Embedding Women's Mental Health
in Sharing the Vision

A report prepared by the specialist group on women's mental health to support the implementation of Sharing the Vision

November 2022

An Roinn Sláinte
Department of Health

Contents

A note on language used in this report, recognising the interdependent nature of each of these terms

When this report talks about "women" it is intended in the most inclusive sense of the word. It is used as shorthand to describe all those who identify as women as well as those that do not identify as women but who share women's biological realities and experiences. In using this term, we seek to include not exclude. Using gender to inform health policy is just one way of creating more targeted, personalised health services for all people in Ireland. We will commit to keep our language under constant review so that all those for whom this plan and programme are relevant see themselves reflected in it (Women's Health Action Plan, Department of Health 2022).

A gender-aware approach recognises how the socio-political and cultural context shapes care needs and care delivery, and acknowledges how gender affects access to and experience of healthcare, particularly for women and girls. Although we refer to 'gender awareness', we take an intersectional lens, recognising that women are not a homogeneous group and that the intersection of gender with race, ethnicity, disability, class and other identity characteristics can further disadvantage some women. When we speak of strengthening gender awareness in service design and delivery, we mean that policy and practice must be alert and responsive to the diverse needs of all women, including the most marginalised.

Trauma aware is a basic level of awareness about psychological trauma that operates across every single member of staff in an organisation (clinical, non-clinical, maintenance, management, security, contract etc). Trauma sensitive and trauma responsive services have higher levels of training and implementation of trauma aware principles across policies and practices. Trauma specific means the organisation offers specific therapeutic interventions for trauma. Finally, trauma informed is based on a whole organisation approach, whereby it would usually take 3-5 years for a small to middle sized organisation to be fully trauma informed.

Executive Summary

Sharing the Vision – A Mental Health Policy for Everyone, was published in 2020 to provide a framework for reform of the mental health system in Ireland over the next decade.

This policy is comprised of 100 specific recommendations, with a National Implementation Monitoring Committee (NIMC) established to ensure these recommendations are implemented. Recommendation 3 of Sharing the Vision (StV) states that the Department of Health (DOH) Women's Health Taskforce and the NIMC will undertake a joint project to outline an effective approach to the mental health of women and girls, ensuring that mental health priorities and services are gender-sensitive and that women's mental health is specifically and sufficiently addressed in the implementation of the *Sharing the Vision* policy.

The NIMC Specialist Group on Women's Mental Health was established by the DOH in August 2021, at the request of the NIMC Steering Committee, to progress this recommendation. To support the work of the Specialist Group, a diverse Consultation Panel was established, involving a wide range of professional and civil society perspectives to inform the process. This report, *Embedding Women's Mental Health in Sharing the Vision*, is the outcome of this work.

Firstly, *Embedding Women's Mental Health* emphasises that all health services need to take steps to strengthen gender awareness and should commit to this by signing up to the Women's Mental Health Service Charter, in order that women experience an inclusive, supportive and effective mental health services that meets their needs. The Specialist Group therefore proposes that a Charter for women's mental health be introduced across all healthcare settings, committing to three main aims:

A Charter for Women's Mental Health in Ireland

Our service commits to ensuring:

1. A gender-aware approach to the delivery and accessibility of all care
2. A trauma-aware approach by all staff who contribute to the service
3. The systematic collection and analysis of data on gender, ethnicity, disability and other risk factors for marginalisation of women

Secondly, *Embedding Women's Mental Health in Sharing the Vision* requires that each of the 100 recommendations be interrogated through the lens of this Charter, with more detailed examples outlined below.

In particular, Mental Health care systems and services should show evidence of developments in 4 key areas:

1. A gender-aware service design and delivery
2. A trauma-aware culture embedded in the delivery of all clinical services
3. Specific services should record and report on targeted improvements in how they cater for women and girls
4. A data collection system capturing gender-specific and related information is required to ensure these developments can be measured and achieved

Key to the achieving these key developments will be a robust measurement and implementation plan, as outlined on page 37.


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Introduction

This report builds on work already in development across all areas of women's health nationally and internationally. In 2018 Ireland ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), article 6 of which focuses on women with disabilities.

This states that Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms; and shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.

Promoting women's health is now a key priority in Irish Healthcare Policy, leading to the creation of the Women's Health Taskforce which identified a specific need to ensure that the mental health needs of women are adequately addressed within such Policy. The 2019 report Women's Health in Ireland, commissioned by the DOH, HSE and NWCI, summarised the background and evidence base for the development of a Women's Health Action Plan 2022-2023, to provide an enhanced response to the health inequalities experienced by women in Ireland.

This was followed by A Briefing on Women's Mental Health in Ireland (NWCI 2020), outlining the need to consider women's specific mental health needs, and the gender-related differences in experiences of mental health and mental healthcare services.

The Women's Health Fund has gone on to invest in specific mental health initiatives in 2021 and 2022, ranging from supporting women who have both substance use and mental health issues to suicide and self-harm prevention for Traveller women, in addition to enhanced supports across menopause, endometriosis and postnatal care, and investment in online Cognitive Behaviour Therapy.

Examples of more specific service developments in women's mental health in recent years include the development of the Model of Care for Specialist Perinatal Mental Health Services (SPMHS) and investment in the National Clinical Programme for Eating Disorders, as a condition which predominantly affects women.

These developments have been taking place across a background of significant cultural and legislative changes, ranging from the legalisation of same sex marriage in 2015 and the Repeal of the 8th Amendment in 2018, to the Zero Tolerance Plan on domestic, sexual and gender-based violence in 2022.

Report Development

The NIMC Specialist Group on Women's Mental Health was established by the Department of Health in August 2021 at the request of the NIMC Steering Committee to progress Recommendation 3 of *Sharing the Vision*. This recommendation states that "*The Department of Health Women's Health Taskforce and the National Implementation Monitoring Committee will undertake a joint project within 12 months to outline an effective approach to the mental health of women and girls. The project should ensure that mental health priorities and services are gender-sensitive and that women's mental health is specifically and sufficiently addressed in the implementation of policy.*"

The Specialist Group was chaired by Professor Siobhan MacHale and included a mix of mental health and women's health specialists with expertise and remit in this area (see Appendix 1). The Specialist Group was supported and challenged in their work by a diverse Consultation Panel involving a wide range of professional and civil society perspectives to inform the process (see Appendix 2). The Terms of Reference for the Specialist Group were as outlined in Appendix 3.

Membership of both groups was discussed at the first Specialist Group meeting in late August 2021, leading to an invitation to Dr Sharon Lambert to join the Specialist Group given her particular expertise in the area of trauma informed care. It was also decided to broaden the membership of the Consultation Panel for additional expertise, including primary care representation.

The first joint meeting of the Specialist and Consultation Groups was held in Oct 2021. This included a facilitated workshop and discussion regarding the central role of service user and carer involvement. As NIMC were in the process of engaging a Family, Carers and Service User Reference Group (RG), it was agreed that once the RG was in place, it would be invited to nominate a member to the Consultation Panel. As a consequence, Professor Siobhan MacHale participated in a workshop on the NIMC specialist groups at the first meeting of the RG on March 25th 2022, and a nominee from the RG was invited to join the Consultation Panel.

A Request for Tender for research was issued in Q4 2021 for a gender review of "Sharing the Vision", however a suitable provider was not sourced. It was decided to proceed with the project by drawing on the extensive knowledge of the Specialist Group members to review *"Sharing the Vision"* with a gender lens. Attention was focused on connecting with and building on related areas of work, ranging from the Women's Health Taskforce to the work of the National Clinical Advisor and Group Lead for Mental Health in the HSE, and accessing funding under the Women's Health Fund to support implementation of Sharing the Vision. In addition, gaps and areas for improvement were identified. The second joint meeting of the Specialist Group and Consultation Panel members was held in April 2022 to outline the focus and structure of the draft report, with a 3rd and final joint meeting in November 2022 to review the finalised report for submission to NIMC.

Once these recommendations are agreed with the NIMC and committed to consideration in implementation, the Specialist Group will be deemed to have met its terms of reference and will be dissolved by the NIMC Steering Committee.

Report Proposals

PROPOSAL 1

All health services must take steps to strengthen gender awareness, demonstrating a commitment to this by signing up to the Women's Mental Health Service Charter. This is required to ensure women in Ireland experience inclusive, supportive and effective mental health services that meets their needs. The Specialist Group therefore proposes that a Charter for Women's Mental Health be introduced across all healthcare settings, committing to 3 main aims:

A Charter for Women's Mental Health in Ireland

Our service commits to ensuring:

1. A gender-aware approach to the delivery and accessibility of all care
2. A trauma-aware approach by all staff who contribute to the service
3. The systematic collection and analysis of data on gender, ethnicity, disability and other risk factors for marginalisation of women

PROPOSAL 2

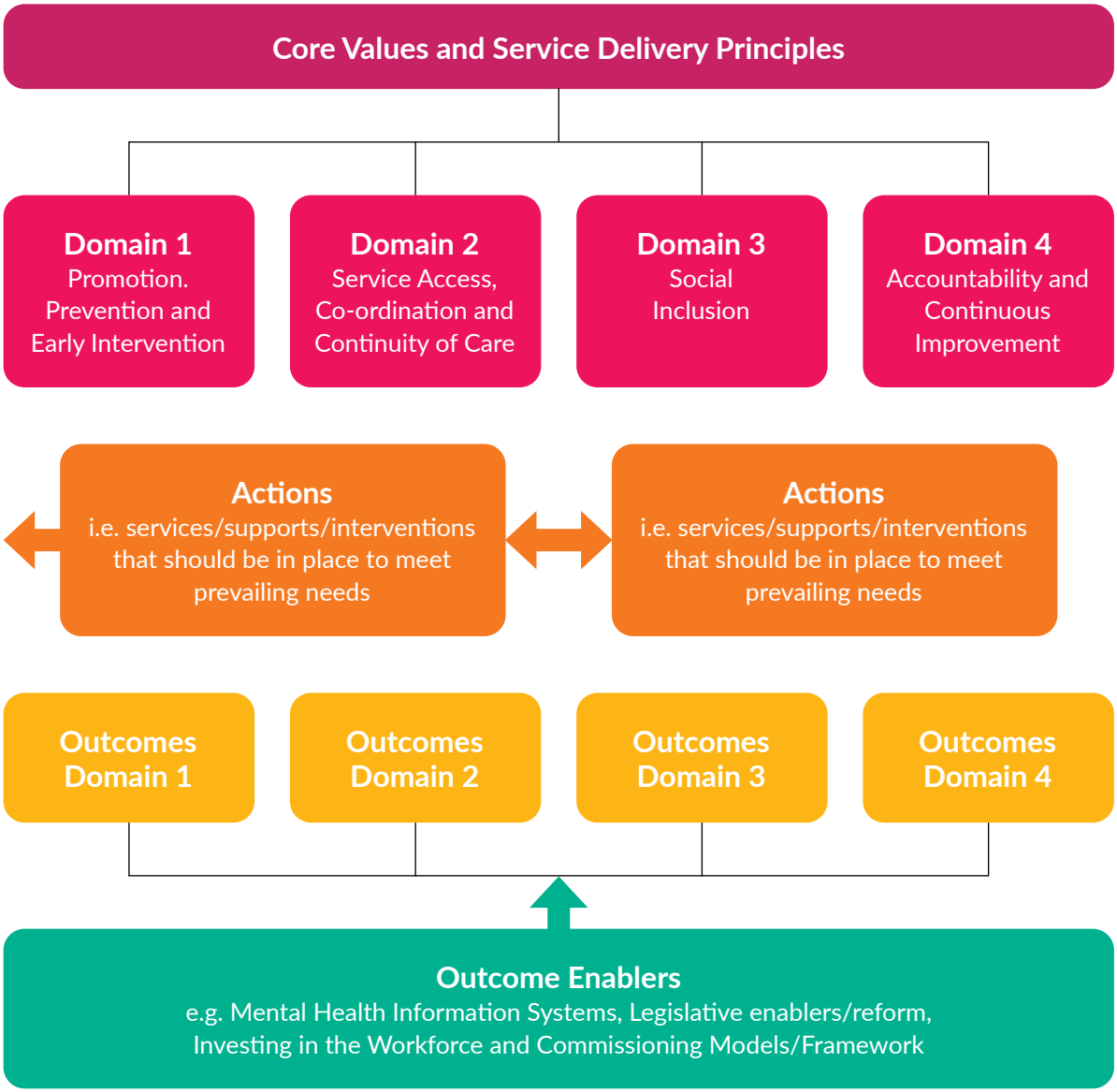
Embedding Women's Mental Health in Sharing the Vision requires that each of the 100 Sharing the Vision recommendations be interrogated through the lens of this Charter, with more detailed examples outlined below. Examples of how services might take such steps are outlined in the following 'key area' recommendations, including where they lie within the 4 domains of the Sharing the Vision Framework outlined in Figure 1.

In particular, Mental Health care systems and services should show **evidence of developments** in four key areas:

1. A gender-aware service design and delivery
2. A trauma-aware culture embedded in the delivery of all clinical services
3. Specific services should record and report on targeted improvements in how they cater for women and girls
4. A data collection system capturing gender-specific and related information is required to ensure these developments can be measured and achieved

- Essential to achieving these key developments will be a robust measurement and implementation plan, as outlined on page 25.

Figure 1: Organising Framework for StV



KEY AREA 1

Development of a gender-aware service design and delivery

There are a number of ideas and opportunities which the specialist group has identified, which can support Sharing the Vision implementation:

Changes to services and supports for women:

Focus	Detail	StV Domain
1. Championing gender-friendly service arrangements	• Develop a range of service delivery options and times within each service. • Develop interagency case management meetings for women with complex needs. • Introduce key working as an aspect of community support. • Tailor the available supports to meet the needs of diverse groups of women by, for example: → Consider weekend and evening opening → Offer appointment options that work for women (e.g. in-person or virtual appointments at flexible times) → Be prepared to extend session length or number of sessions in recognition that some women may need a more tailored approach to build up trust → Utilise child-friendly facilities that include affordable childcare and/or supervision and separate family visiting areas → Create dedicated breastfeeding spaces for outpatients	**Domain 2:** Service Access, Co-ordination and Continuity of Care. **Domain 3:** Social Inclusion

Focus	Detail	StV Domain
Cont. 1. Championing gender-friendly service arrangements	→ Consider availability of public transport when planning services → Improved availability of home care or outreach services for older women, women with disabilities, migrant women without family networks, women in rural areas without access to transport → Improved availability of drop-in services → Ensure services and locations are accessible using a universal design approach → Ensure availability of translator services (in person or virtual) in all health service settings → Develop peer support/mental health advocacy workers for migrant women → Ensure that Traveller/Roma/migrant women have the same access to services as non-marginalised women (e.g. medical card eligibility without a PPS number)	Domain 2: Service Access, Co-ordination and Continuity of Care. Domain 3: Social Inclusion
2. Combine physical and mental health services to develop integrated models of care for women	• Ensure that any new women's health services – e.g. menopause clinics, screening services, endometriosis or fertility hubs incorporate mental health and trauma aware expertise in the model of care • Ensure that all new service developments align with the Integrated Liaison Mental Health Model of Care	Domain 2: Service Access, Co-ordination and Continuity of Care.

Changes to Education and Training

Focus	Detail	StV Domain
3. Increase awareness of the impact of sex and gender on mental health for women and girls across all healthcare settings	• Support gender, trauma and equity-sensitive training for healthcare practitioners and social care staff, including training relating to trans/non-binary people • Develop gender, trauma and equity-sensitive resources and support services • Develop training on the mental health aspects of women's health issues e.g. endometriosis, menopause	Domain 2: Service Access, Co-ordination and Continuity of Care. Domain 3: Social Inclusion
4. Develop public health campaigns to raise awareness of gender differences in mental health	• Involve expertise from community mental health services in the development of educational health promotion materials, e.g. for the gender differences in the presentation of neurodiversity or personality disorders • Promote and support positive mental health messaging through mobile and digital channels, to combat stigma, discrimination and misinformation that affects women and girls. • Develop anti-stigma programmes that target attitudes to less well understood mental illnesses e.g. psychosis, attention deficit hyperactivity disorder (ADHD), eating disorders, personality disorder, addiction • Develop public education programmes that target attitudes to the effects of addiction and the impact of violence, including intimate partner violence	Domain 1: Promotion, Prevention and Early Intervention.

Focus	Detail	StV Domain
Cont. 4. Develop public health campaigns to raise awareness of gender differences in mental health	• Roll out standards for public awareness campaigns on the use of appropriate, non-stigmatising language around mental disorders, including women with addiction • Ensure the availability of literacy support, plain English and other languages for minority groups in public education programmes	Domain 1: Promotion, Prevention and Early Intervention.
5. Develop school- based materials	• Ensure that providers of funding have no conflict of interest in school training programmes. (e.g. alcohol) • All curricula should integrate mental health awareness raising and support • Ensure that the review of the Relationships and Sex Education curricula in primary and post-primary schools addresses misogyny and harmful gender stereotypes, including social media representation of at-risk and marginalised women • Equip primary and secondary school educators, as well as healthcare staff in these environments, to recognise the factors, such as sexual and family violence, discrimination, or distorted body image, that influence mental health in young girls and adolescents	Domain 1: Promotion, Prevention and Early Intervention.
6. Support health promotion targeted at women and girls	• Development within existing projects and policies. For example: → Community-embedded support for women and girls, with a particular focus on marginalised groups (e.g. Local Sports Partnership Girls Active Programme, Parenting Plus, Social Prescribing, Healthy Food Made Easy and Sláintecare Healthy Communities)	Domain 1: Promotion, Prevention and Early Intervention.

Focus	Detail	StV Domain
Cont. 6. Support health promotion targeted at women and girls	→ Primary Care support for women and girls (e.g. improvement of screening and vaccination programmes' reach to at-risk and marginalised women) → Targeted support for girls' schools → Support the development of media and community awareness materials covering a range of mental health conditions affecting women and girls across the priority populations	Domain 1: Promotion, Prevention and Early Intervention.

Changes to Management and Organisation

Focus	Detail	StV Domain
7. Gender Proof	• Require that services gender and equity proof all new policies prior to approval	Domain 3: Social Inclusion
8. Workforce Support	• Ensure proactive backfill for all staff who go on maternity/carers' leave, so that seamless service delivery continues irrespective of provider gender	Domain 4: Accountability and Continuous Improvement
9. Support greater diversity in the workforce	• Engage professional bodies and HR specialists in developing focused measures to improve representation of women from marginalised communities in health and social care roles, particularly at a senior level	Domain 4: Accountability and Continuous Improvement

KEY AREA 2

Development of a trauma-aware/ sensitive culture embedded in the delivery of all clinical services.

We are all acutely aware of many issues where existing and historical trauma affects individuals, families and groups in our society, in particular relating to women's health issues, and which have led to a loss of trust in the health services.

All Women's Health policy needs to build on an acknowledgement of these past and continuing traumas, the resultant impact of reduced trust on the Irish Healthcare system, and an openness to supporting healing and recovery of the service and those whom it serves.

Progress needs to continue to be made in promoting a culture of openness and empathy within our health services. A culture of listening more attentively to patients, their concerns and their experiences, and of involving patients and their advocates more meaningfully in the planning and delivery of services.

There are a number of opportunities which the Specialist Group has identified, which can support Sharing the Vision implementation:

Changes to services and supports to women

Focus	Detail	StV Domain
1. Revise protocols for all staff in welcoming women to the service	• Develop staff protocols to ensure recognition of the impact of trauma on women engaging with the service e.g. with personality disorder, addiction • Culture awareness is a specific principle of being trauma informed. Enhance service accessibility by ethnic minority communities e.g. Cultural Competency Toolkit.	Domain 2: Service Access, Co-ordination and Continuity of Care

Changes to education and training

Focus	Detail	StV Domain
2. Provide basic mandatory training to all staff on being trauma aware	• Train all staff in a human rights-based, gender-sensitive and trauma-aware approach to mental health care including staff in acute, community and primary settings, clinical and non-clinical staff (e.g. via HseLanD) • Provide more advanced training in-person workshops for specific clinical staff to move from trauma aware to trauma-sensitive and informed • Such training should be co-designed, with migrant and lived experience representation, and active engagement with local groups and communities. This will require appropriate resourcing to ensure appropriate engagement. • This should include cultural awareness, competency , anti-racism, disability-equality and inclusion training	Domain 1 Promotion, Prevention and Early Intervention. Domain 2 Service Access, Co-ordination and Continuity of Care Domain 3 Social Inclusion Domain 4 Accountability and Continuous Improvement
3. Invest in continuing education for all staff to embed inclusive practices and trauma aware care in the health system, including acute hospital settings	• Education in the effects of addiction and violence on women and girls, including the life-long impacts on physical and mental health • Focus on the mental health needs of women in the LGBTQ+ community, women of migrant background or minority ethnicity, disabled women • Consider specific actions to encourage disclosure of domestic abuse/violence against women, reduce harm and improve engagement with the health system, e.g. availability of private spaces in all clinical settings.	Domain 1 Promotion, Prevention and Early Intervention. Domain 2 Service Access, Co-ordination and Continuity of Care Domain 3 Social Inclusion Domain 4 Accountability and Continuous Improvement

Focus	Detail	StV Domain
Cont. 3. Invest in continuing education for all staff to embed inclusive practices and trauma aware care in the health system, including acute hospital settings	• Support the development of trauma-aware multidisciplinary teams in acute hospital settings (e.g. Beaumont Hospital pelvic floor surgical clinic)	Domain 1 Promotion, Prevention and Early Intervention. Domain 2 Service Access, Co-ordination and Continuity of Care Domain 3 Social Inclusion Domain 4 Accountability and Continuous Improvement
4. Provide Training on domestic, sexual and gender based violence, including coercive control across all settings	• Educate all staff on how this can impact individuals' behaviour and support needs. • Align with the Domestic, Sexual and Gender-Based Violence Strategy to ensure health facilities provide information about sexual and domestic violence services and to train healthcare workers to identify domestic violence and refer survivors to appropriate services.	Domain 1 Promotion, Prevention and Early Intervention. Domain 2 Service Access, Co-ordination and Continuity of Care Domain 3 Social Inclusion Domain 4 Accountability and Continuous Improvement

Focus	Detail	StV Domain
5. Develop trauma materials for schools to support early intervention	• Schools should be supported in making child welfare referrals • Address the training gap around the negative impact of parental mental disorder, addiction and domestic violence on the developing child, building on resources such as • Operation Encompass and Educate Together Trauma Informed Practice emodule • Develop processes within mental health services for Designated Safeguarding Lead to signpost avenues to appropriate care • Provide resource for professionals around the impact of Adverse Childhood Experiences.	Domain 1: Promotion, Prevention and Early Intervention. Domain 2 Service Access, Co-ordination and Continuity of Care Domain 3 Social Inclusion Domain 4 Accountability and Continuous Improvement

Changes to management and organisation

Focus	Detail	StV Domain
6. Address vicarious trauma	• Provide additional supports to staff in recognition of the vicarious trauma they may experience to improve patient care and reduce burnout via the availability of staff counselling (both individual and group). This will include EAP and Occupational Health supports. • Management should receive training on supporting staff with secondary traumatic stress • Management should receive training on supporting staff with secondary traumatic stress	Domain 2 Service Access, Co-ordination and Continuity of Care Domain 4 Accountability and Continuous Improvement

Focus	Detail	StV Domain
Cont. 6. Address vicarious trauma	• Instigate a rolling campaign to tackle the low levels of help-seeking behaviour in staff working in healthcare settings. • EAP processes should be transparent and promoted, with an emphasis on confidentiality, for example; → Regular emails every few months reminding staff of the importance of minding their mental health → Listing of services available with names and images of therapists on their webpages → Ensure supports are timely, proactive and separate form critical review processes → There should be recognition of the need for flexibility in number of sessions needed or bridging support to ongoing care depending on the employees needs	Domain 2: Service Access, Co-ordination and Continuity of Care Domain 4: Accountability and Continuous Improvement

KEY AREA 3

Ensure specific services record and report on targeted improvements in how they cater for women and girls across the spectrum of service delivery, including:

A. Community-embedded supports

B. Primary Care supports

C. Specialist Mental Health Services

There are a number of opportunities which the specialist group have identified which can support Sharing the Vision implementation:

A. Community-embedded supports

Focus	Detail	StV Domain
1. Develop early proactive interventions to reduce the onset of mental ill-health in young women	• Promote physical activity and cultural and recreation initiatives to protect mental health and strengthen resilience in young women • Establish adolescent health checks to provide early intervention and support for physical and mental health risks in young women, for example the school vaccination programme	Domain 1: Promotion, Prevention and Early Intervention. Domain 2: Service Access, Co-ordination and Continuity of Care.
2. Strengthen connections between schools and community	• Invest in enhancing supports between schools and parents (For example, universal availability of home school community liaison coordinator, currently only available in DEIS schools)	Domain 1: Promotion, Prevention and Early Intervention. Domain 2: Service Access, Co-ordination and Continuity of Care.

Focus	Detail	StV Domain
3. Develop and deliver protective mental health strategies to support women and their families	• Raise awareness of, and develop strategies to address, mental health impacts of social isolation in vulnerable groups of women (for example; addiction, housing and poverty initiatives) • Integrate with the National Domestic, Sexual and Gender-Based Violence Strategy • Develop dedicated diagnosis specific evidence-based supports for family/ supporters of someone diagnosed with a serious mental illness, for example; → Behavioural Family Therapy in psychosis → PiLAR family/ carer support programme for Eating Disorders → Family programmes in dual diagnosis • Eating Disorders prevention, for example; → Addressing body image (For example: Media smart, the Body Project. → School and college-based prevention programmes using a health promotion approach, focusing on building self-esteem and positive body image → Healthy lifestyle modification programmes - Public health messaging needs to be eating disorder aware and sensitive. Weight stigma is a shared agenda across eating disorder and obesity management fields and along with Healthy Ireland requires close collaboration	**Domain 1:** Promotion, Prevention and Early Intervention. **Domain 2:** Service Access, Co-ordination and Continuity of Care.

Focus	Detail	StV Domain
Cont. 3. Develop and deliver protective mental health strategies to support women and their families	→ Community-based prevention programmes for eating disorders: greater general public awareness of eating disorders to ensure earlier identification and intervention. Campaigns such as Eating Disorder Awareness Week, Bodywhys ' Be Body Positive' and internationally 'Nine Truths about Eating Disorders' provide support in seeking help	Domain 1: Promotion, Prevention and Early Intervention. Domain 2: Service Access, Co-ordination and Continuity of Care.
4. Develop interventions for those at risk of isolation in the community	• Improve community-based group and drop-in supports for widows, carers, socially isolated, older women, bereavement services • Improve community integration and supports to new migrant women and families (for example: libraries, churches, sport, • English language and education/employment supports	Domain 1: Promotion, Prevention and Early Intervention. Domain 2: Service Access, Co-ordination and Continuity of Care. Domain 3: Social Inclusion
5. Build up the availability of drop-in services in the community	• Invest in community-based mental health centres which operate on a drop-in basis, potentially inclusive women-only services or women-only hours (For example: Galway Community Cafe, a peer-led, out-of-hours resource or as part of the HSE CHO5 Crisis Resolution Team 2021) • Availability for migrant, non-English speaking women	Domain 1: Promotion, Prevention and Early Intervention. Domain 2: Service Access, Co-ordination and Continuity of Care. Domain 3: Social Inclusion

Focus	Detail	StV Domain
6. Resource an integrated stepped care model so that there is easy access and flow between the appropriate steps for individuals	• Girls/women at risk would benefit from a targeted stepped care system, starting with easily accessible information about available services to schools and primary care for students at risk through to access to rapid response high quality specialist services • Enhance two-way linkages between voluntary agencies and Specialist Services guidance	Domain 1: Promotion, Prevention and Early Intervention. Domain 2: Service Access, Co-ordination and Continuity of Care. Domain 3: Social Inclusion

B. Primary Care Supports

Focus	Detail	StV Domain
1. Expand availability of talk therapies in primary care	• DBT is a resource-intensive evidence-based treatment designed to treat individuals with very complex and severe emotion dysregulation issues. DBT informed intervention and DBT skills have a growing evidence base for less severe presentations and can be used more trans-diagnostically. • Create better access to evidence based specific talk therapies in primary care (for example, life skills group programme, using the new National DBT training team to train staff in primary care to deliver DBT skills only as early intervention). • Encourage social prescribing to establish greater links between primary care and community-based support groups	Domain 2: Service Access, Co-ordination and Continuity of Care.

Focus	Detail	StV Domain
2. Improve holistic supports for mother and baby	• Consistent care during pregnancy and the first year post-delivery which focuses on both mothers' and infants' mental and physical health needs, including the use of screening tools • Expand inter-agency mother and infant mental health networks in the community	**Domain 2:** Service Access, Co-ordination and Continuity of Care.
3. Improve supports for crisis pregnancy	• Improve access to information and support for crisis pregnancy (for example: if someone does not choose Termination of Pregnancy (ToP)) • Reduce barriers to Termination of Pregnancy (ToP) including; staff education, provision of accurate information on availability of ToP by healthcare providers, address barriers to accessing ToP in rural areas, including requirement to travel to a centre that provides ToP, improve access to mental health support post ToP.	**Domain 2:** Service Access, Co-ordination and Continuity of Care.
4. Strengthen clinical awareness of neurodiversity at primary care level	• Increase awareness of the different presentation of neurodiversity in women and girls • Ensure that their mental health care is not compromised because of a potential neurodiversity diagnosis • Explore the development of a national model of shared care between progressing disability services (PDS), adult disability services, CAMHS and general adult services	**Domain 2:** Service Access, Co-ordination and Continuity of Care.

C. Specialist Mental Health Services

Focus	Detail	StV Domain
1. Strengthen the user voice in specialist care management	• Ensure appropriate gender representation of service users on local and national mental health management structures	Domain 1: Promotion, Prevention and Early Intervention.
2. Invest in the National Clinical Programmes with regard to specific gender related issues	• Provide multiannual funding commitment to support the successful and complete implementation of the National Clinical Programmes (NCPs). * See appendix 3 • Ensure administrative support and accommodation is funded and provided for new clinical programme teams and new service developments • Consider development of a national model of care for personality disorder, which is associated with high levels of distress, functional impairment and service utilisation by women. Potential to link with National DBT training team. Targeted modular training would allow staff to train to the level required to be DBT informed or provide direct intervention to individuals, families and care staff in how to work most effectively with those with severe emotion dysregulation issues.	Domain 1: Promotion, Prevention and Early Intervention. Domain 2: Service Access, Coordination and Continuity of Care Domain 3: Social Inclusion Domain 4: Accountability and Continuous Improvement

Focus	Detail	StV Domain
3. Expand resources for marginalised women attending Emergency Departments, along with alternatives to ED to access urgent or emergency mental health care	• Develop resources to support marginalized women presenting to Emergency Departments • Create community-based pathways for same day urgent psychiatric assessment within the Emergency Department • Develop resources in the Community and Emergency Departments to support Traveller/Roma/migrant women presenting to services with self-harm & suicidal ideation • Establish crisis resolution home treatment teams for women who have difficulty in accessing services	**Domain 1:** Promotion, Prevention and Early Intervention. **Domain 2:** Service Access, Co-ordination and Continuity of Care **Domain 3:** Social Inclusion **Domain 4:** Accountability and Continuous Improvement
4. Include families as well as individuals in the focus of specialist services	• Have dedicated trained family therapy teams available in both CAMHS and General Adult Teams to address relational and systemic issues relevant to mental health outcomes for girls and women • Invest in dedicated supports and evidence-based interventions for families experiencing psychosis, including children of parents with a serious mental illness and/or addiction and severe emotional dysregulation and/or suicidal crisis.	**Domain 1:** Promotion, Prevention and Early Intervention. **Domain 2:** Service Access, Co-ordination and Continuity of Care **Domain 3:** Social Inclusion **Domain 4:** Accountability and Continuous Improvement

Focus	Detail	StV Domain
5. Addiction Services	• Develop CNS in addiction posts across every acute hospital to ensure earlier identification of, and intervention for, women and children experiencing addiction-related harms. • Increase availability of women-focused addiction services (for example, Merchants Quay Ireland 2021 paper A Space of her Own)	Domain 1: Promotion, Prevention and Early Intervention. Domain 2: Service Access, Co-ordination and Continuity of Care Domain 3: Social Inclusion Domain 4: Accountability and Continuous Improvement

KEY AREA 4

A data collection system capturing gender-specific and related information is required to ensure these developments can be measured and achieved

Changes to management and organisation

Focus	Detail	StV Domain
1. Deepen our understanding of service users' needs	• Conduct a mapping exercise and a women's health survey that specifically explores mental health in order to identify priority groups and needs → Research into current adherence of primary care and community based mental health services with key principles in gender-sensitive design and delivery → Ensure that qualitative research involving marginalized service users leads to measurable outcomes → Include the lived experience voice in decision making and policy development, and in seeking feedback	Domain 1: Promotion, Prevention and Early Intervention

Focus	Detail	StV Domain
2. Develop an understanding of gender and outcomes in mental health	• Conduct clinically-focused Irish research to obtain data on outcomes of treating women: → from disadvantaged, marginalised and minority groups, including trans women and non-binary people → with neurodiversity such as ADHD and Autism Spectrum Disorder → Invest in data collection system and data analysis across all clinical programmes to plan service development, resources allocation and quality improvement (Rec 93) → Support research across all NCPs to better understand the impact of gender on clinical presentation, access to intervention, impact of intervention and outcomes → Research should also be informed by involving women and considering gender from the outset, on topics that are relevant to women and their health, such as violence and abuse, poverty, physical health and the impact of different medications on women of different ages → Research gaps must be identified and addressed that currently limit our understanding of women's mental health and their service needs with publication of data, disaggregated by sex and other characteristics, in meaningful and accessible formats	Domain 1: Promotion, Prevention and Early Intervention

Focus	Detail	StV Domain
3. Ensure a user-friendly, efficient data collection system to ensure availability of reliable data on sex and gender	• Align and support the ongoing development of the HSE's Integrated Community Case Management System (ICCMS) to ensure effective information-sharing and organisation of mental health services, and to facilitate partnership and integration between all services and professionals who will be involved in the ICCMS delivery. This should include access to and outcomes from the NCPs and other specialist services • Dedicated time must be allocated to support accurate and timely data collection in each area	**Domain 1:** Promotion, Prevention and Early Intervention

Implementation Plan

This Report acknowledges the requirement for appropriate governance and oversight to ensure the implementation of its recommendations and Key Areas.

Hence, the recommendation that the NIMC Steering Committee and the Women's Health Taskforce put in place formal arrangements and/or structures to ensure that the unique mental health experiences of women are adequately addressed. These should be embedded in, and complement, existing monitoring and implementation structures already embedded in Sharing the Vision: A Mental Health Policy for Everyone (StV) as follows:

- The implementation of StV involves numerous stakeholders with extensive cross-collaboration across sectors. 82 of the 100 recommendations are being led by groups within the HSE and supporting partners, while the remaining 18 recommendations are being led by the Department of Health and other Government Departments and State Agencies. A range of supporting partners have been identified, including key partners across the voluntary and community sector.

- Implementation of StV is monitored through the development of quarterly implementation status reports, measuring progress against milestones set out in the Sharing the Vision Implementation Plan 2022 – 2024, published in March 2022.

- Thematic workstreams for HSE led recommendations have been established, led by the HSE Implementation Group (HIG). Each workstream has a lead and is responsible for coordination of the implementation of relevant recommendations (from the associated StV Domains) associated with the workstreams. This lead will be responsible for demonstrating delivery of this Report, and its four Key Aims, in their workstreams, aiding development of detailed delivery plans for individual recommendations, against which progress reporting can be further refined. A similar process will be developed for the relevant non-HSE recommendations of StV.

- The integration of the Report in to the detailed workplans of the HIG Workstreams and other non HSE recommendations will progress the implementation of the Report aims and four Key Areas being reflected in the implementation status reports prepared and reviewed by the NIMC on a quarterly basis.

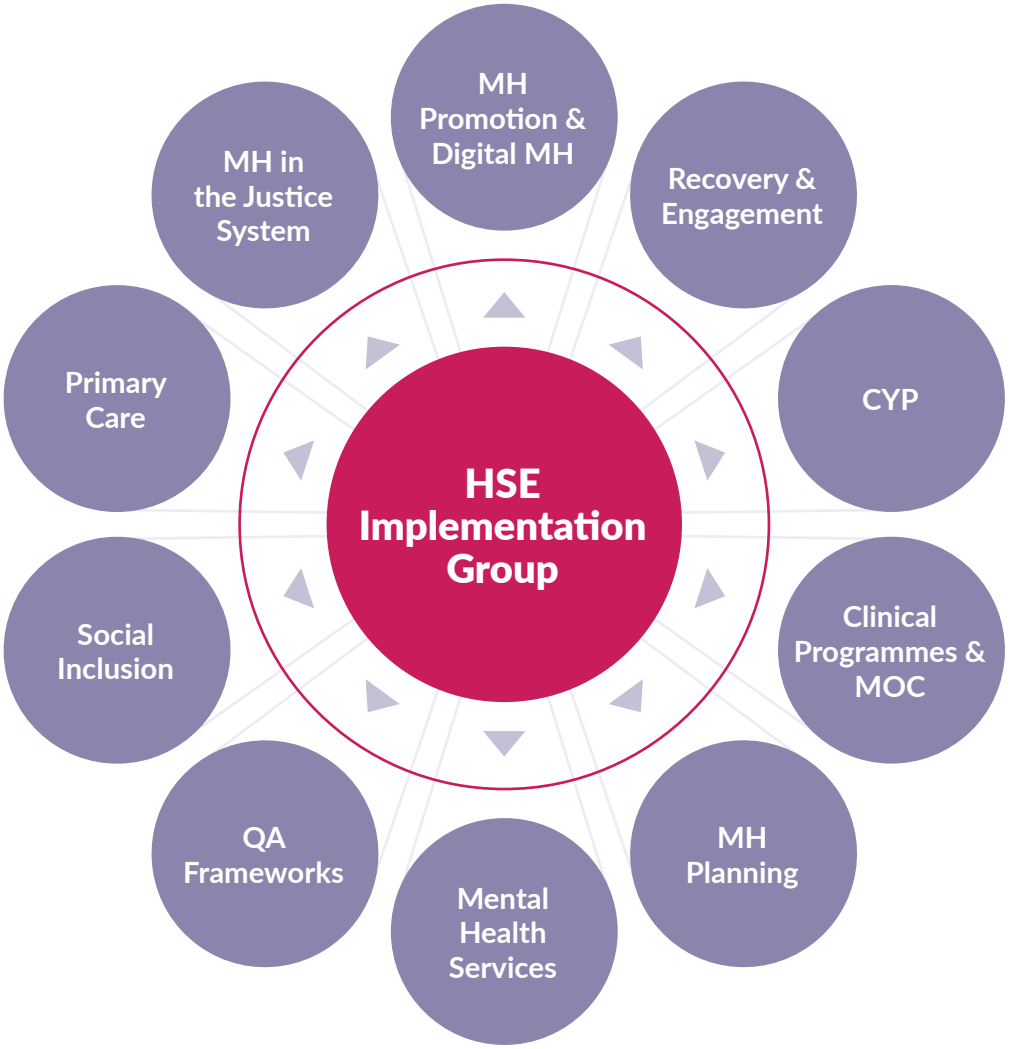
- Consideration by NIMC regarding specific outcome measurements of implementation of the Report through enhanced quarterly reporting, to be developed by the HIG and NIMC joint secretariats.

- More comprehensive consideration of the implementation of the Report needs to be developed in future implementation plans of StV, following the life course of the current StV Implementation Plan 2022-2024.

- A mapping exercise to review all 100 recommendations in StV from the perspective of women's mental health will be undertaken by the HIG and NIMC joint secretariats in order to identify specific activities that can be undertaken to help embed the Women's Mental Health Report into the implementation process.

An independent review of progress on women's mental health after five years of implementation is also recommended.

CURRENT WORKSTREAMS OF THE HSE IMPLEMENTATION GROUP



Appendix 1 - Specialist Group Membership

Name	Role	Position	Organisation
Professor Siobhan MacHale	Chair	Consultant Liaison Psychiatrist	College of Psychiatrists of Ireland
Aisling Culhane	NIMC Representative	Policy and Development Advisor	Psychiatric Nurses Association of Ireland
Elaine Prendergast	HIG Representative	Lead for Mental Health and Wellbeing Head of Service, CHO2	HSE
Karen O'Connor	Clinical Programmes Representative	National Clinical Lead for early intervention in Psychosis	HSE
Mark Smyth	CAMHS	Senior Clinical Psychologist	HSE
Helen McAvoy	IPH Nominee	Director of Policy	Institute of Public Health (IPH)
Alana Ryan	NWCI Nominee	Women's Health Coordinator	National Women's Council of Ireland (NWCI)
Rhona Gaynor replaced by Philip Dodd Sept 2022	DoH Nominee	Women's Health Lead, Women's Health Taskforce	Department of Health (DoH)
Sharon Lambert	Trauma Informed Care	Applied Psychology	University College Cork
Richard Duffy	NWIHP Perinatal Representative	Perinatal Mental Health Service	Rotunda Hospital

Appendix 2 - Consultation Group Membership

Name	Representing
Fiona Ferris, Deputy CEO	AsIAm.ie
Sandra McDonagh	National Traveller Women's Forum
Tonya Myles	Cairde
Rosalyn Tamming	The National Disability Authority
Noel Richardson	IT Carlow, Men's Health
Paula Byrne, CEO Merchant's Quay Ireland	Homeless, Addiction
Michael Bergin, WIT	Gender and Mental Health studies
Sarah Fitzgibbon, GP	Primary Care
Vanessa Lacey/ Tina Kolos Orban	Transgender Equality Network Ireland
Michelle Clifford HSE National Lead	HSE NCP Eating Disorders
Teresa Tuohy, UL	Lecturer in Mental Health
Emma Reidy, CEO	Aoibhneas
Sharon Lane, Shine	NIMC Reference Group *

*invited April 2022

Appendix 3 – National Mental Health Clinical Programmes and Models of Care (Key Area 3C #2)

National Mental Health Clinical Programmes and Models of Care	
The National Clinical Programme for Eating Disorders (NCPED)	**Eating disorders** disproportionally impact women and there has been a significant increase in more severe presentations of anorexia nervosa since the COVID pandemic. NCPED requires full • Implementation across the stepped model of service delivery with a core focus on community eating disorder teams • Evaluation and review of The Model of Care for Eating Disorder Services is indicated given the increase in eating disorders in women & girls and resource implications. • Establishment of An Eating Disorder National Register for the purposes of improving services, patient outcomes and safety
Perinatal Mental Health Programme	The Specialist **Perinatal Mental Health Programme** needs ongoing resource and development: • Prioritisation of a funding stream to ensure a Mother and Baby unit is open by 2024 • Additional consultant perinatal psychiatrists to provide dedicated time to development of 13 spokes sites • Increased administrative supports to support 4 hub sites • Develop a national job description and clear governance for drug and alcohol midwives/ complex pregnancies (including domestic violence) midwives to be developed and linked to larger maternity sites and social inclusion addiction services • Develop a Community mental health nurse lead in each double community mental health team sector for perinatal mental health • Develop a Public Health Nurse lead in each Community Health Organisation/ Regional Health Area for Perinatal Mental Health.

NCP Self-harm and suicide related Ideation	• The sectorized mental health system presents barriers for Traveller/Roma, migrant and homeless women • Stigma and racism among healthcare professionals needs to be addressed • Develop specific resources to support Traveller women with self-harm & suicidal ideation including cultural competence training in regards to Traveller/ Roma for staff in the acute hospital emergency department and specialist mental health settings • Develop resources in the most appropriate setting to support child, adolescent and young adult (CAYA) women presenting with self-harm, suicidal ideation and suicidal behaviour e.g. expansion of the Suicide Crisis Assessment Nurse (SCAN) programme to all ages, development of non-ED based sites for assessment and support of girls and women presenting with acute mental health crisis who have not self-harmed. • Ensure that all state involved in the assessment of girls and women who have self harmed have received training in Dialectical Behavioural Therapy modules.
Early Intervention in Psychosis NCP:	• The development of 'at risk mental state clinics' in line with the Early Intervention in Psychosis Programme should be accelerated, as young women present more frequently than young men with 'psychotic like symptoms', • Recognition that women with psychosis present differently (with more affective symptoms, delayed diagnosis) and later than men (Ref: https://pubmed.ncbi.nlm.nih.gov/32358572/), often at a time in their lives where they are already mothers or in long-term relationships. • Dedicated family interventions e.g. behavioural family therapy are core elements of the EIP Model of Care and need to be rolled out nationally • In line with emerging literature, parenting supports/ interventions for children in early intervention in psychosis programmes should be developed e.g. Family Talk https://cmhcr.eu/primera-programme/

ADHD in Adults NCP	• ADHD is identified less in girls than in boys as girls are less likely to present with hyperactivity and challenging behaviours. Women may only start to display more overt ADHD symptoms at times of hormonal change such as puberty and menopause. • Need for increased awareness of ADHD in women among the medical and educational professions and the population as a whole. • Ensure women attending mental health services are offered screening for possible ADHD where clinically indicated • Increased expertise and awareness of neurodiversity, which is less frequently identified in girls and women. In addition to ADHD, this includes ASD and dyspraxia. • Consider broadening of the ADHD in Adults NCP to a NCP in neurodiversity to ensure public health services available across the range of neurodiversity- related mental disorders
Dual Diagnosis NCP	• Improve services for women with a dual diagnosis of addiction and trauma • Develop an Irish adaptation of the seeking safety model of support that will be rolled out nationally, to support women who have both substance use and mental health issues and also experience domestic and or sexual violence. This programme requires full interagency collaboration between the HSE, community partners and other statutory organizations such as the probation service. Seeking safety is an evidence based, intervention for women who are suffering the dualdiagnosis of Post-traumatic stress disorder and substance use. This programme is scalable and expandable, which means it is possible to support not only this group of marginalized individuals but other groups as well. **Note:** Dual diagnosis can also refer to intellectual disability and a mental health issue with a particular gap in services for patients with borderline/ mild intellectual disability and co-occurring mental illness who require significant out-reach and proactive supports to engage with services.

Appendix 4 – Terms of Reference

Introduction

The NIMC Specialist Group on Women's Mental Health has been established by the Department of Health at the request of the NIMC Steering Committee.

The purpose of the Specialist Group is to advise the NIMC Steering Committee on the implementation of the following recommendation:

The Department of Health Women's Health Taskforce and the National Implementation Monitoring Committee will undertake a joint project within 12 months to outline an effective approach to the mental health of women and girls. The project should ensure that mental health priorities and services are gender- sensitive and that women's mental health is specifically and sufficiently addressed in the implementation of policy. (Sharing the Vision, Recommendation 3)

The NIMC Women's Mental Health Specialist Group has been allocated 6 months as a timeframe to complete this task, by which time the Group will present a report of its recommendations to the NIMC Steering Committee.

The NIMC Women's Mental Health Specialist Group is bound by and subject to the Terms of Reference of this document.

Overview

The NIMC Women's Mental Health Specialist Group (hereafter referred to as the 'Specialist Group') is a specialist group, the objective of which will be to make recommendations for an effective approach to the mental health of women and girls, to ensure that mental health priorities and services are gender-sensitive and that women's mental health is specifically and sufficiently addressed in the implementation of policy, in line with recommendation 3, 'Sharing the Vision'. This approach will be presented via a report of recommendations to the NIMC Steering Committee informed by the Specialist Gender Review (detailed below).

The function of the group is in an advisory capacity reporting dually into the 'Sharing the Vision' National Implementation and Monitoring Committee, and into the Department of Health Women's Health Taskforce (or future structure).

The Specialist Group will advise the 'Sharing the Vision' National Implementation and Monitoring Committee specifically in relation to:

- the implementation of non-HSE led recommendations which have particular and/or specific impact for women's health; and
- support the HSE Implementation Group (HIG) on the implementation of HSE led specific recommendations which have particular and/or specific impact for women's health in order to progress relevant recommendations within agreed timeframes.

Specialist Gender Review

To ensure that a comprehensive and objective base informs this work, a specialist review of the StV by a gender and health expert will be completed to establish where there are specific impacts for women which could and should be considered. This review will be funded by the Women's Health Fund of the Women's Health Taskforce following a public procurement (tendering) process. It is proposed that the Specialist Group will be established in advance of this project being commissioned, to enable the Specialist Group to input into the project design.

Group Membership

The Specialist Group is led by a member of the National Implementation and Monitoring Committee, with Professor Siobhan MacHale as Chair.

The work will be undertaken by two distinct and complementary teams:

a. Specialist Services Team

b. Challenge Team (to review progress and support finalisation)

The Specialist Services Team will be made up of individuals with expertise and remit in this area, and will be further supported and challenged in their work from a diverse 'Challenge Team'. Members of the challenge team will be finalised with input from the Specialist Services Team following the first meeting.

Chair	Professor Siobhan MacHale	Consultant Liaison Psychiatrist
Member	Aisling Culhane	NIMC Representative. Registered Psychiatric Nurse. Member of the Occupational Therapists Registration Board
Member	Dr Mark Smyth	Senior Clinical Psychologist with Child & Adolescent Mental Health Service
Member	Dr Helen McAvoy	Director of Policy, Institute for Public Health
Member	Alana Ryan	Women's Health Coordinator, National Women's Council of Ireland
Member	Rhona Gaynor	Women's Health Lead, Women's Health Taskforce, Department of Health
Member	Dr. Richard Duffy	Perinatal Psychiatrist, Mater Hospital

It is recognised that mental health inequalities exist between particular groups of women, with women from marginalised groups experiencing particular impact. While these specific groups may be directly represented on the Specialist Women's Health Group, this group will also be informed by and consult with wider groups as needed, including other NIMC Specialist Groups where there is cross-over. For instance, the Department of Health Women's Health Taskforce will consult with other Departmental colleagues and the wider

Women's Health Taskforce membership; the National Women and Infants Health Programme will consult with wider HSE colleagues; and the National Women's Council of Ireland will consult with their member groups.

Final membership of the 'Challenge Team' will be agreed with the Specialist Services team.

The responsibilities of the Chair:

- Oversee the group's activities in accordance with the ToRs and to meet the aims and objectives of the group;
- Ensure sufficient and effective communication with National Monitoring and Implementation Committee and the HSE Implementation Committee members and group members;
- Build consensus among group members on recommendations and sign-off on these; - Ensure that the final report is delivered within the allocated timeframe.

Any changes or additions to the group must be discussed and agreed in collaboration between the National Implementation and Monitoring Committee and the Chair.

Activities

The Specialist Group will undertake the following activities:

- As outlined by the relevant STV recommendation, for the WHTF NIMC joint project, oversee a gender lens application to the Sharing the Vision Policy to identify key areas of impact for women and with reference to the current and emerging evidence
- The Specialist Group will:
  - → Agree the specifications of the gender report
  - → Review and consider the gender report
  - → Informed by the report and by the collective expertise within the group provide a report of concise, feasible and evidence-informed recommendations for specific consideration to the NIMC Steering Group and the HSE Implementation Group within the overall implementation approach
  - → The final report prepared by this Specialist Group should include:
    - Executive Summary
    - Recommendations
    - Summary of any actions arising from the recommendations in which lead agencies of recommendations are identified.
  - → Report on progress in line with agreed reporting process and frequency to NIMC Steering Committee and Women's Health Taskforce (or future structure).
  - → Engage with NIMC on the discussion of any actions arising from the recommendations.

Once these recommendations are agreed with the NIMC and committed to consideration in implementation, the Specialist Group will be deemed to have met its terms of reference and will be dissolved by the NIMC Steering Committee.

Meetings of the Specialist Group

A formal meeting of the Group will be held virtually:

- Once a month for the duration of the activity

Secretariat support

Secretariat support will be provided by the Department of Health Unit responsible for the Women's Health Taskforce (or future structure).

Expenses

Membership of NIMC Specialist Groups is voluntary, with no associated remuneration. NIMC Specialist Group members are entitled to payment for travel and subsistence expenses in the usual way.

NIMC Structures

The NIMC is made up of the NIMC Steering Committee, supported by the NIMC Reference Group of Service Users and Families and the NIMC Specialist Groups. The NIMC is supported in its work by the HSE Implementation Group (HIG), which is charged with the implementation of the vast majority of Sharing the Vision recommendations.

Central decision making will remain with the Steering Committee, who will consider the recommendations presented by the Specialist Groups. Upon the completion of the work of a specialist group, the NIMC Steering Committee will officially dissolve the specialist group.

Specialist Groups will be confirmed by the NIMC Steering Committee and will report back to the NIMC Steering Committee, either directly or through the HSE Implementation Group, on progress as required.

With regards membership of specialist groups, the NIMC Steering Committee will have input into the selection process and will confirm the final membership. The NIMC Steering Committee will select and confirm the Chair of all specialist groups. Membership of NIMC Specialist Groups should include service users and/or family members and carers where appropriate, in keeping with the ethos of Sharing the Vision.

Appendix 5 - Key Documents Reviewed

To inform the work of the Specialist Group, a number of key documents were considered, including the following

1	My World Survey of Youth Mental Health in Ireland 2019
2	National Self Harm Registry Ireland 2019
3	Healthy Ireland Survey 2021
4	Developing Mental Health Advocacy and Support for Ethnic Minorities.
5	My LGBTI+ Voice Matters: A mixed method exploration of the views and experiences of LGBTI+ mental health service users
6	Women's Mental Health: promoting a gendered approach to policy and service provision (NWCI 2005)
7	Ireland: Out of Silence Women's mental health in their own words NWCI 2019
8	A Briefing on Women's Mental Health in Ireland (NWCI 2020)
9	Women's Health Action Plan 2022 - 2023
10	National Drugs Strategy: Reducing Harm, Supporting Recovery 2017-2025
11	The Women's Mental Health Taskforce, Final Report 2018 (UK)
12	Australia's National Women's Health Strategy 2020 to 2030
13	The Lancet Psychiatry Commission on intimate partner violence and mental health: advancing mental health services, research, and policy (2022)
14	National Disability Inclusion Strategy 2017

Note: The Institute of Public Health (IPH) has summarised the particular impact of COVID-19 on mental health and mental illness among women and girls for this Report (2022), noting that -

Compared to the European average, women in Ireland have higher rates of chronic depression.

1. In Ireland, emotional, nervous, or psychiatric problems like depression or anxiety are more likely to be reported by women than men (8% vs. 4%) and this gender gap increases with age.

2. Young women (aged 12-25 years) in Ireland have increased levels of anxiety and are more likely to experience bullying and to have reported self-harm, suicide ideation and a suicide attempt than men.

3. Young women also have decreased levels of self-esteem, body esteem, resilience, and other protective factors than males of the same age.

4. Since the beginning of COVID-19 more women than men are experiencing clinically meaningful levels of loneliness, depression, and anxiety.

5. Since COVID-19 women are more concerned about maintaining social ties, their own health and others health compared to men and just one in 25 women reported that they had a high level of overall life satisfaction.

6. Before the pandemic more women than men had caring responsibilities, however 85% said their caring responsibilities had increased since the outbreak of COVID.

7. Over one in five carers report some form of depression.

The IPH notes the need for a deeper understanding of women's mental health in Ireland in order to better target female cohorts from different groups and from different life stages. It recommends conducting a mapping exercise and a bespoke women's health survey that specifically explores mental health in order to identify priority groups and needs.

All future health evaluations should be analysed by age and gender to ensure appropriate targeting of evidence-based interventions.

A population-based public health approach to women's mental health should recognise the social determinants, health behaviours, and use of health services. Although the HSE's Health Promotion Strategic Framework centres around these factors, there is currently an absence of gender mainstreaming across many government strategies and programmes, resulting in a lack of understanding, treatment, and service provision for women affected by mental health difficulties.

Two such examples are:

1. Significant gender chronic pain inequalities exist across Europe whereby women experience more pain than men. The gender pain gap is a public health concern and should be considered in prevention and management strategies, such as the HSE's Living Well with a Chronic Condition (Livingwell.ie)

1. The prevalence of dementia in Ireland is significantly higher in women, and cognitive decline is faster compared to men. When women are diagnosed with dementia in Ireland, they are less likely to access health and social care systems compared to men, and they experience worse outcomes when they do. Despite this, The Irish National Dementia Strategy does not adopt a gender sensitive approach to diagnosis and management. Furthermore, it is estimated that there are over 50,000 carers of people with dementia in Ireland. The Alzheimer Society of Ireland De-Stress report (2017) indicates that women are far more likely to end up as carers of people with dementia than men – experiencing physical and emotional stress in the process. Compared to male carers, female carers report significantly poorer mental health, quality of life and life satisfaction.

Notes

For more information contact:

Department of Health, Block 1, Miesian Plaza,
50 – 58 Lower Baggot Street , D02 XW14

Website: www.gov.ie/health
Email: info@health.gov.ie
Phone: (01) 6354000

Rialtas na hÉireann
Government of Ireland