

## THE STATE OF PLAY

Each month, we examine how the mental health conversation is evolving, with a focus on youth, women, and the justice system. Last month, we captured the most-discussed topics of 2020. This month, we analyze the mental health of women in the workplace.

The diagram below illustrates the conversation around women, mental health, and the workplace. It assesses 1,374 news articles from November 2020 to January 2021. Takeaways include:

### Top Risk Factor: Being a Woman

Recent studies – from **Scotland** to **Pakistan** – are assessing the mental distress of the global workforce. Two top mental health risk factors during the pandemic are 1) being a woman and 2) being unemployed. In female-dominated industries, such as **retail** and **hospitality**, challenges are rife, especially for **working mothers**.

### Leaning in but burning out

A recent report by **McKinsey** reveals that 1 in 4 working women are “downshifting their careers or leaving the workforce completely.” **Women of color** and **self-employed women** report higher levels of burnout due to increased time spent on housework and childcare.

### HCPs in need

A CDC study finds that, from March to May 2020, 71% of HCPs hospitalized in the US with COVID-19 were female. Nurses in **Spain**, who are roughly 90 percent women, face very high risk not only for COVID-19 but also suicide. A recent study done in **collaboration** between Otsuka and the American Nephrology Nurses Association found high rates of stress and anxiety among nephrology nurses due to COVID-19.

## Women and Workplace Mental Health



### Self-care and stigma

Female **athletes**, **artists** and celebrities are opening up about their own experiences with mental health challenges and trauma. These women are helping to eliminate stigma by normalizing discussions of how to self-manage stress, anxiety, and depression.

## THOUGHT STARTERS

*A roundup of thought-provoking pieces on mental health for youth, women, and the justice system.*



### **Youth Mental Health: The “Deprivation of Liberty” of Canadian Young People**

Canada is generally praised for its health and social systems. But a recent **report** by British Columbia’s **Representative for Children and Youth (RCY)** offers alarming insight into the province’s approach to providing involuntary mental health treatment. Dr. Jennifer Charlesworth and the RCY staff concede that youth may not be capable of voluntary treatment, but they offer sharp criticism of the province’s policy of detainment. Dr. Charlesworth and team also contend that involuntary detainment infringes on the rights of First Nations and Indigenous communities:

*“Mental health detentions are among the most intrusive measures that a state can impose on a people. Like imprisonment, these detentions result in the deprivation of liberty. Under [British Columbia’s] Mental Health Act, a child can be admitted or detained against their will, have treatment imposed on them and be subject to discipline, restraint or periods of isolation. In fact, B.C. is the only province in Canada where a capable, involuntary patient has no right to make psychiatric treatment decisions.”*



### **Women’s Mental Health: Gendered Mental Healthcare – Progress or Problem?**

In December, *The Lancet* published a piece that directs an important question to the global mental healthcare community: is it better for women to be in mental health caregiving roles, or does it potentially hold them back economically and socially? The article, titled **“Gendering psychosocial care: risks and opportunities for global mental health,”** looks at this type of ‘task shifting’ occurring in Nepal:

*“The past decade has seen a proliferation of psychosocial interventions delivered by lay community workers, a predominantly female workforce. Under the right conditions, task shifting in this way can address geographical and socioeconomic inequities in access to care and support women’s empowerment. Yet, such interventions also carry the risk of further entrenching gender inequalities when female community workers are viewed instrumentally as a source of more affordable clinical labour.”*



### **The Justice System: Driving Toward Decriminalization**

At the end of 2020, **The Sozosei Foundation**, a charitable foundation established by Otsuka America Pharmaceutical, Inc., convened its **inaugural summit** on decriminalizing mental illness. The summit gathered a range of experts, advocates, and people with lived experience to share their perspectives on creating a future where mental illness is not treated punitively in the United States. The group aligned on five priorities to drive progress in the space, including: using data to inform policy; understanding brain health as a key component to overall health; combating discrimination of people with mental illness; dismantling systemic racism; and considering the perspectives of people with lived experience.

## THE PUNCHLIST



### 3 ways to take action on this month.

#### 1

##### Read (the comics):

English artist Gemma Correll uses illustration to communicate the struggles of mental illness and her cartoon strips poignantly display the many metaphors of mental illness, helping readers relate and bringing lightness to a heavy topic. Take a look at the work she did for the MHA campaign [#MentalIllnessFeelsLike](#).

#### 2

##### Watch:

Dr. Colleen Hacker, PhD is a certified mental performance consultant (CMPC) that has been a mainstay on the U.S. Olympic Games Coaching Staff. She helps world-class athletes improve their performance by training psychological skills such as imagery, mental toughness, and mindfulness. Watch this [2-minute clip](#) to understand the enormous potential of mental training in athletics – and life.

#### 3

##### Follow

The YWCA has been at the forefront of women's issues since the 1800s; its focus today is empowering women and eliminating racism. [Follow YWCA USA](#) to stay updated on how the current social, economic and political events are impacting the wellbeing of women.

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