

**Title:**

Attention towards Sex and Gender-based Differences and Disparities in Mental Health Needs: Policy Analysis of 109 Countries

**Conference:**

Consortium of Universities for Global Health (CUGH) 2022

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**Conflicts of Interest:**

None

**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. E.g. Mood and anxiety disorders have a greater burden among women than men. While morbidity and mortality due to self-harm and substance use affect men more than women. 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.

**Methods:**

We obtained policy documents relevant for MNSS from World Health Organization (WHO) MiNDbank - a single point online free platform to access comprehensive information related to health and disability-related issues including MNSS. Under the umbrella of 'policy documents', we included 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. Only national-level English language documents were included resulting in 519 documents from 109 countries with at least one document. Extracted documents were screened for - 1) acknowledgment of and 2)

recommendations for sex and gender-based differences in mental health needs, using a set of decided keywords.

## Findings:

Of the 109 countries included in the analysis, 84 (77%) acknowledged the sex and gender-based differences in mental health needs. Of 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). The per-country document count (total number of documents in income-group countries/ total number of countries in that income-group) for LICs was 0.48, LMICs was 0.75, UMICs was 0.56 and HICs was 1.31 documents per country. Fifty-nine out of 109 (54%) provided recommendations to alleviate the sex and gender-based disparities, out of which, 10% were LICs, 34% were LMICs, 22% were UMICs and 34% were HICs. The per-country document count for LICs was 0.41, LMICs was 0.69, UMICs was 0.42, and HICs were 0.73 documents per country.

## Interpretation:

HICs have the most number of policies per country, while LMICs have the most number of policies that acknowledge differences and make recommendations. The comprehensive global analysis points to the current MNSS policy gaps and informs the global mental health agenda towards improving gender equality and equity.

## Source of Funding:

None

