NATIONS FOR MENTAL HEALTH
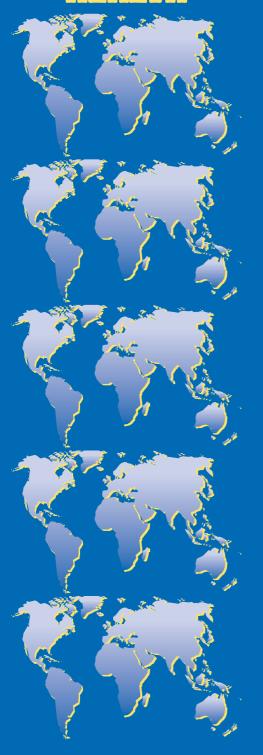
A Focus on Women

**Division of Mental Health
and Prevention of Substance Abuse**

World Health Organization
Geneva

Nations for Mental Health:
An Initiative for Mental Health in Underserved Populations

Objectives of Nations for Mental Health

- To enhance the attention of people and governments of the world to the effects of mental health problems and substance abuse on the social well-being and physical health of the world's underserved populations. A first step is to increase awareness and concern of the importance of mental health through a series of key high profile regional and international events. Secondly, efforts will be devoted to building up the will of the key political authorities to participate. Thirdly, and finally, efforts are to be directed at securing political commitments by decision-makers.
- To establish a number of demonstration projects in each of the six WHO regions of the world. They are meant to illustrate the potential of collaborative efforts at country level, with the view of leading on to projects of a larger scale.
- To encourage technical support between countries for service development, research and training.

The implementation of the programme depends on voluntary contributions from governments, foundations, individuals and others. It receives financial and technical support from the Eli Lilly and Company Foundation, the Government of the United Kingdom of Great Britain and Northern Ireland, the Institute of Psychiatry at the Maudsley Hospital of London (United Kingdom), the Free and Hanseatic City of Hamburg (Germany), the Villa Pini Foundation (Chieti, Italy), Columbia University (New York, USA), the Laboratoires Servier (Paris, France) and the International Foundation for Mental Health and Neurosciences (Geneva, Switzerland).

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Preface

The World Health Organization has established a new initiative called 'Nations for Mental Health' to deal with the increasing burdens of mental health and substance abuse worldwide. The main goal of the programme is to improve the mental health and psychosocial well being of the world's underserved populations.

Solutions to mental health and substance abuse problems entail a joint mobilization of social, economic and political forces as well as substantial changes in governmental policies related to education, health, and economic development in each country. This demands an intense and sustained effort from the nations of the world through joint cooperation between governments, nongovernmental organizations and the organizations within the United Nations system. The programme is of utmost importance to the work of WHO and WHO is willing to lead and coordinate this ambitious task. Several international meetings and launchings have been organized, in collaboration with other international organizations and academic institutions. A number of demonstration projects related to the programme have already been initiated in several countries. These projects are meant to illustrate and/or demonstrate the potential of collaborative efforts at country level, with the view of leading on to projects of a larger scale.

This document describes the background, rationale and implementation procedures for a range of potential demonstration projects addressing women's mental health. The mental health problems targeted include depression, anxiety and, more generally, psychological distress, sexual violence, domestic violence and escalating rates of substance abuse. The purpose of the document is to stimulate discussion and action in the areas of treatment, prevention and promotion through the development, implementation and evaluation of projects involving: policies and legislation, primary care, worksites, the criminal justice system, community services and supports, grassroots activities and use of the media.

This document was written by Dr Michelle K. Gomel, from the Division of Mental Health and Prevention of Substance Abuse, World Health Organization, Geneva, Switzerland. Critical feedback on this document was provided by Dr Claudia Garcia Moreno from the World Health Organization, Geneva and Dr Trudy Harpham and Ms Ilona Blue from the South Bank University, United Kingdom.

I am very pleased to present this document as part of the global process of raising awareness and concern about the effects of mental health problems of women. It is hoped that this important document will help support health ministers, ministry officials, and regional health planners whose task is to deliver and improve mental health policy and services within a strategic context.

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Executive summary

Mental health problems are of significant public health importance. A World Bank report estimated that these problems account for 10.5% of all disability. This compares with much lower rates for cancer, heart disease and for cerebrovascular disease. In addition, behaviour-related problems such as violence, substance abuse, sexually transmitted diseases, diarrhoea, malnutrition, tuberculosis, accidents and injuries were responsible for over 30% of all disability (Murray and Lopez, 1996).

The burden resulting from mental and behavioural problems is as significant in developing countries as it is in industrialized countries. Yet in many developing countries many patients suffering from mental disorders and/or behaviour-related problems are not recognized and therefore do not receive adequate treatment or intervention.

The situation in developing countries or among underserved populations is even more alarming for women than for men. Women are integral to all aspects of society, yet the multiple roles that they fulfill in society render them at greater risk of experiencing mental disorders than others in the community. In addition to the many pressures placed on them, women must contend with significant gender discrimination and the associated factors of poverty, hunger, malnutrition, overwork, domestic violence and sexual and reproductive violence. Failure to address women's health and mental problems has damaging social and economic consequences for communities (WHO, 1995).

In investigating those mental, behavioural and social problems that affect women either exclusively or to a greater extent than men we find higher rates of the following: depression, anxiety, psychological distress, sexual violence, domestic violence and escalating rates of substance use.

A comprehensive plan to improve women's mental health requires action at a number of levels, including the development of policies and legislation, the provision of interventions through population-based settings, ensuring that community services and supports are adequate and accessible, supporting and promoting grassroots activities, and utilizing media-based strategies to influence awareness of issues in the general community. Figure 1 gives a schematic representation of potential demonstration projects described in this document.

Policies and legislation

The focus of this initiative is to encourage the development and implementation of policies to improve women's mental health. The major emphasis is on the type and content of information and programmes provided to the community. The first stage for reorienting government departments and systems to make them more sensitive to women's mental health issues is to increase awareness among influential people in all government sectors of the impor-

tance of addressing these issues for the community. The second stage is to encourage the adoption of policies and procedures to achieve well defined goals.

Primary care

Staff of primary care services need to be sensitive to the mental health needs of women and need to be appropriately trained in skills to assist women who are experiencing problems.

Two potential demonstration projects are described. The first involves the provision of information and skills training to primary care workers. The second involves the incorporation of education and training on issues related to women's mental health into training curricula for medical personnel and other allied health care workers.

Workplace

In many countries women are increasingly working outside the home. Hence the workplace is an important setting in which to address women's mental health. From an economic point of view it is in the interest of worksite managers and governments to create a work environment that enhances the health of its workers in order to achieve higher levels of productivity. From a public health perspective, delivery of educational and structural interventions addressing women's mental health have the potential to reduce mental problems in the community at large.

A potential demonstration project involving two broad strategies is described. The first strategy is to examine and implement changes in the physical and social environment to protect and promote women's mental health. The second is to introduce more formal group programmes aimed at protecting and promoting women's mental health.

Criminal justice system

The criminal justice system can play a major role in issues affecting women's mental health, such as, through the development of legislation protecting women against domestic violence. However, even when legislation exists to protect women, there are numerous barriers to its implementation. Women are reluctant to report incidents for a variety of reasons, including intimidation by their partner, fear of reprisal and intimidation by the whole legal process. Barriers also relate to the attitudes and beliefs of those working within the criminal justice system, particularly the police, prosecutors, magistrates and judges. A significant and commonly held attitudinal and belief factor that leads to a reluctance to intervene in family disputes is that the family is 'sacred' and 'private'.

Two potential demonstration projects are described for this initiative. The first involves introducing education and training programmes for relevant sectors of the criminal justice system. The second involves improving the tertiary curriculum for students undertaking legal studies.

Community services and supports

Women need to be able to access specialized services in the community, including sexual and reproductive health services, drug and alcohol treatment and rehabilitation centres, services for those affected by HIV, and shelters to protect women against violence and to provide them with appropriate mental health care.

Community social supports involving activities that bring women together and offer the opportunity for discussion and emotional support can also benefit the mental health of women.

Three potential demonstration projects are described which focus on a review of the current capacity of community services and supports to respond to women's mental health needs and on strategies to strengthen existing services and/or create new services.

Grassroots activities

Grassroots activities have led to the empowerment of women and to improvements in living conditions for women in many nations. In order to facilitate improvements to women's mental health it is essential that these grassroots activities are supported.

Two potential demonstration projects are described. The first involves the promotion of greater unity and coordination of mental health activities for women among groups working at the grass roots. The second involves the development of a resource for use by groups working at the grass roots to facilitate the development, implementation and evaluation of a wide range of activities related to women's mental health.

Use of the media

The media can be used in a variety of ways to facilitate more desirable attitudes and behaviours with regard to women's mental health. Firstly, action can be taken to monitor, remove and also prevent the use of images, messages or stories in the media that have potentially negative consequences for women's mental health. Secondly, the media can be used to inform and persuade the community about issues related to women's mental health and also to advocate for change in social, structural and economic factors that influence the mental health of women. The most common methods for using the media include advertising, publicity and 'edutainment'.

Four potential demonstration projects are described. The first involves increasing the awareness of media representatives and lobbying them to reduce negative images of women and to promote positive images. The second involves using the media to inform the community of women's mental problems and addressing the stigma associated with these problems. The third involves using the mass media as a means to advocate for women's mental health and the fourth involves using edutainment methods to promote women's mental health in the community.

Schematic representation of potential demonstration projects

Policies and legislation	Education, training and structural interventions			Other community services and supports		
	Primary care	**Worksites**	**Criminal justice system**	**Community services and support**	**Grassroots activities**	**Use of the media**
Project 1 To increase the awareness, will and commitment of governments in relation to women's mental health.	**Project 1** Development, implementation and evaluation of training programmes for primary care providers. **Project 2** Development, implementation and evaluation of women's mental health programmes introduced into training curricula.	**Project 1** Development, implementation and evaluation of programmes in the workplace to improve women's mental health.	**Project 1** Training within the criminal justice system on violence towards women. **Project 2** Introducing a course component on violence towards women into tertiary education curricula.	**Project 1** Review, evaluation and strengthening of community *services* to protect and promote women's mental health. **Project 2** Review, evaluation and strengthening of community *supports* to protect and promote women's mental health. **Project 3** Promoting community services and supports in hard-to-reach communities.	**Project 1** Facilitating the development of unified networks and collaboration between NGOs and women's groups in priority areas for women's mental health. **Project 2** Developing and promoting a resource to stimulate grassroots activities	**Project 1** Providing a basis for lobbying to reduce the negative potrayal of women and to promote positive images of women. **Project 2** Increasing community awarenness of women's mental health and reducing the stigma associated with mental problems. **Project 3** Advocating for improved mental health for women. **Project 4** Promoting women's mental health through 'edutainment'.

Chapter 1
Introduction

The extent of mental health problems

Advances in medical treatment have led to major improvements in health care. However, these advances are being offset by a marked growth in mental, behavioural and social problems (Desjarlais, Eisenberg, Good & Kleinman, 1995). An indication of the extent and burden of these problems comes from the findings of a World Bank project. Mental health problems were found to be one of the largest causes of lost years of quality life, accounting for 10.5% of all disability. This compares with much lower rates for cancer, heart disease and cerebrovascular disease, all of which are recognized as significant public health problems. In addition, behaviour-related problems such as violence, diarrhoeal diseases, malnutrition, tuberculosis, sexually transmitted diseases, substance abuse and motor vehicle and other injuries were responsible for over 30% of all disability (Murray & Lopez, 1996).

The burden resulting from mental disorders and behavioural problems is as significant in developing countries as it is in industrialized countries. The WHO study on strategies for extending mental health care found that 10-20% of a sample of primary care attenders in developing countries such as Colombia, India, the Philippines and Sudan suffered from anxiety and/or depression (Harding et al, 1983). Yet in developing countries many patients suffering from mental disorders and behavioural problems are not recognized and therefore do not receive adequate treatment. Until recently mental health has not been accorded adequate attention as a public health issue and consequently there has been little activity to address the problem in developing countries.

A focus on women

In many underserved populations, women have considerable mental health needs. However, the conception of women's mental health has been limited as have attempts to protect and promote it. When women's health issues have been addressed in these populations, activities have tended to focus on issues associated with reproduction – such as family planning and child-bearing – while women's mental health has been relatively neglected (WHO, 1993; WHO, 1995).

Women are integral to all aspects of society. However, the multiple roles that they fulfill in society render them at greater risk of experiencing mental disorders than others in the community. Women bear the burden of responsibility associated with being wives, mothers and carers of others. Increasingly, women

are becoming an essential 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, they must contend with significant gender discrimination and the associated factors of poverty, hunger, malnutrition, overwork, domestic violence and sexual violence. Failure to address women's health and mental problems has damaging social and economic consequences for communities (WHO, 1993; WHO, 1995).

Significant mental disorders and problems experienced by women

In investigating common mental, behavioural and social problems in the community we find that women are more likely than men to be adversely affected by:

- specific mental disorders, the most common being depression;
- the effects of domestic violence;
- the effects of sexual violence;
- escalating rates of substance use.

Mental disorders

Prevalence rates of depression and anxiety disorders as well as psychological distress are higher for women than men. These findings are consistent across a range of studies undertaken in different countries and settings (Desjarlais et al, 1995). In addition to the higher rates of depression and anxiety, women are much more likely to receive a diagnosis of obsessive compulsive disorder, somatization disorder and panic disorder (Russo, 1990). In contrast men are more likely to receive a diagnosis of antisocial personality disorder and alcohol abuse/dependency. The gender differences associated with mental disorders are brought out most clearly in the case of depression (Russo, 1990). Data from the World Bank study revealed that depressive disorders accounted for close to 30% of the disability from neuropsychiatric disorders amongst women in developing countries but only 12.6% of that among men. The disparity in rates between men and women tend to be even more pronounced in underserved populations (World Bank, 1993).

The following examples provide some indication of the extent of variance in rates of mental disorders between men and women in underserved populations. In a study in Sao Paulo, Brazil, 11.7% of males were identified as having a 'probable' psychiatric diagnosis in contrast with 24.6% of women (Mari et al, 1993). In another urban area of Brazil, Blue, Ducci, Jaswal, Ludfemir & Harpham (1995), found that women were almost four times more likely to have a positive score on the Short Reporting Questionnaire (SRQ-20), which is indicative of having a mental disorder. A study of primary care attenders in Santiago, Chile, found the prevalence of psychiatric morbidity to be 62% in women compared with 39% in men (Abas, Broadhead, Blue, Lewis & Araya, 1995).

Explanations for the gender differences in mental disorders have been discussed in relation to different help-seeking behaviours of the sexes, biological differences, social causes and the different ways in which women and men acknowledge and deal with distress (Paykel, 1991). Blue et al, (1995) argue that while all these factors may contribute to higher rates of depression or psychological problems among women, social causes seem to be the most significant explanation. Women living in poor social and environmental circumstances with associated low education, low income and difficult family and marital relationships, are much more likely to suffer from mental disorders. They conclude that the combined impact of gender and low socio-economic status are critical determinants of mental ill-health (Blue et al, 1995).

An extreme but common expression of gender inequality is sexual and domestic violence perpetrated against women. These forms of sociocultural violence contribute to the high prevalence of mental disorders experienced by women. These are described in more detail in the following two sections.

Domestic violence

A recent review of 34 studies in several countries indicated that from one-quarter to more than one-half of women reported being physically abused by a current or previous partner. The prevalence rates vary substantially across countries. For example, in North America, 11.6% of women reported being abused in the last 12 months. This contrasts with rates of 37.5% in North Korea for the same period (Heise, Pitanguy & Germain, 1994). Specific comparisons between other countries are difficult to make due to the different definitions of violence and different research methodologies used.

The prevalence of mental health problems among those who have been abused is alarmingly high. Three population-based surveys have examined the relationship between spouse abuse and mental health problems (Gelles and Harrop, 1989; Mullen, Romans-Clarkson, Walton and Herbison, 1988; Ratner, 1993). From these studies it has been shown that women reporting a history of spouse abuse have significantly higher scores on measures of psychopathology. They are also more likely to be identified as having a major mental disorder by these measures than non-abused women and there is a positive relationship between the frequency and the severity of abuse and mental health problems.

Common mental health problems experienced by abused women include depression, anxiety, post-traumatic stress, insomnia and alcohol use disorders as well as a range of somatic and psychological complaints. Battered women are much more likely to require psychiatric treatment and are much more likely to attempt suicide than non-battered women (Stark & Flitcraft, 1988).

Other cultural specific forms of domestic violence include dowry death and female infanticide. In India, dowry death, often by burning, is perpetrated when dowry-related demands are not fulfilled. The perpetrator is often the

husband or the parents-in-law, and frequently females will commit suicide (Heise et al, 1994; Desjarlais et al, 1995).

Female infanticide is commonly practised in parts of Asia. A recent survey cited in Desjarlais et al (1995) indicated that over 50% of women in their sample in China had killed a baby daughter. Women are often forced to carry out infanticide through family pressure and desperate living circumstances and are often left with feelings of remorse and guilt.

Sexual violence

The two forms of sexual violence that will be discussed in this section are rape and forced prostitution. Rape is widespread throughout the world and even more pronounced in countries going through societal breakdown and political violence. It has been estimated that between one in five and one in seven women in the USA have been victims of rape or attempted rape. Estimates of rape during war are difficult to obtain. However, some data suggest, for instance, that during Bangladesh's nine month war for independence many hundreds of thousands of Bengali women were raped by Pakistani soldiers (Heise, Raikes, Watts & Zwi, 1994).

The severe mental health consequences of rape are well known and include major depression, generalized anxiety disorder, post-traumatic stress disorder, obsessive compulsive disorders and alcohol and drug use disorders (Koss, 1990). In some countries, women not only have to deal with the emotional and psychological impact of the rape but they must also contend with cultural beliefs that equate a woman's worth with her virginity. Instead of providing support to victims of sexual abuse, women can be forced to marry their rapist in order to avoid the stigma of the rape. Many women turn to prostitution or suicide as a result of the stigma, and others are killed by family members (Heise, et al, 1994).

Involuntary prostitution, in which women are transported to foreign destinations and sold to bars or brothels, is a major problem in some countries. Women are exposed to severe physical, psychological and sexual abuse with little opportunity to escape.

Sexual violence is evident at a more subtle level in the day-to-day living conditions of many women in underserved populations. There are cultural constraints for women to refuse sexual relations with partners. Male partners are also primarily responsible for making decisions about condom use. Consequently, women have little control over their sexuality and are at great risk of acquiring sexually transmitted diseases (Desjarlais et al, 1995).

Escalating rates of substance use

A recent report prepared by WHO (1993) documents issues related to women's substance use. Although there are variations between countries, rates of substance abuse – particularly abuse of alcohol, tranquillizers and analgesics – are increasing around the world. However, despite increasing rates, services to assist women are limited. In most countries substance abuse has been traditionally viewed as a problem of men and as incompatible with a women's role in society. Consequently this has led to considerable stigma for women who abuse substances. Even where services exist they have been developed according to the needs of male substance abusers; women are reluctant to attend because of the associated stigma and also the cost of treatment.

Chapter 2
Overview of a plan to improve women's mental health

A comprehensive plan to improve women's mental health requires action at a number of levels, including: the development of policies and legislation, the provision of interventions through population-based settings, ensuring that community services and supports are adequate and accessible, supporting and promoting grassroots activities, and utilizing media-based strategies to influence awareness of issues in the general community.

Policies and legislation

A key area of action is the development and implementation of *policies and legislation* to overcome gender inequalities for women in health, education and employment and to recognize acts such as physical and sexual abuse as criminal offences. If legislation exists but is not effective, strategies to determine the barriers to its implementation need to be explored and addressed. In some cases policies and legislation may need to be revised; in other cases, it may be necessary to increase community awareness of them. For example, in relation to violent crimes against women it is not sufficient simply to have legislation or a policy – the criminal justice system, health care workers and the community at large need to be aware of the policy and what it entails.

Education, training and structural interventions

Education, training and interventions targeting the social and physical environment are crucial for addressing women's mental health. In this proposal, primary care, workplaces and the criminal justice system are highlighted as important settings to improve the management of mental problems experienced by women and to promote women's mental health.

Primary care
Primary care is an important setting in which one can inform women and men on pertinent issues related to women's mental health. Primary care is by definition the most accessible form of health care for the population. The primary care setting also presents an opportunity to provide comprehensive and holistic care and is an important setting for carrying out prevention and health promotion activities. Providers are regarded as knowledgeable and credible sources of health information and therefore have great potential to

influence behaviour in a way that furthers the mental health of women. The setting provides an opportunity to raise sensitive and confidential issues and care providers can adopt a personalized approach to mental health care. However, effective intervention for women's mental health requires the training of primary care staff not only in the field but also by incorporating women's mental health issues into training curricula.

Workplaces

In many developing countries an increasing number of women are entering the workforce. Education and interventions in workplaces thus present an ideal opportunity to address mental health issues with women directly and also indirectly through programmes for men. Workplace mental health interventions can reduce accessibility barriers given that programmes can be conducted during working hours or immediately preceding or following work.

Criminal justice system

Special groups within communities also require information, education and training in relation to women's mental health. Of particular importance is the criminal justice system, in which magistrates and police are required to deal with cases of sexual violence and domestic violence. Their role and responsibilities need to be clearly outlined and understood and any discriminatory attitudes towards women need to be addressed. These groups can actively reinforce the view that violence against women is not acceptable and they can act as advocates for women through listening to women, supporting them and helping them to access services.

Community action

Interventions to promote community action can also be encouraged in the above settings. Through the establishment of a committee, representatives can be encouraged to define problems and priorities in the area of women's mental health and to plan ongoing strategies to address these.

Other community-based activities

It is crucial to consider a range of other community-based approaches in the context of women's mental health. Enhancing the quality of community services and supports to meet the needs of women can improve their mental health. This may include facilities for child care, nursery schools and community facilities as well as community supports such as, self-help groups and outreach programmes. Grassroots movements and activities which are responsible for many of the improvements in women's living conditions can be supported both technically and financially. The media can be used to promote community awareness as well as positive and supportive attitudes and behaviour, in relation to women's mental health and as a means of advocacy.

Chapter 3
Policies and related legislation

Background

An important contributing factor to the poor mental health of women in developing countries is the gender inequality that makes it more difficult for women to access food, education, employment and health services and also to benefit from economic development. Moreover, women suffer from overwork and from sexual, reproductive and other forms of violence with devastating consequences for their mental health.

Policies and legislation aimed at ending discrimination against women are needed to improve the mental health of women. While Nations for Mental Health will collaborate with other agencies directly involved in policy development regarding discrimination, this will not be the programme's main focus of work. Rather, the focus will be on promoting policies that target more directly the *type and content* of programmes and information provided to the community on women's mental health issues. An example would be influencing primary care workers to be better informed and more responsive to women's mental health needs. This chapter summarizes some of the projects in the area of policy development and implementation that could be promoted by Nations for Mental Health.

Major aims

The major aim of this initiative is to develop and implement policies and procedures to improve women's mental health. The first stage for reorienting government departments and systems to make them more sensitive to women's mental health is to increase the awareness of influential people in all government sectors of the importance of addressing these issues. The second stage is to encourage the adoption of policies and procedures to achieve well defined goals.

Project 1
The development of policies to protect and promote women's mental health

(1) Identification of significant persons in government departments and other relevant groups in the community

Contact will be established with WHO regional offices to identify significant persons in government departments (such as health, education, employment,

community services), the criminal justice system and also the media, nongovernmental organizations (NGOs) and women's groups with an interest in mental health.

(2) Documentation of the extent and burden of women's problems and potential solutions

It would be important to work with academic institutions, NGOs and women's groups to obtain and document data indicating the extent of women's problems and the burden associated with women's mental problems. This data can be used to influence the attitudes and behaviours of people who are in a position to influence and develop policy.

(3) Preliminary meeting with key government representatives identified above

The main purposes would be:

• to increase awareness of women's mental problems and related issues;

• to demonstrate the adverse effects of these problems on the health of the whole community;

• to demonstrate how many of the mental problems of women are linked to gender discrimination;

• to demonstrate how the overall health of the community can be improved by improving the mental health of women through providing information, training programmes, community-based education programmes and improved community services and supports for women

• to investigate ways in which each government sector represented at the meeting can develop policies to positively influence women's mental health.

(4) Organization of a national meeting of representatives from key government departments and other bodies

Participants invited to the meeting would include representatives of the ministries of education, health, employment and community services, medical and other allied health councils and associations, the criminal justice system, women's groups and NGOs, and university and teaching departments. Countries would be encouraged to review current policies and programmes addressing women's mental health and to examine how existing policies and programmes could be modified or how new policies and programmes could be implemented to improve women's mental health.

Projects in one or more of the following areas would be encouraged: primary health care (training for physicians and primary care workers in the field, and also for students undergoing tertiary education in medical and other allied health disciplines), education and training in the criminal justice system, worksite programmes, community services and supports for women, support and promotion of activities at the grass roots, and the use of the media to improve women's mental health.

In summary, the main purposes of the meeting would be:

- to reinforce commitment to reviewing policies, procedures and programmes for improving women's mental health, and either modifying them or developing new ones;

- to discuss the types and form of policies;

- to discuss projects and strategies to implement policies;

- to establish working groups to formalize policies, projects and strategies (these may comprise separate groups for primary care, medical and allied care curricula, worksite programmes, the criminal justice system, community services and supports, women's grassroots activities, and use of the media);

- to organize ongoing meetings to review progress in policy formation, projects and strategies.

(5) Providing governments and working groups with support to assist policy development and implementation

The aims would be:

- to provide examples of successful projects in other countries and to make sure that these are adequately adapted;

- to work with governments to set up feasible means to monitor and evaluate policies and their implementation.

The following chapters present some examples of projects that can be carried out to assist the implementation of policies to improve women's mental health.

Chapter 4
Primary care: education and training on women's mental health

Background

Staff of primary care services, including general practices, community clinics and hospitals need to be sensitive to the mental health needs of women. This requires care providers to:

- be aware of the major mental health problems affecting women;
- routinely enquire about common mental health problems;
- provide the most appropriate intervention and support;
- provide education to the community on issues related to the mental health of women.

The areas of women's mental health that currently need to be addressed have been outlined in the introduction and include depression, anxiety, somatization, stress-related disorders, problems related to physiological changes such as, pregnancy, the postpartum period and the stress of caring for newborn infants, sexual violence and domestic violence, and increasing rates of substance use.

It is important that care providers accurately diagnose mental health problems and use effective treatment to manage these problems. To provide comprehensive mental care, primary care providers need to work within a framework that goes beyond the medical model. They need to be both aware of and sensitive to psychosocial problems of women that may be contributing to mental disorders. Some of these include: physical, emotional and sexual abuse, sole parenting, excessive demands placed on women at work and in managing the family and home, lack of support from the immediate and extended family, and friends, lack of leisure time activities or access to community support groups. Primary care providers need to work closely with community services in order to effectively treat women who are suffering from mental disorders.

It is necessary to have an understanding of some of the barriers to providing effective intervention in primary health care. Potential barriers can be classified in three categories: (i) care provider knowledge, attitude and belief barriers, (ii) patient barriers, and (iii) structural barriers.

Inadequate education and training

These are important barriers to the identification and management of mental health problems affecting women. Women's mental health is relatively neglected in medical, nursing, social work and other allied health professional curricula. Moreover, the orientation of training to the medical model leads to a

situation in which symptoms are addressed without identifying and treating the underlying problem. There is a tendency to focus on the presenting physical or psychological problem while ignoring the social and cultural circumstances in which it occurs. As a result, if the patient presents with vague complaints and a physical basis can not be identified, the person may be given a psychological or psychiatric label such as 'neurotic' or 'hysterical' (Morrison, Van Hasselt & Bellack, 1987). This is more likely to happen if patients are women.

In relation to domestic violence, a major barrier to identification and intervention is the tendency of physicians and other primary care professionals to suspect domestic violence only when physical injuries are present. However, physical signs of abuse are not always present or, if present, are not always obvious. The reliance on physical signs as a major indicator of possible abuse results in a substantial proportion of victims not being detected and instead labelled as neurotic. If primary care workers are to be effective in treating domestic violence, they need both to suspect it and to look for evidence of it (Knowlden & Frith, 1993).

Attitude and belief barriers

These are also important impediments to providing effective mental health care for women. For domestic violence and sexual abuse, beliefs that the women provoke incidents are major impediments to providing effective mental health care.

Primary care workers may not believe that it is a *legitimate* part of their role to deal with psychosocial issues underlying mental disorders. There is an underlying reluctance to interfere with issues seen to be private and a fear of offending patients (Sugg & Innui, 1992).

One barrier that is consistently raised is the sense of helplessness and frustration with the situation, particularly when dealing with problems that relate to psychosocial issues such as violence and poverty. Health care practitioners often express the concern that they do not have the training or skills to deal with many psychosocial issues (*poor self-efficacy*) or even that skills and training would not be adequate to help the situation (*poor outcome expectations*). In relation to domestic violence, one study showed that physicians who expressed a need to solve the domestic situation expediently became frustrated when they could not. This was found to be a major barrier to physicians' willingness to address domestic violence. This contrasted with physicians who did not perceive their role as being to fix the problem but rather to validate the patient's feelings, discuss issues of safety and refer the woman to appropriate resources. Rather than expecting a quick resolution of the problem they saw change as taking a more prolonged course (Sugg & Innui, 1992).

Patient factors

Patient factors impede diagnosis and management because problems and/or symptoms are not communicated clearly by many patients. There are many

potential reasons for this, including: a lack of awareness of their psychological and emotional problems, difficulties in relating symptoms to psychological problems, difficulties in communicating feelings and symptoms, the stigma associated with having a mental disorder, concerns about confidentiality of the information provided to the primary care worker, poor compliance with medication (much of which has side-effects) and lack of access to personal resources and external support.

Structural barriers

Structural barriers such as time constraints and inadequate remuneration act as barriers to the careful assessment and management of mental problems. In particular, such constraints favour the use of short-term management techniques such as prescribing medication over the use of effective treatments based on psychosocial counselling. Other potential structural barriers include limited community services to which to refer women.

Major aims

The major aim of this initiative is to provide education and training to improve primary care workers' skills in detecting and managing women's mental problems and also in promoting women's mental health. Two major strategies will be used. The first involves information and skills training for primary care workers in the field. The second involves the incorporation of education and training on issues related to women's mental health into training curricula for medical and other allied health care workers.

Project 1
Development, implementation and evaluation of training programmes for primary care providers

(1) Working with WHO regional offices to identify countries and primary care services keen to develop, implement and evaluate training programmes

A limited number of services will be selected to participate in the initial project. The number of services will be determined by the resources available. After development, implementation and evaluation stages have been completed the project will be disseminated to other services that demonstrate an interest in addressing women's mental health.

(2) Setting up a project committee

A steering committee will be set up to oversee the development, implementation and evaluation of the initiative. Representation would be from medical practitioner and other allied health care provider organizations and teaching departments, women's groups and NGOs in the community and representatives from relevant government departments.

(3) Qualitative research to understand the barriers to delivering good mental care to women within primary care settings

Once a primary care site has been selected, focus groups will be used to better understand barriers to providing care and to generate strategies to overcome these barriers.

The relative strength of barriers is likely to vary by country, by regions within countries, by the type of primary care facility that is being examined and by the type of primary care workers. Hence it is essential to conduct focus groups with representatives from the primary care service that is being targeted for the education and training programmes.

Recommendations

- Focus groups should be conducted to assist the development and implementation of education and training programmes for primary care workers.

- Focus groups for *primary care providers* should be conducted to understand in more depth their knowledge, attitudes, beliefs and practices in relation to women's mental health and any perceived barriers to providing intervention in this area. Information on the areas of training that they perceive to be useful should also be collected.

- Focus groups should be conducted for *female patients* to better understand their perceptions of the adequacy of current services in dealing with women's mental health, to obtain their suggestions as to how primary care can be improved to meet their needs, and to find any barriers to disclosing information about their mental health.

- Focus groups should be conducted for *each primary care service* targeted for education and training programmes.

(4) Development of training programmes and training methods

Core modules

Countries will be encouraged to develop and implement training programmes that address the major mental problems facing women in their country/ region. Options for seven core modules are described below.

- *Common psychological disorders experienced by women: recognition, assessment and treatment for depression, anxiety disorders, somatization and stress disorders.* Essential components would include: addressing myths about mental illness indicating weakness or laziness; understanding diagnostic criteria for disorders; interview techniques for diagnosis and assessment of suicide ideation; exploring life circumstances and stress contributing to disorders; assessing available supports within the family and the community more generally; therapeutic use of medications; non-medication approaches to treatment; referral to community services; and ongoing monitoring and follow-up.

- *Mental problems related to physiological changes (premenstrual depression, menopause), pregnancy and the postpartum period (e.g. puerperal psychosis)*

and the stress of caring for a newborn infant. Essential components would include: increasing awareness of these problems as legitimate mental problems that cause significant distress and that require treatment; pharmacological and non-pharmacological approaches to management of problems; the importance of emotional support to help manage problems; how to involve family and friends in treatment; and how to make use of community support services.

- *Recognizing and intervening for domestic violence.* Essential components would include: the importance of routine screening and how to recognize physical and psychological signs of abuse; how to obtain a detailed history of the abusive relationship and its physical and mental health impact. Of particular importance are assessment for depression, anxiety, post-traumatic stress disorder, drug and alcohol dependence, suicidal behaviour; coping mechanisms and available supports; safety issues for the woman and any children; ways to validate the experience of violence; under what circumstances to prescribe medication and monitoring the use of medication; how to formulate a safety plan with women who are currently living in an abusive situation; knowledge of the whereabouts of safe places such as a hospital emergency department, local shelter, a trusted friend's home or police station to help protect the woman and her children from harm; and knowledge of and referral to shelters, legal services, housing services, employment and skills training services, support groups and individual counsellors. Finally, the importance of record keeping and of providing ongoing monitoring and support even when referral is made to other services needs to be addressed.

- *Recognizing and intervening for sexual violence.* Essential components would include: undertaking a sexual history; recognizing the effects of sexual abuse and routinely assessing for sexual abuse as part of history-taking; how to discuss the effects of any abuse and the importance of referrals to available support services; techniques for discussing with and advising women and men on the importance of safe sexual practices.

- *Providing effective and supportive intervention for women who are HIV-positive or who have AIDS.* Essential components would include: discussing the diagnosis of HIV infection and AIDS with patients; discussing fears; discussing care for self and the family; learning to live with AIDS; enlisting the support of family and friends; safer sexual practices; referral to support services; and ongoing monitoring and emotional support.

- *Recognizing and intervening for drug abuse.* Essential components would include: an assessment of the major drugs of abuse, alcohol, smoking, and anxiolytics in order to be able to understand psychosocial circumstances that may underlie or contribute to drug abuse; brief counselling techniques incorporating motivational interviewing; pharmacological treatments; and awareness of when and how to enlist the support of the family in treatment.

- *Addressing women's mental health through intervention with men.* Essential components would include: discussing the quality of relationships in the home and the likelihood of any violence; the importance of sharing respon-

sibility for managing household tasks and care of children; the importance of encouraging male children to participate in household tasks; and how to raise, discuss and manage alcohol-related problems and issues related to safer sexual practices.

Core skills
A number of core skills will be emphasized in each training module. These skills have been identified as an essential part of patient communication and effective treatment of mental disorders. They include: listening; understanding symptoms within the context of patients' life circumstances; exploring events or problems that may be contributing to the mental problem; encouraging disclosure of problems and life events; adopting a nonjudgmental attitude to women's symptoms or disclosure; being able to understand and acknowledge the difficulties of women's situations and the effects on their lives; exploring fears; exploring desired outcomes; assisting patients to set realistic goals; exploring options to achieve desired goals; and referring patients to other helping services. Additionally, providers will be encouraged and trained in skills for advocating women's mental health.

Training approach/methods
Training programmes should be practical and should stimulate discussion. The first part of training can be used to address any negative attitudes and beliefs about women's mental health held by participants, to stimulate discussion about the causes of poor mental health in women, and to address perceived barriers to recognition, assessment and treatment. Many of these issues will have been raised in the focus groups conducted prior to programme development. Introducing and addressing these at an early stage of training can enhance its effectiveness. The second component of training would include the provision of relevant information on recognition and assessment of mental disorders and medical and psychosocial strategies for their management. The third part of training would aim to enhance skills acquisition in the areas of assessment and management. This can be achieved through role-plays and discussion.

Associated materials for education and training programmes
Support materials will be useful to facilitate training programmes. These would include: notes summarizing essential information from the training programme, a collection of role-plays (patient, primary care provider and observer instructions); a medication card summarizing the main medications, associated dosage and side-effects for major mental problems experienced by women; a list of counselling centres, refuges, community health centres, family planning centres, welfare organizations (housing, education, financial aid) and women's support groups.

Recommendations
• Separate modules should be developed for women's mental problems to allow flexibility and choice for individual countries and primary care sites.

- Programmes should be developed by experts in the area, together with relevant people from the primary care service for which the programme is being developed.

- Programmes should be adapted and further developed from the information obtained from focus groups.

- The level of technical information should be minimized to allow the participation of a large range of primary care workers.

- Supplementary information and training should be provided to physicians on medical and psychiatric management, where necessary, to supplement the more basic training.

- All core modules should emphasize skills training, particularly doctor-patient communication skills.

- All training programmes should address attitudes and beliefs that act as barriers to providing good mental care to women.

- Core materials, including a list of resources, should be developed to assist the training of primary care workers and improve their ability to refer women to relevant community organizations.

(5) Implementation of programmes

Consideration needs to be given to the type and gender of trainers. Persons conducting the training workshops should be well respected, should have a well developed interest in the mental health problems of women and should be appropriate role models. Ideally, programmes should be carried out by both male and female care providers.

After training has been conducted in a particular service, key persons within this service can be used to train people working in other primary care services using similar developmental, implementation and evaluation principles.

Strategies for the development and implementation of education and training programmes in hard-to-reach communities need to be determined in close collaboration with the relevant primary care workers. Some options include: providing training for primary care workers in villages through mail correspondence programmes or the use of cassette tapes, videotapes and telephone follow-up, or providing the means for primary care workers to attend training programmes in regional hospitals or other appropriate settings.

Recommendations

- Leaders of training programmes should, where possible, involve both males and females working together.

- Training programmes should be available to all primary care workers within a primary care setting.

- Persons in primary care centres undergoing training should be used to train others in other settings.

- Training programmes should be implemented for primary care workers in hard-to-reach communities (e.g. villages).

- Programmes should be appropriately adapted for primary care workers and women in hard-to-reach communities in a way that makes information and training accessible.

- Appropriate input on programme format and methods of programme delivery should be obtained from primary care workers and women in hard-to-reach communities.

(6) Stimulating community action

In each primary care service, a committee can be set up to enhance the likely continuation of activities related to women's mental health and to promote community action. Potential activities of the committee could be: to monitor education and training programmes on women's mental health for the primary care service; to advise and assist staff who are dealing with the mental health problems of women; to access technical assistance at national and international levels; to promote self-help groups for women; to discuss and determine strategies to obtain the necessary resources and to set up the necessary structures to adequately treat and manage the mental problems of women (e.g. accessing medications, determining strategies to ensure safe places for women who are being victimized by partners, improving women's access to primary care services, working with grassroots movements to improve the quality of mental care of women in the community at large).

(7) Evaluation of programmes

Process measures

These measures assess whether all activities of the training programmes are implemented as planned, including the number of participants attending training, the number of women's problems addressed during training and the time devoted to these. Programme participation rates will be assessed, as will satisfaction with the programme, associated resources and materials, and delivery of the programme. Checklists can be developed for this purpose.

Impact measures

These measures will assess the immediate impact of the training programmes (e.g. knowledge and attitude change following the programme). Brief pre-training and post-training questionnaires can be used to assess change.

Outcome measures

The ultimate outcome is the improvement in the quality of care provided to women on a range of issues affecting their mental health. Primary care workers' practices can be assessed through self-report prior to and following training programmes. More objective data can be obtained by examining the medical records of female patients prior to and following staff training and by focusing on documentation of assessment, intervention and referral for women's mental problems. Finally, female patients can be assessed at baseline and

follow-up on a range of issues relating to their mental health (including qualitative assessment through the SRQ-20) and the service that they received through primary care.

Project 2
Development, implementation and evaluation of women's mental health programmes introduced into training curricula

As mentioned above an important strategy for improving the skills of practitioners in addressing the mental problems of women is to highlight these issues and to introduce the necessary skills training within the training curricula for medical students and allied health professionals. Training at this early stage will reduce the burden and resources required to train primary care workers in the field. Although continuing education is still required at later stages, its main purpose would shift from equipping primary care workers with basic skills in women's mental health to reinforcing and updating skills.

(1) Working with WHO regional offices to identify educational institutions which are receptive to introducing women's mental health issues into tertiary curricula.

WHO regional offices will be contacted to identify countries that are receptive to introducing women's mental health issues into the training curricula of medical, nursing and other allied health care professionals. Discussions will be held to determine the best sequencing of this initiative: e.g. whether the curriculum of medical, nursing or other allied health workers should be targeted first, or whether the initiative should be implemented within one or more countries, targeting the curriculum across a range of health care professionals, or whether a combination of strategies should be used. The breadth of this initiative will be determined by the extent of funding available and can be introduced on a wider scale once development, implementation and evaluation stages have been completed for the initial phase.

(2) Setting up a project committee

A project committee will be set up to oversee the development, implementation and evaluation of the curriculum initiative. Representation would be from administration, faculty, staff and students of the relevant teaching departments, women's groups and NGOs as well as professional associations and government departments.

(3) Determining the extent to which key areas in women's mental health are being addressed

The current curriculum should be examined to determine its adequacy in providing students with knowledge and skills for addressing women's mental health problems. Research and service provision activities should also be reviewed. Some of the assessment methods could include the following:

- the development of checklists which summarize agreed content areas and associated skills for addressing women's mental health;

- the use of checklists to assess the extent to which course outlines (where these exist), research and service provision activities address women's mental health;

- the conduct of surveys with teaching staff of medical and other allied health faculties to determine the extent to which women's mental health issues are addressed.

(4) Qualitative research to examine procedures for implementing a component on women's mental problems into training curricula

Qualitative research can provide useful information to assist the successful incorporation of women's mental health problems and related issues into the course curriculum, research and training.

Focus groups with *staff* members would examine attitudes towards incorporating women's mental problems into the existing curriculum. It would be important to stimulate discussion on perceived barriers and incentives for introducing such changes. Some of the issues that need to be explored include the extent to which women's mental problems are believed to be important health issues relative to other health problems, and the perceived impact of women's mental problems on the community at large. Discussion of methods to incorporate women's mental problems into the existing curriculum, research and service provision activities should be explored, as should any barriers. Attitudinal or structural barriers need to be addressed through, for instance, staff discussion groups or seminars, prior to the introduction of the women's mental health course component.

It would also be beneficial to conduct focus groups with *students* to examine their attitudes and beliefs about the importance of women's mental health. Any attitudinal and belief barriers identified need to be addressed through the course content and associated activities. Additionally, awareness of the importance of addressing women's mental problems can be increased through modifications to the environment of the department, such as posters, invited guest speakers and special seminars on women's mental health.

(5) Developing a women's mental health course component

Faculties will be encouraged to develop a course component on women's mental health which incorporates the core modules, skills and training approaches described for the previous project. Models of women's mental health course components developed by other teaching departments would be used to guide its development, as would the information obtained from surveys and focus groups.

The course would need to be presented in a format that is consistent with the curriculum and teaching methods already in existence. The course content would need to address any attitudinal and belief barriers that students may

have with regard to intervening for women's mental problems. Many of these would have been identified through focus groups with students. Furthermore, if focus groups and surveys of staff and students reveal a resistance to incorporating women's mental health issues into the curriculum, strategies to increase staff and student acceptance would need to be developed.

Other implementation details, would need to be determined, such as the adequacy of the knowledge and skills of present staff in relation to teaching the mental health component or whether additional staff are needed to provide the expertise.

(6) Stimulating community action

A special committee could be set up to ensure the continuation of the women's mental health initiative within the department. Additionally, the committee which could involve students, staff and NGO representatives could be assigned responsibility for promoting women's mental health within the department by ensuring the visibility of women's issues through posters, brochures, community activities and special seminars. The committee could devise strategies to encourage research and practical projects and placements in the area of women's mental health.

(7) Evaluation

Process measures

The degree to which women's mental health issues are addressed in training curricula could be assessed using the assessment checklist described earlier. Other measures would include the time devoted to teaching and discussing women's mental problems in the course curriculum, the proportion of extracurriculum seminars which relate to women's mental health, and the proportion of research projects that relate to women's mental health issues.

Impact measures

These measures will assess the immediate impact of the changes to the curriculum on knowledge, attitudes and beliefs of both students and staff. Questionnaires administered prior to and following the introduction of the course component can be used to assess change.

Outcome measures

The ultimate outcome of curriculum changes is the improvement in the quality of mental health care provided to women. One option for examining the outcomes of changes to the course curriculum is to have independent assessments of student knowledge and skills in the area of women's mental health. Experts in the area of women's mental health could be involved in assessing students prior to and following the introduction of curriculum changes.

Chapter 5
Workplace interventions

Background

The working environment is integrally related to a person's mental health through a two-way interaction process. Work can influence the person's mental health in a positive or negative way and productivity can be influenced by the worker's state of mental well-being. From an economic point of view, it is in the interest of worksite managers and governments to create a work environment that enhances the health of workers.

At a public health level, the delivery of education and other interventions at the worksite has many advantages. These include the convenience of the workplace for employees to attend programmes, the opportunity to reach a large segment of the working population, the opportunity to make modifications to the physical environment, (e.g. the introduction of policies for alcohol and other drugs), the opportunity to provide structured programmes addressing health issues, and particularly the potential to influence groups – not just individuals – and the associated benefit of being able to alter social norms (Gomel, 1993).

In many countries women are increasingly joining the workforce and there is great potential to introduce programmes to facilitate women's mental health. The worskite can be used as an environment to increase general awareness of women's mental problems, to provide programmes to women and to men to address these, and to serve as a basis for referring women to primary care and other services in the community.

Major aims

The major aim of the project is to increase awareness of women's mental problems among employees at worksites and to provide programmes aimed at promoting women's mental health through workplace interventions. Two broad strategies can be initiated. The first is to examine and implement changes in the physical and social environment to protect and promote women's mental health. The second is to introduce more formal group programmes aimed at protecting and promoting women's mental health.

Any worksite programme addressing women's mental health also needs to be sensitive to the needs of male employees at the worksite, through involving male employees in these programmes or through developing specific programmes to meet their mental health needs. Otherwise, programme providers risk alienating male employees by focusing solely on the needs of women. Additionally, providing programmes only for women can have the unintended effect of stigmatizing women's mental problems.

Project 1
Development, implementation and evaluation of programmes in the workplace

(1) Working with WHO regional offices to identify countries interested in developing, implement and evaluating worksite programmes

WHO regional offices will be contacted to help identify countries and worksites interested in developing or integrating policies and programmes for women's mental health. Participating worksites should have a large proportion of women employees. Initially, the number of worksites involved will be determined by the extent of funding. Once development, implementation and evaluation stages have been completed the project and associated programmes can be used as a model for other worksites and can be adapted to suit local circumstances.

(2) Convincing top management of the beneficial effects of providing programmes that address women's mental health issues at the worksite

The management of workplaces is critical to the successful implementation of any mental health programme for women. Management must allow the necessary resources and time to be dedicated to the programmes, demonstrate its desire for employees to participate, and be willing to accept suggestions from employees on the type and form of activities.

An important first step in introducing mental health programmes for women is to convince top-level management that the programmes will be beneficial to the worksite and to overall productivity. Data demonstrating the high preva-lence of women's mental problems and how this can be related to a range of psychosocial factors and also to factors integral to the worksite environment should be presented. The link between stress and mental problems and re-duced productivity needs to be made. It should also be pointed out that it is beneficial to address women's mental disorders and to promote positive mental health, even when these do not have their origins within the worksite. Benefi-cial effects from the perspective of management would include increased productivity, lower rates of sick leave, lower staff turnover, improved concen-tration and judgement, and reduced likelihood of accidents and injuries.

(3) Creating a project committee.

A worksite committee with responsibility for overseeing the women's mental health initiative should be set up at each worksite. It would be important to involve representatives of NGOs, women organizations, female employees, top and middle management, primary care, and medical and other allied health professional teaching departments. The purpose of this committee would be to investigate the current status of women's mental health at the worksite and to coordinate the development, implementation and evaluation of programmes to address it.

(4) Understanding the mental health needs of working women

Review of current working conditions and policies in relation to women's mental health

With relevant input from other experts the committee would be responsible for reviewing current work conditions and policies in relation to women's mental health, for examining whether there are any policies or environmental or social factors in the worksite environment that could increase the likelihood of stress and mental problems, and for investigating factors in worksite environment that could protect women against stress and mental problems and the areas in which it would be feasible to introduce policies to protect and promote women's mental health.

Qualitative research to understand the mental health needs of working women

It would be important to conduct a survey and/or focus groups with women to explore those issues and factors that affect their mental health. These may be integral to the workplace environment or may result from external factors such as relationships, family life, raising children, financial problems, bereavement and so on. Ideas about the types of changes to the worksite environment or the introduction of specific programmes or strategies to promote women's mental health would be discussed. The information obtained from these groups would contribute to the development of programmes for improving women's mental health in the worksite.

(5) Qualitative research with middle and lower levels of management

It is not only important to have higher levels of management supportive of programmes. The support of middle and lower levels of management is integral to the success of any women's mental health initiative introduced in the workplace because these levels are usually responsible for the day-to-day functioning of staff. Having supportive middle and lower management that understand the benefits of positive mental health for the functioning of the workplace can facilitate programme implementation, for instance by allowing some flexibility in working hours so that employees can attend programmes.

Focus groups involving management will allow an understanding of management's attitudes and commitment to workplace programmes. If overall attitudes are negative, strategies and negotiation to address this will need to be undertaken.

(6) Development of a worksite women's mental health initiative

Many priorities and strategies in the area of women's mental health will be established as a result of the review undertaken of the worksite environment and the focus groups held with women. These priorities and strategies need to be incorporated into any women's mental health initiative. However, a comprehensive programme would involve strategies at two levels: firstly the physical and social environment and secondly formal programmes.

Physical and social environmental

Increased awareness of women's mental problems and psychosocial issues can be promoted through the use of posters and pamphlets displayed in prominent areas at the worksite. Information on community support services for women experiencing mental disorders and more general information on women's groups can be made freely available at the worksite.

The physical and social environment can also be set up in a way to promote a more positive image of women through efforts to promote and display positive achievements of female employees. When supported by management such promotion can lead to changes in the way women are viewed.

Activities and groups to facilitate women's mental health can be arranged at the worksite according to need, for example, relaxation groups, exercise and leisure time activity groups, effective parenting groups, a range of mental disorder support groups and specific discussion groups. Additionally, the need for providing child care or minding facilities could be explored.

At a policy level, problems such as alcohol and drug use can be addressed, as can discrimination and harassment of women at the workplace. For the latter to be successful it would be necessary to introduce a structure that allowed women to report incidences of abuse or harassment in confidence and without penalty to their employment.

Formal programmes on mental health problems and issues

More formal programmes addressing women's mental health can be introduced at the worksite. Where possible, the focus of the programme should be discussion of issues and interaction between the provider and participants rather than the use of didactic teaching methods. Where possible, the use of audiovisual materials is recommended. Information on counselling centres, refuges, community health centres, family planning centres, welfare organizations (housing, education, financial aid) and support groups for women should be readily available at the worksite.

Depending on the outcomes of the needs assessment some of the topics that may need to be addressed include:

- *Common mental problems: how to recognize mental problems and what to do.* Essential components would include: understanding the signs and symptoms of disorders and their effects on all aspects of life; addressing myths about disorders as indicating laziness or weakness; contributing factors or triggers; risk factors for women; management through medication and psychosocial intervention; dealing with self-blame; managing stress; accessing and making use of social supports within the family and community; and increasing leisure activities and relaxation.

- *Stress: identifying and managing stress.* Essential components would include: signs and symptoms; contributing factors; achieving a balance between work, home life and leisure activities; changing responsibilities and roles in

relation to work and family; negotiating the sharing of responsibilities with partners and children; time management; taking time out for self; relaxation and meditation; supports among family and friends; and accessing available support services.

- *Effective parenting skills.* Essential components would include: parental roles and responsibilities; encouraging the positive mental health of children throughout the developmental period; how to provide cognitive, emotional and social support; productive ways to discipline children; how to cope with the stress of children; how to access community resources to aid and support parents; and child care alternatives. Topics related to the importance of safer sexual practices can also be introduced.

- *Alcohol and drug use.* Essential components would include: when alcohol and drug use becomes a problem; tolerance and addiction; effects on physical and mental health; the potential for social harm; factors leading to alcohol and drug use, such as drinking or drug use as a means of coping with difficulties; strategies to reduce alcohol and drug use; and how to access other services for assistance.

- *Relationships with family and friends.* Essential components would include how to nurture relationships; sharing responsibilities and roles; dealing with arguments and conflict within relationships; going through difficult times; and problem-solving strategies.

Recommendations

- Programmes aimed at improving women's mental health should be developed in ways that allow the participation of men.

- Male employees should be encouraged to participate in programmes aimed at improving the mental health of women, if female employees agree.

- Programmes should be developed and implemented for male employees as part of an overall plan to improve the mental health of all employees and to avoid the alienation of male employees.

- The worksite initiative should be coordinated by a worksite committee involving employees and management, representatives of women's organizations, representatives of medical and allied health professional teaching institutions, and mental health experts.

- Worksite initiatives for women's mental health should involve changes to the physical and social environment, such as policies to protect women against violence, the promotion of positive images of women and the promotion of resources for women.

- Programmes should be developed by experts in the area and with input from the worksite committee.

- Programmes should be appropriate to the needs of women in the workplace, i.e. they should be consistent with what women have requested in surveys and focus groups.

- More formal group-based programmes on women's mental health issues should be introduced.

- Separate modules should be developed to give worksites flexibility and choice.

- A list of resources should be developed and should be available at the worksite to assist women to access services.

(7) Implementation of programmes

Links should be established with appropriate programme providers and may include primary health care, women's groups, NGOs, community services and relevant persons from academic institutions. Both female and male providers should be considered for the delivery of programmes to provide appropriate role models for participants.

As mentioned above, programmes should be accessible to all women and therefore it is essential to ensure that they are scheduled at convenient times to maximize participation. There should be no penalties for women who attend programmes. This requires the development of clear guidelines in agreement with the management.

Programmes described in this chapter may not be feasible for small worksites or for worksites in rural communities, and a range of alternative strategies may need to be considered. For example, it may be more feasible to set up support groups for women and to examine how the physical and social environment can be modified to facilitate women's mental health than to introduce more formal group programmes on women's mental health. Alternatively, links may be established with primary care and this may provide a mechanism through which more formal programmes can be introduced. Several small industries could pool resources to develop and provide programmes.

Recommendations

- Providers of formal programmes for women's mental health should include persons from primary care, women's groups, NGOs, community services and medical and allied health professional teaching institutions.

- Programmes should be implemented at convenient times to enable women to attend them.

- Ideally programmes should be led by both males and females.

- The feasibility of worksite strategies needs to be carefully assessed in small worksites and worksites in rural communities.

(8) Evaluation of programmes

Process measures

These measures will assess whether all activities of a worksite women's mental health initiative, as decided upon, were implemented as planned (e.g. the

implementation of policies; the promotion of positive images of female employees and the availability of resource information for women; the number of formal programmes available for women; attendance at these programmes; and programme satisfaction and usefulness ratings).

Impact measures
These measures will assess the immediate impact of the worksite programmes, such as knowledge, attitude and behaviour change following the formal programmes. Questionnaires administered prior to and following the worksite initiative can be used to assess changes in both men and women.

Outcome measures
The ultimate outcome is the improvement of the mental health of women at the worksite. Assessment tools such as the SRQ 20 are available to measure mental health. A survey can be conducted prior to and at regular or convenient intervals during the women's mental health initiative. Women's level of involvement in the worksite initiative should also be recorded during the assessment.

(9) Stimulating community action
The worksite committee that was set up to oversee the initiative would be the focal point for stimulating community action. The committee would be responsible for promoting programmes, promoting positive images of female employees, liaison with NGOs and women's groups, and maintaining up-to-date resources on women's groups, support groups and community services.

The committee would also serve as a means of monitoring and dealing with problems of implementation and access to programmes, reviewing progress, and providing ongoing liaison with women at the worksite for further feedback and improvements.

Designated members of the committee could be assigned the task of responding to staff issues and concerns on an individual and confidential basis.

Chapter 6
Criminal justice system: education and training on violence against women

Background

Violence against women is more than a public health and social issue – it is also a criminal issue and as such requires an effective response from the criminal justice system. In many countries the criminal justice system has responded to the need to address violence against women through the development of legislation and policies, particularly for domestic violence. These have been adopted to varying degrees and often take the form of protection and restraining orders and/or criminal charges.

However, even when legislation exists there are barriers to its implementation. Firstly, for a conviction to be made the perpetrator must be reported. Secondly, the police must attend the assault scene. Thirdly, the police must make a decision about whether or not to arrest the perpetrator. Fourthly, if an arrest is made the case must go to court and the magistrate or judge needs to decide whether or not a conviction will be made (Dutton, 1995). During this process a number of barriers are likely to decrease the likelihood of a successful conviction. These include barriers relating to the victims of abuse and the criminal justice system.

Victims of abuse
A major impediment to a more effective criminal justice response to women who have been victimized by a partner is the victim's failure to report the event to police. Dutton (1995) estimates that only one in six of all women who are assaulted report the assaults to the police. Even if incidents are reported, many women do not want their partner to be arrested and, if he is arrested, often will not follow through with court action.

There are many reasons for why women are reluctant to report incidents to police. These include: a belief that the incident is a 'normal' part of life; feeling responsible for the violent incident; intimidation by the partner; fear of reprisal; financial dependence; continuing love or affection for the partner; inability to respond as a result of the psychological and emotional trauma arising from repeated abuse; and intimidation by the whole legal process.

Criminal justice system
Barriers to an effective criminal justice response also relate to the attitudes and beliefs of those people working within the criminal justice system, even from a

very early stage in the process. For example, if a police telephone operator receives a call relating to a domestic argument, beliefs about whether the caller is on drugs or alcohol will determine whether the call is treated seriously and whether police will attend. When attending a domestic incident, police are frequently presented with an ambiguous situation, where assault may or may not have occurred and where the conflict may have subsided already. The decision of whether to arrest is made more difficult in these situations. However, rates of arrest are low even when the victim shows signs of serious injury such as multiple bruises and blackened eyes. Many police officers may believe that arrest is futile because few women actually proceed with court proceedings (Dutton, 1995). Furthermore, police attitudes and behaviour are strongly influenced by cultural values; where the family is believed to be sacred, mediation is often seen to be a better alternative than arrest.

Many of the barriers described for police are also relevant to judges and magistrates. Stereotypes and beliefs about the family as being 'sacred' all act as barriers and are expressed in terms of an unwillingness by the courts to convict perpetrators for wife assault. Preferred options tend to be mediation.

Overcoming these barriers requires the criminal justice system to understand the mental and physical impact of abuse, to recognize the complex factors that often make following through with charges and testimony difficult, and to critically examine and challenge cultural values and norms that perpetuate violence against women.

Major aims

The major aim of this initiative is to improve the criminal justice response to violence against women. This will require a review of how legislation is implemented, the identification of barriers to implementation, and the development and implementation of education programmes for key persons working within the criminal justice system, (e.g. police, prosecutors, magistrates and judges)**.** Two strategies can be used. The first involves providing education and training to relevant sectors of the criminal justice system. The second involves improving the education curriculum for police in training and for students undertaking legal studies.

Project 1
Training within the criminal justice system

(1) Working with WHO regional offices
Regional offices will be contacted to identify countries which have legislation and policies that protect women against violence and which are interested in implementing education and training programmes within their criminal justice system in order to enhance the implementation of existing legislation.

(2) Setting up a project committee

A project committee will be set up to oversee the development, implementation and evaluation of the initiative. Representation would mainly be from sectors of the criminal justice system. Additionally there would be representation from the health sector, institutes responsible for the training of persons within the criminal justice system (police and law schools), women's NGOs, social scientists, legal advocates and appropriate government representatives.

The project committee would have responsibility for organizing a review of the area, including:

- the extent of the problem of violence against women;

- the adequacy of legislation and ways in which legislation could be modified to improve protection for women who are victimized;

- the extent of implementation of legislation (e.g. the percentage of cases reported to the police, the proportion of cases that proceed to the courts, and the percentage in which a criminal charge is made);

- barriers to the implementation of legislation;

- education and training methods to overcome these barriers.

(3) Qualitative research

To help determine barriers to the implementation of legislation, it would be necessary to carry out extensive qualitative research (through focus groups and interviews) with representatives of the police, prosecution, magistrates, judges and women who have been victimized. A wide range of victimized women should be sampled, such as women who have followed through with court proceedings, women who have contacted the police but who have not followed through with court proceedings, and women who have not initiated any contact with the police.

(4) Meetings to follow up the findings of the project committee

Separate meetings could be organized for different parts of the criminal justice system, such as the police and the judiciary. The main purpose would be:

- to provide feedback to participants on the review undertaken by the project committee;

- to discuss ways in which education and training could be provided to enhance effective implementation of legislation to protect women;

- to develop a plan of action for implementing training.

(5) Development and implementation of education and training of persons within the criminal justice system

Different sectors of the criminal justice system have unique roles to play in assisting women who have been victimized. Thus education and training programmes need to be tailored accordingly. Qualitative research coordinated

by the project committee with different segments of the criminal justice system will help to highlight current knowledge, attitudes, beliefs and practices of the various parts of the system and any barriers to effective implementation of legislation. Some options for training programmes are outlined below.

A core training module may be relevant to all parts of the criminal justice system, i.e. the police, prosecutors, magistrates and judiciary. Essential information may include: the extent of the problem; the importance of their role; the experience of victimization; physical and mental consequences of abuse; addressing common stereotypes and myths in relation to violence and women; and the barriers to women taking legal action. Essential skills training would involve: establishing rapport (empathy, acknowledging how difficult the situation is), informing women of their rights and options; providing adequate support; and developing safety plans.

Additional modules may be developed to address the unique needs of the various parts of the criminal justice system. For the police this may include skills for: accurately assessing the abusive situation and any immediate danger for the women, accurate and detailed record-keeping, and assisting and supporting women to access the criminal justice system. For prosecutors it might include how to work with women who are reluctant to testify, how to counter gender biases, understanding the battered woman syndrome and how to enhance the likelihood of a successful conviction (Duluth, 1995). Issues relating to gender biases and understanding the battered woman syndrome would also be essential components of training for magistrates and judges. Model programmes from other countries, in particular the model developed by the Duluth Domestic Violence Intervention project (1995), could be used.

(6) Implementation of education and training

Mechanisms for disseminating information and providing training need to be established for each part of the criminal justice system. Formal workshops or training programmes may not be the best strategy for implementing education and training programmes for all parts of the system. In relation to the police force, it may be more appropriate to use a 'train the trainer' approach to achieve wider dissemination. Key persons could be trained at a central site and could then be responsible for training others. For prosecutors and the judiciary, ongoing training courses or further professional development courses may be minimal and if they exist their attendance may be limited. Multiple strategies may be needed, such as providing information through newsletters and professional magazines, introducing topics at conferences or using other means provided by professional organizations.

(7) Stimulating community action

A committee comprising police, legal representatives, NGOs and women's groups can be set up to contribute to the general education of women and men in the community on issues relating to violence against women and legal procedures. The committee would develop simple resource material outlining

legal procedures and support services, would discuss ambiguities in legislation aimed at protecting women and would determine strategies to advocate for changes in legislation.

(8) Evaluation

Process measures
Process measures will assess whether education and training programmes are implemented as planned. Measures indicating the degree of satisfaction with the education and training (e.g. measures of clarity, relevance and usefulness) can be used, as can measures of programme reach (e.g. the percentage of staff who received education and training).

Impact measures
Impact measures can assess any changes in knowledge, attitudes, beliefs and practices of each part of the criminal justice system through self-completed baseline and follow-up questionnaires. However, more objective data can be obtained on these issues by pre-training and post-training interviews with women who have contacted the criminal justice system.

Outcome measures
Outcome measures can assess whether there has been an increased number of cases reaching the courts and whether there is an increase in the number of convictions made.

Project 2
Introducing course components on women and violence into tertiary education curricula

Introducing education and training related to women and violence into the curricula of those who will be working in the criminal justice system presents an opportunity to address any negative attitudes and beliefs at an early stage in training.

(1) Working with WHO regional offices
Regional offices will be contacted to identify countries that are interested in formally introducing education and training on issues related to violence against women through the education curriculum for police and in law schools.

(2) Setting up a project committee
The project committee and associated responsibilities would be as described in the first project. A review of the current response of the criminal justice system to issues of violence against women would be undertaken and would include the identification of barriers to implementing policies and the development of recommendations for education and training.

(3) Meetings to follow up the findings of the review committee

Meetings will need to be held with appropriate senior representatives of police training institutions and also of institutions that provide training for law students. The purpose of these meetings would be to provide feedback from the review committee and to encourage participants to develop a plan of action for reviewing the current training curriculum in terms of its adequacy for addressing issues related to violence against women and for developing and implementing a course component to correct any weaknesses in the curriculum.

(4) Determining the extent to which violence against women is addressed within the training curriculum

The current curriculum should be examined to determine its adequacy in providing students with knowledge and skills for addressing violence against women in the context of their future profession and what it is possible for them to achieve. This will involve:

- the development of checklists which summarize agreed content areas and associated skills for addressing violence against women;

- the use of checklists to assess the extent to which course outlines (where these exist) address the problem of violence against women;

- the conduct of surveys with teaching staff and with students to determine the extent to which violence against women is addressed.

(5) Qualitative research to examine procedures for implementing a component on violence against women in the curriculum

In addition to the qualitative work described in Project 1, it would be necessary to conduct focus groups with *staff and students* to examine attitudes towards incorporating violence issues into the existing curriculum. Their knowledge, attitudes and beliefs need to be assessed, and any potential barriers need to be addressed, prior to the development and implementation of curriculum changes.

(6) Developing a women's mental health course component

Faculties of law and police training institutions will be encouraged to develop a course component that deals with the content, issues and skills as outlined for Project 1. In addition to barriers identified from the qualitative work described in Project 1, any attitudinal and belief barriers emerging from qualitative work with students need to be addressed through the course component. It may be necessary to obtain the input of experts from outside the legal field when developing the course component and methods of delivery. Furthermore, it may be necessary to train existing staff in issues relating to the new course component.

(7) Stimulating community action

A committee could be set up to ensure the maintenance of changes to the course curriculum and the department's continuing involvement in issues related to violence against women. The committee would involve teaching staff, students, women's groups and NGOs. It could be responsible for highlighting media stories and developments from around the world which relate to violence against women, organizing special seminars on this topic and encouraging students to work with community organizations for women who have been victimized.

(8) Evaluation

Process measures

These would involve an assessment of the degree to which women's mental health issues are addressed in training curricula. The checklist described earlier could be used as a means of assessing whether all relevant areas related to violence against women have been covered. The amount of time assigned to the teaching of violence against women could also provide an indication of the extent of implementation of the initiative.

Impact measures

These would examine the effect of changes to the curriculum on the knowledge, attitudes and beliefs of both students and staff. Questionnaires administered prior to and following the introduction of the course component can be used to assess change.

Outcome measures

The most relevant outcome measure would be the improved implementation of legislation relating to violence against women as a result of changes to the curriculum. This is a longer-term outcome that would be difficult to measure and hence it may be more appropriate to assess outcome in terms of the improved skills of students in dealing with issues related to violence against women.

Chapter 7
Community services and supports

Background

Mental health care provided to women through primary care services has been discussed in Chapter 4. In addition, women need to be able to access other specialized services such as sexual and reproductive health services, drug and alcohol treatment and rehabilitation services, services for those affected by HIV/AIDS, and services such as shelters that protect women against violence and provide them with appropriate mental health care. Other important care programmes include local facilities for child care and nursery schools. Services that are provided need to be sensitive to the needs of women and should also help to overcome some of the barriers to using care, such as distance, financial barriers, personal barriers and stigma associated with attendance. Outreach programmes attached to services may need to be developed.

Another related but separate issue is to promote social supports for women in the community. Research demonstrates that social support is an important factor that mediates a person's emotional response to life events. The absence of adequate social supports has been associated with increased vulnerability to and increased severity of mental disorders such as anxiety and depression (Harpham, 1994). In relation to domestic violence, one study found that the presence of social supports and the experience of positive life events were associated with lower levels of post-traumatic stress disorder, while stressors during childhood and negative life events were associated with higher levels of post-traumatic stress disorder (Astin, Lawrence & Foz, 1993). Mitchell and Hodson (1983) reported that women who were better educated, employed and had social supports were not as adversely affected by abuse as women who lacked these resources.

Major aims

The major aim is to improve the capacity of community services and supports to respond to women's mental health needs. A review of community services and supports can be undertaken and a plan implemented to strengthen existing services or to set up new services that would be beneficial to women.

Project 1

Review, evaluation and strengthening of community *services* to protect and promote women's mental health

(1) Working with WHO regional offices

WHO regional offices will be contacted to identify countries interested in reviewing the adequacy of their community services for addressing women's mental health.

(2) Establishing a review committee

A review committee could be established with representatives from women's NGOs, community services and health departments, primary care services and experts in the area of women's mental health.

The review committee would be responsible for assessing whether existing community services meet the needs of women in the areas identified as important for women's mental health. These are: mental disorders such as depression, anxiety, somatization and stress disorders; sexual and domestic violence; alcohol and drug abuse; and issues related to reproduction and child care. More specifically, the review committee would have responsibility for evaluating:

- whether existing services adequately meet the needs of women in the community;

- whether existing services need to be strengthened to address women's mental health issues and the means by which this can be achieved;

- whether new services need to be introduced and, if so, the types of services that are needed (e.g. community health centres, sexual and reproductive health services, drug and alcohol treatment and rehabilitation centres, services for those affected by HIV/AIDS, or shelters and refuges to support women experiencing violence).

(3) Compiling a list of community services

A list of community services will be compiled. Service activities can be summarized and a profile of those people attending services obtained to allow a preliminary evaluation of the extent to which community services address women's mental health issues.

(4) Qualitative work to better understand the adequacy of community services

Qualitative research with women in the community

To obtain comprehensive information on the adequacy of community services in addressing women's mental health needs, it is necessary to undertake qualitative work with two groups of women – service users and women in the community who do not access services.

Focus groups can be implemented in each of the community services to determine women's perceptions of how well services meet their mental health needs and to elicit suggestions for the strengthening of services. Of equal or even greater importance is to examine through qualitative research the perceptions and attitudes of women in the general community, particularly women in need who do not access services. A ranking of the services that would be most valuable should be obtained.

Qualitative research with community service care providers

It is crucial to understand the perspectives of staff working in community services. Focus groups and surveys can provide insight into a range of staff barriers, perceived patient barriers or structural barriers to providing mental health care to women.

(5) Implementing strategies to improve community services for women's mental health

Strategies to improve community services will emerge from focus groups and surveys and would be developed and coordinated by the committee together with other relevant parties. However, some areas that may need to be addressed include accessibility, education and training, and adequate resources. New services may also need to be created.

Accessibility

This would include: ensuring that access to services is affordable; that opening times allow working women to attend; that women in the community are aware of the service and the type of assistance provided; that there is no stigma attached to attendance; and possibly that outreach programmes are available for those women for whom access to services is problematic.

Education and training of staff

This would include increasing staff awareness of women's mental health problems, contributing psychosocial factors and barriers to addressing these problems; providing staff with the skills to assess and intervene for psychosocial problems; enhancing positive patient interaction skills such as listening, encouraging disclosure, empathy, validation and methods to enhance compliance with advice and recommendations involving family members; and updating staff on community supports and other community services (methods for training service staff have been outlined in Chapter 4).

Resources

There should be adequate staffing to cater for the women who attend services and there should be an adequate supply of medications and other required items.

(6) Setting up a committee

A committee could be set up within each community service to provide ongoing monitoring of the service in relation to women's mental health, to

coordinate training for staff, to engage in community activities and promotions for women's mental health, and to maintain contact and liaison with women's NGOs. Ongoing feedback on service activities can then be provided to the larger review committee.

(7) Evaluation

Process measures
These would include the number of changes adopted to strengthen services (e.g. changes to opening hours, the development of outreach programmes and the number of new services created).

Impact measures
These measures could assess changes in attitudes, beliefs and behaviours of staff towards women's mental health (e.g. their role in and perceived ability to address these issues). Other measures could include changes in the number of women attending services and measures of patient satisfaction with services.

Outcome measures
These measures could include changes in the mental health status of women attending services. The SRQ-20 is one instrument that can be used as an assessment tool for this purpose.

Project 2
Review, evaluation and strengthening of community *supports* to promote women's mental health

(1) Working with WHO regional offices
WHO regional offices will be contacted to identify countries interested in reviewing women's access to supports within the community. Community supports would include activities that bring people together and offer the opportunity for discussion and emotional assistance, such as self-help groups, recreational groups and women's groups.

(2) Establishing a review committee
A review committee could be established comprising the representatives listed under Project 1. The review committee would have responsibility for determining the adequacy of existing community supports in meeting the mental health needs of women and in determining the need to create new supports. Some of the activities that could be instigated and coordinated by the review committee include the following:

Compilation of a list of community supports for women
A list of available community supports for women will be compiled and each organization's activities will be summarized together with a profile of those who attend these support groups. This would enable a preliminary evaluation

of the extent to which support groups are utilized by women in the community and the extent to which they are accessed by women in need.

Conduct of qualitative research with women in the community to examine their perceptions of community supports

Focus groups and survey work could be carried out with women who attend existing support services to determine reasons for attending groups, how groups meet their needs and how they believe supports for women in the community can be strengthened.

Focus groups and surveys could also be used to obtain information from women identified as having a mental health problem but who do not access supports in the community. These women may be identified through primary care or other community health services. Issues to be covered include whether they are aware of any supports in the community, reasons for not accessing these supports, factors that would motivate their use of supports, and the types of supports that they would find beneficial.

Conduct of qualitative research with staff providers

It would be worthwhile to conduct focus groups with providers of community supports to examine their perceptions of the adequacy of supports, their ideas on how these supports can be strengthened, and their perceived needs for providing community supports to women.

(3) Implementing strategies to improve community supports

The committee would be able to assess the adequacy of current community supports by reviewing the list of supports and the summary of activities in relation to the major mental health needs of women in the community, the information obtained from focus groups and any surveys conducted. Recommendations can then be made about strengthening supports for women in the community.

Some of the possibilities for action would include:

• creating and linking supports to both primary care and specialized care services (these supports could be coordinated by staff members);

• creating and linking supports to worksites, churches and other welfare organizations;

• promoting existing community supports through the media (e.g. radio, local papers, posters, brochures) and through a variety of settings;

• supporting organizers of community supports by encouraging primary care and specialist care workers to contribute to group meetings and to engage in ongoing dialogue with leaders of community supports;

• encouraging women in villages to form women's groups and encouraging primary care or other relevant services to provide to these groups.

(4) Evaluation

Process measures
Evaluation methods for assessing the effect of strengthening supports for women in the community could comprise the process measures of the number of changes adopted to strengthen supports or the number of any new supports created.

Impact measures
Impact measures could assess whether the number of women attending services has increased and the degree of satisfaction with community supports.

Outcome measures
Outcome measures could include changes in the mental health status of women attending services, as measured, for example, through the SRQ-20.

Project 3
Promoting community services and supports in hard-to-reach communities

(1) Working with WHO regional offices
WHO regional offices will be contacted to help identify villages and communities where women have special needs related to mental health and also to identify communities which may be considered to have 'model' services and supports for women in the community.

(2) Establishing a review committee
Representatives could include those listed for the previous project. In addition it would be important to have representation from the community in which the interventions will be implemented and from other communities in which there are organized methods of providing mental health services and supports to women.

(3) Exploring methods to provide services and supports to women
In the first instance, primary care providers would be important contacts for identifying the structure of communities, current forms of services and supports for women, the status of women within the community and their organization, and influential people with whom to collaborate. As a preliminary step, these people would be important in helping to identify structures and methods for developing services and supports for women in these communities. However, it would be essential to obtain input directly from women in the community. One possibility is to establish women's groups where none exist in order to gain an understanding of how women perceive their mental health within the community and their views on the types of community services and supports that would best address their needs.

The review committee would work closely with representatives from communities to formalize suggestions and strategies for providing supports for women's mental health. The form of support should be consistent with that requested by women. Some options include the continuation of women's groups with appropriate input, as needed, from relevant experts, and the strengthening of links with existing community and primary care services, possibly through outreach support programmes.

(4) Evaluation

Process, impact and outcome evaluation would essentially involve those elements outlined for the previous two projects.

Chapter 8
Grassroots activities

Background

It is mainly through the impetus of initiatives at the grass roots and the empowerment of women that living conditions for women have improved in many nations. However, it has taken two decades of work by female activists at the grass roots to convince the international community to act on issues such as violence towards women (Heise, 1994).

Heise (1994) has recently described some examples of what can be achieved at the grass roots in developing countries to combat violence towards women. Legal reforms and major educational campaigns addressing domestic violence have occurred in developing countries such as Ecuador, India and Mexico as a result of NGOs working together at a national level. Countries like Brazil, Malaysia and Papua New Guinea have initiated widespread reform and marshalled considerable government support for services and public education to end violence against women. In Brazil, feminists have lobbied successfully for the creation of all-female police stations to assist victims of violence.

In Africa, concern for female genital mutilation has been a primary focus of grassroots activities. The National Association of Nigeria Nurses and Nurse-Midwives has created a series of workshops to train its 60,000 members and other community leaders about the hazards of female genital mutilation. Workshop members then develop a state plan of action, including health messages communicated through songs, comic books and local theatre groups.

In order to facilitate improvements in women's mental health it is essential that grassroots movements are supported and encouraged to grow. A long-term commitment from the international community to strengthen its support of grassroots activities within nations would be beneficial. Support can occur through the provision of funds and technical assistance, and through the provision of assistance in setting up communication channels to enable the large number of grassroots activists to coordinate activities and to work towards common goals.

Major aims

The major aim is to support and facilitate grassroots activities to improve women's mental health. The first project described in this chapter attempts to promote greater unity in activities related to women's mental health between groups working at the grass roots. The aim of the second project is to develop

a resource for use by groups working at the grass roots to facilitate the development, implementation and evaluation of a wide range of activities related to women's mental health.

Project 1

Facilitating the development of unified networks and collaboration between NGOs and women's groups in priority areas for women's mental health

In many developing countries activities at the grass roots are being carried out in relative isolation from each other. Local initiatives can be strengthened by working more closely with other women's groups and by adopting a more unified approach. The advantage of such an approach is the enhanced power and ability to effect change that is achieved when larger groups work together to achieve common goals and when the opportunity exists to share experiences about strategies and approaches for advancing women's status.

(1) Working with WHO regional offices
The aim would be to identify countries and NGOs interested in working in the area of women's mental health through promoting grassroots activities.

(2) Compiling a list of women's groups and NGOs working to improve women's health
In the first instance it would be important to compile a list of women's groups and NGOs working to improve women's health and to document their activities within each developing country involved in Nations for Mental Health. This list is a first step towards promoting collaboration between these groups. The list will also be useful for international women's NGOs and other organizations who have as their goal to assist women in developing countries.

(3) Organizing a national meeting of representatives from these organizations
To encourage a united approach, it would be advantageous to facilitate national meetings. These would involve national NGOs and women's groups but would also include representatives from international NGOs and organizations as well as other influential people from government and private industry. The meetings would have the following purposes:

Discussion of national priorities and strategies in the area of women's mental health
A number of topic areas have already been identified as important for women's mental health (see chapter 1). The meetings will serve to reinforce overall priorities in women's mental health and to establish local priorities.

Discussion and development of a plan to address priorities in women's mental health

An important aspect of the meetings will be to formulate an initial plan that documents the aims and goals of projects for women's mental health, strategies to achieve these, the responsibilities and actions of participating organizations, and a time frame for implementing strategies.

Discussion and development of plans for obtaining resources and funds to enhance activities

Securing funds and resources for grassroots activities is essential for their continuation. The sharing of experiences in obtaining funds and resources can assist the continuation of grassroots activities. There are currently a number of sources for obtaining funds to advance the status of women and these can be highlighted to participants of the meetings. Methods for making the best use of existing resources among women in the community need to be explored, as do additional methods and strategies for fundraising

Development of a means for ongoing communication and collaboration

If there is to be ongoing communication and collaboration between women's groups and NGOs within countries a method to achieve this needs to be established. The meeting can be used to address issues of communication and organization.

(4) Evaluation

Process measures will mainly be used to determine the success of this initiative. These measures would include: whether a plan of action in the area of women's mental health with responsibilities and actions assigned to participants of the meeting was established; ability to attract funds for projects; whether a plan for ongoing collaboration and communication is established; and the number of projects in which there is collaboration between women's groups and NGOs.

Project 2
Developing and promoting a resource to stimulate grassroots activities

The aim of this project is to provide NGOs, women's groups and other interested organizations with a resource to help stimulate and implement strategies and activities that have the potential to advance the status of women at the grass roots.

(1) Compilation of activities at the grass roots in developing countries

NGOs, women's groups and international organizations will be contacted to document grassroots activities that have occurred or that are currently being implemented.

A resource could be developed to describe these activities together with their specific goals and any changes that have been achieved as a result of the activities. It would also be important to document activities that have not been effective and give the reasons why. Another aim of the resource would be to provide guidance on planning, implementing and evaluating community action projects. The beneficial effects of these activities for the local and national community would be an important feature of the resource and could be used to convince governments of the positive changes that arise from these activities.

(2) Strategies to enhance funding

Included in the resource would be a description of strategies to assist fundraising through lobbying, through project proposals to funding bodies, and through forming partnerships with organizations that could sponsor activities and programmes.

(3) Distribution of the resource on women's grassroots activities

The resource will be made accessible to all interested persons. However, it will be actively disseminated to grassroots movements, NGOs, women's groups, the health care services and government agencies within developing countries. To increase its accessibility, it would be important for the resource to be reproduced in a variety of formats. Options include use of the Internet, books or monographs, cassettes and videos.

(4) Evaluation

Process measures
Process measures would be the primary means of evaluating the initiative. NGOs, women's groups and others receiving the resource would be asked to rate it in terms of its content, clarity, usefulness and relevance.

Impact measures
Impact measures that could potentially indicate whether the initiative was successful would include: the number of new projects developed that have incorporated an evaluation component; the number of projects in which project planning, implementation and evaluation stages are documented; and increased success in obtaining funds for projects.

Chapter 9
Use of the media

Background

The media have been accorded a major negative role in influencing our beliefs and behaviours regarding a number of important social issues such as violence, pornography and the stereotyping of women. However, just as the media are capable of promoting 'unhealthy' social ideas, they can also be used in a variety of ways to facilitate more desirable attitudes and behaviours. Firstly, action can be taken to monitor, remove and also prevent the use of images, messages or stories in the media that potentially would have negative consequences for women's mental health. Secondly, the media can be used to influence directly and positively the mental health of women. The mass media can be used to *inform* the public, to *persuade* or *motivate* individual attitude and behaviour change and to *advocate* for change in social, structural and economic factors that influence the mental health of women (Egger, Donovan and Spark, 1993).

The informing or educational role would attempt to create awareness, knowledge and understanding of women's mental health issues in the community or within important subgroups of the community.

The persuasion or motivating role would attempt to alter individuals' attitudes and/or encourage certain behaviours or actions through emotional arousal techniques. An important activity would be to reduce the stigma associated with women's mental problems and to encourage individuals within the community to adopt supportive behaviours to assist women with mental problems and difficulties.

The advocacy role would aim to achieve changes in the sociopolitical environment that would improve mental health by reframing public debate in order to increase public support for more effective policies and to encourage community action groups to actively participate in the political process. This aim is commonly associated with grassroots activist groups and has been successful in drawing public attention to, and stimulating legal reforms, in areas such as violence against women (Heise, Raikes, Watts & Zwi, 1994) and smoking (Egger, Donovan & Spark, 1993). The anti-smoking lobby in many countries has used the media to redefine smoking as a public health issue and to question the morality of tobacco companies' marketing techniques. The subsequent interest of the public has been used to support direct lobbying for legislative change regarding restrictions on advertising and sponsorship of sports and arts events by tobacco companies, regarding smoke-free workplaces and other environmental restrictions (Egger, Donovan & Spark, 1993).

The three most common *methods* for using the media to address health issues are *advertising*, *publicity* and *edutainment* (Egger, Donovan & Spark, 1993). The main purpose of advertising is to create or increase awareness of issues, services or events. It is also useful for neutralising misperceptions and negative factors that influence behaviour. Although this method is expensive to use, it is valuable when attempting to reach large numbers of people in a short period. Furthermore, unlike other media methods such as publicity and edutainment, any advertising message and its exposure can be controlled (Egger, Donovan & Spark, 1993).

Publicity involves the creation of news to attract the attention of the public to specific aspects of health, to promote involvement in health activities, or to frame issues and actions to achieve advocacy. With this method one has less control over the message and its exposure (Egger, Donovan & Spark, 1993).

Edutainment refers to the placement of educational health or other social messages in the entertainment media (e.g. television and radio programmes, particularly soap operas, songs, music, comics, novels) to promote change in knowledge, attitudes, beliefs and behaviours. This method is commonly used to promote social and health issues in developing countries. Television tends to be the most extensively used medium, though radio is also used to reach rural populations. Edutainment is a particularly useful method for dealing in a non-threatening way with sensitive issues such as drug and alcohol use, gender violence, gender socialization, family planning and sexual practices (Egger, Donovan & Spark, 1993).

Major aims

The main aims of this initiative are to use the mass media to protect and promote women's mental health. The first project described involves increasing awareness and lobbying media representatives to reduce negative images of women and to promote positive images. The second involves using the media to inform the community of women's mental problems and addressing the stigma associated with these problems. The third involves using the mass media as a means to advocate for women's mental health and the fourth project involves using edutainment methods to promote women's mental health in the community.

Project 1
Providing a basis for lobbying to reduce the negative portrayal of women and to promote positive images of women

(1) Working with WHO regional offices
WHO regional offices will be contacted to help identify countries interested in working with the media to improve women's mental health. The specific focus

of this media project would be to develop a model for reducing any negative impact that the media may have on women's mental health and to promote positive attitudes towards women and mental health issues through the media. Once development, implementation and evaluation stages have been completed, the project can be used as a model for other countries.

(2) Setting up a committee to coordinate project activities

A media committee could be organized comprising women's NGOs, mental health experts, government representatives, social scientists and experts in use of the media. The main purpose would be to set up, coordinate and monitor the activities of the project.

(3) Creating a document on media and women's mental health

A document could be created to outline how stories and images portrayed in the media can be harmful to women's mental health and how the media can be used to promote women's mental health. The document would present guidelines on what is considered harmful and on what would be considered positive for promoting women's mental health.

(4) Holding a national meeting on media and women's mental health

Representatives from key media (radio, television, newspapers) together with those people identified by the media committee would be invited to attend. The purpose of the meeting would be to develop potential methods that would:

- inform and educate major stakeholders in the media about the effects of negative portrayals of women on their mental health and living conditions and the associated impact on the community;

- generate concrete examples of media stories, advertisements and images that would be considered harmful to women's mental health;

- discuss and develop guidelines and criteria for what would be considered to be harmful to women's mental health and what would be considered as promoting women's mental health;

- demonstrate that there are alternative ways of presenting stories or advertisements and images of women that would not impact negatively on, for example, advertising sales;

- encourage key stakeholders in the media to formulate concrete proposals on strategies to reduce the number of stories, images and advertisements that would be considered harmful to women's mental health, and also to implement strategies to improve women's mental health through the media;

- promote links and ongoing liaison between women's NGOs and the media and others working to improve women's mental health;

- organize a series of meetings to review proposals and their implementation.

(5) Education and training of media staff

Journalists, editors and others with influence over stories, advertisements and images portrayed in the media will be provided with information and training on women's mental health issues. The main purposes are as follows:

• to increase awareness of how the media can adversely affect women's mental health problems;

• to increase awareness of the importance of the media's potential role in improving women's mental health;

• to demonstrate how potentially damaging information and negative images can be presented in alternative ways to avoid any negative impact;

• to outline and promote an understanding of the guidelines for what would be classified as 'harm to women's mental health';

• to encourage the promotion of images and stories that are likely to have a positive impact on women's mental health;

• to outline the media proposal (agreed at the national meeting) that will be developed and implemented in their workplace.

(6) Ongoing communication and meetings with the media committee and media stakeholders

Ongoing collaboration with representatives of the media committee and media stakeholders will be necessary to maintain this initiative. Meetings will be scheduled for the purpose of reviewing strategies, progress and any problems that may arise.

(7) Evaluation

Evaluation will focus on whether there are any changes in attitudes, beliefs and practices of media representatives in relation to women's mental health. Measures of practices could include the percentage of meeting participants who develop a plan of action to address women's mental health issues through the media, and also the number of media strategies adopted. Training programmes for media staff can also be evaluated using pre-training and post-training measures of knowledge, attitudes, beliefs and practices.

Finally, the media can be monitored prior to and following the initiative to determine whether there has been an increase in media stories addressing women's mental health issues, whether there has been a decline in negative portrayals of women, and whether there has been a corresponding increase in positive portrayals of women.

Project 2
Increasing community awareness of women's mental health and reducing the stigma of mental problems.

(1) Working with WHO regional offices
WHO regional offices will be contacted to help identify countries interested in promoting community awareness of women's mental health issues and reducing associated stigma through the media.

(2) Setting up a project committee
The committee could comprise those representatives outlined for Project 1. Given that the main aim of the project is to increase awareness and reduce the stigma of women's mental problems in the community, it is necessary to understand the community's current knowledge and perceptions of women's mental health issues. Epidemiological data, literature reviews and expert input can help determine priority areas in women's mental health that can be addressed through the media. Once priorities have been established, the following tasks will need to be coordinated.

(3) Identifying target groups
It is important to identify the target group(s) for the campaign. This may be the group in greatest need of the message or the group likely to be most influential in the community. The population may be segmented by a number of variables, such as demographic, professional, mental health or attitudinal characteristics.

(4) Qualitative research to explore issues related to mental health among target groups
It is important to conduct qualitative research (focus groups and in-depth interviews) with selected target groups to determine people's perceptions of women's mental health problems. This will allow a better understanding of attitudes and beliefs, of the origins of these attitudes and beliefs and the relationship between attitudes, beliefs and behaviours, and motivations underlying behaviour. The information should be used to select the type of media for the campaign and the message. It is likely that different messages and media will be needed for different target groups.

(5) Quantitative research to determine the generalizability of attitudes and beliefs
Quantitative research can be undertaken to understand the generalizability of findings from qualitative research and can also serve as a pre-campaign measure from which to evaluate the success of the campaign.

(6) Defining media methods
The type of media used will depend on funds available and judgement of the best way to reach the target group(s). The forms most commonly used to

deliver messages include advertising, publicity and edutainment; many campaigns use a combination of methods.

(7) Defining the message content and presentation and pretesting the message

The communication and presentation of the message should evolve from information obtained from qualitative work with target groups. After the development phase, it is important to pretest the communication with individuals. Evaluation should focus on: thoughts and feelings generated by the material; whether the message is understood; whether the message is credible; whether the message is personally relevant, important and useful; whether the message is motivating, whether the presenter or model is credible; and what people like and dislike about the message.

(8) Coordinating with other community activities or initiatives to improve women's mental health

Media campaigns tend to be more successful when they are implemented in conjunction with other activities in the community that reinforce the same message. Therefore it would be important to coordinate media activities with other initiatives in primary care, at worksites and at the grass roots. Media campaigns should provide contact numbers for further information. Furthermore relevant community resources and services should be made available and should be easily accessible.

(9) Evaluation

Process measures can assess whether the campaign was implemented as planned, whether it was noticed and by whom. Post-campaign surveys can do this by examining recognition and recall of campaign components. Other measures would include demand for materials, resources and services. Impact measures can assess changes in knowledge, attitudes and beliefs through representative surveys of the target group.

Project 3
Advocating for improved mental health for women

(1) Working with WHO regional offices

WHO regional offices will be contacted to help identify countries that are interested in carrying out projects involving the use of the media to advocate for changes in the area of women's mental health.

(2) Setting up a project committee

The committee could comprise those representatives outlined for Project 1. Given that the main aim of the project is to advocate for change, persons experienced in advocacy and legal representatives will also be invited to participate on this committee.

(3) Identifying priority areas

Women's mental health issues that will be addressed through media advocacy will need to be formulated and prioritized. These might include, for example, advocating for an increase in services specifically for women and framing public opinion in the area of violence against women.

(4) Developing and implementing a strategic plan to achieve advocacy goals

The project committee needs to formulate a strategic plan to coordinate a number of the activities described below. The advice of experts would need to be obtained according to the content area being addressed.

Qualitative research

As discussed in the section outlining Project 2, it is important to conduct focus groups and in-depth interviews to gain a better understanding of the attitudes, beliefs and behaviours of the target group and the interrelationships between those elements. This is useful information for developing the strategy for communication and the message in order to frame public opinion.

Quantitative research

Quantitative work in the form of surveys would be useful for obtaining information on the extent of beliefs, attitudes and behaviours in the community and as a baseline measure from which one can then assess the success of the advocacy campaign.

News-related activities and publicity

Once message and communication strategies have been developed, a range of news-related activities can be coordinated. These would include planning a series of newsworthy publicity events, organizing media releases and press conferences, and arranging for letters to be sent to editors of influential newspapers.

Other media methods

Where possible, more than one media method should be used. To reduce the expense associated with advertising, partnerships with other organizations can be sought or sponsorship obtained. Edutainment methods are also a viable option and are described in the section outlining Project 4.

(5) Ongoing activities to promote advocacy for women's mental health

Regular meetings will be planned to ensure the continuation of media-related activities to achieve advocacy for women's mental health. The review committee will have responsibility for monitoring and reviewing progress, for maintaining close liaison with the news media and for coordinating advocacy activities with other related activities in the community.

(6) Evaluation

Process measures would include the number of stories taken up by the media, the extent to which planned publicity events are reported, and the position of these stories and reporting of publicity events in the news. Impact measures of knowledge, attitudes, beliefs and behaviours can be assessed prior to and following the advocacy initiative to determine any changes. Outcome measures could include any changes in policies and legislation, or the introduction of new services or the strengthening of existing services for women.

Project 4
Promoting women's mental health through 'edutainment'

(1) Working with WHO regional offices

WHO regional offices will be contacted to help identify countries that are interested in carrying out projects involving the use of edutainment methods to address women's mental health.

(2) Setting up a project committee

The committee would comprise the representatives outlined for the committee of the first project but in addition studio executives and producers of popular television and radio shows and movies would be invited to join, as would writers of comics and novels. The purpose of the committee will be to determine priority areas in women's mental health that will be addressed through edutainment methods (a few options include reducing the stigma associated with mental disorders, responsible parenting, addressing issues related to sexual and domestic violence, and role modelling for effective help-seeking behaviours), to develop a plan for improving women's mental health through edutainment methods, and to coordinate its implementation and evaluation.

(3) Organization of a national meeting on edutainment methods

Representatives from key stakeholders in the entertainment business could be invited to attend the national meeting. Other persons who could be invited include social scientists, experts in women's mental health, experts in the use of the media, representatives from health services and professional and allied health care associations, government representatives and women's groups and NGOs. The purpose of the national meeting would be:

- to increase awareness of women's mental health problems and contributing factors;

- to increase awareness of the importance of addressing these problems for women and for the community at large;

- to highlight the importance of the role of the entertainment media in facilitating women's mental health and living conditions;

- to demonstrate previously successful examples of promoting health issues through the entertainment media;

- to develop an overall plan for addressing women's mental health issues through edutainment and to coordinate these activities with other initiatives being undertaken in the area of women's mental health;

- to encourage participants to develop specific plans of action within the overall plan and framework that is developed;

- to establish a time frame and schedule for regular meetings to review and finalize the overall plan and various components of the edutainment plan which participants will contribute.

(4) Implementation of edutainment and coordination with community activities

Community activities that are organized to reinforce themes arising from edutainment strategies can enhance the effectiveness of messages. This will require planning to ensure that appropriate back-up material, resources and services are available in the community.

(5) Ongoing review and liaison

Ongoing meetings will be scheduled to monitor the success of edutainment methods in addressing women's mental health issues, in documenting and dealing with problems, and in monitoring the effect of messages.

(6) Evaluation

Process measures could include the percentage of media participating in the meeting who developed a plan of action for introducing women's mental health issues through edutainment, the number of issues addressed and the time devoted to these issues. Impact measures could assess changes in knowledge, attitudes, beliefs and behaviours through community surveys conducted prior to and following the edutainment initiative.

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