**History of women’s mental health**
- Hysteria: pathological movement of the uterus which caused anaesthesias, fits, muteness, paralysis and other somatic symptoms
- Wandering uterus (Plato)

**Why should we be interested in women’s mental health?**
- 1. Prevalence: depression and anxiety more common in women around the world, also higher rates of eating disorders and PTSD in women WHO data: [http://ghdx.healthdata.org/gbd-results-tool](http://ghdx.healthdata.org/gbd-results-tool)
- 2. Help-seeking patterns: women are more likely to seek mental health care, be prescribed psychotropic medications, be diagnosed with depression. Women are less likely than men to disclose problems with alcohol use, disclose a history of violent victimization unless physicians directly ask about it
- 3. Women’s mental health affects her family’s mental health: postpartum depression associated with delayed cognitive development, language delays, insecure or disorganized attachment, behavioral problems, higher risk of depression during later teenage years (16-18).
- 4. Because there’s lots of work to be done

**Why the disparities between these disorders in males and females?**
- Biopsychosocial model: biological, social, psychological components
- **Social factors:**
  - Exposure to trauma/stress, gendered norms about behavior, gender-based discrimination, tolerance of violence towards women, objectification of women and girls
  - Objectification theory – cultural project of objectification, self-objectification, self-surveillance, psychological consequences, mental health risks.
  - Intersectionality: complex, cumulative manner in which the effects of different forms of discrimination combine, overlap, or intersect (black women more likely to be sexually objectified, sexually harassed at work, and babies have higher mortality rates due to poorer pre-natal care)
- **Biological factors**
  - Discrepancies in rates of mental health disorders emerging around puberty
  - Stress is the gateway to anxiety and depression
  - Do women respond differently to stress than men that makes them more vulnerable?
  - “Tend and befriend” model – when women under stress they secrete oxytocin which promotes tending and befriending activities
- **Psychological factors**
  - Greater susceptibility to environmental stress
  - Rumination higher in women than men
  - Negative body image perceptions
  - When women experience trauma more likely to remember it
  - Tend and befriend may facilitate coping for women and their children