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Women and Mental Illnesses

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Abstract

Barriers to effective mental health intervention among women range from individual to community, federal, and state factors. Some of the specific challenges experienced include financial constraint or poverty, unemployment, inadequate healthcare personnel, and continued prejudice and discrimination. In the above-mentioned action plan, specific steps that seek to improve outcomes in Modesto include establishing partnerships with healthcare and public authorities to foster staff training, the use of platforms such as television, social media, and print media to steer awareness and the importance of accommodating women with mental illnesses in the community, and the engagement in seminars and conferences to collect data and feedback regarding staff and patient experiences, upon which advocacy for targeted interventions will be enhanced. To determine the degree of program success, major factors to consider will include the rate of hospital readmission, the rate of new cases of mental health problems among women, and the increase or decrease in other health problems linked to mental health.

Introduction

Women marginalization forms one of the societal adversities that continue to stall operations such as health care service provision in the context of the U.S. and the rest of the world. According to Maranzan (2016), marginalization among women refers to the exclusion and powerlessness that this societal group experiences. Indeed, this negative trend implies that the society ends up portraying an inequality in the control of power structures, as well as resources at the societal level. Corrigan, Druss and Perlick (2014) concurred that the patriarchal nature of most of the societal settings forms the principal cause of women marginalization. One of the specific pointers of women marginalization concerns environments with women experiencing mental illnesses. Walker,McGee and Druss(2015) documented that marginalization causes negative emotional and psychological responses such as fear, paranoia, anxiety, anger, social withdrawal, confusion, and stress. Others include resentment, hopelessness, frustration, sadness, self-blame, and depression. Hence, the need to establish action plans that seek to reverse the negative trend cannot be overstated. The main aim of this paper is to examine the attribute of the marginalization of women with mental illnesses. Specific issues to be addressed include the background, economic issues, social justice, ethical issues, and a brief plan that will be employed to restore the position of these women in the context of Modesto, Stanislaus County.

Methods

In all age groups in the U.S., it has been observed that women, compared to their male counterparts, are more likely to suffer from serious mental health problems. According to Karel, Gatz and Smyer (2012), mental illness occurs regardless of gender, class, or race but women remain 40 percent more likely to experience mental health problems than men. Furthermore, women in the U.S. are almost two times as likely as men to experience depression; with a similar rate of

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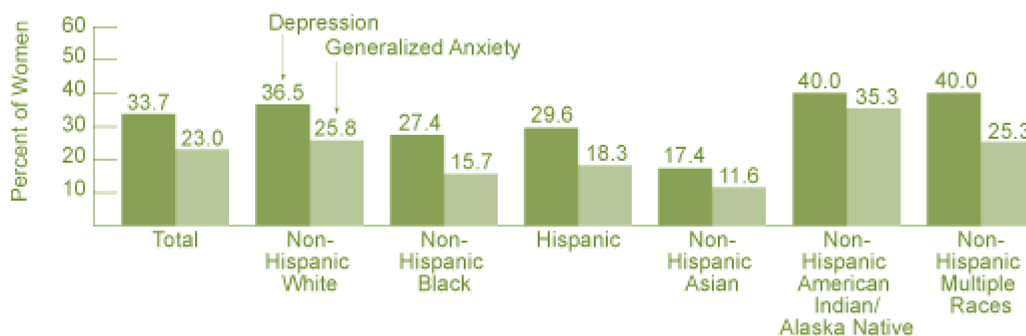
prevalence reported for General Anxiety Disorder 9GAD). As avowed by Maranzan (2016), the gender discrepancy in the occurrence of mental illnesses remains partly ascribed to the attribute of structural sexism. Corrigan, Druss and Perlick (2014) observed further that some of the contributory factors behind women's experiences of mental illnesses include pervasive stress and anxiety, worries about loved ones, and the issues of self-esteem. Others include extensive sexual and physical abuse, poverty, and racism and stigma. In California State, Walker, McGee and Druss (2015) observed that the rate of mental illnesses is higher in women (4.94 percent) than men (3.62 percent). This secondary study employs a content analysis technique to evaluate the results.

Results



In the U.S context, Karel, Gatz and Smyer (2012) observed that mental health continues to restrict most of the rural-based women from participating in economic productivity. As documented by Maranzan (2016), this restriction implies that the women are less likely to receive assistance; leading to further isolation and the entangling of the women in poverty's social cycle. In the study by Walker, McGee and Druss (2015), the main aim was to unearth some of the economic aspects contributing to women's mental health and, hence, marginalization. In the findings, it was observed the dominant factors in the U.S. context include aspects such as unemployment and poverty. Thus, it could be inferred that there is a direct relationship between economic strain and the prevalence of mental illnesses among women in the United States. From these observations, it is further notable that mental illnesses exacerbate the dire state of women in the United States' poverty-stricken areas by forming a barrier to their active participation in the economic arena and, in turn, stall the progress of their access to relevant services and resources.

From the perspective of social justice, women with mental illnesses have experienced mixed outcomes. On the one hand, the federal and state authorities have embraced several strategies to address the needs of this marginalized group. On the other hand, barriers to adequate health care service provision continue to dominate the interventions. According to Corrigan, Druss and Perlick (2014), some of the barriers to effective care provision include the stigma attached to mental illness, financial barriers, inadequate staffing of mental health professionals, insufficient mental health awareness and education, and racial barriers whereby the whites are more likely to access treatment

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than women from the Asian, Hispanic, and African American origins. In a related study, Karel, Gatz and Smyer (2012) sought to determine some of the strategies or interventions that have been embraced at the state and federal levels while seeking to improve the health outcomes of women with mental illnesses. Indeed, the study highlighted that some of the techniques that have been embraced include the initiation of programs such as "Toward a State of Esteem" to increase social and personal responsibility while increasing the target individuals' self-esteem, embracing active labor markets towards psychological support and the provision of employment, an expansion of the mental health workforce via the facilitation of personnel training, and the education of masses regarding the importance of positive attitudes, behaviors, and beliefs about women with mental illnesses (while avoiding prejudice and discrimination).Despite the promising nature of the latter strategies, it is worth acknowledging that women with mental illnesses are yet to receive the desired social justice; a trend attributed to the above-mentioned individual, community, and public authority barriers.

Whereas women with mental illnesses prompt the society to embrace various interventions, these techniques face various ethical issues. One of the aspects concerns paternalistic behavior versus respect for autonomy. As documented by Norvoll, Hemand Pedersen(2016), whether to use coercion or not raises a dilemma in situations such as those in which women with mental illnesses suffer from delusions, refuse treatment, or refuse to take medicine. The specific ethical challenge is whether coercion is worth permitting only when the patients run a risk or also when there is a risk of damage to other concerned persons. For cases involving the separation and forced seclusion of patients, the extent to which such a step might be embraced while still respecting the autonomy of patients poses a critical ethical dilemma (Maranzan, 2016). Another ethical aspect concerns dealing with the patients' relatives. Given that these relatives experience straining relationships requiring support, whether the intervention remains the professional responsibility of nurses remains challenging. According to Norvoll, Hem and Pedersen (2016), confidentiality forms another ethical dilemma during care provision for women with mental illnesses. Particularly, patients might divulge information that is potentially harmful to both themselves and others. In this case, the ethical dilemma is whether or not to reveal the sensitive information to other authorities, especially when some of the state codes of ethics dictate that confidentiality is embraced. Lastly, Walker, McGee and Druss (2015) indicated that an ethical dilemma could arise in terms of decisions surrounding care. Particularly, it was noted that a family member could request on behalf of the patient that the healthcare professionals protect them from self-harm or harming others. In such a case, the psychiatric patients, who have similar legal rights as the rest of the population, could contest the decision. Hence, nurses and the administration find themselves at the crossroads because supporting either of the parts would still prove harmful and compromise the expected progress in care provision.

Based on the current rate of prevalence and the critical barriers to effective mental healthcare for women in Modesto and the rest of Stanislaus County and California State, three major action plans are established. One of the plans involves increasing awareness by exploiting social media platforms, the print media, and television to reach out to the rest of the community. Some of the messages that the audiences will be sensitized about include the importance of a quiet

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mind, some of the ways of dealing with stress, and the criticality of avoiding alcohol and other triggers; which constitute triggers of mental health among women. Another plan is to establish partnerships with healthcare organizations or providers and public authorities to facilitate the training of mental health staff while seeking to achieve responsiveness. This plan is informed by the inadequacy of mental health personnel as one of the barriers to effective care in California. The last action involves participation in seminars and conferences about the current trends and leading causes of mental health problems among women in Modesto and the rest of California. Indeed, these sessions are expected to offer rich grounds for the collection of data and feedback regarding the experiences of patients and the healthcare personnel; upon which advocacy for the employment of population-specific or targeted interventions that coincide with the feedback received will be enhanced. To ascertain the degree of program success, some of the pointers that will be analyzed include the rate of occurrence of new cases of mental health among women, the rate of hospital readmission, the duration and frequency of community member interactions on various platforms, and the rate of occurrence of other conditions associated with mental illnesses among women.

Conclusion

In summary, barriers to effective mental health intervention among women range from individual to community, federal, and state factors. Some of the specific challenges experienced include financial constraint or poverty, unemployment, inadequate healthcare personnel, and continued prejudice and discrimination. In the above-mentioned action plan, specific steps that seek to improve outcomes in Modesto include establishing partnerships with healthcare and public authorities to foster staff training, the use of platforms such as television, social media, and print media to steer awareness and the importance of accommodating women with mental illnesses in the community, and the engagement in seminars and conferences to collect data and feedback regarding staff and patient experiences, upon which advocacy for targeted interventions will be enhanced. To determine the degree of program success, major factors to consider will include the rate of hospital readmission, the rate of new cases of mental health problems among women, and the increase or decrease in other health problems linked to mental health. Overall, it is projected that the action plan is better placed to restore the state of women with mental illnesses while checking the occurrence of new cases.

References

[1]. Corrigan, P., Druss, B. & Perlick, D. (2014).The impact of mental illness stigma on seeking and participating in mental health care.*PsycholSci Public Interest,* 15(2), 37-70

[2]. Karel, M. J., Gatz, M. &Smyer, M. (2012). Aging and mental health in the decade ahead: Whatpsychologists need to know.*American Psychologist,* 67, 184-198

[3]. Maranzan, K. A. (2016). Interprofessional education in mental health: an opportunity to reduce mental illness stigma. *J Interprof Care,* 30(3), 370-337

[4]. Norvoll, R., Hem, M. H. and Pedersen, R. (2016). The Role of Ethics in Reducing and Improving the Quality of Coercion in Mental Health Care, *HEC Forum*, **29**, 1, 59-74

[5]. Walker, E. R., McGee, R. E. & Druss, B. G. (2015).Mortality in mental disorders and global disease burden implications: a systematic review and meta-analysis.*JAMA Psychiatry*, *72*(4), 334-341