



**Women, Mental Health, Mental Illness and Addiction in Canada
Response to *Out of the Shadows at Last***

****For Immediate Release****

**“Where Are The Women?”
Kirby Report Is Hit And Miss, Advocates For Women’s Mental Health
Say**

**Working Group Releases Background Overview of Women, Mental Health, Mental
Illness and Addiction in Canada**

May 10, 2006 – Women’s mental health, mental illness and addictions experts and advocates from across Canada applauded the call for a Mental Health Transition Fund by the Standing Senate Committee on Social Affairs, Science and Technology, but expressed deep concern over the absence of any gender analysis in the Committee’s final report on mental health, mental illness and addiction in Canada, released yesterday.

Members of the Ad Hoc Working Group on Women, Mental Health, Substance Use and Addictions observed that the Committee’s final report, entitled [*Out of the Shadows at Last*](#), is “gender blind” and overlooks the fact that women are the majority of patients as well as paid and unpaid care providers in Canada. This oversight is glaring in light of Canada’s explicit commitments to gender equity and to using a system of Gender Based Analysis (GBA) in policy and program development. Its absence is particularly striking in the discussion of issues that primarily affect women, such as care-giving, or of mental health problems that mostly affect women, such as depression, anxiety disorders, post traumatic stress disorders, eating disorders and dementia.

They were further troubled by the lack of a specific definition of mental illness in the Committee’s final report, and raised the concern that this ambiguity could result in overlooking conditions that predominantly affect women.

According to the World Health Organization (WHO), by 2010 depression will be second only to ischemic heart disease in terms of the global burden of illness. “We must be careful not to funnel all mental health resources to conditions like schizophrenia and bipolar disorder, while neglecting conditions like depression and trauma-related disorders – which affect women disproportionately,” said Kathy Hegadoren of the University of Alberta. The Committee’s final report is equally silent on the issue of violence against girls and women, which has a significant and well-documented impact on long-term physical and mental health.

Another concern raised by group members and emphasized in their background document points to the inadequate consideration of harm reduction approaches to women’s substance use and addictions in the recommendations of the Committee’s final report.

“Canadian programs for pregnant women and mothers with addictions built on women-centred models of care and harm reduction principles are recognized internationally for their contributions to policies, programs, and services for women and their children. There is a growing evidence base showing that harm reduction approaches are integral to improving the health of women with substance use problems. Given this, it is surprising that the Committee missed an opportunity to embrace the contribution of women-centred and harm reduction approaches as integral

components of any national strategy for mental health and addictions,” said Amy Salmon of the British Columbia Centre of Excellence for Women's Health.

Group members were more encouraged by the Committee's proposal for the creation of a Mental Health Transition Fund, but cautioned against recreating the “gender blind spot”.

“While we support the Mental Health Transition Fund, and especially the Mental Health Housing Initiative & Basket of Community Services, it is essential that some of these funds be specifically allocated to women's services, including anti-violence initiatives, services for women and substance use, and women-specific housing supports,” said Marina Morrow of Simon Fraser University.

Referring to the Canadian Mental Health Commission proposed by the Committee, Madeline Boscoe, Executive Director of the Canadian Women's Health Network added, “It is critically important that the Commission establish a women's mental health unit and that over half the commissioners are women.”

An extensive report, “[Women, Mental Health, Mental Illness and Addiction in Canada: An Overview](#),” has been prepared by the Ad Hoc Working Group on Women, Mental Health, Substance Use and Addictions. It includes a wide range of “briefing notes” on a range of key issues and offers recommendations to ensure that Canada's new mental health strategy meets the needs of women and girls. It can be found on the website of the Canadian Women's Health Network at www.cwhn.ca.

“We must remember that in most cultures, baskets are traditionally both woven by women and carried by women.”

**For more details or to arrange interviews with members of the Working Group, contact:
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Further Reading:

- [Women, Mental health, Mental Illness and Addiction in Canada: An Overview](#) - Ad Hoc Working Group on Women, Mental Health, Mental Illness and Addictions (2006)
- [Improving Conditions: Integrating Sex and Gender into Federal Mental Health and Addictions Policy](#) - The British Columbia Centre of Excellence for Women's Health (2006)
- [Mental Health and Addictions in Women](#) - Centres of Excellence for Women's Health Research Bulletin Volume 5, Number 1
- [Women and Mental Health in Canada: Strategies for Change](#) - Canadian Mental Health Association (1987)
- [Additional mental health resources from CWHN's database](#)