

# **Title: Attention towards Sex and Gender-based Differences and Disparities in Mental Health Needs: Policy Analysis of 126 Countries**

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## **Background:**

Sex and gender-based differences and disparities in the burden of mental disorders, neurological disorders, substance use disorders, and self-harm (MNSS) are evident but often neglected. These differences and disparities need to be addressed in health research and policymaking. We aimed to review policies across countries to assess the acknowledgment of sex and gender specific mental health needs and recommendations for tackling disparities.

## **Methodology:**

Relevant MNSS Policy documents in English language were included (519 policy documents from 109 countries) from WHO MiNDbank. We included documents related to Mental Health, Neurological Disorders, Substance Abuse and Suicide Prevention. We used the following keywords to screen the documents - 'sex, gender, sexuality, sexual orientation, male, female, man, men, woman, women, transgender, transsexual, hetero, homo, cis, trans, intersex, queer, asexual, lesbian, gay, bisexual, LGBTQ, maternal'. We aimed to assess whether the documents acknowledge the sex and gender based differences in MNSS and do they provide recommendations addressing these differences.

## **Outcomes:**

84 out of 109 countries (77%) had at least 1 document that acknowledged sex and gender-based differences in MNSS disorders. Among these, 11% were low-income countries (LICs), 36% were lower middle-income countries (LMICs), 20% were upper

middle-income countries (UMICs), and 33% were high-income countries (HICs). 59 out of 109 countries (54%) had at least 1 document that provided relevant policy recommendations on sex and gender-specific differences in MNSS disorders. Among these, 10% were LICs, 34% were LMICs, 22% were UMICs, and 34% were (HICs). With respect to specific MNSS disorders, 14 nations from HICs and 3 from UMICs provided suggestions regarding substance use disparities, while for suicide prevention, 6 HICs, 1 LMIC, and 1 UMIC provided suggestions, with none from LICs.

**Discussion:**

UMICs and LMICs demonstrated the highest number of countries with policies addressing sex and gender-based disparities in MNSS disorders, while LICs had the fewest. Lack of acknowledgment and recommendations are not the only limitations to gender-equitable mental health care. Policies that are not aligned to specific disparities, have been responsible for delaying progress in several LMICs and LICs. For instance, in 2016, India accounted for 37 percent and 26 percent of global suicides in women and men, respectively. What's more, suicide is as much of an issue among women in India as it is among men. Yet, no MNSS policy in India recognizes this issue. Lesotho and Uganda have the second and third highest suicide rates among women, respectively, but no policy solutions in place. Mongolia faces one of the highest alcohol use burdens globally, an acute problem in men. But, their substance use policies fail to address it. As our understanding of the relationship between gender identity and biological sex deepens, it is essential that policies and investments evolve to consider the intersecting disparities. The global initiative for mental health equity must commence by prioritizing gender equity.



# Attention towards Sex and Gender-based Differences and Disparities in Mental Health Needs: Policy Analysis of 126 Countries

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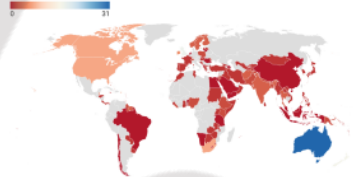
## BACKGROUND

- Sex and gender-based differences and disparities in the burden of mental disorders, neurological disorders, substance use disorders, and self-harm (MNSS) are evident but often neglected.
- These differences and disparities need to be addressed in health research and policymaking.
- We aimed to review policies across countries to assess the acknowledgment of sex and gender specific mental health needs and recommendations for tackling disparities.

## METHODOLOGY

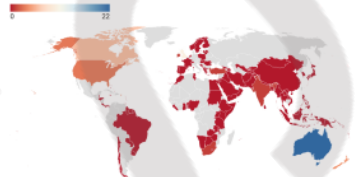
- Data source-** WHO MiNDbank
- Relevant MNSS Policy documents in English language were included (630 policy documents from 126 countries).
- Mental Health Policies, Mental Health Strategies and Plans, Mental Health Legislation, Regulations and Implementation Guides, WHO proMIND, WHO-AIMS Country Reports, Substance Abuse Policies, Substance Abuse Strategies, and Plans, Substance Abuse Legislation, Neurological disorders Policies, and Suicide Prevention Policy.
- Policy content analysis-** Using the keywords - 'sex, gender, sexuality, sexual orientation, male, female, man, men, woman, women, transgender, transsexual, hetero, homo, cis, trans, intersex, queer, asexual, lesbian, gay, bisexual, LGBTQ, maternal, mother', the extracted documents were assessed for acknowledgement of gender-based disparities in mental health and recommendations addressing these differences.

Global distribution of 226 English-language MNSS policy related documents that acknowledge sex based differences in mental health needs



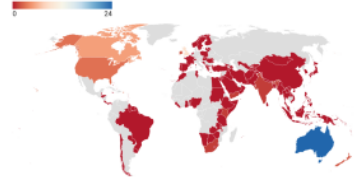
Map ASAR - Source: WHO MiNDbank - Created with Datawrapper

Global distribution of 54 English-language MNSS policy related documents that acknowledge sexuality based differences in mental health needs



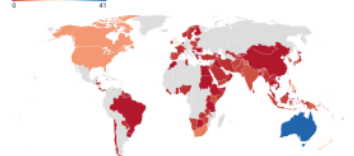
Map ASAR - Source: WHO MiNDbank - Created with Datawrapper

Global distribution of 53 English-language MNSS policy related documents that acknowledge gender based differences in mental health needs



Map ASAR - Source: WHO MiNDbank - Created with Datawrapper

Global distribution of 201 English-language MNSS policy related documents that provide recommendations addressing the differences in mental health needs of different sexes/genders/sexualities in mental health



Map ASAR - Source: WHO MiNDbank - Created with Datawrapper

## OUTCOMES

- Out of these 126 countries, 106 (84%) countries acknowledged sex, gender or sexuality based differences in mental health needs. Of these 33% were high-income countries (HICs), 31% were lower-middle income countries (LMICs), 25% were upper-middle income countries (UMICs) and 11% were low-income countries.
- In terms of number of countries having policy documents providing policy recommendations with respect to sex, gender or sexuality in mental health needs, 25 were HICs, 23 were LMICs, 13 were UMICs and 7 were LICs.

## DISCUSSION

- HICs and LMICs were the income groups with the highest number of countries with policies providing acknowledgements and recommendations regarding sex, sexuality and gender-based disparities in MNSS disorders, while LICs had the fewest.
- The comprehensive global analysis points to the current MNSS policy gaps and informs the global mental health agenda towards improving gender equality and equity.