
Editorial

Gender and mental health: recognition of unresolved issues

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It is rewarding to see that *Advances in Psychiatric Treatment* has taken the welcome step of addressing gender issues in both patients and professionals in psychiatry. One of the first steps in resolving most difficulties is recognising and acknowledging their existence.

It is established that gender has been one of the main sources of social, psychological, cultural and economic inequalities in modern societies. Characteristics of the assessment, treatment and management of mental health specific to each gender have been acknowledged for centuries, but solutions to the problems have been slow to arrive.

Social, economic and educational disparities between males and females have been under scrutiny for many decades. Even though there is still much to do to achieve parity in payment and the full complement of equal rights between the genders, the problems are well defined and processes and solutions are being tested.

Improvements in global health status, increases in life expectancy, a reduction in preventable illnesses and wider information and research in mental health have shown that targeted gender-focused work is necessary to ensure satisfactory delivery of mental health care.

The need to address differences in psychiatric and psychological problems and psychopathology between the genders is now widely accepted, and mental health professionals from various backgrounds have contributed to the recognition of these differences. The needs of safety, privacy and dignity for female patients in psychiatric units have been recognised and there are established guidelines on

mixed-gender acute psychiatric wards (NHS Executive, 2000).

This issue of *Advances in Psychiatric Treatment* includes the first a series of papers on gender and mental health issues that includes the following.

Do men need special services?

Kennedy (2001, this issue) considers the necessity of targeting services to groups with special needs as a part of enlightened public health policies. He concludes that existing mental health services fall short of minimum standards for reaching men and their special needs, just as they fail to reach other large minority groups.

The needs of women patients with a mental illness

Ramsay *et al* (2001, this issue) review gender differences in the presentation and course of mental illness in men and women and consider these differences within a social context. They also assess concepts of need in female patients.

Do women need special secure services?

Bartlett & Hassell (2001) review the clinical characteristics, vulnerability and risks of, and the different challenges posed by, women in secure

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services. They conclude that there is a need for specific and sensitive, but not special, secure services for women.

Psychiatric services for women

I discuss the epidemiology of mental health disorders as seen in women and the philosophy underlying gender-specific services and summarise the current needs for gender-sensitive services (Kohen, 2001). I highlight the importance of the debate concerning generic services catering for gender-specific needs *v.* specialist services designed to meet special needs and of the collection of data for evidence-based priorities.

Part-time training and training for male and female psychiatrists

The professional needs of female psychiatrists are reviewed in two articles. That by Cremona & Etchegoyen (2001) examines the professional needs of the psychiatrist in the system today. They comment on vital issues such as flexible training and different items in its implementation (for example, educational approval, support structures and future planning).

Professional, personal and social issues in the life of female psychiatrists

The second contribution on women and psychiatry, by Kohen & Arnold (2001), discusses inequalities

in the finances, career structure, complaints procedure, job security and stresses of the female psychiatrist, who also faces unresolved problems in pension and maternity rights and career planning.

It is our hope that different points of view on gender and mental health will raise awareness and widen the discussion on many unanswered questions. These will generate motivation and energy to establish the framework necessary for future developments. Better communication about effective models used in different localities will help to overcome clichés and allow professionals to approach issues realistically. New research and collaboration will guide the development and introduction of effective mechanisms whereby centuries of insensitivity will give way to changes and improvement in the quality of life for all.

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