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Invited Perspective

Understanding Barriers to the Realization of Human Rights Among Older Women With Mental Health Conditions

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ABSTRACT

There is increasing emphasis in research and at the level of international human rights bodies such as the United Nations on the gendered contours of age-based disadvantage and discrimination, and the cumulative effects of gender inequalities over the life-course on outcomes in later life. However, to date, the role of mental health in shaping the age/gender nexus in the realization of human rights has received little attention. In response, this paper aims to 1) elucidate the economic, social and cultural disadvantages and discrimination faced by older women living with mental health conditions; and 2) identify opportunities to protect their human rights. It concludes that older women face inequalities and disadvantages at the intersections of age, gender, and mental health and wellbeing that compromise their capacity to age well, illuminating the urgent need for a UN Convention on the Human Rights of Older Persons that considers the role of mental health in shaping the realization of human rights among older people. (Am J Geriatr Psychiatry 2021; 29:1009–1014)

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Highlights

- What are the economic, social and cultural disadvantages faced by older women living with mental health conditions and where are the opportunities to better protect their human rights?
- The paper finds that good health, economic security, adequate housing and personal safety are essential requirements of ageing well, but older women in both developed and developing countries face difficulties in accessing these on a basis of equality with men. Mental health conditions deepen the disadvantage at the intersections of age and gender and create greater barriers to social and economic participation among older women.
- More needs to be done in policy, services, and international human rights frameworks to support older women with and without mental health conditions to realise their human rights.

INTRODUCTION

The world's population is ageing and women comprise a higher proportion of this older population.[1] Women tend to live longer[2] and spend more years of their lives with functional limitations.[3,4] They also fare poorly compared to men on most indicators of well-being and mental health.[3,4] Women also fare worse than men on a range of other indicators such as personal safety, labor market participation, financial security, secure housing, and stressors accompanying unpaid care responsibilities, all associated with poorer outcomes for mental health and wellbeing in later life.

Older women therefore face inequalities and disadvantages at the intersections of age, gender, and mental health and wellbeing that compromise their capacity to age well. In recognition of challenges faced by older women, this paper aims to 1) elucidate the economic, social and cultural disadvantages faced by older women living with mental health conditions; and 2) identify opportunities to protect their human rights.

BARRIERS TO THE REALIZATION OF RIGHTS BY OLDER WOMEN LIVING WITH MENTAL HEALTH CONDITIONS

Age, gender and mental health intersect to produce inequality and disadvantage for older women. According to the World Health Organization (WHO),[5] over 20% of adults aged 60 and over experience a mental or neurological disorder, most commonly depression (7%), dementia (5%) and anxiety disorders (3.8%). Older women experience poorer mental health outcomes than older men, scoring higher than men on depression, anxiety and stress, and lower on indicators of well-being and coping resources.[6,7] Even among older women and men *with severe mental illness*, women tend to do more poorly on health-related quality of life.[8] Women constitute two-thirds of people with dementia and Alzheimer's Disease.[9] Women are also disproportionately exposed to forms of social disadvantage and health risk that are associated with mental health outcomes. These gendered disadvantages accumulate over the life-course and are amplified in later life.[10] Mental health is therefore an important factor shaping the gendered contours of inequality and disadvantage in later life. Some key areas of disadvantage are outlined below.

Physical Health

Older people experience poorer physical health outcomes than younger people. Understanding the role of gender in shaping these health and medical outcomes is limited by the lack of emphasis in medicine on gender disaggregated data in pre-clinical and clinical research.[11] Nonetheless, evidence suggests that age, gender and mental health come together in shaping physical health in later life. In general, people with mental health conditions have a lower life expectancy of 15–20 years than the general population.[12] As *women* are more likely than men to be living with mental health conditions in later life, and more likely to be living with dementia, they are also more likely to experience the impacts this has on physical health. In addition, gender-based stigma and discrimination present limitations to accessing good quality health services in many countries.[13,14]

Socio-Economic Disadvantage

Older people are disproportionately affected by poverty. Because women on average have more

interrupted workforce participation over the life course and lower wages, they have fewer opportunities to accumulate retirement incomes and are much more likely than older men to live in poverty in later life.[15] Women are also more likely to experience financial hardship associated with separation and divorce,[16] and more likely than older men to be living in insecure secure housing or to be homeless.[16,17] Their ownership of, or access to, land may also be restricted due to discriminatory inheritance laws and practices.[18] Consequently, they are more likely than men to rely on mean-tested income support payments in later life, which can be heavily stigmatized.[15]

For older women with *mental health conditions*, the challenges in achieving financial security are deeper still. People living with mental health conditions can experience career interruptions and employment discrimination associated with their mental health condition[19,20] and have lower lifetime earnings than those without mental health conditions.[21] Mental health conditions are also associated with increased likelihood of receipt of means-tested income support payments.[22] Older women living with a mental health condition are even more likely to be living in insecure housing,[23,24] which can itself precipitate worse mental health and wellbeing outcomes.[25] At the same time, experiencing economic hardship is itself a risk factor for mental health conditions.

Unpaid Care

Globally, women undertake approximately three-quarters of the total amount of unpaid care for dependent children or grandchildren and relatives with a disability, chronic illness or frailty due to old age.[26,27,28] The likelihood of providing unpaid care for a relative with a disability, chronic illness, or an older relative, increases with age until the age of 74, with women still much more likely than men to be providing care in later life.[15] As a consequence, women experience much larger interruptions to their employment than men, resulting in fewer opportunities for career progression, lower lifetime earnings, and lower retirement incomes.[15,29]

Providing unpaid care also has considerable impacts on the *mental health* of people providing care. Mothers are more likely than fathers to experience mental health conditions during the early years of a child's life.[30] Unpaid carers of a person with a disability, chronic illness or frail older relative regularly report among the lowest levels of wellbeing of any group.[31] Consequently, the provision of unpaid care is not only a gendered determinant of socio-economic disadvantage, but it is also closely intertwined with mental health outcomes throughout the life course.

Gender-Based Violence

Estimates published by WHO indicate that about 1 in 3 women worldwide have experienced physical and/or sexual violence in their lifetime.[32] However, most surveys to-date have focused only on women between 15 and 49 years of age and State responses to domestic violence have conventionally focused on spousal violence or violence towards younger women.[33] There is limited data about domestic violence against older women. Yet gender *and* age are both important axes of inequality when it comes to the prevalence of violence. As many women age and their independence declines, they become more vulnerable to abuse, exploitation and violence.[14] Older women are more likely to be victims of elder abuse and sexual violence than older men, particularly those with cognitive impairment.[34,35] "Invisibility" of gender-based violence experienced by older women creates barriers to reporting and redress.[33,35] In addition to causing physical harm, violence increases women's long−term risk of mental health conditions and drug and alcohol use.[36]

Discrimination

Older women are the subjects of intersectional discrimination, facing discrimination (or different or less favourable treatment) for being "both old and female simultaneously."[37] As a result of discrimination, older women are denied access to a range of social, economic, cultural, civil and political rights. Both gender and age combine to limit opportunities for access to education and training,[38] employment (such as in hiring and promotion opportunities),[37] and services.[13] Older women living *with mental health conditions* experience additional forms of stigma and discrimination across multiple domains, including employment.[39] At the same time, experience of discrimination is itself a stressor associated with the development or exacerbation of mental health conditions such as depression.[40]

CONCLUSIONS

Good health, economic security, adequate housing and personal safety are essential requirements of ageing with dignity, but older women in both developed and developing countries face difficulties in accessing these on a basis of equality with men.[14] Deepening the disadvantage at the intersections of age and gender, older women with mental health conditions experience vulnerability and discrimination at the intersections of these socio-demographic factors which makes the need to address them particularly important. The lifelong impact of these circumstances on older women's mental health means that social structures that support and enhance the lives of girls and women at all ages will benefit older women and increase the potential for security and wellbeing in later life.

RECOMMENDATIONS

Strategies for national governments, non-government entities and international organizations to address these inequities include:

- Greater access to affordable health care, including to health information and promotion;
- Greater focus from healthcare providers on supporting older women to experience social interdependence, purpose and meaning, appropriate physical activity and good nutrition;
- Improvements to poverty-alleviation measures for older women;
- Access to appropriate and affordable housing options, including aged care, for older women;
- Stronger measures to mitigate the impacts of unpaid care on employment and economic security, such as subsidized formal care services, access to workplace leave, access to appropriate income support, respite services, and measures in the retirement incomes system that mitigate the impact of time spent in unpaid care;
- Stronger measures encouraging the more equal sharing of unpaid care between women and men, such as public education campaigns and parental leaves with father quotas;
- Better measures that protect the personal safety and freedom of movement of older women;
- Programs to prevent and respond to elder abuse focused on the empowerment of older women;
- Stronger legislative measures to protect older women from discrimination in multiple domains and opportunities for redress for older women who experience discrimination;
- Adequate recognition of the valuable social and economic contributions of older women;
- Greater involvement of older women in policy making processes, so that they can influence the policies designed for or affecting them;
- Support for the collection of better data on gender and age-based inequalities, including gender-disaggregated health data.

The contours of disadvantage and discrimination experienced by older women are heavily shaped by mental health. All of the above measures, therefore, should be developed with an awareness of the experiences and needs of people living with mental health conditions. Special measures are also necessary to protect the rights of older women living with mental health conditions[8]. The prompt recognition and treatment of mental health disorders and neurological and substance use disorders in older adults are essential. This relies on training for all health providers, and psychosocial and pharmacological interventions when required. Effective community-level primary mental health care for older people is crucial. It is equally important to focus on the long-term care of older adults living with mental health conditions, as well as to provide caregivers with education, training and support. Service delivery should be based on consultation with those who use and are likely to use the service. An appropriate and supportive legislative environment based on internationally-accepted human rights standards is required to ensure the highest quality of services to people with mental health conditions and their caregivers.

More broadly, the mental health of older women can be improved through promoting active and healthy ageing and creating environments that allow people to lead a healthy life. Promoting mental health depends largely on strategies to ensure that older people have the necessary resources to meet their needs such as safe communities, economic security and adequate services.

AUTHORS' CONTRIBUTION

All authors contributed to the conceptualization, writing, and editing of the paper.

DISCLOSURES

None of the authors have any conflicts to declare.

The data has not been previously presented orally or by poster at scientific meetings.

References

1. The World Bank. Available at: https://data.worldbank.org/indicator/SP.POP.65UP.TO?end=2018&locations=AF&start=1960&view=chart. Accessed February 20, 2021
2. WHO (World Health Organization): World Report on Aging and Health. Geneva: WHO Press, 2015 https://www.who.int/ageing/events/world-report-2015-launch/en/. Accessed February 24, 2021
3. Stevenson B, Wolfers J: The paradox of declining female happiness. Am Econ J 2009; 1:190–225
4. Carmel S, Bernstein J: Gender differences in physical health and psychosocial well-being among four age groups of elderly people in Israel. Int J Aging Hum Dev 2003; 56:113–131
5. WHO: Mental Health of Older Adults. Fact sheets, 2017. Available at: https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults. Accessed February 22, 2021
6. Carmel S: Health and well-being in late life: gender differences worldwide. Front Med 2019; 6:218
7. Schmitz A, Lazarevič P: The gender health gap in Europe's ageing societies: universal findings across countries and age groups? Eur J Ageing 2020; 17:509–520
8. Colillas-Malet E, Prat G, Espelt A, et al: Gender differences in health-related quality of life in people with severe mental illness. PLoS One 2020; 15:e0229236
9. Beam C, Kaneshiro C, Jang J, et al: Differences between women and men in incidence rates of dementia and Alzheimer's Disease. J Alzheimer's Dis 2018; 64:1077–1083
10. UNDESA: Health inequalities exist in access to health care as well as health outcomes, UN Department of Economic and Social Affairs Programme on Ageing. UNDESA, 2018. Available at https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2018/04/Health-Inequalities-in-Old-Age.pdf. Accessed February 18, 2021
11. SGSRCAG (the Sex and Gender Sensitive Research Call to Action Group) sex and gender in health research: updating policy to reflect evidence. Med J Aust 2020; 212:57–62.e1
12. Wahlbeck K, Westman J, Nordentoft M, et al: Outcomes of Nordic mental health systems: life expectancy of patients with mental disorders. Br J Psychiatry 2011; 199:453–458
13. Lawrence D, Coghlan R: Health inequalities and the health needs of people with mental illness. NSW Public Health Bull 2002; 13 (7):155–158
14. F Begum, Ageing, discrimination and older women's human rights from the perspective of the CEDAW convention. Available at: http://globalag.igc.org/agingwatch/cedaw/cedaw.pdf. Accessed February 21, 2021.
15. Australian Human Rights Commission: Investing in Care: Recognising and Valuing Those Who care, Volume 2 Technical Papers. Sydney: Australian Human Rights Commission, 2013. Available at http://humanrights.gov.au/pdf/sex_discrim/publications/UnpaidCaringVolume2_2013.pdf. Accessed February 22, 2021
16. Hamilton M, Hodgson H, Bradbury B, et al: Security in Old Age for Older Single Women Without Children. Sydney: Report funded by CPA Australia, University of Sydney, 2020
17. Patterson K, Proft K, Maxwell J: Older women's risk of homelessness: background paper, Australian Human Rights Commission. AHRC, 2019. Available at https://humanrights.gov.au/our-work/age-discrimination/publications/older-womens-risk-homelessness-background-paper-2019. Accessed February 22, 2021
18. Deere C, Leon M: The gender asset gap: land in Latin America. World Dev 2003; 31:925–947
19. Halliday G, Coveney J;, Henderson J: An Exploration of professional careers and living with a mental illness. J Occup Sci 2015; 22:446–458
20. Stuart H: Mental illness and employment discrimination. Curr Opin Psychiatry 2006; 19:522–526
21. Kessler RC, Heeringa S, Lakoma MD, et al: Individual and societal effects of mental disorders on earnings in the United States: results from the national comorbidity survey replication. Am J Psychiatry 2008; 165:703–711
22. Kiely KM, Butterworth P: Mental health selection and income support dynamics: multiple spell discrete-time survival analyses of welfare receipt. J Epidemiol Community Health 2014; 68:349–355
23. Benston A: Housing programs for homeless individuals with mental illness: effects on housing and mental health outcomes. Psychiatr Serv 2015; 66:806–816
24. ABS (Australian Bureau of Statistics) Mental health and experiences of homelessness ABS Cat. No. 4329.0.00.005. 2016.
25. Amore K, Howden-Chapman PL: Mental health and homelessness. International Encyclopedia of Housing and Home; 2012268–273
26. Dugarova, E. Unpaid care work in times of the COVID-19 crisis: Gendered impacts, emerging evidence and promising policy responses, prepared for UN expert group meeting 'families in development: assessing progress, challenges and emerging issues. Focus on modalities for IYF + 30 and parenting education', New York, 18 June 2020 , Available at: https://www.un.org/development/desa/family/wp-content/uploads/sites/23/2020/09/Duragova.Paper_.pdf Accessed February 20, 2021
27. Craig L: Does father care mean fathers share? A comparison of how mothers and fathers in intact families spend time with children. Gender Society 2006; 20:259–281
28. Craig L;, Hamilton M;, Brown J: The composition of grandparent childcare: gendered patterns in cross-national perspective. In: Timonen, V, ed. Grandparenting Practices Around the World, Bristol: Policy Press, 2018:151–170
29. Hamilton M, Suthersan B: Gendered moral rationalities in later life: older women balancing work and care of grandchildren in Australia. Ageing Society 2020; 41(7):1651–1672, Earlyview
30. Munk-Olsen T, Laursen TM, Pedersen CB, et al: New parents and mental disorders: a population-based register study. JAMA 2006; 296:2582–2589
31. Sin J, Elkes J, Batchelor R, et al: Mental health and caregiving experiences of family carers supporting people with psychosis. Epidemiol Psychiatr Sci 2021; 30:E3
32. World Health Organization. Intimate partner and sexual violence against women. 2016. Fact sheet N°239 Available at: http://www.who.int/mediacentre/factsheets/fs239/en/ Accessed February 22, 2021

33. United Nations Human Rights OHCHR. Report of the special rapporteur on violence against women, its causes and consequences, Rashida Manjoo - Addendum - Mission to Algeria, 2011. A/HRC/17/26/Add.3.
34. Lee J, Sun F, Chima E: Risks for abuse and neglect of elders with cognitive impairment or dementia: insights from three groups. Innovat Aging 2018; 2(suppl 1):960
35. Teaster PB, Roberto KA: Sexual abuse of older adults: APS cases and outcomes. Gerontologist 2004; 44:788–796
36. Heise L, Ellsberg M, Gottmoeller M: A global overview of gender-based violence. Int J Gynecol Obstet 2002; 78(Suppl. 1):S5–S14
37. McLaughlin J: Falling between the cracks: discrimination laws and older women. Labour Rev Labour Eco Industrial Relations 2020; 34:215–238
38. Vargas SM, Huey SJ Jr., Miranda J: A critical review of current evidence on multiple types of discrimination and mental health. Am J Orthopsychiatry 2020; 90:374–390
39. Hampson ME, Watt BD, Hicks RE: Impacts of stigma and discrimination in the workplace on people living with psychosis. BMC Psychiatry 2020; 20:288
40. Kessler R, Mickelson K, Williams D: The prevalence, distribution, and mental health correlates of perceived discrimination in the United States. J Health Soc Behav 1999; 40:208–230