

CEDAW Shadow / Alternative Report :

Examination of Women Mental Health Right

Non-Government Organization: Mental Health Association in Taiwan (MHAT)

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Violation of the provisions of CEDAW:

General Mental Health: Article 10, 11, 12, and general recommendation No. 9, No. 12

Female Family Caregivers: Article 2, 3, 5, 6, 11, 12, and 16 and general recommendation No. 12, 17, 18, 19, and 27

Women with Disability: Article 12, and general recommendation No. 24

Urgent and Priority Issues:

There is no health without mental health (from WHO). However, there is no national data on Taiwan women's mental health, neither is statistics in all kinds of acute/chronic diseases, health promotion nor any national health survey. Only mental "diseases" (no "health" issues) are concerned but still without gender-impact assessment.

1. *General recommendation No. 9: health data*

There is no national data available on women's mental health, neither on mental health promotion nor on all medical statistics. Even in the record of mental illness, there is lack of gender analysis. Specific concerns of women with disabilities, family caregivers, or senior women's mental health are also absent.

2. *CEDAW article No.12 and general recommendation No. 24: Women and healthcare*

According to CEDAW Article 12 and general recommendation No. 24(12a, 12c and 17): biological and psychological factors which vary women's specific need of health care; and the legislative, budgetary and other measures to ensure the realization of women's right to health care.

Postpartum depression (PPD) has been highly emphasized in CEDAW Report, the corresponding policy and statistics are not yet available, not mention to the social-constructed factors of gender analysis impact to highlight the mental health literacy or depression/anxiety therapy with gender perspective.

3. The official responses to the alternative report by Mental Health Association in Taiwan to the 2nd country report were still insufficient:

12.1 Addressing women's health by health insurance coverage, no gender-impact assessment of mental health, no gender analysis.

12.4,12.5,12.6 Only disease screening, not any mental health service is provided.

12.9 Kinds of health survey, but no data concerned is presented.

12.17 What the local health care centers provide are lack of gender sensitive mental health promotion services.

12.21,12.22 Lacks of gender perspective in postpartum depression prevention.

4. Examining the official responses by government to the conclusions and recommendations No. 31-34 of the 2nd report by the international reviewers:

31 No psychological counseling for women experienced forced abortion

32 No mental health care for female immigrants and migrant workers

33 No gender equality human right education in prevention of unmarried pregnancy

34 Need to provide mental health counseling and assistance for HIV/AIDS infected females to understand the construction and deconstruction of gender power relationships

5. Examining the omissions of the 3rd country report:

12.1 Lacks of gender-impact assessment, to consider health insurance as women health protection is insufficient.

12.4,12.5,12.6 No provision of mental health services, only disease screening.

12.9 Kinds of health survey without mental health data, no gender analysis.

12.14 No service program for disabled women to promote their mental health.

12.16 Lacks of mental health promotion contents in LGBT service center.

12.19 No mental health literacy integrated in high-risk pregnant women health management trial program, and lacks of specific care for specific groups with specific health need such as women having twins or multiple pregnancy.

12.21,12.22 There's no gender sensitivity in the content of health education disc for pregnant women made by Ministry of Health and **Welfare..**

12.23 There's a need to integrate mental health into all women health policies.

6. CEDAW article 11, the right to work, labor equality

11.39-42 The opportunity for postpartum women going back to work is seriously affected by insufficient child care resources, especially for mothers with multiple births.

11.49-52 Mental health elements should be integrated into women labor right protection, safety and health, employment and prevention of sex harassment in workplace.

11.55, 11.57 Mental health protection, gender analysis and specific need should be noticed in protecting female workers and maternal health.

11.62, 11.64 Need to provide gender perspective mental health counseling for foreign nursing workers.

7. CEDAW article 2, general recommendation no. 12 and 19, violence against women

As for the mental health right of female family caregivers, there are under reports on senior women and caregivers abuse/ignorance and made under-estimated for actions on social services and protection.

8. CEDAW article 16, general recommendation no. 13: wage equality

The long-Term Care Services Act, adopted by the Taiwan government, has for the first time included family caregivers in the provision of targeted and residential support services, including the provision and referral of relevant information, long-range knowledge and skills training, respite services, emotional support and referral of group services, and other services that help to improve the family caregivers' ability and quality of life. However, there is a lack of systematic inventory and gender-impact assessment for the provision of these services resources. 70% of the family's main caregivers are spouses, daughters or daughters-in-law, who lack for support systems.

9. CEDAW general recommendation No. 17: unremunerated domestic activities

There is no specific result of measurement and quantification of the unremunerated domestic activities of women and their contribution for family and society can't be recognized.

10. CEDAW article 4 and 21, general recommendation No.27: human rights of senior women

In the survey of senior human rights indicators, there is no gender analysis and gender-impact assessment of services, which implies discriminations against senior women.

11. CEDAW article 3, general recommendation No. 18 and 24: the elimination of discriminations against disabled women.

Disabled women suffer from a double discrimination linked to their special living conditions, which constraint them from accessing health services. Women with mental disorders are particularly disadvantaged. There is no specific policy for women with physical or mental disabilities, nor correct statistics, nor is there any social-constructed factor for gender analysis image to provide mental health literacy or treatment with gender perspective. There is no data showing whether women with disabilities in Taiwan have equal opportunity or substantial equality in education, work, health services and social security.

Recommendations for the authorities:

- 1. Formal long-term plans, examinations, statistic and gender analysis shall be provided in women health /mental health policy.**
- 2. Cross-sectoral works are needed to integrate mental health into all women health policies.**
- 3. More actions are needed to eliminate all discriminations against senior women, disabled women, and provide work opportunity and support system.**
- 4. To prioritize mental health promotion in current policy advocacy, it should be ensured that mental health is integrated into all medium and long-term national development plans taking into account the principle of equal and effective allocation of governmental resources.**
- 5. The government should take steps to offer a basis for formulation of further policies related to the advancement of women status by conducting national survey for measurement and quantification of women's unremunerated domestic activities (such as conducting time-use surveys as part of their national household survey programs and by collecting statistics disaggregated by gender on time spent on activities both in the household and on the labor market) and ensuring that they are included in GDP, indicating the actual economic output of women's domestic care that contributes to national development.**
- 6. The authorities concerned should take cross-sectoral action to implement health care policy for senior women with integrated services provided according to the residential urban or rural area, connecting their life experiences with community resources, developing the social organization of senior women, providing health promotion services, enhancing health behaviors, strengthening interpersonal relationship, quality of life and reducing the occurrence of depressive symptoms and thus to promote the physical, mental and social well-being of senior women.**
- 7. The health care and prevention for women with mental disorders shall be emphasized in women health policy. Services should be organized according to age and specific need, that should include but not be limited to depression or suicide prevention.**
- 8. The professional staff of local public health centers and psychiatric hospitals**

and clinics should be equipped to provide counseling for women with mental disorders, on eugenic health care, psychiatric medicine usage during pregnancy and postpartum infant health care services and follow-ups to ensure maternal and infant health.

- 9. For female family caregivers who suffer labor loss and are economically disadvantaged because of their long-term care for disabled family members, available and accessible respite care services and subsidy or other practical compensation shall be urgently addressed in policy.**