CEDAW Shadow / Alternative report:
Review on Women's Right in Mental Health

Non-Government Organization:
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Violation of CEDAW provisions: Article 12, with the general recommendation No. 24: Women and Health Care. No. 24 emphasize in (12a) women special physiological factors, (12c) Post-partum depression, (17) to ensure legislation, budget, appropriate circumstances.

Urgent and Priority Issues:

Postpartum depression (PPD) has been a serious concern of CEDAW, but in Taiwan, only a tentative program yet neither proposing any related policy, nor analysis statistics to learn the need of current situation. Moreover, there's still no gender analysis available to combat the social construct factors in order to provide better gender perspective in preventing depression, to promote mental health literacy in which mostly needed especially in health care services delivery for PPD.

Recommendation for the authorities:

1. Women's health policies need to equip with an action plan, which is a formal long-term plan, supervised, evidence-based, includes plans related with gender analysis, depression and mental health literacy. Thus, according to Ottawa Charter in health promotion by integrating action areas should include aspects such as building support community, strengthening & developing personal skills, and reorienting health services.
2. More attention should be drawn to address women's health needs. Priority on establishing an inter-ministerial collaboration and actively urge for resource reallocation. Duties on prevention and treatment of postpartum depression should let the Health Promotion Administration and Mental and Oral Health Department under Ministry of Health and Welfare to carry out. Both shall take full responsibilities and take charge in planning and allocating resources, as well as integrating in other maternal health programs. Furthermore, postpartum depression should not only been combined with the duties in suicidal prevention programs. It shall integrate in other mental health

promotion programs to reach more intended targets and brings significant improvements.

3. As Gender Equality in Employment Act stated, paid leaves to accompany a spouse who undergo natural birth should increase from three days to five days; caesarean section for seven days and two days for those who had abortion suffer.
4. Mental health statistics should include more information regarding to gender.
   Existing health statistics unable to show the current situation of postpartum depression, it should be classified as gender indicators (yearly). It shall be dissemination and publish according birth condition (live birth, stillbirth and miscarriage), sex (male and female), ways of deliver (natural birth or caesarean section), parity (first child, second child, third child or more), a single or multiple births (twin or multiple births), mothers' age (elderly or minors), ethnic (new immigrants, aboriginal), the marital relationship, etc.
5. During prenatal, pregnancy and post-partum, there's the possibilities to fall-apart and be depress, mental health literacy should cover all process and not just focus only in post-partum stage. Depression assessment should target to pregnant women and also the spouse.
6. Obstetric staff and clinical psychologist shall receive regular in-service education and training regarding about post-partum depression with gender perspective. In addition to the physiological understanding of evidence-based medicine, the need to integrate the gender factor precipitating depression, self-care skill must adaptable. Thus, hoping that the health care workers will be actively providing services during examination births, postpartum hospitalization, and even have the initiative to provide after one month follow-up services.
7. Improve the accessibility of postpartum depression and mental health education health information for mothers. Multi-language version for new immigrants and create web keywords to easily search for postpartum depression information. The content shall not only recommend seeking for medical treatment, more empathy and sensitivity towards emotions are needed.

I. CEDAW Convention with relevant provisions and General Recommendations:

Article 12, with the general recommendation No. 24: Women and Health Care. No. 24 emphasize in (12a) women special physiological factors, (12c) Post-partum depression, (17) to ensure legislation, budget, appropriate circumstances.

II. Current Situation and Problem Analysis:

Taiwan CEDAW second national report Section 12 stated as: Through regular evaluation and review, we do hope to eliminate social discrimination against traditional women's health, comprehensive health maintenance and promotion of women's rights and interests. With putting efforts in three areas: "elimination of discrimination in health, to ensure women have the rights to live healthy",

"reproductive health and sexual health rights" and "women's health care services for the elderly," presented the case to promote the country. We found lack of coverage and insufficient resources.

1. Aspects on "elimination of discrimination in health, to ensure women have the rights to live healthy":
   1.1. There are no plans for women suffering from depression and other physical and mental disorders.
   1.2. Without establishing gender statistic and analysis only data and activities were held.
   1.3. Promoting mental health should not only focus on suicidal prevention, in National Report Article 12 (No. 14-18) point out the current problem which is lack of gender analysis and actual action. We only have the figures in the participants who receive [gatekeeper] trainings but no idea how effective it was. Thus, call-line for women use only is yet its impact is not been evaluated.
   1.4. National Report Article 12.17 makes a statement in which promoting mental health and ethnicity in different perspective. By spreading out brochures and publicly publishing "Women Mental Health and Suicide Prevention" and "Women's maternal emotional management" related handbook.

A review on suicidal prevention official website, the content includes information about depression but didn't emphasize in post-partum depression. Pregnancy handbook also mentioned about the signs and symptoms of post-partum depression and the possible caused, but unfortunately there's no guidance or any other social support resources provided.

In women's mental health or any suicidal prevention program, often we only focus in introducing the signs and symptoms of depression or identifying stress events, and as a result mostly encourage seeking for help as the perfect alternative. The main cause of post-partum depression mostly because the gender social role and responsibility and women easily felt guilty and self-blame.

2. Issues on "Reproductive and sexual health rights"

Assistance or programs on postpartum depression is unavailable, which is already stated in CEDAW General Recommendation No. 24, 12(C) and 17 specifically pointed out the need to understand there is a difference between men and women psychosocial factors, especially in postpartum depression.

The national report only showed maternal mortality and suicide rate, but the authorities have not actively engage in taking actions to solve this problem. Due to pregnancy, childbirth, hormonal changes cause physiological disorder, parenting stress, moms and baby remain together (postpartum rooming-in

policy); all showed absence of supporting policies and programs in the country. The Gender Equality in Employment Act of male spouses' paternity leave is only allowed for three days, and lower long-term hospital care manpower shortage, not only for postpartum women doesn't get enough rest, and yet have to face the challenges on parenting and breastfeeding. National policy objectives for the six months of exclusive breastfeeding, parenting and motherhood worsening situation of inequality, there is insufficient lactating women self-condemnation.

CEDAW requires countries to have strategies to improve reproductive health in postpartum depression, but our country had not been clearly proposed. For example: Under the Health Promotion Administration, Department Maternal Care Website provides prenatal and postnatal parenting health; breastfeeding guidance, pre-pregnancy, pregnancy, post-natal nutrition and weight control, postpartum body recovery, physical and psychological adjustment; prevention of postpartum depression with care, stress management , etc. Issues such as healthcare consulting, listening, care and support and the resources necessary referral (by the group who responsible for maternal and child health been assigned to outsourcing contractors), there are also "understanding of postpartum depression" (maternal health handbook) and toll-free helpline 0800-870-870, but dedicated help content, only to consult about breastfeeding. Women suffering from postpartum depression do not have any immediate access available resources to seek for help.

The duties shall carry out by the Maternal and Children Care Division under Health Promoting Administration Ministry of Health and Welfare. Noticed that the website and help-line is not considering a continuous policy, but entrusted to handle, the tender may be different units for each year. Policy makers should make the effort in planning; relocate budget, real solutions, and services with the supports of evidence-based statistical analysis. It should also been supervised under authorities, provide policy feedback. Health Promoting Administration is currently not putting efforts for the health of women, postpartum depression; there is no clear policy or persistent intervention programs, a serious violation of CEDAW provisions for women's in mental health. National Health Promotion Administration should take the effort to promote women's mental health. It shouldn't consider mental health duties only owned by Department of Mental and Oral Health, Ministry of Health and Welfare. Both units should cooperate together for the better women's mental health under the provision of CEDAW.

III. Specific Recommendations

a. Women's health policies need to equip with an action plan, which is a formal long-term plan, supervised, evidence-based, includes plans related with gender analysis, depression and mental health literacy. Women's health policies need to equip with an action plan, which is a formal long-term plan, supervised, evidence-based, includes plans related with gender analysis, depression and mental health literacy. Thus, according to Ottawa Charter in health promotion by integrating action areas should include aspects such as building support community, strengthening & developing personal skills, and reorienting health services.

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e. During prenatal, pregnancy and post-partum, there's the possibilities to fall-apart and be depress, mental health literacy should cover all process and not just focus only in post-partum stage. Depression assessment should target to pregnant women and also the spouse.

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