

Title

Commentary: **An additional note on help-seeking as some gaps are bigger than others.** A commentary on Don't mind the gap: Why do we not care about the gender gap in mental health?' Patalay and Demkowicz, (2023).

Running title

An additional note on help-seeking

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Abstract

We agree with Patalay and Demkowicz that developing a greater understanding of gender differences and why the research community seem so accepting of reductionist explanations is essential to address existent inequalities. Specifically, we wish to draw attention to the impact of gender differences in the crucial step of help-seeking in mental health services. Access to care is influenced by how care providers perceive someone's presentation when distressed; perceptions often influenced through 'gendered norms'. Perceptions and expectations around how one 'should' present to services can create barriers to and gaps in care provision for people who do not conform to these supposed norms. This is particularly evident in psychosis and forensic mental health services, where gender differences are observed from symptom onset through to treatment. In these settings, the male presentation is often seen as typical, so women are immediately disadvantaged. Adjusting what we see as 'typical' could help close the gap, improving longer-term outcomes for girls and women.

Key words

Gender gap, mental health, help-seeking, psychosis, voice hearing

Patalay and Demkowicz(1) highlight the gender gap in common mental health problems and the dearth of evidence on the causes of this gap. We agree with the authors that developing a greater understanding of gender differences and why the research community seem so accepting of reductionist explanations is essential to address existent inequalities. We wholeheartedly support their call to action. We also agree with Dr Kovacs that gender differences cannot be examined in isolation from sex differences, nor the environmental context in which the two interact, and that the lack of a definite explanation for the gender gap, despite a significant research effort, highlights the complexity of the issue(2).

'You never get a second chance to make a first impression.'

We wish to draw attention to gender differences in the process of help-seeking in mental health; usually the beginning of someone's relationship with mental health services. First impressions for girls and young women seeking help can significantly impact upon whether they will trust and engage with people or a service, which can profoundly influence what happens next. We believe that a better understanding of gender differences in help-seeking, and the subsequent experiences of girls and young women⁽¹⁾ seeking help for their mental health, is key to closing the gender gap. We agree with Spencer & Broome(3) that the lived experiences of women and girls must be heard through effective methodologies to see meaningful change across mental health services. Further, we need to understand how clinicians interpret presentations through a 'gender lens' via methods that seek to understand through collaboration, rather than potentially alienate through implied judgement.

First impressions matter for practitioners. If the 'typical' presentation of a condition favours the way a particular gender is more likely to present, the identification of the person's difficulties and options for support are likely to be swifter. Potentially, all genders can lose out if we are not sensitive to 'atypical' presentations. For example, a study including 2,382 men identified that men who presented with 'self-destructive and aggressive male-typical symptoms' of depression, rather than 'traditional' symptoms of depression usually seen in women, were less likely to seek help for depression, illustrating the bi-directional influence of privileging gendered presentations of mental health conditions as 'typical'(4).

Gendered 'norms' typically emerge in adolescence and can adversely influence help-seeking for girls and boys(5). This is evident in the way that distress is communicated, which is often the first step towards seeking help and support, either informally or from mental health services. Typically during adolescence, boys are more likely to present with anger, high risk behaviours, and suicide, whereas girls are more likely to internalise their distress and present with self-harm and eating disorders(6).

Some gaps are bigger than others.

In adulthood, women are more likely to seek help, either professionally or from friends and family(7), although help-seeking processes in mental health services can reinforce inequalities experienced in society. Historically, women's experiences of voice hearing and distress have been viewed through a patriarchal lens(8). This is problematic as there is evidence that women's voice-hearing experiences are different to men's in form, content, interpretation, and antecedents(8). Importantly, gender differences are seen in psychosis spectrum presentations more broadly, with women more likely to present with affective symptoms, anxiety and self-harm(9). Women tend to function relatively well in the early stages of their illness compared to men, often resulting in delayed assessment and access to treatment(9).

Additionally, women seeking support from mental health services for symptoms often associated with psychosis can experience labelling with gender-stereotyped terms, experience an emphasis on biological explanations of their experiences, and perceive rejection by services(10), leading to self-doubt and shame. There are well-established associations between trauma and increased risk of developing mental health problems, as well as voice hearing or psychosis-like hallucinations specifically, which is why a trauma-informed lens for identifying and addressing gender-based inequalities for girls and women is especially relevant for certain conditions.

Women are under-represented in psychosis research, with a recent study reporting that less than 35% of participants in over 3000 publications on Schizophrenia were women(11). This has implications for the generalisability of the research findings and subsequent development of treatments, which is concerning given that women experience much higher rates of side effects from antipsychotic treatment compared to men(10).

Understanding Psychosis-like Symptoms in the Context of Gender-based Trauma.

Women are more likely to experience childhood abuse and sexual violence than men, an additional vulnerability to developing psychosis. The impact of trauma can be missed if there is too much focus on biological models of experiences such as voice hearing(8). Patalay and Demkowicz(1) articulate how the responsibility for protection from unwanted sexual attention, preventing harassment, and developing skills to cope with oppression often falls on girls and young women, against a backdrop of victim blaming and the stress of constant vigilance. Let's not replicate this unfair burden in health services. There is a responsibility for the applied health community, as well as researchers, to skill-up, prevent inequalities, and be vigilant in our approach so that gender inequalities for young people of all genders are identified and addressed early in the help-seeking process.

For a small percentage of young people accessing mental health services, their pathway to care will involve the criminal justice system and forensic mental health services, where the gender gap takes on several forms. For instance, women are far less likely to be admitted to secure psychiatric units, despite female prisoners being more likely than male prisoners to present with self-harm or die by suicide(6). Women's presentations in forensic services are more likely to be formulated as personality disorder, whereas men are more likely to be diagnosed with psychosis(6), which may prevent women from accessing suitably evidence-based care. Across youth justice services, girls have often experienced tremendous hardship and multi-type traumas, which can increase the nature and complexity of their mental health needs, highlighting again the need for good quality trauma-informed care and gender sensitive services(12).

Closing the gap

In order to begin addressing the gender gap in access to mental health support and treatment, particularly in services that are more likely to be supporting girls with trauma-histories (e.g. early intervention for psychosis, youth justice, and eating disorder services), services must consider gender differences, trauma histories, and tailor assessment and treatment accordingly(9). This may include better recognition of the male presentation being viewed as typical, so as to instigate greater curiosity when women present with distress that may not fit neatly into traditional diagnostic criteria. In some instances, these gender disparities are fairly obvious, such as in relation to the older median age of first episode psychosis presentations for women despite the knowledge that girls and young women are more likely to experience distressing psychosis-like symptoms. However, the responsibility for identifying existent inequalities and atypical presentations through a gender sensitive lens often falls with the assessing clinician.

The context in which girls and women develop mental health difficulties cannot be ignored when discussing patterns in help-seeking. There is evidence to suggest that countries with higher gender inequality levels have larger gender disparities in common mental health conditions, and the gender gap in mental health is largest for those aged 18-24(13). Gender inequalities intersect with ethnicity, sexuality, gender identity, cultural factors and socioeconomic status to further influence help-seeking in mental health care(13). Women, particularly young mothers, have been disproportionately affected by austerity measures and COVID, and young women from low-income backgrounds are particularly at risk of developing mental health problems(14). LGBTQ women face additional barriers to accessing mental health care, including anticipation of not being accepted, stereotyping, stigma and discrimination(15). People from diverse ethnic minority backgrounds experience inequity in access to mental healthcare, racism in assessment and treatment, and re-enactment of oppression leading to fears around service use and subsequent service avoidance(16).

In conclusion, the ways in which girls and women experience and communicate distress have long been viewed differently to those of men, which can have significant implications for timely access to care. This continues to have an impact on the help-seeking behaviour of girls and women, specifically in relation to presentations associated with higher risks, such as self-harm and suicide. This not only impacts women's access to assessments, diagnoses and treatments, but also comes with a high emotional cost. As Patalay and Demkowicz state, further research into girls' and women's experiences of help-seeking is essential, particularly in relation to diagnoses that seem disproportionately attributed to women. Listening to the lived experiences of women at the early stages of seeking help, especially those who are often under-represented in mental health research, is essential to identify and address the barriers and inequalities they experience as early as possible in the help-seeking process. Finally, moving away from 'gender stereotyped' presentations and appropriately assessing for trauma-related antecedents during the initial help-seeking process may go some way towards closing the gender gap, thus improving access to suitable care for all.

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Ethical information

No ethical approval was required for this commentary.

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^[1] whilst we use the terms women and girls to include all women and girls, we acknowledge that the vast majority of current research is based on the experiences of cis-gendered women, which limits transferable interpretations for trans-women, who often experience additional inequalities in healthcare. We hope future research will embrace the intersectional inequalities and complexities many of us are still learning to sensitively navigate at this time.

[KB1]Typesetter - please query authors to check and verify.