Gender Perspective in Psychiatry and Mental Health Disorders: A Need for Human Rights

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Gender bias in clinical and translational research: implications for women's mental Health: Medicine has historically advanced under a research model that takes the male body as the universal reference. This androcentric paradigm has produced significant knowledge gaps regarding how diseases manifest, are diagnosed, and are treated in women, with particularly serious consequences in psychiatry and mental health. In this webinar we will examine how gender bias operates across the full research pipeline, from preclinical and translational studies to clinical trial design, data interpretation, and the development of diagnostic criteria, and how these biases ultimately shape clinical practice and patient outcomes. Drawing on examples from several medical specialties, with a focus on psychiatric disorders, the session will discuss the impact of underrepresentation of women in research, the limitations of current diagnostic frameworks, and the clinical risks of extrapolating male-based evidence to female patients. The session will conclude by reflecting on why integrating a gender perspective is essential for more precise, effective, and safer psychiatric care.

Gender inequality and sexism continue to influence both healthcare delivery and research. Evidence shows significant differences in the diagnosis, management, and access to treatment for a range of conditions between men and women, including substance use disorders and first-episode psychosis.[1–4] Health systems have historically been designed without adequately incorporating a gender perspective, contributing to disparities in care. Men show a higher prevalence of substance use disorders, whereas women more frequently present with comorbid affective disorders, anxiety disorders, and eating disorders. Women also tend to receive different treatment approaches, including higher rates of anxiolytic and antidepressant prescriptions, highlighting the need for gender-responsive interventions.[5][8][9] To improve detection and ensure equitable access to care, the literature recommends implementing flexible service schedules, childcare facilities, safe treatment environments, and tailored support for pregnant women and individuals with caregiving responsibilities.[10][11]

In psychiatric emergency settings, men are more likely to present with substance-related disorders, while women more frequently seek care for common mental disorders and personality disorders and are more often treated with anxiolytic medication.[9] In first-episode psychosis (FEP), women typically experience a later age of onset, greater affective symptomatology, and a higher risk of diagnostic delay, underscoring the importance of gender-sensitive diagnostic criteria and differentiated intervention strategies.[6][7]

Integrating a gender perspective into the design, organization, and delivery of mental health services is essential to ensure equity, safety, and clinical effectiveness, as consistently supported by the recent scientific literature.[4][5][6][9][10][11]

Furthermore, reflecting our longstanding commitment to this field, we authored the book *Gender Perspective in Psychiatry and Psychotherapy* (Springer, 2026), which examines the importance of incorporating the gender paradigm into psychiatric and psychotherapeutic practice, education, research, and mental health policy. The book provides a comprehensive framework for understanding how gender influences psychopathology, diagnosis, treatment pathways, therapeutic relationships, and service organization, while offering practical recommendations for implementing gender-sensitive approaches across mental health care systems. [12]

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