

Women in psychiatry and women's mental health

Beena Rajkumar MBBS, MRCPsych, PGDip CBT, Adv Dip (Family Therapy), Ruth Reed MBBChir, MRCPsych, PGDip Cert for Psychological Trauma.

Women are increasingly well represented in psychiatry as a profession, but data show us that it is not a level playing field. Written by the Chairs of the Women and Mental Health Special Interest Group (WMHSIG) of the Royal College of Psychiatrists, this article explores the work of the group in raising the profile of women's mental health issues and advancing future opportunities for leadership visibility in the profession of psychiatry.

Women have historically faced many obstacles as they made an entry into medicine and psychiatry.

In 1871, Henry Maudsley stated in his article 'Sex in Mind and in Education'¹ that the education of women would be detrimental to their health, and that if they pursued education, it would impair their reproductive functions, and risk loss of menstruation, infertility, under-developed breasts and inability to breast-feed. He was a man of his time. He was also the president of the Medical Psychological Association (MPA), which was a forerunner of the Royal College of Psychiatrists.

The MPA was established in 1865. In 1894, Eleanora Lilian Fleury became the first female member of the MPA.² Dr Helen Boyle became a member of the MPA in 1898 and she became its first female president in 1939.³ She was an exceptional woman who had triple qualifications from the Royal College of Physicians of Edinburgh, Royal Faculty of Physicians and Surgeons of Glasgow, and obtained an MD in Brussels with Distinction. She was quite exceptional in both her clinical work and her drive to do the best for her patients. She set up a women's and children's service, which then became the pioneering Lady Chichester Hospital for the treatment of early mental disorders, the first of its kind, established in 1905. Dr Helen Boyle espoused the principles of early intervention, rehabilitation and peer support as early as 1905.

Dame Fiona Caldicott was the first woman to be president of the Royal College of Psychiatrists.⁴ She is described in *Women's Voices in Psychiatry* as 'an inspirational woman with an astonishingly impressive career'.⁵ We sadly lost her recently but her legacy remains. She is the pioneer behind

the Caldicott Principles, which are still being used throughout the NHS to guide confidentiality in the age of computerised data. We have gone on to have three other women presidents, all also professors of psychiatry: Baroness Sheila Hollins; Dame Sue Bailey, and Professor Wendy Burn.

If we look at the history of our Women and Mental Health Special Interest Group, our founder Dr Anne Cremona, after the birth of her fourth child, was denied the option to job-share the consultant post she had held in a full-time capacity for 10 years. Even the intervention of the BMA and the availability of colleagues keen to take on the job-share with her did not resolve her situation.⁶ As Dr Cremona and colleagues describe:⁷ 'The wisdom of the day was that no woman doctor could carry the responsibility of an adult psychiatry consultant post, putting in the long hours required, while also caring for a large family.' Comments such as 'part-time work means part-time commitment' were frequently made. At that time, flexible working was already a new concept, with very limited availability of posts in certain specialties such as child and adolescent mental health. Dr Cremona's options under these constraints appeared limited to resigning and retraining as a child psychiatrist. This situation caught the attention of the then College President, Dame Fiona Caldicott, and Dr Catherine Oppenheimer, who encouraged her to remain in her existing specialty and to set up a special interest group within the College for women psychiatrists.⁷ Dr Cremona proposed the new Women In Psychiatry Special Interest Group (WIPSIG). It was approved in 1995 and the executive committee met for the first time in 1996. Areas of focus included improving access to part-time working and the academic development of women psychiatrists and women's mental health.

The now renamed Women's Mental Health Special Interest Group presently retains similar goals, promoting interest in women's mental health and the career development of female psychiatrists.

Women's mental health problems

Mental ill health among women is on the rise, with the most recent Adult Psychiatric Morbidity Survey⁸ showing that women are more likely than men to experience

common mental health conditions, at 19% and 12%, respectively. The same study highlighted that while the overall rates of common mental health problems are increasing in women (particularly in young women), they are remaining relatively stable in men. Young women aged 16 to 24 years have emerged as a particularly high-risk group overall for mental health problems.⁹ Over a quarter of young women experience a common mental disorder, such as anxiety or depression – almost three times more than young men (26% versus 9%). A quarter of young women have self-harmed, which is more than twice the rate for young men; and 1 in 7 young women have post-traumatic stress disorder, around four times the prevalence in young men. There can be gender-related differences in the experiences and presentations of mental illness. Women are more likely to use self-harm as a coping strategy than men, as well as to report somatic complaints, which are physical symptoms of psychological ill health.

The use of binary comparisons between women and men in descriptions of prevalence data here reflects the design of the original large-scale population surveys rather than indicating the authors' view of gender being limited to a binary concept.¹⁰ Trans women, women with diverse sexualities, non-binary individuals, people of colour and those with disabilities encounter multiple barriers to access to care and understanding of their specific needs and are often not effectively included within research.^{11,12} Similarly, there has been poor analysis thus far of the impact of intersectional inequalities on mental health.¹³

Where boys and young men often respond to trauma in ways that may get them excluded from school, and more commonly encounter the criminal justice system, girls are more likely to internalise their distress and develop mental health difficulties, and enter early sexual relationships, sometimes encountering violence, abuse or sexual exploitation¹⁴.

The prevalence of common mental health problems varies significantly by ethnic group for women, but not for men, for example the Adult Psychiatric Morbidity Survey found that Black and Black British women were the more likely to have a common mental health problem (29.3%) compared to White British women (20.9%) and non-British White women (15.6%).

Women experience higher rates of domestic abuse, higher rates of repeated victimisation and are more likely to experience serious self-harm or death.^{15,16} In the recent COVID-19 pandemic, there has been a sharp increase in domestic abuse against women.^{17,18} Stressors such as isolation, loneliness, closure of schools and businesses, economic vulnerability and job losses have contributed to the increased risk of domestic violence and abuse towards women. Women who experience domestic abuse in the UK

are three times more likely to develop severe mental illnesses, which include schizophrenia, depression and bipolar affective disorder;¹⁹ domestic abuse survivors are at double the risk of developing post-traumatic stress disorder and other anxiety disorders.

Despite the evidence of these gendered differences, discussions about mental health, alongside service design and delivery, frequently fail to take gender into account. This can lead to situations where services can be inadvertently discriminatory towards women because they have been designed, whether consciously or unconsciously, around the needs of men.²⁰ In one study, for example, only one NHS mental health trust that responded to a Freedom of Information request had a strategy for providing gender-specific services to women.²¹

Gender inequality in psychiatry

The visibility of women in psychiatry and female leaders in psychiatry has increased considerably over the last few decades, but data show us that it is not a level playing field.

There is a gender pay gap between male and female doctors. In England, women hospital doctors earn on average 18.9% less than men (based on a comparison of full-time equivalent mean pay).²² The maternity pay gap remains a contributing factor with women predominantly taking on caring responsibilities. Women are more likely than men to opt for less than full-time training. Men are more likely to receive bonus payments (CEA awards) and be paid money for additional sessions. There continues to be a disparity in career progression among men and women with 2 in 3 consultants being men. This is despite women representing 60% of those entering medical school and two-thirds of doctors in training. Women are underrepresented at the highest levels of academia. Disparities also exist within grades, with male professors earning more than female professors.²³

In psychiatry, 12% of female members become Fellows of the College compared with 26% of male members; a College Equality Action Plan has recently laid out steps identified to improve equality both for those accessing mental health services and for doctors in psychiatry.²⁴

Role of women and mental health special interest group in the current context

Women and Mental Health Special Interest Group (WMH-SIG) of the Royal College of Psychiatrists has two main areas of focus. One is to contribute to the women's mental health agenda, raising awareness of women's mental health, reduction of stigma, improving access to care, and contributing to solutions and positive sociocultural change in the UK and beyond. The reach of the College is international with many members across the world. The second is

to support women psychiatrists' working lives, including career development within under-represented areas such as management and academia.

The special interest group executive team are a very engaged group who have thematic active working groups, contributing to different strands of the WMH-SIG agenda.

The Domestic Abuse Thematic Working Group contributed feedback to various stages of the Domestic Abuse Bill as it progressed through parliament, and is a part of the Inter-Collegiate Forum on Domestic Violence and Abuse, attending the subgroup looking at coverage in the medical school curriculum. The domestic violence thematic group also contributes to the Royal College of Psychiatrist's activities against gender-based violence. In relation to our sexual abuse strand, members have attended national meetings around care and policy for sexual assault survivors.

The SIG also contributes to the Royal College of Psychiatrists' equality work and response to the Women's Health Strategy. The group holds an annual Women's Mental Health conference, and other events open to the public, notably the Women In Mind series in partnership with Institute of Psychiatry, Psychology and Neuroscience. Women in Mind seeks to engage the public in exploring the identity of women in the context of mental health. They also retain regular connection with other College services and advisors, especially for less-than-full-time training issues, maternity, complex caring responsibilities, and the Psychiatrists' Support Service to liaise regarding shared goals around common challenges for female psychiatrists. The SIG also seeks to encourage interest in women's mental health in medical students and trainees in psychiatry, running an annual essay prize and a visibility opportunity for the winning essay writer to join the annual conference panel with a view to offering a platform for the younger generation in psychiatry.

The 25 Women project

The Women and Mental Health Special Interest Group celebrated their 25th anniversary this year. To mark their celebration, they launched the 25 Women project.²⁵

The aim of the 25 Women project was to explore the breadth and depth of women's achievements, but not only that, it was also to look for the unrecognised successes – those that will never make it onto a CV. The aim was to shine a light on stories of quiet dedication to serving patients and supporting colleagues; of commitment to continuing a career despite ill health, disability, traumatic events, or caring responsibilities; and of facing the daily exhaustion of breaking stereotypes

when gender, skin colour or accent does not fit the mould people might have about a psychiatrist.

The 25 Women project was announced nationally and nominations were called for. There were more than twice as many women nominated as could be included, and the standard of entries were very high. The criteria were not just based on achievements and contributions made, but also on the difficulties and challenges that people experienced to make those contributions. Our 25 Women 'unsung heroes' were from different sub-specialties and career stages in psychiatry and reflected the diversity of the College's membership.

The 25 Women mostly had no previous public platform; there were a small number of women with higher pre-existing visibility within the profession, but they shared their personal back-stories and more personal career insights for the first time. The project itself had three strands to it. The first was a blog and narratives of the 25 Women. Every week in the month of March 2021, one of the women from the project steering group wrote a blog exploring a theme of the project and introduced five of the 25 Women's stories. Other outputs were a podcast exploring women's careers and women's mental health, and a short film of the voices of some of the 25 Women discussing their insights.

Within the Royal College of Psychiatrists, 45% of members are women. Their stories have tended to be hidden. If people had been aware of the stories of women psychiatrists, they have tended to be unidimensional and focused on the more standard aspects of career achievements. When we see women celebrated in psychiatry, what is visible to us is a professional persona. What gets lost is the personal story, which may contain vulnerability and emotion that would enable us to identify with them. Stories are so powerful because they convey values, beliefs, attitudes and social and cultural norms and they in turn shape our perceptions of reality. Stories provide narratives that we live by – individuals that we can identify with and journeys that inspire us and which we aspire to take. If we are repeatedly fed with the same limited narratives, our sense of ourselves, our own potential and our belief about the future can be shrunk.

The 25 narratives were transformative stories because they speak about the vulnerability, the humanity, the courage and the willingness to show up and do meaningful work.

An animated short film was also made to celebrate the work of women psychiatrists. This film was made in collaboration with independent film maker, Inshra Russell. It was launched on International Women's Day 2021.

Conclusion

Women are increasingly well represented in psychiatry as a profession, though there is much work to be done to ensure equality of opportunity and pay and optimise career progression across all domains. The proportion of women in later career stages is expected to increase over the next few years, which should bring more equal leadership visibility providing the system proactively supports this balance and addresses barriers.

The women and mental health SIG has an ongoing commitment to raising the profile of women's mental health issues, and the career development of women psychiatrists.

The 25 Women Project as a creative venture has celebrated the diversity and the contribution of ordinary front-line women psychiatrists to improving the quality of care and training in psychiatry.

Change needs to happen across the whole system to move towards a comprehensive gender- and trauma-informed health service provision for women with mental health needs. We hope that as women psychiatrists gain more proportional access to leadership positions, especially those women who have other intersectional challenges beyond gender, they will also be successful in advocacy, co-delivered with those who access mental health services, and those who care for people with mental health needs.

Dr Rajkumar is Consultant Psychiatrist and Consultant Psychotherapist, Lincolnshire Partnership NHS Foundation Trust, Lincoln and Honorary Associate Professor (Clinical), Medical School, University of Nottingham and Dr Reed is Consultant Child and Adolescent Psychiatrist, Oxford Health NHS Foundation Trust, Oxford. Dr Rajkumar and Dr Reed are Co-chairs of the Women and Mental Health Special Interest Group of the Royal College of Psychiatrists, UK.

Acknowledgements

The 25 Women Project steering group co-created the outputs of the 25 Women Project with BR and RR originating the idea for the project and co-leading the steering group. Alongside the authors, the members were: Philippa Greenfield, Jo Talbot Bowen, Julia Barber and Ilaria Galizia. The film production costs were paid from WMHSIG funds. The RCPsych leadership and staff kindly supported the project and its launch, as highlighted in the online project pages.

References

- Maudsley H. Sex in Mind and in Education. *Fortnightly Review* 1874;15(88):466–83.
- Collins A. Eleonora Fleury captured—extra. *Br J Psychiatry* 2013;203(1):5.
- Subotsky, F, Maunze, F. Dr Helen Boyle of Brighton (1869–1957) First Woman President of the Royal Medico-Psychological Association (https://www.rcpsych.ac.uk/docs/default-source/about-us/library-archives/archives-document-library/archives-dr-helen-boyle-first-woman-president.pdf?sfvrsn=bd43967f_2; accessed 15 October 2021).

- Shooter M. Dame Fiona Caldicott, a memory. *RCPsych Insight* 2021;16:13.
- Kennet K, Caldicott F. Dame Fiona Caldicott: An inspirational woman with an astonishingly impressive career. In: Rands G, ed. *Women's Voices in Psychiatry: A Collection of Essays*. Oxford: Oxford University Press, 2018.
- Cremona A. WMHSIG 25th anniversary reflections (<https://www.rcpsych.ac.uk/news-and-features/blogs/detail/equality-diversity-and-inclusion-blog/2021/02/23/the-women-and-mental-health-special-interest-group---25th-anniversary-reflections>; accessed 15 October 2021).
- Mouny J, Cremona A, Ramsay R. History of the Royal College of Psychiatrists' Women's Mental Health Special Interest Group. In: Rands G, ed. *Women's Voices in Psychiatry: A Collection of Essays*. Oxford: Oxford University Press, 2018.
- McManus S, Bebbington PE, Jenkins R, et al, eds. *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. Leeds: NHS Digital, 2016.
- Kessler RC, Berglund P, Demler O, et al. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry* 2005;62(6):593–602.
- Rubin JD, Atwood S, Olson KR. Studying gender diversity. *Trends Cogn Sci* 2020;24(3):163–5.
- Steele LS, Daley A, Curling D, et al. LGBT identity, untreated depression, and unmet need for mental health services by sexual minority women and trans-identified people. *J Womens Health (Larchmt)* 2017;26(2):116–27.
- Mental Health Foundation. Mental health statistics: LGBTIQ+ people (<https://www.mentalhealth.org.uk/statistics/mental-health-statistics-lgbtqi-people>; accessed 15 October 2021).
- Tryggv NF, Gustafsson PE, Månsdotter A. Languishing in the crossroad? A scoping review of intersectional inequalities in mental health. *Int J Equity Health* 2019;18:115.
- McNeish D, Scott S, Sosenko F, et al. *Women and Girls Facing Severe and Multiple Disadvantage: an interim report: summary*. London: The Lankelly Chase Foundation, 2016.
- Walby S, Towers JS. Measuring violence to end violence: mainstreaming gender. *Journal of Gender-Based Violence* 2017;1(1):11–31.
- Office for National Statistics. Domestic abuse in England and Wales overview: November 2020 (<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2020>; accessed 15 October 2021).
- Women's Aid Federation of England. Impact of Covid-19 (<https://www.womensaid.org.uk/evidence-hub/research-and-publications/evidence-briefings-the-impact-of-covid-19-on-survivors-and-services>; accessed 15 October 2021).
- Chandan JS, Taylor J, Bradbury-Jones C, et al. COVID-19: a public health approach to manage domestic violence is needed. *Lancet Public Health* 2020;5(6):e309.
- Chandan JS, Thomas T, Bradbury-Jones C, et al. Female survivors of intimate partner violence and risk of depression, anxiety and serious mental illness. *Br J Psychiatry* 2020;217(4):562–7.
- Aitken G, Noble K. Violence and violation: Women and secure settings. *Feminist Review* 2001;68(1):68–88.
- Agenda mental health gender responsiveness briefing, September 2016 (<https://weareagenda.org/wp-content/uploads/2016/11/Mental-health-briefing-FINAL.pdf>; accessed 15 October 2021).
- Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England. December 2020 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944246/Gender_pay_gap_in_medicine_review.pdf; accessed 15 October 2021).
- Jebsen JM, Abbott C, Oliver R, et al. A review of barriers women face in research funding processes in the UK. *Psychology of Women and Equalities Review* 2020;3(1&2).
- Royal College of Psychiatrists. Equality Action Plan (<https://www.rcpsych.ac.uk/about-us/equality-diversity-and-inclusion/equality-action-plan>; accessed 15 October 2021).
- Royal College of Psychiatrists. 25 Women project (<https://www.rcpsych.ac.uk/members/special-interest-groups/women-and-mental-health/25-women-project>; accessed 15 October 2021).