

# Women in psychiatry

Helen Herrman

Orygen Youth Health Research Centre, Centre for Youth Mental Health, University of Melbourne, Australia; and Secretary for Publications, World Psychiatric Association, email [h.herrman@unimelb.edu.au](mailto:h.herrman@unimelb.edu.au)

**B**orrowing books was a privilege introduced for women by several academic institutions and libraries in England in the 19th century. Cambridge University accepted women on equal terms with men in 1948. Various objectors before that feared that higher education would have untoward effects on women's bodies and minds. The eminent 19th-century psychiatrist Henry Maudsley was convinced it would make them infertile (Robinson, 2009). Yet women played an important role in the founding of many Islamic educational institutions from the first millennium, and Christian religious orders fostered education for girls and women in Europe before the modern era.

Educational opportunities for women and girls have varied by social class, gender and culture across time. Over recent decades educational opportunities have improved for women in Europe, North America and elsewhere. In these regions, women are entering medicine and psychiatry in increasing numbers. In some countries women now account for at least half of medical students (Allen, 2005) and psychiatric trainees (Bogan & Safer, 2004). In other countries professional opportunities for women have changed to a lesser extent or have declined. In India, for example, the proportion of women in psychiatry training probably remains at about 20%, although information is patchy (Sood & Chadda, 2009).

## Need for change

In psychiatry, as in medicine, in the leadership of the profession women are still relatively scarce, even in countries where they are entering in higher numbers. Professional barriers persist. Debate over these problems is ongoing and more information is needed about the experiences and aspirations of women (Ramsay, 2005; Sood & Chadda, 2009).

The full involvement of women in clinical and academic psychiatry is needed for several reasons. In addition to their special contribution and the different perspectives they can bring, the profession needs to make the best use of all talented people to contribute to our understanding of disorders and treatments and to improve mental health services. Excluding women loses the investment in their training and the opportunity to draw on their talents and resources (Howard, 2003).

While some fear for the future of the profession of medicine and psychiatry with increasing numbers of women who seek flexible working lives and a work-life balance, others welcome the acceptance of the need of both women and men to lead 'normal' lives. Women have much to offer in the second half of their careers as well as earlier (Borus, 2004; Allen, 2005). Women find achieving a work-life balance stressful. Those who want to pursue an academic career can be frustrated or prevented by rigid conditions and

standards that inhibit their contribution in the years when they have major family responsibilities and that restrict their chances to re-enter after a break.

## The contribution of women in clinical and academic psychiatry

Two arguments are used to support the advancement of women in psychiatry. One is the need for equal opportunity for men and women. The other is the special contribution made by women (Hirshbein, 2004). There are contemporary examples of the two working in harmony.

Women have been prominent in disaster response (Niaz & Hassan, 2006) and gender-sensitive analysis of health policy and practice (Stewart *et al*, 2009). Women in India have been prominent in work of the National Human Rights Commission to support: the human rights of women with psychiatric illness (Nagaraja & Murthy, 2008), the establishment of services for women with perinatal mental illnesses and HIV infection (Chandra *et al*, 2009b), the prevention of suicide (Vijayakumar *et al*, 2005) and support for community mental health (Thara *et al*, 2003). Examples abound in other countries of the contributions of women in psychiatry.

The Association of Women Psychiatrists in the USA was founded in 1983 to provide:

- mentoring, professional development and leadership opportunities nationally and internationally
- the recognition of women psychiatrists at every level of professional training
- support for the care needs of women patients.

Several women past Presidents of the American Psychiatric Association are active supporters. The Royal College of Psychiatrists' Women in Psychiatry Special Interest Group was established in 1995 with the dual aim of addressing the needs of women psychiatrists and women patients in mental health services, and has the support of senior women and men in the Royal College. Women in the Scientific Section on Women's Mental Health of the World Psychiatric Association (WPA) led the adoption by the WPA of the International Consensus Statement on Women's Mental Health and the WPA Consensus Statement on Interpersonal Violence Against Women (Stewart, 2006). The WPA has published a major new book on women's mental health (Chandra *et al*, 2009a).

## How to enhance the contribution of women in psychiatry

Continued advocacy is needed to influence the culture and regulation of the profession across countries. The first task

is to gain a better understanding of the concerns and career paths of women in psychiatry in different regions and countries. This is vital for those responsible for training and for structuring academic and healthcare systems (Borus, 2004), and will allow the design and testing of interventions at various levels. Women often need support systems at home and at work to allow them to succeed in concurrent personal, family and professional roles. Flexible career paths, mentoring and support of various types are important. The final task is to foster among women an optimistic and open view of involvement in the profession. The need is paramount for women and those who train and employ them to understand the advantages of inclusion at all levels – in education, training, research, clinical care and policy making (Sood & Chadda, 2009).

## The role of psychiatric societies

Women are an active group in national psychiatric associations around the world and in the WPA. Many have support from male colleagues in their work and lives. We have the opportunity to ask colleagues to record their experiences and ideas about the needs for women in psychiatry in various countries. In this way women and men can learn from each other and plan for change that is consistent with professional values.

## Looking to the future

While fewer people would now argue with the advantages of women having the opportunity to contribute fully to psychiatry, there is a long way to go in making this a reality. It is important to continue to gain a better understanding of the needs and challenges of women in the profession. Armed with this knowledge and by keeping in mind that traditional or rigid working conditions may not lead to the most desirable outcomes, educators, employers and policy makers will be able to foster working and training environments that ultimately are likely to benefit both men and women, as well as patients and their families.

## Acknowledgements

I thank Kaveh Monshat and Neda Monshat and anonymous reviewers for comments and contribution.

## References

- Allen, I. (2005) Women doctors and their careers: what now? *BMJ*, **331**, 569–572.
- Bogan, A. M. & Safer, D. L. (2004) Women in psychiatric training. *Academic Psychiatry*, **28**, 305–309.
- Borus, J. F. (2004) Women and academic psychiatry. *Academic Psychiatry*, **28**, 278–281.
- Chandra, P., Herrman, H., Fisher, J. E., et al (2009a) *Contemporary Topics in Women's Mental Health: Global Perspectives in a Changing Society*. Wiley-Blackwell.
- Chandra, P. S., Satyanarayana, V. A. & Carey, M. P. (2009b) Women reporting intimate partner violence in India: associations with PTSD and depressive symptoms. *Archives of Women's Mental Health*, **12**, 203–209.
- Hirshbein, L. D. (2004) History of women in psychiatry. *Academic Psychiatry*, **28**, 337–343.
- Howard, L. (2003) Women in academic psychiatry. *Psychiatric Bulletin*, **27**, 321–322.
- Nagaraja, D. & Murthy, P. (2008) *Mental Health Care and Human Rights*. National Human Rights Commission (New Delhi) .
- Niaz, U. & Hassan, S. (2006) Culture and mental health of women in South-East Asia. *World Psychiatry*, **5**, 118–120.
- Ramsay, R. (2005) Women in psychiatry: ten years of a special interest group. *Advances in Psychiatric Treatment*, **11**, 383–384.
- Robinson, J. (2009) *Bluestockings: The Remarkable Story of the First Women to Fight for an Education*. Viking.
- Sood, M. & Chadda, R. (2009) Women in psychiatry: a view from the Indian subcontinent. *Indian Journal of Psychiatry*, **51**, 199–201.
- Stewart, D. E. (2006) The International Consensus Statement on Women's Mental Health and the WPA Consensus Statement on Interpersonal Violence Against Women. *World Psychiatry*, **5**, 61–64.
- Stewart, D. E., Dorado, L. M., Diaz-Granados, N., et al (2009) Examining gender equity in health policies in a low- (Peru), middle- (Colombia), and high- (Canada) income country in the Americas. *Journal of Public Health Policy*, **30**, 439–454.
- Thara, R., Kamath, S. & Kumar, S. (2003) Women with schizophrenia and broken marriages – doubly disadvantaged? Part II: family perspective. *International Journal of Social Psychiatry*, **49**, 233–240.
- Vijayakumar, L., Pirkis, J. & Whiteford, H. (2005) Suicide in developing countries (3): prevention efforts. *Crisis*, **26**, 120–124.

### THEMATIC PAPERS – INTRODUCTION

## Child soldiers

David Skuse

Behavioural and Brain Sciences Unit, Institute of Child Health, London, UK, email dskuse@ich.ucl.ac.uk

Over the past 20 years the number of children recruited into armed conflict, as combatants, spies, labourers and sex slaves, has increased substantially (Wessells, 2009). In this issue, we focus on the research that has been done in recent years to identify the extent of this problem and, in particular, the efforts that are being made to discover the most effective ways of rehabilitating former child soldiers into society.

Aoife Singh and Ashok Singh have reviewed evidence on the mental health consequences of being a child soldier, which can be summarised as comprising mainly post-traumatic stress disorder, depression, anxiety and substance misuse. Child soldiers are not a homogeneous group. Their outcomes are likely to be influenced by their experiences before, during and after the conflict. There will be substantial differences in terms of the length of time they