



**MHE's response to the
Commission consultation on Road map for equality between women
and men 2006-2010 follow up strategy (2011-2015)**

Mental Health Europe (MHE) welcomes the European Commission consultation on the Roadmap for equality between women and men 2006-2010 and hopes that its contribution will have some impact in the follow up strategy.

MHE believes that mental health should be included as a key priority in a European strategy on gender equality as mental health and well-being are central to understand wider health and social issues.

1. Overall assessment of the performance of the Roadmap for equality between women and men 2006-2010

Do you think the Roadmap 2006-2010 has made a difference and contributed to more equality between women?

MHE thinks that the Roadmap has certainly raised the profile of gender inequality across the following six priority areas:

- Equal economic independence for women and men,
- Reconciliation of private and professional life,
- Equal representation in decision-making,
- Eradication of all forms of gender-related violence,
- Elimination of gender stereotypes,
- Promotion of gender equality in external and development policies.

Nevertheless, women are still under represented in the top jobs, the pay gap is pervasive, and the opportunities for women in the ever increasing mobile workplace are limited as women are still the main carers of others. Equal voting rights have not transmuted into equal power.

In the workplace, women remain clustered in the lowest-paid occupations and continue to be subject to discrimination. In many countries women make up a growing proportion of the workforce. However, a very substantial amount of female workers are employed in precarious jobs, often with little job-security, low pay and unfavourable working conditions and remuneration, in real terms this represents an increased risk of poverty both during childbearing years and in later life. Poverty and mental health is bi-directional and intrinsically linked. Those with low incomes are more likely to suffer from poor mental health and poverty (effectively causing or contributing to poor mental health). Those with mental health problems are more likely to experience poverty; once incapacitated, the individual's socio-economic status is likely to fall even further.

2. Future challenges for gender equality

What are in your view the main medium and long term challenges that a new strategy for gender equality should address?

The main medium and long term challenge should be to address the link between gender and mental health in the context of eradicating poverty. Both poverty and gender are key determinants in mental health.

Prevalence rates of depression and anxiety disorders as well as psychological distress are higher for women than for men. Women remain the main carers for children and other dependants. However, the multiple roles that they fulfill in society render them at greater risk of experiencing mental problems than others in the community. Women bear the burden of responsibility associated with being wives, mothers and carers of others with no financial compensation for their work. More and more, women are becoming a vital part of the labour force and in one-quarter to one-third of households they are the prime source of income (WHO, 1995). In addition to the many pressures placed on women in society, they must contend with significant gender discrimination and the associated factors of gender based violence, poverty, lack of childcare provisions, societal expectations that women cope well with multi tasking and subsequent overwork.

This is a reflection of societal gender roles and is compounded by a lack of opportunities in both training and education, thus contributing to lower incomes in work and higher levels of poverty in retirement amongst women.

This juggling work and family life not only influences the physical and mental health of women but can also influence the health of growing children. Poor general health and life events are related to emotional disorders and conduct disorders. Most surveys suggest an increased rate of mental health problems in children in families with low incomes compared to those in better-off households (1 in 6, compared to 1 in 20). This difference is most exaggerated in boys, with double the risk of ADHD and bedwetting. Moreover, self-harming behaviours show strong social patterns.

MHE would like to see an emphasis on training women for secure employment, with adequate remuneration during their working years allowing for sufficient pensions for retirement.

MHE believes that it is possible by encouraging men to share the responsibility of carers by ensuring employers provide appropriate provisions for reliable child care or provide childcare vouchers to help meet the costs, and for both men and women to be given the opportunity to work flexible hours and work from home. To achieve this equilibrium MHE consider gender mainstreaming should begin in primary education. Schools and communities should place the emphasis on citizenship and social conscience, with the particular emphasis on Personal/social issues. This can be realized by offering appropriate educational courses with the aim of preparing both boys and girls for the roles of carers and supporters of families/disabled and sick people and make both genders aware of inequalities at an early stage.

Allowing men and women to reconcile work and family life equally is fundamental in the quest for gender equality.

3. Are the six priority areas defined in the Roadmap still relevant? Which new priorities should be considered?

MHE considers all the 6 priority areas are still relevant.

MHE would like to see Gender and Mental Health as an additional priority area.

Gender has considerable influence on the propensity and exposure to mental health risks and differences in mental health outcomes. It is demonstrated that there are highly significant gender differences for depression, anxiety and somatic complaints that affect more than 20% of the population in established economies.

According to the WHO¹ depressive disorders account for almost 41.9% of the disability from psychiatric disorders among women compared to 29.3% among men; women are more likely to suffer eating disorder and attempt suicide. Depression accounts for the largest proportion of the burden associated with all the mental and neurological disorders. It is predicted to be the second leading cause of global burden of disease by 2020.

Mental health is more than a health issue; it shapes and is influenced by a wide range of social and economic factors. Positive mental health or well-being contributes to healthier lifestyles, better physical health, improved recovery from illness, fewer limitations in daily life, higher educational attainment, greater productivity, employment and earnings, better relationships, more social cohesion and improved quality of life. All these factors are interrelated and affect the lives of individuals and communities as a whole.

4. What types of improvements should be aimed at concerning the monitoring and the reporting on progress made?

Different kind of tools prepared with the active contribution of associations/ employers/ employees along a two ways process: bottom-up and top-down to establish areas for improvement and good practices.

Tools that support the different needs of different groups within a community (state, EU, global) as well as long term monitoring should be preferred.

It is necessary for all EU member states to elaborate common, valid and balanced tools in order to create field surveys, statistical measurements and systematic records, which can be comparable.

5. How can complementarities and synergies between the Commission's initiatives, the actions by the Member States, the actions by Social Partners and organisations representing civil society, both at European and national level, be achieved?

Complementarities and synergies between the Commission and the relevant stakeholders can be achieved in many different ways by:

- Ensure mental health issues around gender and poverty are highlighted as a priority in creating a healthy balanced society
- Providing information and awareness of the effects of gender inequality
- Encourage national governments to acknowledge gender differentials in mental health diagnosis and treatment
- Challenge deep rooted patriarchal attitudes, starting in early years education
- Assisting with monitoring all sides of the problem in all EU member states, so that everyone is aware of the impacts
- Engaging the national governments in putting the issue as high priority on their political agendas
- Elaborating a common European policy agenda including the commitment of all members to common objectives and policies in order to tackle gender inequality
- Providing the stakeholders with general guidelines in addition to the possibility of sharing knowledge and experiences between countries.

*Mental Health Europe,
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¹ www.who.int/gender/other_health/en/genderMH.pdf

About Mental Health Europe

Mental Health Europe (MHE) is an organisation committed to the promotion of positive mental health, the prevention of mental distress, the improvement of care, advocacy for social inclusion and the protection of human rights for people with mental health problems, their families and carers.

MHE vision is of a Europe where mental health and well-being is given high priority in the political spectrum and on the European health and social agenda, where people with mental health problems live as full citizens with access to appropriate services and support when needed, and where meaningful participation is guaranteed at all levels of decision-making and administration. MHE's values are based on dignity and respect, equal opportunities, freedom of choice, anti-discrimination, social inclusion, democracy and participation.

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