

is still easy – as Kennedy’s paper illustrates – to marginalise such considerations. Kennedy suggests improving the accessibility of services to men through careful attention to public education, campaigns and advertising, and to the time and place of service provision. All these ideas seem sensible, and should be considerations in the provision of mental health care to any ‘difficult-to-reach groups’. However, these solutions do not address the main problem, which is psychiatry’s very tentative stance towards social inequalities. At this point, it is more important for psychiatry to give precedence to taking account of the extensive literature on social inequalities and mental health. The quality of service provision to all clients can significantly improve only when the existence of social inequality moves into the foreground of mainstream thinking, rather than being detectable only by inference or invisible altogether. This would lead to significant improvements in the efficacy and safety of services (Williams & Keating, 2000) and facilitate reflection and positive action about discrimination, abuse and re-victimisation within mental health services. I doubt whether some of Kennedy’s assumptions relating to the value of mixed-gender therapeutic environments would stand up to this scrutiny.

Conclusion

I have tried to illustrate the value and power of considering gender-difference data from a social

inequalities perspective. Although there continues to be resistance to this approach, it is possible to take encouragement from the fact that the current government is willing to name problems of inequality and exclusion as social problems that warrant serious attention. It is timely, therefore, for psychiatry to pick up this challenge.

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Author’s response

Harry Kennedy

I am glad that Dr Williams and I agreed on so many points. However, although we both concur that there is a place for public education, I advocated the need to target this very carefully by using market research techniques. Naturally, neither Dr Williams nor I knows the outcome of such research, but I would be very

surprised indeed if Dr Williams’ approach to fostering the victim role among young inner-city men would be effective. More likely than not, it would make services even more unacceptable and unappealing. In a more general sense, I have never found it helpful to encourage patients to think of themselves as victims.