Introduction

Stigma is defined as "an attribute regarded as undesirable and unpleasant and which distinguishes the stigmatised person from other members of the community to which they belong" that leads to the segregation of such individuals from the society. Despite an advance in knowledge over the past 20 years, people who sought help for a mental health problem still had to deal with the stigmatising attitudes. Above 20 million Pakistanis i.e around 10% of population experience some sort of mental illness, which continues to be a substantial reason for concern. The country has just 400 psychiatrists and five psychiatric hospitals in a population of more than 180 million; one of the lowest psychiatrist to person ratio across the world, which highlights the full seriousness of this predicament.

A study at the clinical picture of mental diseases reveals that genders are affected differently by mental health disorders. Women are supposedly more vulnerable due to physiological changes and societal challenges such as stress, psychological abuse, poverty, sexual and physical abuse by their partners, and so on. Mental health must be prioritised all around pregnancy period and post-partum as untended maternal depression has grave repercussions for both the mother and the child. Overall women's mental health issues have also been associated to reproductive health difficulties such as symptoms of the reproductive tract, infertility, and female sterilisation. These factors signify how women are more liable to be affected by mental illnesses than men.

The gravity of the situation is that even Women healthcare workers who understand these matters and have access to medical facilities often put off getting help for their mental health illness because of the fear of being stigmatised. Women in Healthcare have to go through an additional burden of creating and maintaining work-life balance; imposter syndrome; role stress and discrimination, this special mix of professional and personal pressures that produce notable disparities in mental health symptoms and outcomes between males and females. These stressors frequently provide little time or chance for taking care of oneself or empathy for oneself, resulting in decreased self-esteem and subsequently women in healthcare have much greater rates of burnout and depression than their male counterparts.

Despite the availability of appropriate therapy, many physicians, especially women with mental health issues keep struggling in silence because they are afraid of being subjected to stigma (Givens et al. 2002). According to a poll, 50% of 2100 female doctors who matched the criteria for a mental disease were reluctant to seek professional assistance out of concern about being stigmatised (American Psychiatric Association 2018). The worries about stigma and confidentiality, lack of time and apprehension about professional consequences such as effects on licence status, act as barriers for women from seeking help for their mental health.
Most of our women who work in healthcare do not take time for themselves, which causes symptoms to worsen and leading to unfortunate events. It is possible to overcome it by seeking treatment, accepting mental health difficulties, and not isolating oneself. This can be accomplished by joining a group in a hospital with mentors. A support group in hospitals where people are able to share their tales of overcoming mental health challenges will be helpful in reducing the symptoms of mental illnesses.

Figure 1: Various Factors Leading to Mental Health Stigma Among Women Working in Healthcare

Obtaining input with the goal to improve and offer flexibility in job performance. To minimise the fear of being stigmatised with mental disorders, awareness should be raised in the workplace. On a large scale, we can establish mental health awareness programmes aimed at women working in healthcare through organisations dedicated to this cause.

References


