

## Editorial

# Women Mental Health – Facilitating Care of Women with Mental Health Issues in India

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Women suffer more from common mental disorders compared to men due to various biological and sociological reasons. At the same time, women with severe mental disorders do not get equal access to facilities for treatment and rehabilitation. It is common all over the world, but more so in developing countries and traditional societies like India. Women's mental health can be understood by two different but complementary perspectives. First, there are obvious links between reproductive function and cycle and mental illness, like perimenopausal syndromes, premenstrual dysphoria, postpartum depression, and so on. There are also social determinants of mental health that disproportionately affect women, like poverty, inequality, and cultural and social factors.

Traditionally, women's mental health is conceived in terms of reproductive health. Other areas like social and legal have been neglected, though causes have been identified and debated, particularly more so in terms of the feminist lens. However, little has been done to address these issues. There has been much development in terms of women's empowerment, though it is not uniform in all regions and communities. Whereas states like Kerala and West Bengal have taken huge leaps in terms of women empowerment, many other regions are lagging behind.

So, now the time has come to address these issues in providing care for mentally ill women and having research and policies in place for prevention and better treatment. One of the main hindrances to healthcare for women is that there is a lack of access to health care, including mental health. The role of Accredited Social Health Activists (ASHA) workers has been very effective in maternal and child health but could not be utilized for mental health care.

How one can increase access to care, we can utilize wellness clinics for providing support and telepsychiatry for consultation. Infrastructure is already in place in terms of Tele Mental Health Assistance and Networking Across States (MANAS),<sup>1</sup> but we should understand that utilizing these services will require facilitation from trusted, familiar health staff like ASHA and Anganwari workers. Swambhar groups can also be a nidus for this.

Direct transfer to beneficiary accounts credited to women (Bolsa Familia program)<sup>2</sup> has led to a decrease in suicide and overall improvement in the mental health of women in Brazil. The Lakkhi Bhandar Scheme of the West Bengal Government is a notable example on similar lines. Similarly, the Swasthya Sathi card (government health scheme) in the name of the female head of household has dramatically benefited women and their status in society. While its impact on mental health is very obvious, we need studies to determine its impact on mental illness.

While there are studies regarding challenges faced, we need more service-related research and innovative solutions to provide mental health services to women.

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