



**GOOD PRACTICE SERVICES:  
PROMOTING HUMAN RIGHTS &  
RECOVERY IN MENTAL HEALTH**  
Trieste, 23-26 September 2019

***Local & global: co-production and innovation***

**Gender sensitive approach in community mental health:  
actions and perspectives**

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# THE LANCET

Volume 391 | Number 10171 | Pages 493-510 | February 9-15, 2019

www.thelancet.com

Advancing women in science,  
medicine, and global health



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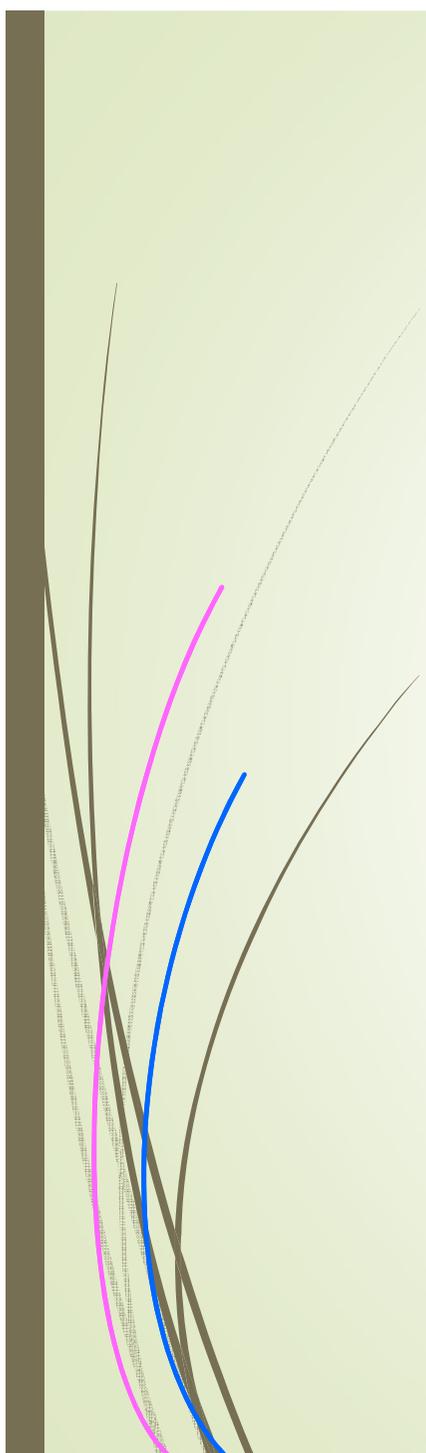
Editorial , February 09, 2019

## Feminism is for everybody...

"To be 'feminist' in any authentic sense of the term is to want for all people, female and male, liberation from sexist role patterns, domination, and oppression."

*bell hooks , 1981*

Almost 40 years on, the world is still reckoning with pervasive and inexcusable **gender inequality** underpinned by bias and sexism, and research and health care are no exception.



Are **gender gaps** due to evaluations of the applicant or the science? A natural experiment at a national funding agency

**Organisational** best practices towards gender equality in science and medicine

What is The Lancet doing about gender and diversity?

Factors affecting sex-related reporting in medical research: a cross-disciplinary bibliometric analysis

**Engaging men** to support women in science, medicine, and global health

Why it must be a **feminist global health agenda**

Gender equality in science, medicine, and global health: where are we at and why does it matter?

Applying **feminist theory to medical education**

Women in Surgery Africa and research

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£5.00 Registered as a newspaper · ISSN 0140-6736  
Founded 1823 · Published weekly

The overwhelming conclusion from this collection of work is that, to achieve meaningful change, actions must be directed at transforming the systems that women work within—making approaches informed by **feminist analyses** essential.



## GENDER, HUMAN RIGHTS AND THE GLOBAL BURDEN OF DISEASE

- a.) critical determinant of health, including mental health. It influences the power and control men and women have over the determinants of their mental health (socioeconomic position, roles, rank and social status, access to resources and treatment in society)
- b.) important in defining susceptibility and exposure to a number of mental health risks.

If it is accepted that both women and men have a fundamental right to mental health, it becomes impossible to examine the impact of gender on mental health without considering

**gender-based discrimination and gender-based violence.**

Consequently, a human rights framework is needed **to interpret gender differences in mental health and to identify and redress the injustices that lead to poor mental health.**

Still many violations of women rights as human beings: sexual and reproductive rights, trafficking of women and girls for sexual exploitation, gender pay gap, burden of work...



# GENDER BIAS

## **I Research**

Gender bias has skewed the research agenda. The relationship of women's reproductive functioning to their mental health has received protracted and intense scrutiny over many years while other areas of women's health have been neglected.

## **2. Treatment**

Gender bias and stereotyping in the treatment of female patients and the diagnosis of psychological disorders has been reported since the 1970's  
Female gender is a significant predictor of being prescribed psychotropic drugs.  
Risk of over psychiatrization and psychologization.

## **3. Funding, organization and insurance**

Integrated services where social and clinical services are available on one site are preferred by women.  
Services need to be aware of the impact of this role on women's lives and their willingness to seek help.

## **5. Violence and severe mental illness**

**Gender sensitive services**



**Gender equity** is not only a matter of justice and rights, it is crucial for producing the best research and providing the best care to patients.

If the fields of science, medicine, and global health are to hope to work towards improving human lives, they must be representative of the societies they serve.

The fight for gender equity is everyone's responsibility, and this means that **feminism, too, is for everybody**—for men and women, researchers, clinicians, funders, institutional leaders, and, yes, even for medical journals.



# Our history...and our agenda

- ▶ The pioneristic experience of “Centro Donna Salute Mentale”, in the 90’ s, (the first in the world Community Mental Health Center, open 12/24h, just for women with mental suffer), many experiences bring to the construction of strong collaboration not only with socio sanitary services, but with associations and group of women, with or without mental suffer, inside the community.



Gender difference perspective needs still to be highlighted, following the strong belief that women, and men, need specific hearing and answers, without stereotypes and prejudices.

For example, it is necessary pay great attention on the risk of psychiatrization (or psychologization...) of women expressions and features and to fight the new risk of istituzionalization for women (i.e. the actual answers are too often over psychopharmacologization and the offer of the mere technicism clinical of individual outpatient therapy).

► So, this is one of the appointments, as usual a “choral” experience, in which we continue to grow up women’s (and men’s) network, and try to use new word, and to put different sense in word we use...

## Brief History (our roots...)

In 1990: pioneristic experience of “Centro Donna Salute Mentale”, the first (in the world) Community Mental Health Center, open 24/24h, just for women with mental suffer.

The staff consist only of women operators.

Strongly influenced by Franca Ongaro Basaglia’s thought and practice (“*Health and Illness*”)

Opposite polarities:

risk of "separated service" -- need of mutual recognition, building each own history on positive identities and not on illness...

and of "specific hearing"...without stereotypes

**SO**

Not separated services... but different needs and different answers...

Attention on non psychiatrization of women features.

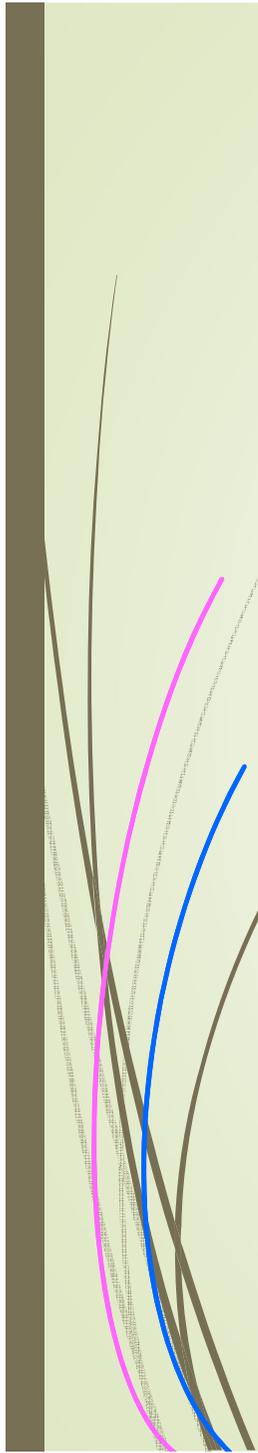
## Gender working group for gender difference

(now...)

A **“choral”** experience, all the professionals (social and sanitary) involved, closely related with other sanitary services (“Consultorio familiare”, maternal and pediatric Hospitals...).

**“Open group”**, inviting women “with experience”, women associations, cooperatives, member of community...

Continuing updating, from WHO guide lines to local projects and opportunities



Organization of congress and debates:

- with women "expert" on different topics
- often open to women who use our Services
- often "unusual meeting", with a strong "feminine mark" and artistical representation

Il parco di Santa Giovanna...2013

Praticare la differenza ...2015

La Differenza...il fare delle donne...2017

Approccio di genere alla salute di comunità...2018-2020

## Topics:

- Domestic violence
- Gender stereotypes and gender bias
- The different moment of women sexual life
- Issues of body
- Gender difference in psychopharmacology, work opportunities, risk and protective factors...

“Old issues”....still actual

# Our projects: “Una casa tutta per noi” (“*A home of our own*”) 1 and 2

An apartment in the centre of the city, with 3 beds (2 bedrooms) and many spaces where cooking, reading, and meeting together.

Strictly collaboration with association (*Luna e l’Altra*)

Strong attention on formative course and **work** opportunities

## ***A home of our own***

**Structure:** Women operators and volunteers are present during the day.

**Principals purpose:** Emancipation pathways, reception in situation of domestic violence and mental health suffering.

**Principal paradigm:** to care (rather than "managment"...)

## ***A home of our own***

Focus on improving women's attitude and skills...and "specific crisis management"....

**Activities:** Co-Planning of weekly activities (courses of painting, photo, picture, gardening, reading, tailoring, cooking, gymnastic, yoga, natural remedies...)  
...And special appointments (parties, excursions, trips, holidays)