

# Health Roundtable Events: Contributing Factors

*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.*

## **Childcare**

The structural imbalance of childcare in particular is seen as a major obstacle. Many women noted that families, especially those in lower income brackets, often struggle to find time and capacity to attend appointments in regards to their own health due to caring. This is not just the case for lone mothers, but also for many women with partners. Many attendees pointed out that some mothers have to ask family or friends to watch children in order to get to health appointments.

## **Stigma**

Often seen as routed in flippancy regarding “female matters”, failing to understand the seriousness of routine screenings for women’s health as a preventative or early detection measure can be commonplace. Centred on this is the taboo nature which still pervades concerning gendered approaches to health. Some noted that women can be questioned as to why exactly they are going to the doctors, for instance. This is thought to have a huge impact on women’s mental health.

The enormous role that women undertake multi-tasking in terms of employment, childcare, housework and so forth can lead to numerous health problems. Women are expected to play the role of mother, teacher and nurse to their friends and families on demand. They very often have little regard for their own health, both mental and physical, with many putting off appointments and screenings in order to care for others.

## **Media**

Pressure on women to conform to certain standards was seen to always have been the case, however, this is thought to have increased exponentially with the move to digitalisation over the past few years. A major concern is the impact this will have on current young women in the future, especially in relation to mental health and the likes of eating disorders.

The continuing pressure on women’s appearance as opposed to other traits was seen as being one of the most potentially damaging for health. Whilst this is not new, the continuing rise of social media platforms and cosmetic surgery is limiting many women’s abilities due to the damage this is taking on their self-esteem. There is little awareness of illnesses, with eating disorders such as anorexia and bulimia still not being given increased awareness despite their widespread prevalence.

## **Employment**

Work places can oftentimes be seen as unhelpful and unsupportive for women experiencing both mental and physical health issues. Even small things like being able to send a text rather than phone in if you are ill can make a big difference. Structures are often unavailable for these options, however. Many believe employers will often see poor mental health as an excuse to dismiss through any means necessary.

*“Some careers would be over if you tell them you are depressed and needing help. It’s a real barrier to accessing treatment.”*

Support in the workplace is seen as patchy, most notably within the private sector. Whilst some employers are seen as understanding, a number of women voiced concerns over coming forward to their superiors and voiced the lack of a support network within the workplace. If the huge step to disclose mental health issues is taken, this can often be seen as an *“invisible mark against you”* which could lead to being overlooked for promotions. Whilst the Equality Act does cover mental ill health if seen as a form of disability, women noted that there are other ways for employers to “force you out” underhandedly if they know you are experiencing these issues, such as continuous performance management.

*“Employers will look for a way to trip you up. If you are off for a few days with depression, some bosses will see that as lack of commitment and find a way to push you out. It just makes your problems a million times worse and ends up leading to anxiety until you end up just quitting you feel so terrible.”*

*“Workplaces are where much of these issues are caused, yet they do nothing to accept blame.”*

## **Caring Responsibilities**

There is a particularly unhelpful gendered stigma concerning health and the outdated cultural concept of the “hysterical woman”. A huge problem is that given the unequal distribution of care, including sandwich caring, and domestic work within the typical family unit, many women will suffer severe forms of mental health issues but sacrifice this for the sake of their own families.

Given the enormous pressure that carers are under, this is seen as a key group in which mental health could be a pressing issue. Lack of respite, welfare reforms including the low value of Carer’s Allowance and other pressures are all seen as key factors. This is also thought to be especially pressing on young carer’s whose school or study work might suffer and more should be done to identify and treat this group. Carer’s should be allocated sessions in which to speak to doctor’s or support workers for extended periods out with formal respite. It is also suggested that more information should be given to this group surrounding mental health problems and not suffering in silence.

## **Rural Accessibility**

Lack of specialist practitioners in more rural areas may mean that women are not getting the same opportunities for support simply because of where they live. Follow up appointments and the likes may mean a journey of a number of hours back and forth on public transport which can be very few, expensive and lead to problems caring. There is also the added problem of extra costs when simply bringing along a friend or family member for extra support.