

# WOMHER



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## Advancing Women's Mental Health Research Across Disciplines

WOMHER International Graduate Conference 2024

### Theme I: Women's Mental Health in the 21st century

#### Women's Mental Health: Overlooked and Overgeneralized

For centuries, women's mental health has been understudied, underfunded and undervalued. Sex differences exist in prevalence and manifestation of different neuropsychiatric disorders, however, research targeting sex and sex hormones as a factor in brain health is scarce. To date, less than 5% of studies in neuroscience and psychiatry consider sex as a meaningful variable in their studies, and less than 3% consider female-specific variables such as pregnancy history, menstrual or menopause status. As a result, females face significant health gaps in treatment and care. To address these limitations, my research has investigated how estrogens, stress, and female-specific experiences, such as parity (pregnancy and parenting) influence the brain to alter disease susceptibility and treatment efficacy to advance precision medicine. Too

often we generalise terms that impact the mental health of women including the terms "estrogen", menopause, perinatal depression, hormonal contraceptives, and menopausal hormone therapy without acknowledging the rich heterogeneity attached to these terms. This heterogeneity matters for precision treatment and not paying attention to this heterogeneity represents missed opportunities to understand the impact of female-specific experiences, such as hormone therapy type or pregnancy history, on mental health. For example, we have shown that not all estrogens influence brain plasticity equally, and that pregnancy history influences how the brain reacts to estrogens in mid-life in animal models. These findings may help understand why hormone therapy findings are equivocal on brain health in menopausal females. To fully understand complex brain disorders in psychiatry, it is important to recognise how diversity, not only in patient populations, but in female-specific variables, play a role in our preclinical and clinical modelling to lead to better health outcomes for women's mental health.



**Liisa Galea**, *University of Toronto, Canada*. Professor of Psychiatry, the inaugural *womenmind* Treliving Family Chair in Women's Mental Health and leads the Women's Health Research Cluster at Centre for Addiction and Mental Health (CAMH). She is also President of the Organization for the Study of Sex Differences and co-Vice-President of Canadian Organisation for Sex and Gender Research. She is a tireless advocate for women's health research and for sex and gender-based analyses to improve mental health for all.

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### Theme 1: Women's Mental Health in the 21st century

#### Eradicating ethnic inequalities in women's mental healthcare - an (im)possible dream?

In the UK, health disparities remain intractable despite a National Health Service (NHS) whose founding principle is to provide equitable care for all. The COVID-19 pandemic highlighted the intersectional impact of 'social determinants' such as age, gender, ethnicity, and socio-economic status on disparities in vulnerability, care access, and outcomes. Julian Tudor Hart's 'Inverse Care Law' remains evident with, for example, poorer people and those from minoritised /racialised communities experiencing the greatest disparities.

People from these communities are also under-represented in research generally and clinical trials in particular. The tendency for ethnic / 'race' based

mental health research in the UK is to focus on 'Black' men diagnosed with psychosis and 'South Asian' women experiencing depression. However, homogenised ethnic categories obfuscate significant 'within group' differences in culturally informed conceptualisations of mental health difficulties and appropriate sources of help and support. Importantly, some groups such as 'Black women' fall between the intersectional cracks which might partly explain why they are less likely to receive diagnosis and treatment with conditions such as perinatal depression.

This presentation explores the potential for 'inclusive research' strategies to improve access, care, and outcomes for the most disadvantaged. Alternatively, in the race to tackle inequalities, might approaches to democratise healthcare and related research, such as 'patients as partners' and technology-dependent mental healthcare, result in unintended consequences of widening the mental health gap?



**Dawn Edge**, *Manchester University, UK*. Professor of Mental Health and Inclusivity, Academic Lead for Equality, Diversity & Inclusion on 'race', religion, and belief. She is a Governor of The Health Foundation and Director of the Equality, Diversity and Inclusion Research Unit (EDI-RU) within Greater Manchester Mental Health NHS Trust. Dawn is committed to reforming policy and practice to create more equitable, effective, and accessible care, treatment, and outcomes. She works collaboratively with key stakeholders to co-produce and implement psychosocial interventions that improve outcomes for marginalised groups by increasing timely access to culturally informed, evidence-based care and treatment.