gender allows mental health practitioners to be literate about gender-sensitive services.

Acknowledgements : None

Conflict of interest : None

References

Gautham, M.S. et al., (2020). The National Mental Health Survey of India (2016): Prevalence, socio-demographic correlates and treatment gap of mental morbidity. The International Journal of Social Psychiatry, 66(4), 361–372. DOI:10.1177/0020764020907941.

Gururaj, G. et al., (2016). National Mental Health Survey of India, 2015-16: prevalence, patterns, and outcomes. Bengaluru: National Institute of Mental Health and Neuro Sciences, NIMHANS Publication, 129.

Ministry of Women and Child Development, Government of India, (2007). Study on Child Abuse 2007, Ministry of Women and Child Development, Government of India. Contemporary Education Dialogue, 5(1), 117–120. DOI:10.1177/0973184913411162.

NCRB, (2020). Accidental Deaths & Suicides in India (ADSI). National Crime Records Bureau. Available at: https://ncrb.gov.in/en/accidental-deaths-suicides-india-adsi (Accessed: 17 October 2021).