

Health Roundtable Events: A Summary

A number of roundtable events were conducted by the SWC as part of the work related to health issues for women in Scotland. These participatory engagements brought together a number of women to discuss issues across the spectrum of health in the country. The SWC would like to extend our warmest thanks to all women for engaging and participating in this vital topic.

Mental Health

Both mental and physical health education should be taught in schools. Oftentimes young women's mental health issues can be swept aside and dismissed as merely "hormones". Awareness programmes, similar to strategies that focus on not talking to strangers, were seen as a potential step.

Scottish Government funding for mental health was seen as much better than the UK in general and more preventative training was being provided for health services. This was seen as a big step forward in shifting away from a continuum of merely just "sick" or "well" with no in between.

Physical manifestations of mental health issues are still widely overlooked. The likes of self harming for instance carries a wide degree of stigma. Many felt that these were not talked about or given exposure in schools.

If left undiagnosed or inadequately treated, mental health was seen as taking a huge toll on personal relationships around the individual. This can be particularly acute for women given the disproportionate burden they take on in terms of primary caregiving.

Treatment

A major problem in terms of treatment is the severe strain that the NHS is seen to be under in terms of mental health. Waiting lists for therapy are often long. A significant problem with this is that the relationship between therapist and patient is extremely delicate. Thus, if the bond is mismatched then treatment can be impeded and severely restricted. The strain on resources means in turn that there is no room for flexibility. If you decide not to continue treatment for a range of reasons and then ask for help later, you may not get it.

Taking the first step towards asking for support for mental health issues was seen as hugely significant. It was emphasised how difficult it can be for vulnerable women to come forward to ask for help. If the initial experience is negative, further treatment can be severely impacted. This can lead to increased issues as well as a perceived stigmatisation on behalf of the patient and can inhibit seeking help and support.

Anxiety is becoming a more common issue. There is seen to be little information or treatment available. There is a real danger that this can lead to severe episodes. Eating disorders and addictions are all part of mental health but are not really seen in society as under this topic due to misinformation and stigma.

Psychology can be helpful, rather than being drugged and subdued. However, psychological treatment is very much stigmatised and therefore hidden. Sufferers tend not to talk to family, friends, employees or colleagues for fear of being treated differently.

Other women raised the idea of those with mental health problems undergoing treatment to have some form of “sponsor” such as the model used by Alcoholics Anonymous. Having someone who has been through these issues as a supporter was thought to be an extremely helpful way in adopting best practices and showing that there is a way to access help and support. It was also thought that this may be an easier way to build up trust if the right connection was formed.

Some women commented that when antidepressants may not be effective, a different form of treatment may be required.

Stigma

There is a cultural narrative around mental illness which seems to be defensive. This can take the form of people asking “what have you got to be depressed about?”. Not only is this unhelpful, it can also lead to the individual questioning whether they really should be just “getting on with it” at the detriment to themselves.

Media perceptions do not take into account fluctuations people go through. More often than not, when mental health is reported in an adverse way, it can be perceived as a negative and stigmatised issue. There are, however, many reasons why an individual suffers from mental ill health.

GP Surgeries

Oftentimes when visiting a local surgery, there is a different doctor each time meaning very little in the way of continuity of care but copious medical notes. Some women have reported new systems in surgeries by which symptoms are relayed to the receptionist who then refers to a doctor. This is not seen as appropriate as women do not want to discuss private health issues in this matter, most especially when joined up with other issues in their own lives.

Breast Screening

Many women do not attend screening because of false impressions. They are worried about radiation levels, or are anxious in case anything shows up on the mammogram. Information prior to the screening would be helpful in ‘myth busting’ about misconceptions and normalising the process is vital which may encourage more uptake. There needs to be a push on the importance of early diagnosis, outlining the risks but also promoting the importance of screening – *“the benefits outweigh the risks – promote the positive statistics rather than the negative aspects”*

“We need to take the fear away from screening”

Many women expressed concern about the age of women who are invited to attend breast screening, noting that many younger women are being diagnosed who are below the age for attending these appointments.