



## An Overlooked Reality: Women's Mental Health

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### Mini Review

The role of women has evolved, which has facilitated their access to different services and opportunities. Nevertheless, they are still vulnerable to some psychosocial factors, such as violence, poverty, lower levels of education, and fewer job opportunities and working conditions, which can put them at risk of developing mental health symptoms and disorders. In addition, there are also biological factors that contribute to these risks. Although the relationship between sex, gender and mental illness is becoming clearer, the underlying causes are not fully understood. Therefore, not only research should be strengthened, but also the assessment of mental health from a differentiated approach to women [1]. We will briefly discuss some of those differentiating factors in order to promote their assessment and avoid missing opportunities for early detection of symptoms.

Women are at greater risk of experiencing different types of violence and gender discrimination. There is a clear link between violence and the development of mental health conditions such as depression, anxiety, post-traumatic stress disorder, suicidal behavior, and the use of psychoactive substances, among others. In addition, it is common for women who experience gender discrimination to present low self-esteem, stress and disempowerment. However, despite these associations, it is not common in clinical practice to inquire about the role of social factors, including violence [2]. It is also not common for psychology and psychiatry schools to offer specific courses on women's mental health.

Compared to men, women are more likely to develop common mental illnesses such as depression and anxiety, even at an early age; up to 75% of are diagnosed in people under 25 years of age [3]. These disorders are not only comorbid with each other, but also with other chronic diseases such as diabetes and cardiovascular

diseases [3]. Comorbidity with other chronic diseases affects the course and prognosis of both conditions, and additionally increases health care utilization and related costs. On the other hand, there is a complex bidirectional relationship between mental disorders, of which depression is the most studied, and sleep disorders. Just as it is more common for women to suffer from depression, it is also more common for women to suffer from sleep disorders. In general, these changes are attributed to episodes of hormonal and physiological fluctuations.

There are moments in the life cycle of women when they are at greater risk of developing mental symptoms, including mood, eating and sleep disorders (decrease in sleep quality and total sleep time, and unrestful sleep). These moments are the puerperium, adolescence, due to menstrual cycle variations and possible gynecological conditions, pregnancy, and menopause [4-7]. They occur due to hormonal transitions associated with genetic, cultural, social, and/or psychological predispositions.

Perinatal mental disorders in women are a public health concern because of their high prevalence and the risks they pose to both mother and child. In low-income countries, the prevalence is even higher, with a greater impact on comorbidity with other medical conditions [4]. Evidence has also shown that pregnant adolescents are at higher risk for depression compared to non-pregnant adolescents and pregnant adults. This may be related to psychosocial stressors, including poverty, exposure to violence, and poor support networks [8]. Another important factor to consider, particularly in pregnant and postpartum women, is the treatment of people with mental illness. There is a significant stigma associated with the treatment of mental illness, such as the use of psychotropic medications. The treatment of mental illness in pregnant and postpartum women is highly controversial even within the health care community, although evidence has

shown that failure to treat mental illness adequately and in a timely manner can systematically affect both mother and child in a variety of ways [9,10]. These effects include worsening of mental illness, poor bonding between mother and child, difficulties in parenting, risk of infanticide and suicide, and self-medication with psychoactive substances.

Menopause is also a time of increased risk for mental health symptoms. The menopausal transition can be accompanied by psychological and physical effects that affect an individual's quality of life. The psychological effects manifest themselves mainly in the perimenopausal phase, with an increased risk of sleep, eating, and mood disorders, especially depressive symptoms. Perimenopausal women, even without a history of mental illness, are 2 to 4 times more likely than premenopausal women to experience these mental health symptoms [11].

Female sex and gender are associated with specific conditions that can put women at risk of developing mental disorders. There are social factors related to violence and gender discrimination that not only cause stress and mental health symptoms, but also limit access to services, including health care. On the other hand, hormonal and physiological variations in the life course of women may also act as risk factors for the development of these disorders. Although these associations are known, they are not often explored in clinical practice, nor is greater attention paid to the times when women may be more vulnerable (postpartum, pregnancy, postpartum, and menopause). It is also not common to find specific courses on women's mental health in the training of psychologists and psychiatrists. It is essential to approach women's mental health from a perspective of promotion and prevention, in which psychosocial factors are constantly examined, especially at those moments in the life course when we know there is greater risk. Longitudinal assessment throughout a woman's life should always include evaluation of gynecological changes, mental health symptoms, and social factors, including gender inequalities [7,12].

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