WOMEN AND MENTAL HEALTH IN CANADA:
STRATEGIES FOR CHANGE

Report prepared by
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Canadian Mental Health Association
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Section 7: Summary and Recommendations

A great deal of information has been presented in the preceding sections of this report. The following summary and recommendations are organized according to the Pan American Health Organization's (PAHO, 1983) key guidelines and strategies for the development of policy and programming related to women's health and mental health needs. These PAHO guidelines and strategies, which have particular relevance to the situation of Canadian women and their mental health, were listed in Section 1 of this report.

Guideline 1. Significant improvements in women's health and well-being can be achieved only if there are general gains in the status of women in education, employment and representation in decision-making roles.

As documented in Section 3, inequalities continue to exist with respect to the status of Canadian women in education, training, employment, and access to decision-making roles. Although a small proportion of women are benefitting from policies designed to increase women's access to professional occupations that command higher incomes, the vast majority of women remain in low-status, low-income jobs. So far, efforts toward implementing employment equity policies have had little impact on this situation.
Women continue to be overrepresented among the economically disadvantaged. On average, women earn significantly less money than do men, women are more likely than men to face income loss due to unemployment, and, despite the myth of the male breadwinner earning enough to support a wife and family, large numbers of women must work to maintain an adequate family income or are the sole economic providers for themselves and their families. Elderly women are particularly likely to be poor. The link between women's economic circumstances and their mental health is referred to in Sections 2, 3 and 4 of the report.

As highlighted in various sections of this report, and particularly in Section 4, much of the work done by women is unpaid and typically goes unrecognized as "work." This is the work that women do in the home, in the form of household management and care of children, dependent or ailing family members. One reason women gain less mental health advantage from paid employment outside the home is that many women in fact carry a double workload, i.e., paid work outside the home and unpaid work inside the home.

The general lack of recognition given to women's work in the home, coupled with the continued reluctance of men to accept that responsibility for housework and care of children should be shared equally between men and women, represents a serious obstacle to women's well-being.
In summary, it is clear from the foregoing, that much still remains to be done to improve the status of women in Canada if there are to be general improvements in women's mental health.

Guideline 2. Actions directed to improving women's mental health need to be integrated and coordinated with efforts to improve women's social status.

The information presented in Sections 4 and 5 of this report indicates the many ways in which existing mental health programmes in fact serve to promote women's disadvantaged status by perpetuating traditional social, family and sexual arrangements between women and men. Apart from lack of awareness among mental health professionals about the link between women's mental health problems and women's social roles, prevailing approaches tend to emphasize internal, psychological or biological causes for mental health problems. While lip-service is given to the influence of social stressors on mental health, treatment programmes continue to focus almost exclusively on individually-oriented therapies and biologically-based treatments. In addition, as illustrated in Sections 4 and 5, the work of mental health "experts" continues to reflect gender-stereotyped, demeaning and victim-blaming views of women.
Partly in reaction against the inadequacies of existing mental health services, women's groups in Canada have developed programmes to meet women's mental health needs in a variety of areas. The range of self-help programmes currently developed by women's groups is described in Section 5. Typically, programmes developed by women's groups are designed to help individual women and also to support broader efforts to improve women's status. In general, however, such programmes are not well-integrated with mainstream services. In addition, the availability of feminist therapy alternatives for women who are dissatisfied with existing services is extremely limited. Except in the larger urban centres, women in Canada do not have access to feminist therapists.

In summary, it is clear that activities directed toward improving women's mental health are not well integrated or coordinated with efforts to improve women's status in Canada. The small-scale programmes developed by women's groups to meet women's mental health needs operate outside, and independently of, the formal mental health system and feminist approaches to therapy have received little attention by most mental health professionals or by mental health professionals' training programmes.
Guideline 3. **Women should be active participants in the process of developing mental health programmes at all levels and stages.**

It is abundantly clear from the material reviewed in Section 5 that women have not been active participants in the development of mental health programmes in Canada. The male-dominated profession of psychiatry continues to be the most powerful in the Canadian mental health system and male mental health professionals tend to predominate in decision-making roles in mental health services.

The largely negative reactions to some therapists' and patients' expressions of concern about sex bias in psychiatric diagnosis and sexual exploitation of women patients, described in Sections 5, attest to the resistance of the "mental health establishment" to the participation of women in the development of mental health programmes.

In conclusion, the male-dominated nature of the mental health system in Canada has made it difficult for women to have their voices heard and to be active participants in the development of services to better meet the mental health needs of women. An important priority must be to increase the participation of women at all stages in the development and implementation of mental health programmes in Canada.
Guideline 4. Activities designed to improve women's mental health should be integrated into the mainstream of general health-related programmes.

To date, as described in Section 5, many of the activities taking place in Canada that are designed to improve women's mental health are not integrated into the mainstream of general health-related programmes. In general, programmes aimed at meeting women's mental health needs have developed outside mainstream systems precisely because existing programmes have been unresponsive to women's concerns. The fact that the present report is considered necessary -- in 1987 -- also reflects a recognition of the lack of information about women and mental health issues. All too often, women's needs have been overlooked or considered "special," even though women comprise more than half of the population.

Guideline 5. Mental health programmes should avoid exploiting the voluntary nature of much of women's health care work for others.

In this period of fiscal restraint, increased emphasis is being placed on community-based programmes in health and social services. This trend has a particularly hard impact on women, since women are already involved in providing care to children, relatives, and neighbours on an informal basis (see Sections 3 and 4). Thus, programmes that rely on provision of
services to those in need through informal networks in the community are likely to add to the caregiving burden borne by women. Since most of women's caregiving work is unpaid, this trend toward community-based programmes also increases the potential for exploiting women's voluntary work for others.

In the examination in Section 6 of the CMHA's work on community-based services for those with mental health needs, it was pointed out that there is little awareness of the fact that women already bear much of the burden of meeting people's needs in the "community." Whether in the family or as volunteers in service organizations, women have the major involvement as "providers" of community-based services. Organizations such as CMHA that rely on the voluntary work of women need to be particularly alert to the risk that their programmes may perpetuate existing inequalities between men and women in caregiving in the family and the community, thereby contributing to women's mental health problems.

Conclusion

This examination of information relevant to the mental health of Canadian women from the standpoint of the key assumptions identified by PAHO underscores the fundamental inadequacies of existing programmes for meeting women's mental health needs. In the next part of this section, a series of recommendations are offered which, if followed, would improve Canadian women's mental health.
Recommendations

In addition to the key guidelines the report Women in Health and Development (PAHO, 1983) contains general strategies for development of activities designed to promote women's health and well-being. Our recommendations are organized in relation to each of these strategies.

Data Collection and Research

To remedy the serious gaps in knowledge and understanding about women's mental health problems and needs, it is recommended that:

1. Women's mental health be made a priority by national and provincial agencies that fund research in the area of mental health.

   Research resources should be directed toward:
   - greater use of qualitative and experiential research approaches that encourage the inclusion of information from the standpoint of women;
   - exploration of problems that are particularly relevant to women's mental health, such as depression, sexual and physical abuse, and stress related to poverty;
   - development of programme models and treatment approaches that are responsive to women's mental health needs;
- investigation of reasons for the higher rates of use of psychotropic drugs and ECT with women than with men.

2. Health and Welfare Canada in conjunction with the Canadian Mental Health Association make a commitment to organize a conference for the purpose of identifying priority areas for research on women and mental health.

The goals of this conference would be to identify problems affecting women's mental health and to set priorities for research. In order that the outcome of the conference will reflect the perspective of women, participants should be drawn from the full spectrum of women and women's groups, including native women, rural women, lesbian women, women of colour, immigrant women, handicapped women, as well as women representative of the full-range of socioeconomic backgrounds.

3. Statistical information on utilization of mental health services by women and men be expanded to include general hospital psychiatric units, outpatient clinics, general practitioner physicians, and service providers in private practice.

Such information is essential in order to have an accurate picture of mental health morbidity among Canadian women and men. This information is also needed to gain a clearer picture of women's mental health
problems and use of services, to assist in identifying women's mental health needs, and to provide a baseline for monitoring the effects of programmes designed to improve women's mental health.

Promotion and Dissemination of Information

In order to promote accurate, appropriate information about women and their mental health needs among those working in health and mental health services, it is recommended that:

4. Health and Welfare Canada develop appropriate materials for the promotion of information about women and mental health for dissemination to programmes involved in the training of health and mental health professionals.

These materials should include coverage of at least the following:

- ethical standards for nonsexist practice such as the Guidelines and related educational materials developed by the Canadian Psychological Association;
- information about mental health problems faced by women and how these problems are linked to women's social roles;
- information on the detrimental effects on women patients of sex-bias in the diagnosis and treatment of women's mental health problems;
- training in alternatives to traditional treatment approaches for responding to women and their mental health concerns.

5. Coverage of information on women and mental health (such as that described in Recommendation 4) be included as a criterion for the accreditation of all programmes involved in the training of health and mental health professionals.

National organizations such as the Canadian Psychiatric Association and the Canadian Psychological Association could take a leadership role in this regard by ensuring that criteria for the accreditation of training programmes include the requirement that information on women and mental health be included in programme curricula.

6. Health and Welfare Canada in conjunction with CMHA sponsor workshops in various locations in Canada for the purpose of informing mental health professionals, administrators and policy developers about issues related to women and mental health.

An important focus of these workshops will be the education of mental health personnel about: ethical standards for nonsexist, as well as nonheterosexual, practice; the detection and elimination of sex-bias in diagnosis and therapy; inappropriate use of intrusive
physical treatments, such as psychotropic drugs and ECT, with women patients; and alternative approaches to therapy that have greater potential for improving women's mental health.

Furthermore, in order to facilitate the dissemination of information about innovative programme models for meeting women's mental health needs it is recommended that:

7. A national clearinghouse be established for the collection and dissemination of research findings on women and mental health and information about programmes developed to meet women's mental health needs.

Since many programmes for women are developed within the voluntary service sector, CMHA could play a leadership role in the establishment of a clearinghouse for information on women and mental health.

**Primary Health Care Providers**

The primary health care provider is usually the first person with whom a woman seeking help for a mental health problem has contact. Unfortunately, as has been documented in this report, health professionals frequently lack awareness about women's mental health problems and how such problems are related to women's social roles. In order to increase
awareness and understanding among health professionals about women and mental health issues, it is recommended that:

8. National and provincial organizations to which health and mental health professionals are required to belong, as well as agencies employing such professionals, should be encouraged to provide opportunities for their members and employees to receive continuing education for the purpose of updating and expanding their training in the area of women and mental health.

National organizations such as the Canadian Psychiatric Association and the Canadian Psychological Association could provide leadership in this regard by encouraging their memberships to seek continuing education on women and mental health.

Programmes initiated by women to meet women's mental health needs, such as rape crisis centres, shelters for battered women, and addiction counselling services, are not widely available except in larger urban centres. Even when available, these services often lack adequate operating funds. In order to increase the availability of services to meet women's specific mental health needs, it is recommended that:

9. Health and Welfare Canada give serious consideration to ways and means of making funds available to provide more
permanent support to existing programmes designed to meet women's specific mental health needs and also to establish programmes in regions of Canada currently lacking such services.

Women living in rural areas represent a particularly underserviced group. Funding provisions should give priority to the establishment of services in rural areas.

One strategy for improving the quality of services for women experiencing mental health problems is to increase women's involvement in the identification of service needs and in the planning of services. In order to make mental health services more responsive to women's needs, it is recommended that:

10. Health and Welfare Canada develop and promote guidelines for ways in which those responsible for planning mental health services can encourage the increased involvement of women (especially consumers) in the planning process.

   Bodies such as regional health committees and hospital management boards, with responsibility for planning, should be encouraged to seek input from women consumers and women involved with services for women before plans are implemented.

11. Health and Welfare Canada and the CMHA should collaborate in the development of a demonstration project for the
identification of the mental health needs of women in the community.

This demonstration project would provide a model for the use of women's groups, government agencies, CMHA Branches and others interested in developing programmes to meet women's mental health needs. Attention should also be given to the needs of specific groups of women such as those returning to community living after treatment for a mental health problem.

**Acute and Chronic Disease Control**

Not only do mental health professionals lack appropriate information about women's health and mental health needs, but women also lack access to information about health and mental health problems experienced by women and about appropriate forms of help for such problems. Such information is particularly important in view of service providers' lack of awareness about women and mental health issues. In order to improve women's awareness about mental health problems affecting women, it is recommended that:

12. Health and Welfare Canada and CMHA incorporate information about mental health that is specific to women in informational materials used for education of the public about mental health.
Such information could include guidelines to assist women in seeking services for mental health problems and in deciding whether services offered are meeting their needs. CMHA could take an active role in the dissemination of such information through its networks at the Division and Branch levels.

Environmental Health

A major source of stress that affects the mental health of women who work outside the home is sexual harassment in the workplace. The problem of sexual harassment has received increased attention in recent years and various measures have been developed to deal with it. Nevertheless, women continue to be vulnerable to this type of stress. It is recommended, therefore, that:

13. Information about, and strategies for dealing with, sexual harassment be included as a component of any materials developed to promote awareness about women and mental health issues.

Women also experience stress associated with the environments in which they work, whether in the home or in the workplace. Stress can arise from the way in which work is organized, giving workers little autonomy or control (e.g., much clerical work), and also from the specific tasks involved, such as use
of office equipment in poorly lit and ventilated rooms or working on a VDT. In order to give more attention to environmental health issues affecting women, it is recommended that:

14. Health and Welfare Canada give consideration to the development of more comprehensive standards for occupational health and safety that better address environmental stressors to which women are particularly likely to be exposed, both in the workplace and in the home, where most women also work.

**Human Resource Development**

One reason for the lack of awareness about women and mental health issues may be because there are few women in decision-making roles in mental health policy and planning. A similar situation exists in the voluntary sector, where women tend to be underrepresented in executive positions but overrepresented at the "grass-roots" level where much of the day-to-day volunteer service takes place. The lack of attention to issues relevant to women's mental health in the recent work of CMHA (noted in Section 6 of this report), may reflect the fact that relatively few women are involved in decision-making groups within the organization. In order to increase the involvement of women in mental health policy and planning activities, it is recommended that:
15. Health and Welfare Canada develop programmes to encourage and assist women to seek training in mental health planning and policy development.

16. CMHA adopt the policy of ensuring that there is equal representation of women and men in all decision-making groups within the organization.

Support Services

If women are to achieve equality in education, employment, and participation in decision-making roles, it is crucial that services in support of women's participation in activities outside the home be readily available. Currently, the lack of affordable child care services acts as a serious barrier to women's achievement of social and economic equality. In addition, while the introduction of employment equity and related policies has brought benefits to some women, these initiatives still are a long way from alleviating the economic inequalities that act as barriers to improved mental health in women. It is recommended, therefore, that:

17. Wherever possible, Health and Welfare Canada seek to support initiatives designed to improve women's social and economic status, and, specifically, that Health and Welfare Canada actively work for the development of affordable, high quality child care services in Canada.
18. CMHA adopt the policy of supporting and advocating measures, such as child care services, employment equity, employment training programmes for women, and more adequate financial support for single parents and the elderly, designed to improve the status of Canadian women.

The continued lack of social recognition given to women's unpaid caregiving work not only is detrimental to women's mental health but also serves to obscure the extent of women's contributions to the mental health of others in the family and in the community. In order to more appropriately recognize women's work in caring for others, it is recommended that:

19. Health and Welfare Canada in conjunction with other levels of government explore ways to provide greater social as well as financial support and recognition to people, most of whom are women, who provide unpaid caregiving to children, the elderly, and others unable to care for themselves.

**Recommendations Specific to CMHA**

In order that CMHA can become more responsive to issues related to women and mental health, in addition to the recommendations made already, it is recommended that:

20. A mechanism be established within CMHA for ensuring that the concerns of women are given priority in all activities of the organization.
21. CMHA adopt the policy of ensuring that all publications and reports adhere to guidelines for the use of nonsexist language.

22. A standing committee on women and mental health be established at the National level of CMHA and that this committee be provided with the necessary resources to carry out its responsibilities which will include:
   i) monitoring all CMHA policies and programmes to ensure that the concerns of women are appropriately addressed;
   ii) promoting activities within CMHA that are designed to increase awareness about women and mental health issues.
   iii) advocating changes in the organization of mental health services to better meet the mental health needs of women;
   iv) developing proposals for the development of projects designed to improve the mental health of Canadian women.

23. A women's mental health coordinator be appointed to the staff at the National level of CMHA and that representatives with special responsibility for women and mental health be appointed within each of the CMHA Divisions.
   The women's mental health coordinator will work closely with the standing committee on women and mental health and will provide staff support for activities initiated by the committee. The coordinator also would serve as a
"focal point" for activities related to women and mental health within the Association as well as acting as a liaison with other organizations.

24. This report be widely disseminated to all levels of the organization, and that CMHA Divisions and Branches be encouraged to give serious consideration to the recommendations contained in the report with a view to their adoption as CMHA policy.

25. Women's issues and mental health be adopted as the theme for a national conference and/or regional conferences to be sponsored by CMHA, to bring together CMHA volunteers and field workers and representatives of other community groups working in the area of mental health.

The conference(s) should be funded and planned in such a way so as to facilitate attendance by CMHA volunteers and staff who are involved in activities at the Branch level.
Appendix A

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Appendix B

Guidelines for Therapy and Counselling with Women

1. The therapist/counsellor is willing to help the woman client to explore alternative life options in addition to the culturally defined gender role. Besides marriage and motherhood, he or she acknowledges the importance of other activities in both creating and solving women's problems.

2. The therapist/counsellor realizes that women do not bear the total responsibility for the success of marriage and for childrearing.

3. The therapist/counsellor recognizes the existence of social bias against women, and explores with the client the possibility that her problems may be based in society's definition of women's role rather than entirely within herself.

4. While respecting the right of the therapist/counsellor to determine the appropriate therapeutic strategy for a client, he or she is sensitive to and avoids the use of theoretical concepts that serve to reinforce the female stereotype of dependency and passivity, or to limit the woman's personal development.

5. The therapist/counsellor avoids interpreting psychological problems that occur at times of biological change in a woman's life -- e.g., childbirth, menopause -- solely in terms of her reproductive/biological functioning.

6. The therapist/counsellor avoids the use of language implying sex bias, especially sexist jokes and the use of labels derogatory or demeaning to women.

7. The therapist/counsellor recognizes physical violence and sexual abuse as crimes, and does not encourage the woman client to submit to them, to accept their legitimacy, or to feel guilty about being a victim. The therapist actively acknowledges that there is no "provocation" that justifies resorting to physical or sexual violence.

8. The therapist/counsellor recognizes a woman client's right to have a fully adult role in the therapist-client relationship, without guidance from or deference to a man, and helps her to achieve such a role.
9 The therapist/counsellor considers the sexual activity of
the client without employing a "double standard" based on
gender.

10 The therapist/counsellor does not treat the woman client as
a sex object.

Note: These guidelines were approved and adopted by the Canadian
Psychological Association, October 20, 1980.
Appendix C

Guidelines for Women Consumers of Psychotherapy and Counselling*

Seeing a therapist or counsellor is sometimes a necessary step in dealing with psychological difficulties. Unfortunately, some therapists who do not believe in the equality of women and men act in biased and irresponsible ways. Women seeing such therapists experience distress because of the negative and disrespectful beliefs, and if they don't always agree with the therapist, they are accused of resisting therapy. Therefore, they may waste a great deal of time, energy, and money trying to develop and maintain their self-respect as women in the face of such treatment.

1. Is the therapist/counsellor willing to help you explore behaviour (such as assertiveness and independence) and activities (paid employment or nontraditional hobbies) that do not fit the traditional rules for "feminine" behaviour? Does your therapist/counsellor believe that a woman can reach her full potential in ways other than through marriage and motherhood?

2. Does the therapist/counsellor act as though women should bear total responsibility for the success of relationships and for childrearing?

3. Does the therapist/counsellor recognize that many aspects of society are biased against women? Will s/he explore with you the possibility that at least some of your problems may be based on the effects of society's definition of women's role as inferior rather than as a result of some deep emotional problem?

4. Does the therapist/counsellor sometimes use language or ideas that show s/he believes women are dependent and passive, implying that you, because you are a woman, should always exhibit dependent and passive tendencies?

5. When you have problems around times of physical changes (your period, menopause, childbirth), does your therapist/counsellor tend to blame these physical changes for all your emotional problems, ignoring other aspects of your life?

6. Does your therapist/counsellor tell sexist jokes or use language that is derogatory or demeaning to women?
7 Does your therapist/counsellor regard physical violence and sexual abuse as crimes and actively acknowledge that there is no provocation that justifies resorting to physical or sexual violence? Does s/he encourage you to refuse to accept violence and not to feel guilty about being victimized?

8 Does your therapist/counsellor treat you as an adult rather than a child who should defer to her/him?

9 Does your therapist/counsellor seem to have different standards of sexual behaviour for women -- including you -- than for men?

10 Does your therapist/counsellor treat you as a sex object? Does s/he make sexual remarks or innuendos or make sexual advances toward you?

11 Does your therapist/counsellor become defensive when you tell her/him that you want to meet with several therapists/counsellors before choosing one?

12 Is the therapist/counsellor willing to discuss her/his therapeutic style, theoretical orientation and techniques?

13 Is your therapist/counsellor willing to consider your household and/or job responsibilities when scheduling your appointments?

14 Does your therapist/counsellor think that the only valid sexual feelings are heterosexual ones?

If you answered "yes" to any one of items 2, 4, 5, 6, 9, 10, 11, or 14, or "no" to any one of items 1, 3, 7, 8, 12, or 13 your therapist/counsellor has acted in a sexist manner that is irresponsible and unethical. You should discuss this with your therapist/counsellor -- perhaps showing him/her these Guidelines -- and if there is no change, seek another therapist/counsellor. You may also wish to report him/her to your provincial psychological association.

Therapy is supposed to help a woman develop her sense of self as well as alleviating her difficulties. By seeking non-sexist treatment, you will help yourself.

*These Guidelines were prepared by the Status of Women Committee of the Canadian Psychological Association. They are included here with the permission of the committee.