

WOMEN'S MENTAL HEALTH



While it's a given that everyone should have the goal of maintaining good mental, physical and emotional health, women's unique experiences frequently shine a light on the challenges they face in daily life. Women are often socialized to hide their real emotions, which can create inner conflict and introduce increased anxiety and chronic stress, both of which boost the odds of developing depressive disorders. Contrary to the idealized societal expectations, women don't need to appear to be happy all the time: they can feel stressed, angry, and sad and express these emotions freely. However, societal influences in how they experience fulfilling their roles within the community, workplaces, and homes can make dealing with positive and negative situations overwhelming. Even after some resolution through various movements explicitly focused on women's equality and eliminating barriers and stereotypes, there continues to be a significant gap.

When it comes to recognizing gender differences and acknowledging a male-dominant society, the plight of women's mental health remains quite complicated. Those who identify as women are especially vulnerable, as

they may also be dealing with unique health concerns in addition to possible rejection from their families, discrimination, violence and hate crimes within the scope of their life experiences. Finding the confidence to address the contributing factors that can compromise women's mental health only comes from feeling well supported.

We're sharing some of the ideas and realities we've uncovered about women's mental health, including a look at the issue through the lens of the COVID-19 pandemic. Our findings will acknowledge what's happening for women today and suggest methods to move forward productively.

Suppose you asked a person to name someone who has been an advocate and role model for other women. In that case, they might say, Gloria Steinem, Oprah Winfrey, Laverne Cox, or Nellie McClung. The truth is that there have been many women, famous or not, who have made significant contributions to support and propel women and girls forward.

Society's treatment of and expectations of women is still relatively poor. The needle may not have moved as far as we think it has. Women face judgements from others that are often contentious

and significantly affect mental health, self-worth and self-confidence, regardless of how they live. Patriarchy persists through double standards, as an example, women who express anger are overreacting, but men who show anger are upset. There are still very misogynistic views of women's abilities as well. In the past, we have often found that a woman's success has been defined by her ability to maintain a home and taking care of children. A man's success is defined by his ability to manage and lead. Unfortunately, a lot of women are still struggling to find their way. They may face threats or feel devalued as they try to navigate a myriad of social stereotypes. Many studies worldwide have also highlighted the social stigma and prejudices that transgender women face as they do their best to navigate societal expectations. Compared to cisgender women – or someone who identifies with the gender they were assigned at birth, there are even “higher proportions of depression and anxiety... especially among the youngest [study] participants.”¹

Problems start in adolescence

In one survey of more than 1300 girls between the ages of 8 through 18 and their parents, results showed that “until the age of 12, there was virtually no difference in confidence between boys and girls...but by the age of 14, the average girl was far less confident than the average boy.”² Alarming, that represents a drop of 30%.

So why is this happening? What is contributing to this catalyst? There are a few reasons to consider. Women are held to impossibly high standards imposed not only by others' ideals but also of their own creation. It's during

puberty that the comparisons to the idealized stereotype of what makes women smart, attractive, funny, and successful begin.

A Global Self-Esteem study reported that “as children develop cognitively, they begin to base their evaluations of self-worth on external feedback and social comparisons, which may produce more accurate judgements of where they stand in relation to others.”³ One of the catalysts may inadvertently be coming from family members or acquaintances. They mean well when offering sound advice, telling young teen girls that they need to ‘watch what they eat’ or ‘wash their faces to have better skin.’ These messages show the first seeds of self-doubt and diminished worth. It only intensifies as they continue to navigate their teen years. These types of messages are everywhere on social media. Influencers are trying to represent products and companies with teams of photo editors on standby to cast images that set socially accepted standards for women. Young girls and teens try to mimic these ideals. In turn, they are at risk of developing severe mental health issues, such as anxiety disorders and depression, as many of these unrealistic standards are unattainable. Few realize that the images they are viewing are so manipulated; it would be impossible for a person to look like that naturally. Generally, women's mental health tends to suffer because of low self-esteem, low self-worth, and lack of confidence that develops during their teen years and perpetuate into adulthood.

Many gender incongruent people begin to transition in their teen years when there are already greater difficulties with regards to socializing. Incidents of self-harm, thoughts of suicide and

depression are significantly higher for transgender girls and women:

- In the 14-18 age group, suicidal thoughts were 5x the risk than for cisgender⁴
- 75% of 14-18 year olds reported self-harm⁵
- 19-25 year olds had almost 8x the risk of “serious suicidal thoughts” and “over 16 times the risk of a suicide attempt”⁶ Unfortunately, the results of this study of mental health outcomes “suggests that life does not ‘get better’ after high school for far too many transgender youth.”⁷

Pressure exists within the community, the workplace and at home

Many women struggle with their identities and feeling fulfilled in their adult lives. As adults, women impose pressure on themselves within the community, workplace, and at home. Trying to balance multiple roles creates conflict. For example, involvement in the community can approach competitiveness as mothers compare their children's accomplishments and fulfill their quest to upstage everyone else. It's also apparent in the workplace, where many women observe favouritism and devaluation of motherhood in relation to their careers. Still, conversely, women without children also face social criticism. Women with children are accused of having a “divided focus” and diminished commitment to their organizations. They are looked over when advancement opportunities arise. Conversely, some may assume, women without children are disappointed with their personal lives. This assumption can lead to further bias as when viewed as

a risk for more senior roles because of a presumed mental state. Thankfully, these kinds of artificial dilemmas are being addressed. Diversity and inclusion programs aim to expose inequities and reveal deep seeded problems such as implicit bias within organizations. Finally, there are still tremendous household disparities at home concerning cooking, cleaning, and childcare founded in gender stereotypes. Women even complete the majority of unpaid domestic labour. A lack of work-life balance can create additional stress and a higher identity cost for women.⁸ Transgender women often struggle to find housing, jobs and financial stability as they face discrimination.

Women's lives are different

There's also something to be said for women's life experiences simply being different whether they are related to "reproductive issues...[or] economic, political and social forces."⁹ Worldwide,

- 33% of women and girls will experience physical violence or sexual abuse in their lifetime.¹⁰
- Around 520 million adult women are illiterate and have not had access to education. That's 2/3 of illiterate adults.¹¹
- Political representation – 21/193 countries have a female Head Of State; 14/193 have gender parity in the national cabinet; and 4/193 have at least 50% women in the national legislature.¹²
- With management/leadership and wealth accumulation and distribution, 62 people own the same wealth as the poorest half of the world's population and just 9 of them are women.¹³

- 153/193 countries (almost 80%) have laws that discriminate against women economically, including 18 countries where husbands can legally prevent their wives from working.¹⁴

Differences between women and men's mental health¹⁵

These tend to be characteristic of women and men, respectively, but it's not always the case.

- Women feel anxious and scared; men feel guarded
- Women blame themselves for the depression; men blame others
- Women commonly feel sad, worthless, and apathetic when depressed; men tend to feel irritable and angry
- Women are more likely to avoid conflicts when depressed; men are more likely to express feelings of anger or interpersonal conflict
- Women turn to food and friends to self-medicate; men turn to alcohol, TV, sex, or sports to self-medicate
- Women feel lethargic and nervous; men feel agitated and restless
- Women easily talk about their feelings of self-doubt and despair; men hide feelings of self-doubt and despair-considering it a sign of weakness

The effect of COVID-19

The pandemic has created a situation where alarming trends are having a disproportionately negative effect on women. A survey conducted in October 2020 by the Centre for Addiction and Mental Health (CAMH) found that:

- More women are experiencing loneliness than men (23.3% women to 17.3% men)
- More women reported moderate to severe anxiety (24.3% women to 17.9% men)
- More women fear getting the coronavirus (25.8% women to 20.3% men)

Interestingly, the survey indicated that more men, than women reporting binge drinking (28.5% men to 22.6% women).¹⁶

Women are also being affected in the workplace. Many work in sectors that have been severely affected by the pandemic, such as service, travel and retail. Professional women have also been taking on increased demands to accommodate childcare and homeschooling when cases are reported, or an outbreak is declared. 25% are considering leaving the workforce because it's difficult to juggle both work and childcare effectively. A U.S. study showed that mothers with young children reduced their hours four to five times more frequently than fathers. Further, 80% of US adults who were not working were women. The reason they gave for this was childcare insecurity. Unfortunately, the pandemic results in a situation where women are generally experiencing more long-term career challenges. Their jobs are often being held in lower priority, and overall, women continue to be paid less than men for the same work.

Women make up between 70 and 77 % of the workforce for low-paid essential work like health care workers, teachers and cashiers.¹⁸ It's these women who therefore have a greater risk of exposure to COVID-19 through their workplaces. A Boston Consulting Group

study also revealed that women are spending an additional 15 or more hours on domestic labour per week during the pandemic than men.¹⁹

Companies can be part of the solution by researching what kinds of options would help employees most and then developing policies that address their workers' concerns. Communicating clearly with all employees about workload, flexibility, expectations and resources available for mental health is essential.

Violence against women and girls during COVID-19

Another repercussion of the pandemic is that domestic violence and abuse, sometimes referred to as intimate partner violence, has increased by 20% during quarantine and lockdowns. In May 2020, a United Nations (U.N.) report predicted that another 15 million domestic violence cases would occur with other lockdowns.²⁰ The UN has declared that violence against women and girls is being considered a "shadow pandemic."²¹ Organizations that offer support to victims are seeing several disturbing trends. For example, women who have been diagnosed with the virus are being kicked out of their homes or confined to them with no support. Call volumes have doubled at one Helpline. Nearly 12,000 calls did not complete or dropped before connecting. When they do get through, women are calling while abusers are away for a moment, taking out the garbage, for instance. Incoming calls that connect are more severe. Women are placing calls from bathrooms or closets. Women tell about their experiences ranging from emotional and verbal abuse to physical abuse. They are receiving threats to their safety and are fearful for their lives. The

prospect of finding a suitable and affordable place to live that will provide stability for any children involved, during a pandemic, when they have been experiencing economic insecurity is also a reason many women may not leave an abusive home. The pandemic's effects on court proceedings mean lengthy delays because of case backlogs or decisions to drop charges altogether in some instances.

The pressure of isolation, increased stress, economic woes and joblessness, combined with a lack of helpful resources such as shelters, medical facilities, and social agencies, plus an increase in alcohol consumption (which has ties to aggression) is taking its toll.

Transgender women seeking specialized health care professionals

Another barrier that has arisen during the pandemic revolves around how access to health care professionals has been restricted. This has affected "gender affirming surgeries and hormone interventions" deeming these elective procedures so as to not overwhelm the health-care system during COVID-19.²² From a mental health perspective, that means transgender women may be at increased risk of developing psychological or physical health problems. For example, post-operative outcomes for gender reassignment can be quite complex and "require long-term care after the surgery" which in turn may be difficult to secure.²²

What can be done to improve your mental health?

- Be willing to talk.
- Be willing to listen.
- Stay connected socially – where it's

possible, move to a new format (online video calls/chats) or stick with phone calls.

- Exercise – look for opportunities to go for walks, either solo or socially distanced. Participate in online exercise classes.
- Support equality and equity for transgender women.
- Reduce stress and relaxing through meditation, yoga.
- Get adequate sleep (8 hours is optimal).
- Eat well (nourishing food).
- Take advantage of free services like **Wellness Together Canada**, which offers immediate crisis support and free counselling, e-courses and educational resources.

References:

1. Anderssen, N., Sivertsen, B., Malterud, K., (January 30, 2020). Life satisfaction and mental health among transgender students in Norway. *BMP Public Health*. Retrieved on December 16, 2020. DOI: <https://doi.org/10.1186/s12889-020-8228-5>
2. Shipman, C., Kay, K., and Riley, J. (September 20, 2018). How Puberty Kills Girls' Confidence. *The Atlantic*. Retrieved on November 23, 2020 from <https://www.theatlantic.com/family/archive/2018/09/puberty-girls-confidence/563804/>
3. Ruble et al., 1980 as cited in Robins, R. et al. (2002). Global Self-Esteem Across the Life Span. *American Psychological Association, Inc. Psychology and Aging*. Vol. 17, No. 3, 423-434 DOI: 10.1037//0882-7974.17.3.423 Retrieved on November 23, 2020 from http://ubc-emotionlab.ca/wp-content/files_mf/internetsepaper.pdf
- 4-7. Veale, J., Watson, R., Saewyc, E. (n.d.) The mental health of Canadian transgender youth compared with the Canadian population. *The Journal of adolescent health: official publication of the Society for Adolescent Medicine*. Retrieved on December 15, 2020 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5630273/>
8. Toub, M. (April 1, 2018). Who does more housework? Here's the dirt on who does what. *Maclean's*. Retrieved on November 23, 2020 from <https://www.macleans.ca/society/life/who-does-more-housework-heres-the-dirt-on-who-does-what/>
9. Women's College Hospital (n.d.). Women's Health Matters: Mental Health – At A Glance. Retrieved on November 23, 2020 from <https://www.womenshealthmatters.ca/health-centres/mental-health>
10. Oxfam (n.d.) Ending global poverty begins with women's rights. Various facts and statistics from Oxfam.ca.
11. Ibid.
12. Voglestein, R., and Bro, A. (September 18, 2020). Women's Power Index. Council on Foreign Relations. Retrieved on November 23, 2020 from <https://www.cfr.org/article/womens-power-index>
13. Oxfam (n.d.) Ending global poverty begins with women's rights. Various facts and statistics from Oxfam.ca.
14. Ibid.
15. Ibid.
16. CAMH. (October 14, 2020). COVID-19 pandemic adversely affecting mental health of women and people with children. Retrieved on November 23, 2020 from <https://www.camh.ca/en/camh-news-and-stories/covid-19-pandemic-adversely-affecting-mental-health-of-women-and-people-with-children>
17. Moore, S.M.H. (October 5, 2020). Women risk losing decades of workplace progress due to COVID-19 – here's how companies can prevent that. *The Conversation*. Retrieved on November 23, 2020 from <https://theconversation.com/women-risk-losing-decades-of-workplace-progress-due-to-covid-19-heres-how-companies-can-prevent-that-145073>
18. Ibid.
19. Ibid.
20. Stanely, M. (May 9, 2020). Why the Increase in Domestic Violence During COVID-19? *Psychology Today*. Retrieved on November 23, 2020 from <https://www.psychologytoday.com/ca/blog/making-sense-chaos/202005/why-the-increase-in-domestic-violence-during-covid-19>
21. Owen, B. (October 15, 2020). Calls to Canadian domestic violence helplines jump during pandemic. *Canadian Press/CTV News*. Retrieved November 23, 2020 from <https://www.ctvnews.ca/canada/calls-to-canadian-domestic-violence-helplines-jump-during-pandemic-1.5145983>
22. Wang, Y., Pan, B., Liu, Y., Wilson, A. et al. (May 20 2020). Health care and mental health challenges for transgender individuals during the COVID-19 pandemic. *The Lancet*. Retrieved on December 15, 2020. DOI: [https://doi.org/10.1016/S2213-8587\(20\)30182-0](https://doi.org/10.1016/S2213-8587(20)30182-0)

Homewood Health is a recognized leader in the field of Employee Assistance, Workplace Support and Employee Health Management Services. The firm provides EFAP/EAP, Crisis Management, e-Learning, health coaching, leadership development, psychological assessments, and other services in Canada and around the globe. The Homewood Health mission is to provide behavioural health, productivity and performance solutions to ensure greater employee and organizational effectiveness. *Please be advised that the content of this document is for information and educational purposes only and should in no way be considered as Manulife Group Benefits offering medical advice. Please consult with your attending family physician(s) or other health care provider(s) as may be needed. Manulife is not responsible for the availability or content of external websites. This newsletter is offered by Homewood Health in partnership with Manulife. Copyright Homewood Health. All rights reserved. Manulife, the Block Design, the Four Cube Design, and Strong Reliable Trustworthy Forward-thinking are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under licence.



**For more information,
please call:**

**English:
1 866 644-0326**

**En français :
1 888 361-4853**

manulifeefap.com