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Editor

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Save the date!



The 8th World Congress on Women's Mental Health
March 2019
Paris, France

Message from the President Elect

Dear Colleagues,

In recent times, we have witnessed many global political changes that have already impacted adversely on women's rights, and hence women's mental health. Women's status, roles, health and mental health are intricately integrated with the socio-political environment and the current rise of conservative and 'personality' driven governments has seen backward changes in domestic violence laws, threats to existing reproductive rights, soft attitudes to rape, overt and covert expressions of disrespect for women, and inequality in financial and employment opportunities.

External negative social impacts affect Individual women in many ways including a loss of the sense of safety leading to feeling less control over situations, having less trust in men, decreased self-confidence, loss of hope, avoidance of public situations or speaking out, or seeking high public office, guilt for surviving, self-blame, decreased energy, drive, increased anger—often unfocussed and feeling "different" or isolated. Chronic stress due to environmental issues can manifest in a variety of mental illnesses including anxiety, depression, persistent poor self-esteem, PTSD, dissociation and self-harm behaviors. Over a period of time, stress impacts on the central nervous system and can cause changes in the Hypothalamic-Pituitary-Adrenal Axis, changes in the Hypothalamic-Pituitary-Gonadal Axis, maladaptive physiological cardiovascular and immune system responses, sleep problems and cognitive decline with resultant adverse impact on health and mental health. Pregnant women living in chronically stressful situations, run the further risk of these physiological changes being transmitted through the placenta to the unborn baby.



This is an important time in history for us to work together globally to improve outcomes for women with mental health disorders. Women need healthy ways to cope with, respond to, and heal from trauma. Resilient responses include: increased bonding with family and community, redefining or increasing a sense of purpose and meaning. Increasing commitment to a personal mission and revising priorities.

The International Association for Women's Mental Health (IAWMH) enables a broad resilient response by Increasing bonding within the women's mental health clinical, research and advocacy global community. The IAWMH can provide an increased sense of purpose and meaning as well as Increasing commitment to the mission of improving mental health for women globally. We hope to build on all the wonderful work that many have been doing worldwide and further develop a global agenda to improve women's mental health. Our current priorities include:

- 1) Further understanding the impact of violence against women on mental health, with many ramifications for prevention and management.

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Florence Thibaut (*France*)

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History of IAWMH

Established in 2001 to improve the mental health of women throughout the world, the International Association for Women's Mental Health is a not for profit, Non-Governmental Organization.

The mission of the International Association for Women's Mental Health is:

- Improve the mental health of women throughout the world.
- Expand the fund of knowledge about women's mental health.
- Promote gender-sensitive and autonomy-enhancing mental health services for women.
- Advance collaboration with other Societies or Sections

2) Improving safety and privacy for women receiving psychiatric treatment in all inpatient units, worldwide.

3) Shared with the Marcé Society – further recognition and improvement of early mother-baby attachment, as an important neuroprotection mechanism for developing babies.

4) Highlighting the importance of reproductive rights for women in order to ensure good mental health for all women

Clearly, this is not a complete or closed list but is a feasible body of work that our Association has worldwide credit for already tackling. No doubt, there are many areas of great work being conducted by our members that are vital to the goal of improving women's mental health. We look forward to hearing more about the many research, clinical, advocacy, policy-planning and other work related to women's mental health through the IAWMH committees, networks and Congresses.

This is a 'call to arms' to increase our membership and offer collegiate support for our global mission to improve women's mental health. Please discuss the IAWMH with your colleagues and friends, to increase our global profile and hence our capacity to affect positive change for women. In the coming months, we will embark on a social media campaign to get our messages out across the globe.

Improving women's mental health is an integral part of enhancing the welfare of all people and safeguards future generations.

I look forward to working with you

Jayashri Kulkarni

President

International Association of Women's Mental Health

World Congress on Women's Mental Health, Dublin, 2017

Over 500 delegates from across the globe came together for the 7th World Congress on Women's Mental Health in Dublin's RDS venue, from 6th–9th March 2017, coinciding with International Women's Day on March 8th.

The National Women's Council of Ireland (NWCI) co-hosted the event with the International Association of Women's Mental Health and Trinity College Dublin, supported by conference partners.

As ever, the Congress offered a unique networking and learning opportunity for professionals of different disciplines to meet and discuss best practices and innovative developments to improve women's mental health across the life cycle. It also highlighted the social determinants and explored links between gender inequalities and women's mental health.



exhibitions offering interesting perspectives on issues such as reproductive rights and female



The academic program was excellent this year, with cutting edge research and practice presented across different themes, including: reproductive and maternal mental health, the importance of gender sensitive mental health services and the impact of violence against women.

There was also a particularly rich social program to complement the academic and practice presentations, including photographic

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The views and opinions expressed in these reports are solely those of the individuals noted and are not necessarily either shared or endorsed by IAWMH, its leadership or members.

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We Love Great Ideas!

We are always looking forward to hearing from our readers. If you have any suggestions or personal news for future newsletters, do write to us. We would also like your feedback on the current issue and any ideas you may have for the ones to come. Tell us what you are doing so we can share it with the world.

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genital mutilation. On International Women's Day, delegates were treated to a reading by well-known Irish author, Marian Keyes, whose upcoming novel tackles the issue of Irish women having to travel to the United Kingdom in order to access abortion, and the huge impact on women as a result of being denied access to reproductive rights. There were also powerful poetry recitals by Irish poet Rita Ann Higgins, and the former Ireland Chair of Poetry, Paula Meehan, which brought to life the complexities of issues and experiences impacting women's mental health.



International Women's Day 2017

This year, the NWCI was delighted to mark International Women's Day with a very special event at the World Congress on Women's Mental Health in Dublin's RDS. This was an opportunity to highlight the need for improved and targeted mental health services for women, as well as the need to tackle the inequalities that affect women's mental health. There was a special focus on the area of reproductive rights, and the mental



health implications of restrictive abortion regimes such as in Ireland.

Delegates were also treated to a reading by Irish author Marian Keyes, whose novel tackles the issue of Irish women having to travel to the United Kingdom in order to access abortion, and poetry recitals by Irish poet Rita Ann Higgins, and the former Ireland Chair of Poetry, Paula Meehan.

The Dublin Declaration of Reproductive Rights

There was a historic moment during the International Women’s Day event, when a ‘Dublin Declaration’ on abortion was read out by members of the IAWMH together with the Congress co-hosts, with all delegates joining in to read the final words.

The Congress’ Dublin Declaration calls on all governments to guarantee that abortion services are available and accessible in a manner that ensures women’s autonomy and decision-making is respected, in line with the best international health practice and in fulfillment of women’s human rights. The Declaration has been endorsed by the World Psychiatric Association. To view the full text of the Declaration click [here](#).



A First-time Attendee’s Experience at the WCWMH 2017

The 7th World Congress on Women’s Mental Health (WCWMH) was held from March 6th to 9th 2017 in Dublin. Spring time in Ireland has the temperatures dropping to 3-4°C, which coupled with the constant drizzle, is freezing for us Indians who are used to a temperate climate. The conference was conducted at the heritage Royal Dublin Society in the midst of the affluent Ballsbridge neighborhood.

The conference began with a warm welcome at the registration desk. The ushering hall was decked with counters related to interventions and programs on mental health, book stalls, and a trail of eye-catching photographs with footnotes on women-related issues. The inaugural evening, set against the backdrop of the Dublin skyline, saw the sharing of intellectual wisdom on women’s mental health across the globe, and an insightful talk on female genital mutilation. This was followed by a foot-tapping drumbeat band which pepped up the scholars in the hall. The night concluded with an assortment of munchies and thirst-quenchers allowing the patrons time to network and catch up with old friends.



As I interacted with fellow attendees over the next few days, I found that they were as enchanted as I, by the atmosphere and especially the hall room—lined with huge shelves of books giving it a photographic background. Interacting with legends in the field of women’s health issues was definitely a high point.

I decided to talk to some people about their experience at the conference—what they liked and what else they would have looked for.

All delegates spoke about the strengths of the conference: Multiple strong orators from different backgrounds; discussing topics like sexual health of women, women’s rights, female genital mutilation, mental health aspects of sex-work and cutting edge issues related to perinatal health. Those who attended the FGM lectures were touched and moved, including by the film on Magdalene laundries. The interviewees agreed that the sessions were interactive and promoted learning and collaboration. They found networking across the globe to be the one of their main reasons why they attended the conference.

What they would like to change: The days were too long; there were no clear sign or display boards indicating where the different sessions were happening (due to which they couldn’t make it in time or missed them). Some reported a lot of overlaps between topics and between common hall sessions and co-occurring sessions. Some topics where they would have liked more attention were: women refugees; substance use among women; more on sex work, LGBT issues; legal aspects of women’s mental health, interventions across the globe to promote resilience in women and adolescent girls.

Some suggestions made were: To have better digital display regarding session timings and venues with clear line maps; better food (one person said that that if the brain gets enough glucose then it will light up more easily with intellect); a few felt that in the previous Tokyo conference, regional food differences were taken care of. They also suggested enough time should be given for the question and answer sessions; hence speakers ought to manage their time. One attendee suggested that topics could also be divided based on healthcare-provider perspectives and researcher perspectives.

Last but definitely not the least was the discussion related to the cost of attending the conference. They felt it was prohibitively expensive for young people. It was suggested that organizers should try and make it affordable for the new comers or learners/presenters or provide some bursaries for travel/accommodation to ease the burden of delegate fees.

Overall, on behalf of those interviewed and myself, I would like to acknowledge that the Congress definitely provided us a memorable learning experience of an international conference. In me, it planted the seed of women's mental health and issues which I am sure in future would grow into a tree so that I can spread awareness and knowledge to people around us while I keep learning more about the topic.

Preeti Pansari, Senior Resident, Community Mental Health Unit, National Institute of Mental Health and Neurosciences, Bangalore, India

Out of Silence - A Short Film on Women's Mental Health

The National Women's Council of Ireland produced a short film on women's mental health, on the occasion of hosting the 7th World Congress on Women's Mental Health in Dublin. The film premiered to critical acclaim on Tuesday, March 7th in the beautiful Rotunda at Dublin's City Hall. It was launched by Helen McEntee, TD, Minister of State for Mental Health and Older People.

The film begins the work of making visible women's particular experiences of mental health issues, highlighting that women's needs in this regard are different but equal to men's. It highlights a number of key themes in order illustrate the gender differences in how women experience mental and emotional health, and the particular policy and practice responses needed to address women's specific needs. This is done via powerful testimonies from women sharing their personal experiences of mental health difficulties related to perinatal depression, intimate partner violence, and issues for young women. The film is available for viewing [here](#).



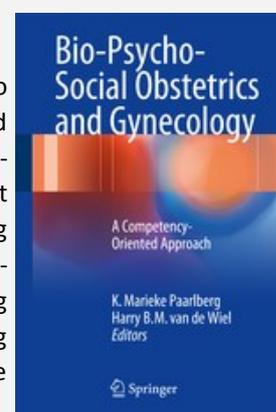
The EU Report on Gender Equality in Mental Health

Biomedical research reflects predominantly a male perspective, assimilating women to men. The integration of a gender-sensitive perspective in all aspects of research is urgently needed. In February 2017, during [an interview](#) with the European Parliament magazine, Beatriz Becerra Basterrechea said "Gender differences are not taken into account in clinical and preclinical research. However, perhaps where this inequality is most evident is in mental health. Women are dramatically underrepresented in biomedical research, despite making up over half of the EU population." She is the Parliament's rapporteur on promoting gender equality in mental health and clinical research and has coordinated a report on this topic (Draft report on promoting gender equality in mental health and clinical research; Committee on Women's Rights and gender Equality; 2016/2096 (INI)). A recent motion of support of this report was adopted by the European Parliament in February 2017. In the same way, the European Parliament urged the European Medicines Agency (EMA) to draw up separate guidelines for women as a specific population in clinical trials.

Bio-Psycho-Social Obstetrics and Gynecology: A Competency-Oriented Approach

Editors: Paarlberg, K Marieke; van de Wiel, Harry B.M.

This book will assist the reader by providing individually tailored, high-quality bio-psychosocial care to patients with a wide range of problems within the fields of obstetrics, gynecology, fertility, oncology, and sexology. Each chapter addresses a particular theme, issue, or situation in a problem-oriented and case-based manner that emphasizes the differences between routine and bio-psycho-social care. Relevant facts and figures are presented, advice is provided regarding the medical, psychological, and caring process, and contextual aspects are discussed. The book offers practical tips and actions within the bio-psycho-social approach, and highlights important do's and don'ts. To avoid a strict somatic thinking pattern, the importance of communication, multidisciplinary collaboration, and creation of a working alliance with the patient is emphasized. The book follows a consistent format, designed to meet the needs of challenged clinicians.



Upcoming Events	Global Alliance for Maternal Mental Health
<p>II European Meeting on Women's Mental Health 26-27 October 2017 Barcelona, Spain http://www.wmhbcn.com/</p>	<p>IAWMH is proud to be a founding member of the Global Alliance for Maternal Mental Health (GAMMH), which officially launched in September 2016 at the International Marcé Society conference in Melbourne. GAMMH is a coalition of international organizations committed to improving the mental health and wellbeing of women and their children in pregnancy and the first postnatal year (the 'perinatal period') throughout the world.</p> <p>Worldwide, maternal depression is the most common serious health complication of maternity. This and other mental health problems in pregnancy and postnatally result in huge documented human and economic costs for this generation and the next. GAMMH (including IAWMH) aims to foster the translation of research in perinatal and maternal mental health into better care and outcomes for women and their families wherever they live. This acknowledges the extensive evidence that better mental health in the perinatal period can have a dramatic impact on outcomes for mothers, partners, children, families and society.</p>
<p>The 3rd International Women's Mental Health Conference 13-15 February 2018 Al-Khobar, Saudi Arabia</p>	<p>GAMMH Objectives</p> <ul style="list-style-type: none"> • Increase international knowledge, awareness and action on maternal mental health, including its pivotal role in child development; the scale of the human and economic costs and the evidence-based solutions. • Advocate for all countries to develop national policies on maternal mental health. • Inspire investment in evidence-based services and programs, as well as further research into the causes, prevention, impact and treatment of perinatal mental illness where needed. • Ensure the voice of women with experience of maternal mental health problems is central to all the above.
<p>The International Marcé Society Biennial Scientific Meeting 26-28 September 2018 Bangalore, India www.marce2018.com</p>	
<p>The 8th World Congress on Women's Mental Health March 2019 Paris, France</p>	<p>IAWMH looks forward, in collaboration with other GAMMH member organizations, to collective efforts to increase international knowledge, awareness and action on maternal mental health. Initial activities include building a solid membership of international (i.e. spanning more than one country/region) organizations, as well as developing a GAMMH web presence. For any multi-county/international organizations keen to find out more about becoming a member, please see further information below – we would love to hear from you!</p>
	<p>Benefit for members</p> <p>An opportunity to produce change on the ground for women and their families through:</p> <ul style="list-style-type: none"> • Promotion of shared goals and vision on maternal mental health • Easier international collaborative work at all levels • Ensuring greater impact together than the sum of individual organizational efforts • Mutual learning and capacity to predict and respond to opportunities • Inclusion of own organization in official list of members <p>Contribution of members</p> <p>To become a member, it is not necessary to contribute financially. There is no membership fee.</p> <p>Members agree to support the above vision and aim by participating in collaborative efforts to further GAMMH's objectives; the extent of this involvement is dependent on members' own capacity/time.</p> <p>For more information, and to enquire about membership and other ways of contributing, please contact Emily Slater in the first instance: emilygslater@gmail.com</p>

Four Women and a Day at the Dublin Congress

In March of 2017 the International Association for Women Mental Health, held the 7th World Congress on Women's Mental Health here in Dublin in the RDS, titled: Rights, Resilience, Recovery. It was co-hosted by The National Women's Council of Ireland and Trinity College Dublin. Three feminine souls, Caroline Burke, Mica Adesso and Meredith Martyr, from the United States, travelled to attend and take part in the Congress. Ursula Somerville caught up with them in conversation.

Ursula: The Congress met on International Women's Day, March 8th, in Dublin and for me the Plenary Session was a particularly numinous experience. Meredith I know your experience was one of traveling through the capitol during a march about the Repeal the 8th. While Caroline and Mica you were each in the RDS hall for that Plenary Session. I would love to hear how these experiences impacted each of you?



Caroline

Yes we were speaking that day in solidarity for the women of Ireland, and we were simultaneously speaking for all women in the world whose rights do not exist or are threatened. Just within a few inches of me I heard women voice this declaration in accents from Africa, Ireland, India, Australia, Europe, and more. There was a powerful sense that we were no longer isolated, that our strength was in our unity and it was represented in that room at that moment. A shift occurred within me personally as well, a shift which gave me a felt experience that there is power in the universality of women who unapologetically express their absolute right for access to mental and reproductive healthcare in order to assist our physical and mental wellbeing. Inspiring and powerful and true.

Ursula: Ah yes Caroline, here you are talking about the Dublin Declaration to “...advance women's mental health and wellbeing across the globe”. Now that was one powerful experience.

Caroline

I have recalled this experience each day since International Women's Day - how can I not? Here I was in a conference hall in Ballsbridge, Ireland, standing shoulder to shoulder with women from around the entire world. And, although from very different places on the planet, we held one piece in common: we identified as women who were in solidarity with others who are experiencing oppression. On our feet we together stated in strong voices that we affirm “...the importance of full access to mental health rights for women”.

Ursula: Inspiring is definitely a collective experience of being there for sure. And Mica what do you hold from your experience in the RDS that day?

Mica

A couple of pieces stand out for me, in particular, about March 8th, 2017 in RDS. Firstly, to be frank, I didn't know anything about the 8th amendment until just before departing for Ireland when you, Ursula, advised going to the Congress on March 8th and mentioning a march to repeal the 8th also happening that day. So, I looked up what the 8th amendment was about. I read about it and still didn't really understand what this meant. Throughout our days in Ireland before March 8th, I witnessed Carrie introducing herself to others intentionally with, “Hi, I'm Caroline Burke. I'm from the United States and I didn't vote for the current administration.” All in one breath. To not leave any room for anyone to think differently or wonder or begin hating her. Before another round of breath finished, whoever she was speaking with responded with the utmost empathy and concern and care. “Oh, I'm so sorry for what you're dealing with.” “This is awful.” “I can't believe what he (whose name will not taint this conversation) is doing with a, b, or c.”

They knew everything that was happening in the United States. Every Executive Order signed, every country on the travel ban list, every news piece that had happened in the less than two months of his presidency. One woman's comment has resonated with me; she said, “With all the threat around Planned Parenthood being defunded, you may have a bit of understanding of what it's like here for us.”

It was like a gut-punch in a “wake up” kind of way. My privilege was particularly evident and had a slimy and gross weight to it. They know my history and I am so painfully unaware, and until then, un-impacted by theirs. The woman went on: “I marched with you on January 21st.”

She didn't march for me. It wasn't out of pity. Or sympathy. Or out of my country's (long-time-coming) misfortune—over there—where it could remain out of sight, and out of mind. She marched with me. Because she, as an Irish woman, knows oppression. And

she knows that change can only happen when we come together and lift each other up. Stand up with each other. Show up and march with each other.

So, when it came time for us to stand up and speak up in that hall in RDS on March 8th...you bet it brought tears to my eyes. Tears at feeling the unqualified and undeserved support from this woman, tears at the uncovering of a major “blindspot” (or unawareness) of mine, tears at getting to stand up with the Irish women, tears at feeling the power of the collective, tears at being a part of a community that spans across the globe, tears at understanding the 8th amendment: that for any of us to be free, we all have to be free. That for any of us to experience healing, we all have to experience healing.

Ursula: Well said, this really captures the essence of the time in the hall that day and I feel it all again now as we talk.

Mica

Secondly, in my thoughts is the piece that stood out to me which is more personal and also relates to why I wanted to return to Ireland. Ursula, Carrie and Meredith. In short you are why!

Ursula: Well I am eager to hear this Mica!

Mica

Inside our circle of four women, we hold identities such as grandmother, mother, sister, friend, queer, questioning, mentor, adventurer, space-holder, hope-holder—that I get to experience as I “be” with you. Since my mom died seven years ago, and since my grandmother and aunt and cousins have felt it too painful to talk to me (maybe because I remind them of her daughter/sister/aunt, my mom?), I have craved—felt desperate for—such a community of women in different life stages with wisdom abundance, and the intimacy needed to share our selves with each other. This happens in our circle of four women. And this fills up a void that I feel so presently in the rest of my life. This microcosm of our circle of four women I felt on a macro-scale on March 8th in the RDS. All sisters. All connected. A full feminine collective.

Meredith

Ah, yes, women saving women!

Ursula: I am touched beyond words to hear this Mica and your words also Meredith, and to be included with these wonderful sisters from such a far flung country and yet all connected here. Meredith, I am eager to hear what happened when you were away from us that day?

Meredith

On March 8th during the Congress meeting, I was away from you all and had travelled to downtown Dublin around the late morning to meet with a research participant. They were a psychotherapist with an independent practice who had agreed to speak to me about how their female clients experience abortion stigma and shame. We met for an hour and I recall sitting in their space with the sense of purpose and humility I had been so impacted by at IAHIP in 2016. After expressing my gratitude for their participation, I left the office and wandered down the sidewalk to hail a taxi to return to the Congress. I walked along the River Liffey and found myself being fully encompassed in a sea of mostly cisgender women wearing black sweaters that read “REPEAL.” At this moment a taxi stopped at the curb and I was torn between stepping foot into the taxi to return to the conference or to be a part of the Repeal the 8th March. With hesitation, I sat down in the taxi and informed the driver where I had to go. As he shuffled through traffic, banging on the wheel, and apologizing for the delay in where I had to go, I realized what was happening: I was where I was meant to go. I paid my minimal fare, hopped out of the cab, and ran back towards the River Liffey.

I turned to a woman who was standing next to a street lamp, and asked if I may march with her. She smiled and said, “Are you an American?” I replied, “Yes. I hope that is okay.” She laughed and stated, “Yes. We need as many international allies as possible.” I never asked for her name, nor did she ask of mine, however we stood next to one another, chanted together, and held tears in our eyes as women spoke to the crowd declaring that they have carried shame for too long. I rocked in and out of feeling both completely present in the crowd and completely pushed out of the moment realizing that I was physically a part of what I was documenting as I was in Ireland. The humility washed over me again and I felt as if I was a part of a sacred space that was so important for me to witness and experience.

I eventually left the River Liffey and headed back to the Congress. I sat in the taxi in complete silence and wandered into the conference hall holding my head high. Two men at the door greeted me and commented that I had missed the “main event.” I felt both sad that I had missed such a significant historical event at the Conference, yet knew that I was meant to experience what I had experienced. As a researcher, it was important for me to humanize and be an emotional part of the collective experience as I was at the Repeal the 8th march. I wholeheartedly believe that in order to ask our participants to open up to us, we must open ourselves up to them as well, and be brave enough to admit that we (although so well-trained to think) do not know anything about the lived experience.

Mica

Wow, Meredith! This is awesome! I got tingles hearing how you were already where you were meant to go...

Caroline

In the midst of research, here you are talking with such poignant words...my goodness. Here is what I was so struck by...this great description... "I never asked for her name, nor did she ask of mine, however we stood next to one another, chanted together and held tears in our eyes..."

Ursula: It feels so wonderful to be part of this conversation and I am brimming with pride that it started here in Ireland using our collective connections of human contact!

Mica

Ursula, you must tell us what March 8th was like for you?

Ursula: Ah, thanks for asking Mica I am bursting here with details of my time with each of you on this most important day. I have so many memories and experiences of the Congress as a whole but even more special memories of the International Women's Day on March 8th. We started with breakfast at my house with three eager Americans and one of whom had finished with her presentation the previous day. Wonderful conversation at the table then the journey to the RDS, I think you ran to it Mica! An event with the car park attendant – again. But it was when we began to gather and took our place in the hall that the enormity of the event began to descend on us. The hall was full, with both men and women in attendance. We were introduced to, to name but a few, Marian Keyes, who read from her upcoming book about a mother who accompanies her daughter to the UK for an abortion. We listened attentively to the poems of our poet Paula Meehan and we met, and for me the first time, (I had heard of her) Ailbhe Smyth, feminist, socialist and LGBT activist, and Convenor of the Coalition to Repeal the 8th Amendment. Such a powerful delivery of her message to all present. And that day the news of the bodies of some 800 Tuam babies was in the press, on International Women's Day together with the Repeal the 8th marches, we praised another activist Catherine Corless whose tenacious research brought this "dark shadow" of our history into the light. I was heartened also to see men attending in the room and be as moved as all of us as we made our Declaration. We came out of the hall and each of us was "full to the brim" for this is how we described ourselves, moved once again to tears as we connected with each other and other members at the Congress. We were holding and perhaps some repairing of the dark happenings of the past. I totally recognized that as a mental health therapist this was the place to be this year and I am so grateful and proud that the International Association for Women's Mental Health and the National Women's Council of Ireland and Trinity College Dublin chose to come to Ireland to host this important event.

Caroline

Yes! Full to the brim is exactly how I felt Ursula!

Ursula: I so want to thank each of you, once again, for agreeing to have this conversation.

Improve Safety and Privacy for Women Patients in Psychiatry Wards – Jayashri Kulkarni

Most psychiatry units in Western countries (except the UK) house male and female patients together. The risks to women in these mixed-gender wards are often overlooked. Several studies confirm high rates of sexual assault and harassment of women in psychiatric wards (Frueh et al., 2005). Reported incidents include allegations of rape, with the alleged perpetrator often being another patient, consensual sex, exposure, sexual advances and touching (Cole et al., 2003).

Quote from a woman inpatient:

A really disturbed male patient put his hand over my mouth while I sat in the TV room on the ward.

I tried to kick and scream, but he was on top of me and ripping my clothes.

He kept yelling and swearing at me. A nurse came after ages and he was pulled away.

Even worse was that the nurse said that I shouldn't have led him on. Nobody believed me or helped me.

Quote from a carer – mother of a woman with bipolar disorder:

I have observed the familiar behavior, often quite aggressive and sexually explicit, of male patients to female patients. Women in these circumstances are particularly vulnerable and at risk of unwanted pregnancies, infections and overall physical abuse. This is not to say that male patients are not at risk from female patients who make sexual advances to them. Families of either sex who are trying to cope with the existing situations do not need the further burden of such entanglements. Parents, children, husbands and

wives of patients need to know that their loved ones will not have to face problems which may arise.

There is considerable evidence for the association between childhood adversities and psychosis. Many women with psychosis have already been abused, assaulted, exploited or bullied, making them even more vulnerable. And these women have the right to expect high quality care when admitted to an inpatient unit – yet all too often are subjected to more trauma on psychiatry wards.

Women with psychiatric illnesses are being placed at risk by the existing policy of unisex wards. Pressure for shorter length of stay, and aggression resulting from the use of methamphetamine, has led to an overall increase in symptom severity and behavioral disturbance in these environments. The safety of women inpatients should be addressed as a matter of urgency.

The UK National Patient Safety Agency has published a detailed analysis of mental health safety incidents and recommended a policy of gender segregation on psychiatric wards. In Australia, various ways of addressing safety for women and improving gender-sensitive treatment in inpatient units have been suggested. These include the development of a ‘women friendly environment’, provision of ‘women only’ sitting rooms in acute inpatient units and single-sex wards.

Over the past decade, different Governments and individual politicians have attempted to highlight the issue of violence against women on psychiatric units. Yet, there is still a lack of uniform policy, funding or guidelines to mandate safe environments. Priority should be given to upgrading existing facilities. Planning for future hospitals and clinics should be based on offering at least some same-sex accommodation, as this is an essential requirement. Segregated wards are commonplace in eastern nations and while resourcing plus stigma issues are problems in such places, the abuse of women patients by male co-patients during hospitalization is not a key problem.

Many factors underpin the lack of change in structures and procedures of psychiatry units in Australia, New Zealand, Europe and the US. Although psychiatry units may be based in mainstream hospitals, they are still hidden from public view. In places where psychiatry wards are part of a separate structure the concealment of issues is even greater. The general public have little knowledge of the dangers for women and are often shocked when told about this. Mental health professionals are inured to the issue because this is how wards have been structured and run for decades; change is too difficult. Patients feel disempowered to speak up, are not believed or cope by denial once discharged. Funding is needed to change ward architecture, and hence, the issue is relegated to a low priority. Furthermore, some staff are concerned that aggression would increase in male-only areas.

A Melbourne study showed that following building works to provide a ‘women-only area’ on a psychiatry inpatient unit, the number of incidents of violence against women fell dramatically (Kulkarni et al., 2014). Mental health staff and administrative concerns were challenged with results showing that gender segregation is both possible and desirable in acute inpatient settings.

We urge all Governments to adopt a zero tolerance stand towards violence against women in psychiatry wards.

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From the Editor’s Desk: A Compilation of Interesting Research Articles in Women’s Mental Health over the last year

While preparing for a talk on women’s mental health I had the opportunity to scan articles in the field that were published in the last one year. There were many articles that appealed to me, especially those which looked at new research. While perinatal psychiatry was the predominant theme, there were several others which explored hitherto unanswered questions. In this compilation, which I hope will be of some value to readers, are my top few.

I chose articles that had an interesting research question and my selection did not include narrative or systematic reviews. These

articles are also not in any order.

I have divided the compilation into four sets:

- The first set includes three articles that focus on some important areas of schizophrenia research among women in relation to age, estrogen and gender differences in antipsychotic efficacy.
- The second set of articles is related to perinatal psychiatry and addresses issues of four vulnerable groups: women with intellectual disabilities who are pregnant, women in LAMI counties where nutrition may have an important role in postpartum depression, the needs of postpartum immigrant and refugee women, and mental health needs of the LGBT population.
- The third set of articles focuses on two important areas in perinatal psychiatry research—motivators of research participation among pregnant women for longitudinal research, and an intervention for women with trauma.
- The fourth set is related to breast cancer among women with mental health problems and an important area of sexuality among women with mental illness which is often neglected.

The First Set: Antipsychotics and Women

The first study looked at the efficacy of Raloxifene hydrochloride on the severity of refractory schizophrenia. Raloxifene is a selective estrogen receptor modulator (mixed estrogen agonist/antagonist) with potential psycho-protective effects and fewer estrogenic adverse effects. This trial of raloxifene indicates that it is a promising, well-tolerated agent that has potential application in clinical practice

Note: While this RCT found a positive response, a subsequent multi-center trial did not find the same positive result. Nevertheless, this is a promising area of enquiry which has direct relevance for women with schizophrenia.

In addition to this study, I have added two others in this set on antipsychotics. The first looks at menopause and antipsychotic responses and the second which focuses on dosage of olanzapine in women. The latter article is statistically complex but addresses important aspects of gender differences in pharmacodynamics.

1. Effect of Adjunctive Raloxifene Therapy on Severity of Refractory Schizophrenia in Women: A Randomized Clinical Trial

Kulkarni J, Gavriliadis E, Gwini SM, Worsley R, Grigg J, Warren A, Gurvich C, Gilbert H, Berk M, Davis SR

This study was to determine whether adjunctive raloxifene therapy reduces illness severity in women with refractory schizophrenia. A 12-week, double-blind, placebo-controlled, randomized clinical trial with fortnightly assessments was conducted. Participants included women with schizophrenia or schizoaffective disorder. Adjunctive raloxifene hydrochloride, 120 mg/d, or placebo for 12 weeks was used. Raloxifene produced a greater reduction in the PANSS total score relative to placebo and resulted in an increased probability of a clinical response. A significant reduction was found in the PANSS general symptom scores for the raloxifene compared with the placebo groups. For patients who completed the full 12-week trial, there was not a statistically significant treatment effect on PANSS positive symptom scores. Change in mood, cognition, and reproductive hormone levels and the rate of adverse events did not differ between groups. Raloxifene hydrochloride, 120 mg/d, reduces illness severity and increases the probability of a clinical response in women with refractory schizophrenia.

JAMA Psychiatry. 2016 Sep 1;73(9):947-54.

2. Antipsychotic Response Worsens with Postmenopausal Duration in Women With Schizophrenia

González-Rodríguez A, Catalán R, Penadés R, Ruiz Cortés V, Torra M, Seeman MV, Bernardo M

The aim of this study was to investigate potential variables capable of influencing antipsychotic response in a sample of postmenopausal women with schizophrenia. Sixty-four postmenopausal schizophrenic women were followed in a 12-week prospective treatment-by-clinical requirement study. Duration of reproductive years was considered an indirect measure of lifetime cumulative estrogens exposure. Psychopathological assessment included the following: Positive and Negative Syndrome Scale, Personal and Social Performance, and Clinical Global Impression-Schizophrenia Scale. 66% were found to be antipsychotic responders. Time since menopause was significantly and negatively associated with overall antipsychotic response suggesting a decline in antipsychotic response after menopause. Smoking and cumulative estrogen exposures were associated with improvement in negative symptoms. Smoking and time since menopause were associated with improvement in excitement symptoms, and smoking was positively associated with improvement in depressive and cognitive symptoms. The neurobiological basis for antipsychotic response may include a role for estrogen and nicotine receptor.

3. A Pharmacodynamic Modelling and Simulation Study Identifying Gender Differences of Daily Olanzapine Dose and Dopamine D2-receptor Occupancy.

Eugene AR, Masiak J

The primary aim of the study was to test and quantify the effect of gender on the pharmacodynamics of olanzapine. The

pharmacometric analysis was based on a pooled data approach from three clinical studies where patients were diagnosed with schizophrenia and one clinical study where the patients were diagnosed with bipolar disorder. Olanzapine D2RO was modeled using an Emax model in a study population of 70 patients. Population pharmacodynamic parameters were estimated to be: Emax = 85.6% (RSE = 3%), ED50-Men = 5.15 mg/day (RSE = 14) and ED50-Women = 2.38 mg/day (RSE = 34%), with the p-value = 0.037 for the gender-stratified ED50 results. The pharmacometrics analysis and model-based dosing simulations suggest that, in order to achieve 70% D2RO, women require a 10 mg/day dose and men require approximately a 20 mg/day dose of olanzapine. Further, clinical implications exist suggesting that clinicians should factor patient gender when considering both a starting dose, as well as the maintenance dose for patients prescribed olanzapine due to quantifiable gender-differences of striatal dopamine D2 receptor occupancy.

Schizophr Res. 2017 Jan 17. pii: S0920-9964(17)30028-2. doi: 10

The Second Set: Mental Health in Vulnerable Groups

The second set includes important research questions related to nutrition and maternal mental health, immigrant mothers and women with intellectual disabilities. The first article while essentially, a negative study, might pave the way for more studies on this topic in LAMI countries.

The three other articles are equally relevant and address the needs of two vulnerable groups of women in the perinatal period.

4. Impact of Preconceptional Micronutrient Supplementation on Maternal Mental Health During Pregnancy and Postpartum: Results from a Randomized Controlled Trial in Vietnam

Nguyen PH, DiGirolamo AM, Gonzalez-Casanova I, Pham H, Hao W, Nguyen H, Truong TV, Nguyen S, Harding KB, Reinhart GA, Martorell R, Ramakrishnan U

This paper examined the effects of preconceptional micronutrient supplementation on maternal depressive symptoms (MDS) during pregnancy and postpartum. The data from a double-blind controlled trial (PRECONCEPT) was used in which women were randomized to receive weekly supplements containing either a) multiple micronutrients (MM) b) iron or folic acid (IFA) or c) folic acid (FA) until conception. Maternal mental health was assessed using the Center for Epidemiologic Studies Depression Scale (CES-D) at baseline (preconception), and the Edinburgh Postnatal Depression Scale (EPDS) during pregnancy and 3 months postpartum. Baseline CES-D scores were similar across treatment groups. Mean EPDS scores at first, second, and third trimester of pregnancy and early postpartum were low and did not differ by treatment group. Weekly preconceptional micronutrient supplements containing iron did not improve depression measures relative to folic acid alone among all women but may have benefitted women who were at risk for depression.

TRIAL REGISTRATION:

The trial was registered retrospectively at ClinicalTrials.gov as NCT01665378 on August 13, 2012

J Womens Health (Larchmt). 2017 Apr; 26(4):329-337. Doi: 10.1089/jwh.2016.5979. Epub 2017 Jan 24.

5. Postpartum Acute Care Utilization Among Women with Intellectual and Developmental Disabilities

Brown HK, Cobigo V, Lunsby Y, Vigod S

The study compared risks for postpartum hospital admissions and emergency department visits among women with and without intellectual and developmental disabilities. It was a population-based study using linked Ontario (Canada) health and social services administrative data to identify singleton live births to women with and without intellectual and developmental disabilities. Outcomes were hospital admissions and emergency department visits in the 42 days following delivery discharge. Women with intellectual and developmental disabilities, compared to those without, had increased risk for postpartum hospital admissions and for psychiatric reasons, but not for medical reasons. They also had increased risk for postpartum emergency department visits overall and for both medical and psychiatric reasons. This demonstrates that the group may be vulnerable to acute complications or inadequate preventive care after childbirth. Providing enhanced health services during the postpartum period, in the form of longer or more frequent visits or specialized supports, could optimize their outcomes following delivery.

J Womens Health (Larchmt). 2016 Oct; 25(10):1004-1013. Epub 2016 Jan 8.

6. Postpartum Mental Health of Immigrant Mothers by Region of Origin, Time Since Immigration, and Refugee Status: a Population-based Study

Vigod SN, Bagadia AJ, Hussain-Shamsy N, Fung K, Sultana A, Dennis CE

Immigrant women are at high risk for postpartum mental disorders. The purpose of this study was to understand how rates of postpartum mental health contact differ among immigrant women by region of origin, time since immigration, and refugee status. We conducted a population-based cohort study of immigrant mothers in Ontario, Canada, with children born from 2008 to 2012 (N = 123,231). We compared risk for mental health contact (outpatient, emergency department, inpatient hospitalization) in the first

postpartum year by region of origin, time since immigration, and refugee status, generating adjusted odds ratios (aOR) and 95% confidence intervals (CI). Immigrants from North Africa and the Middle East were more likely to have outpatient mental health contact than a referent group of immigrants from North America or Europe (aOR 1.07, 95% CI 1.01-1.14); those from East Asia and the Pacific, Southern Asia, and Sub-Saharan Africa were less likely (0.64, 0.61-0.68; 0.78, 0.74-0.83; 0.88, 0.81-0.94). Refugees were more likely to have contact than non-refugees (1.10, 1.04-1.15); those in Canada <5 years were less likely than longer-term immigrants (0.83, 0.79-0.87). Refugees were more likely to have an emergency department visit (1.81, 1.50-2.17) and a psychiatric hospitalization than non-refugees (1.78, 1.31-2.42). These findings have implications for targeted postpartum mental health service delivery targeting certain immigrant groups and particularly refugees

Arch Womens Ment Health. 2017 Jun;20(3):439-447. doi: 10.1007/s00737-017-0721-1. Epub 2017 Apr 4.

7. LGBT Identity, Untreated Depression, and Unmet Need for Mental Health Services by Sexual Minority Women and Trans-Identified People

Steele LS, Daley A, Curling D, Gibson MF, Green DC, Williams CC, Ross LE

This study compared past year unmet need for mental healthcare and untreated depression between four groups: heterosexual cisgender (i.e., not transgender) women, cisgender lesbians, cisgender bisexual women, and transgender people. This was a cross-sectional Internet survey. Targeted sampling was used to recruit sexual and gender minority people and heterosexual cisgendered adult women across Ontario, Canada. We conclude that there are higher rates of unmet need and untreated depression in trans and bisexual participants that are partly explained by differences in social factors, including experiences of discrimination, lower levels of social support, and systemic exclusion from healthcare. The findings suggest that the mental health system in Ontario is not currently meeting the needs of many sexual and gender minority people.

BMC Womens Health. 2017 Jun 17;17(1):44. doi: 10.1186/s12905-017-0401-3.

The Third Set

I had listened to a paper from the Mom Power trial that was presented at the International Women's Congress in Dublin in March 2017, and read this article soon after that. There are very few interventions available for mothers with trauma histories who we know form a very vulnerable group. This is a small sample but we know that RCTs in the communities can be challenging and any such trial which can guide further research is welcome.

As a researcher who knows the difficulties and challenges of recruiting pregnant women into longitudinal studies and retaining them into the study, I found the second article in this set very informative. Trust is an important element and so is personal relevance as well as opportunities for better access to services and better learning about one's own mental health. Whether it is a cohort study or an intervention research, I think the fact that women wanted to participate for altruistic and personal reasons is an important finding. I hope this paper will pave the way for more research in this area.

8. A Community-based Randomized Controlled Trial of Mom Power Parenting Intervention for Mothers with Interpersonal Trauma Histories and Their Young Children

Rosenblum KL, Muzik M, Morelen DM, Alfafara EA, Miller NM, Waddell RM, Schuster MM, Ribaud J

The authors conducted a study to evaluate the effectiveness of Mom Power, a multifamily parenting intervention to improve mental health and parenting among high-risk mothers with young children in a community-based randomized controlled trial (CB-RCT) design. Participants (N = 122) were high-risk mothers (e.g., interpersonal trauma histories, mental health problems, poverty) and their young children (age <6 years), randomized either to Mom Power, a parenting intervention (treatment condition), or weekly mailings of parenting information (control condition). In this study, the 13-session intervention was delivered by community clinicians trained to fidelity. Pre- and post-trial assessments included mothers' mental health symptoms, parenting stress and helplessness, and connection to care. Mom Power was delivered in the community with fidelity and had good uptake (>65%) despite the risk nature of the sample. Overall, they found improvements in mental health and parenting stress for Mom Power participants but not for controls; in contrast, control mothers increased in parent-child role reversal across the trial period. The benefits of Mom Power treatment (vs. control) were accentuated for mothers with interpersonal trauma histories. Results of this CB-RCT confirm the effectiveness of Mom Power for improving mental health and parenting outcomes for high-risk, trauma-exposed women with young children. ClinicalTrials.gov Identifier: NCT01554215.

Arch Womens Ment Health. 2017 Aug;20(4):547-559. doi: 10.1007/s00737-017-0744-7. Epub 2017 Jun 10.

9. Women's Experiences of Participating in a Prospective, Longitudinal Postpartum Depression Study: Insights for Perinatal Mental Health Researchers

Andrighetti HJ, Semaka A, Austin JC

Barriers to recruitment for research on mental illness include participant distrust of researchers and social stigma. Though these issues may be acutely important in perinatal mental health research, they remain unexplored in this context. In order to inform strategies to

more fully engage women in perinatal mental health research, we explored the motivations and experiences of women with a history of major depressive disorder who participated in a prospective longitudinal research study on postpartum depression (PPD). Sixteen women with a history of depression who had either completed or recently made a decision about participation in a longitudinal research study about PPD were interviewed by telephone. Qualitative, semi-structured interviews explored participants' decision-making about, and experiences of, participation. Interviews were audio-recorded, transcribed, and qualitatively analyzed using elements of grounded theory methodology. Follow-up interviews were conducted with four participants to refine and clarify preliminary results. Foundational elements necessary for women to consider participating in PPD research included personal acceptance of illness and trust in the research team/institution. Other main motivators included perceived personal relevance, anticipated benefits (including access to support/resources, learning opportunities, and improved self-worth), altruism, and accessible study procedures. Our data suggests that participating in perinatal mental health research may help women make meaning of their mental illness experience and is perceived as providing support. The findings, particularly around the importance of participant-researcher rapport and accessibility of study design, may inform strategies that improve participation rates, decrease attrition, and maximize participant benefits in perinatal mental health research.

Arch Womens Ment Health. 2017 Jun;20(3):373-388. doi: 10.1007/s00737-017-0718-9. Epub 2017 Mar 22.

The Fourth Set

At the risk of being a bit biased, I chose this article by one of my students, Manjula Simiyon, to highlight challenges of doing studies in sexuality in cultures where sexuality among women is not discussed openly and emphasizing the need to discuss sexuality among women with mental health problems. A similar article was published by another Indian student researcher, Michelle Barthakur, who in her article titled *Methodological challenges in understanding sexuality in Indian women* (published in the Indian J Psychiatry. 2017 Jan-Mar;59(1):127-129), emphasizes the need for finding alternate explorations to assess sexual issues among women.

10. Sexual Dysfunction Among Women with Schizophrenia-A Cross-sectional Study from India

Simiyon M, Chandra PS, Desai G

Sexual dysfunction among women usually has a multifactorial etiology and is also difficult to study in cultures where open discussions about sexuality are not common. Not much is known about sexual function in women with schizophrenia even though it may have a significant impact on their quality of life and maybe influenced by several factors. This study aimed to assess the frequency and nature of sexual dysfunction in women with schizophrenia and study its association with marital quality, illness, treatment, and socio-demographic factors. This was a cross-sectional, hospital-based study conducted among 63 women with schizophrenia attending the outpatient services of a tertiary care psychiatric hospital. Sexual dysfunction was assessed using the Female Sexual Function Index (FSFI). Side effects of medications, psychopathology, and marital quality were assessed using standard scales. Among the 63 women assessed, 70% reported sexual dysfunction. Impaired desire was reported by all women and other dysfunctions were impaired arousal, poor lubrication, impaired orgasm, poor satisfaction and pain. Poor marital quality, higher scores on general psychopathology of the Positive and Negative symptoms scale of schizophrenia (PANSS) and side effects such as weight gain, menstrual disturbances, galactorrhea and dry vagina were significantly associated with Female Sexual Dysfunction (FSD) in univariate analysis. However, multivariate analysis found marital quality alone to be significantly related to FSD. The study emphasizes the need to assess sexual concerns among women with mental illness, especially in cultures where women may not talk about these issues openly.

Asian J Psychiatr. 2016 Dec;24:93-98. doi: 10.1016/j.ajp.2016.08.022. Epub 2016 Sep 4.

The next two articles raise important issues about breast cancer among women with mental illness. The first one focuses on delays in recognition and treatment of women with breast cancer and mental illness while the second provides data on antipsychotic use and the marginally increased risk of breast cancer related to their use among women with schizophrenia.

11. Diagnosis and Treatment Delays Among Elderly Breast Cancer Patients with Pre-existing Mental Illness

Iglay K, Santorelli ML, Hirshfield KM, Williams JM, Rhoads GG, Lin Y, Demissie K

This study aimed to compare diagnosis and treatment delays in elderly breast cancer patients with and without pre-existing mental illness. A retrospective cohort study was conducted using the Surveillance, Epidemiology and End Results-Medicare data including 16,636 women 68+ years, who were diagnosed with stage I-IIIa breast cancer in the United States. Patients were classified as having no mental illness, anxiety, depression, anxiety and depression, or severe mental illness (bipolar disorder, schizophrenia, and other psychotic disorders). Patients with comorbid anxiety and depression had an increased risk for diagnosis delay of ≥ 90 days from symptom recognition, and those with severe mental illness had an increased risk for initial treatment delay of ≥ 60 days from diagnosis. Patients with any mental illness experienced an increased risk for adjuvant chemotherapy delay of ≥ 90 days from last and each category of mental illness, except depression, showed a non-significant trend for this association. Breast cancer patients with mental illness

should be closely managed by a cross-functional care team, including a psychiatrist, a primary care physician, and an oncologist, to ensure adequate care is received within an appropriate timeframe.

Breast Cancer Res Treat. 2017 Jul 19. doi: 10.1007/s10549-017-4399-x. [Epub ahead of print]

12. Female Schizophrenia Patients and Risk of Breast Cancer: A Population-based Cohort Study

Wu Chou AI, Wang YC, Lin CL, Kao CH

This population-based cohort study aimed to examine the association between breast cancer in women with schizophrenia and its association with the use of antipsychotics drugs. All study subjects were selected from the Taiwan Insurance Claims Data. The risk was compared for breast cancer between women with schizophrenia receiving antipsychotics with women patients without any serious mental illnesses nor receiving antipsychotic drugs. It was also compared between patients on 1) first-generation antipsychotics (FGAs) alone; 2) combination of first and second generation antipsychotics (SGAs); and 3) SGAs alone. They then stratified those on SGAs into two subgroups according to their prolactin-elevating properties: risperidone (RIS), paliperidone (PAL) or amisulpiride (AMI) and all other SGAs. The risk of breast cancer in women with schizophrenia was higher than the non schizophrenia cohort. (aHR: 1.94, 95% CI: 1.43-2.63) Women receiving a combination of FGAs and SGAs had a slightly higher risk of breast cancer than non-schizophrenic patients. (aHR: 2.17, 95% CI: 1.56-3.01). This study raises awareness among both clinicians and patients and emphasizes the importance of breast cancer screening and the promotion of healthy lifestyle choices among women with severe mental illness.

Nord J Psychiatry. 2017 May 9:1-8. doi: 10.1080/08039488.2017.1314011. [Epub ahead of print]



Note: It is important for IAWMH to periodically take stock of research and new evidence related to women's mental health in order to advise policy makers, identify priority areas in research and explore newer methods of collecting sensitive and meaningful data.

This compilation is by no means complete and we will continue to pursue this exercise in the coming issues as well. I hereby invite our leadership and members to send in their 'top articles'.

Compiled by Prabha S Chandra (with help from Madhuri HN, Postdoctoral Fellow in Womens Mental Health, NIMHANS, Bangalore)

The IAWMH at the WPA Congress, Berlin 2017



This is a brief overview of the themes that will be covered at the Congress, and the topics and speakers in each session so that you may plan accordingly.

Some positive and hazardous uses of electronic technologies and women's mental health

11.10.2017 | 08:15 – 09:45 | Room Dessau 6

The Mental Health eClinic (MHeC) connecting young people to the right services at the right time - Laura Ospina Pinillos

Electronic technologies and perinatal outcomes - Silvia Gaviria

Cyberbullying - Virginia Rosabal

Internet romance scams - Donna E Stewart

Women leadership in psychiatry

09.10.2017 | 13:30 – 15:00 | Hall A5

Women leadership in psychiatry - Nada Stotland

Women leaders in psychiatry: a transcultural perspective - Unaiza Niaz

Young women psychiatrists: leadership challenges - Anita Riecher-Rössler

Women psychiatrists as agents for change - Michaela Amering

Violence against women and mental health

09.10.2017 | 10:00 – 11:30 | Hall London 1

Mental health consequences of perinatal violence - Prabha S Chandra

Reproductive coercion and women's mental health - Marta Rondon

Sexual violence and women's mental health - Claudia Garcia-Moreno

WPA Curriculum on intimate partner violence and sexual violence - Donna E Stewart

The war on women continues

Is there a war on women? - Carol Nadelson

The politics of misogyny - Nada Stotland

Global attitudes toward rape: blame the victim - Gail Robinson

Women's mental health and gender sensitive interventions - Prabha S Chandra

11.10.2017 | 10:00 – 11:00 | Hall A6/7

From Theresienstadt to Buenos Aires – culture and memoirs of an Argentinian psychiatrist of Jewish-German roots - Elena Levin

12.10.2017 | 11:45 – 12:15 | Hall A4

The International Marcé Society Biennial Scientific Meeting 2018



International Marcé Society Conference on Perinatal Mental Health
National Institute of Mental Health and Neuro Sciences
Bangalore, India | September 26th - 28th, 2018
www.marce2018.com



In 2018, for the first time, India will host the Biennial Conference of The Marcé Society for Perinatal Mental Health. This is a wonderful opportunity for people from countries in the Global South and the Global North to exchange new ideas, experience cultural diversity, expand global partnerships, meet new and old friends, and visit one of the most exciting cities in the region.

Jane Fisher and Prabha Chandra

Joint Organizers