MH4HRM

Mental Health for Human Resources Managers

Guidelines for Gender Equality and Inclusion in Training Contents in the framework of MH4HRM project

2023-1-ES01-KA220-VET-000154369

Co-funded by the European Union

INDEX

1. Executive summary

These guidelines highlight the importance of integration gender equality and inclusion principles into training programs to create more equitable and diverse learning environments. By adopting inclusive practices, organization can promote greater participation and empowerment among learners of all genders.

The adoption of inclusive practices within training programs holds implication for organizations seeking to cultivate environments where all individuals, regardless of gender, can thrive. Moreover, the collective impact of these collaborative efforts extends beyond the confines of individual organization. By championing gender equality and inclusion withing the training programs, the consortium became incentives for social change, inspiring other to follow suit and contributing to the creation of a more just and equitable world.

Gender equality training, as delineated by UN Women, serves as a multifaceted approach towards fostering individual and collective transformation in pursuit of gender equality. It encompasses consciousness-raising, empowering learning, knowledge enhancement, and skill development. It should be noted that gender equality training is not an isolated objective, nor is it a standalone tool for implementing gender mainstreaming. Rather, it constitutes a vital component within a broader spectrum of tools, instruments, and strategies.

Alternatively, despite progress in women's rights, women with disabilities have often been ignored and marginalized. These women encounter unique obstacles and greater challenges than other groups, influenced by sociocultural factors that affect their mental health differently. Women with severe mental disorders face difficulties in accessing appropriate mental health resources, limiting their social and professional opportunities, which are essential for empowerment. Furthermore, the stigma associated with mental health conditions perpetuates discrimination and undermines their credibility, impacting their self-esteem and ability to advocate for themselves. Therefore, a gender-sensitive approach in professional support is vital to make these women visible and empower them, recognizing the substantial impact of gender on mental health management and the necessity of policy interventions to address gender inequalities in this domain.

In essence, these guidelines serve as a call to action for organization to unite in their commitment to advancing gender equality and inclusion through the training programs. By pooling their resources, expertise, and influence, the consortium can amplify their impact and promote an equal opportunity to learn, grow and succeed.

2. Key findings

2.1. Gender and mental health

Gender, as a well-defined social construct, generates inequality between men and women with disabilities. Despite this, women with disabilities, including those with mental health issues, have been excluded and overlooked in the fight for women's rights.

For many years, women with severe mental disorders face additional challenges and barriers compared to other women and men with disabilities. Research has shown clear differences in psychiatric morbidity and behaviour patterns based on gender, influenced by sociocultural variables. Social and cultural factors play crucial role in the development and maintenance of mental health issues, affecting men and women differently due to imposed social roles.

Additionally, women are less represented in specialized mental health resources and access these services lates than men, partly due to traditional gender roles and family dynamics. The design and structure of mental health resources often cater more to men, making it harder for women to access flexible and suitable support. This lack of access limits women's opportunities for social participation, especially in employment, which is critical for the empowerment.

Women with mental health issues face significant stigma, often labelled with negative stereotypes, which further delays their participation in the workforce. This stigma also undermines their credibility when reporting abuse or violence. The internalization of societal prejudice, or self-stigma, leads to negative self-perception and reinforces discrimination. Women with mental health issues often lack social and personal skills necessary for self-advocacy and decision-making, highlighting the need for gender-sensitive professional support to facilitate their visibility and empowerment.

In this way, demonstrate that gender is a significant determinant of mental health and its management within healthcare services. The analysis highlights higher prevalences of poor mental health among women across all ages and social groups, with an additional cumulative effect due to experiences of inequality. Diagnoses of depression and anxiety are more frequent among women, even after accounting for their worse mental health and higher frequency of primary care visits.

Regarding policy implications, it is clear that reducing gender inequalities in mental health will require political intervention at various levels. There is a strong relationship between societal gender inequality and gender disparities in mental health, suggesting that policies combatting discrimination against women in the labour market, domestic responsibilities, time use, and political representation will positively impact mental health inequalities.

On the other hand, mental ill health rates among women are rising throughout the EU, posing a significant burden from early adolescence through adulthood. Additionally, there is growing evidence of the interaction between mental health and other chronic conditions in later life stages. As shown in the following figure 1, are due to a lack of services and reporting of mental health issues. Evidence on causes of death and disease burden expressed through DALYs (disability-adjusted life-year) indicates that while accidents, injuries, and cancers are significant for girls aged 10-14, mental health poses a high burden even at this early age, with anxiety and depressive disorders ranking third and fourth among the top 10 causes of DALYs. Self-harm ranks second among causes of death for young women aged 15-19 in the UE, and combined, depressive and anxiety disorders account for the highest percentage of DALYs in this age group.

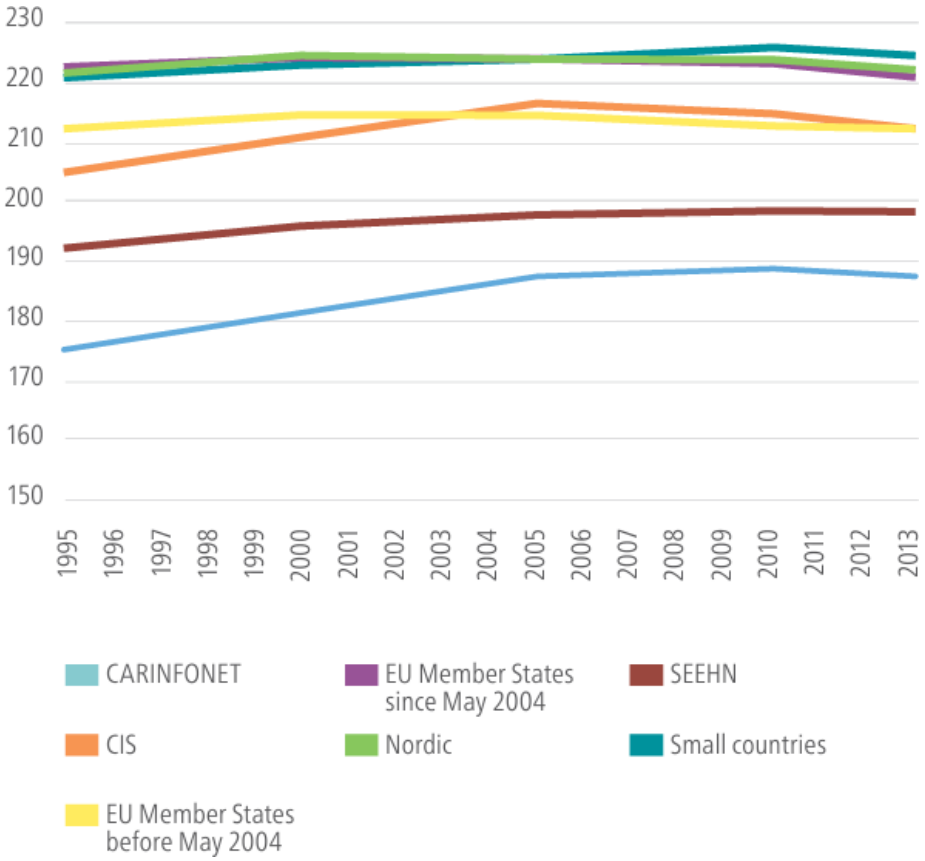

Figure 1. DALYs per 100.000 women due to mental and substance use disorders, European Region. Source: "Women's health and well-being in Europe: beyond the mortality advantage". WHO Europe.

Therefore, enhancing well-being often needs actions beyond the health sector and incorporates a quality dimension. For instance, low female employment impacts women's well-being, but the nature of that employment (whether formal or informal, and its quality) also plays a crucial role. Despite global and regional increases in women's labour force participation, women remain at a disadvantage. They are less engaged in the workforce compared to men, more involved in unpaid work, often hold precarious jobs, are underrepresented in senior management and decision-making position, earn less, and more likely to end their live in poverty. According to the United Nation Development Programme (UNDP) 2015 Gender Inequality Index, the average labour force participation rate in the EU was 45,6% for women, compared to 70% for men, with only 32 countries having a female labour force participation rate above 50%. OECD data from 2014 show that 73% of men aged 15-64 were full-time employment, compared to 51% of women in the same age group. Additionally, the European Agency for Safety and Health at Work reports that in some EU countries, 80% of part-time workers are women.

Every well-being index includes a health component. Health disparities are viewed as a key metric for assessing well-being and as a barrier to achieving it. An example of a well-being measures is the Organisation for Economic Cooperation and Development (OECD) Better Life Index, which examines material conditions (such as income and wealth, jobs and earnings, and housing) and quality of life

through various connections, civic engagement and governance, environmental quality, personal security, and subjective well-being). This index acknowledges the sustainability of well-being over time, considering resources such as human, social, natural and economic capital to be vital for securing it, and underscores the interconnectedness and complementarity of well-being dimensions. Job insecurity, a significant determinant of health, is consistently higher among young workers, women, immigrants, and manual labourers. Employment and working conditions show clear inequalities related to ethnicity, migrant status, and disability. Minorities face barriers to labour market entry, discrimination, and are overrepresented in informal employment. Moreover, research on work-related diseases since studies tend to focus on male-dominated professions and male metabolism of chemicals, excluding part-time workers (the European Agency for Safety and Health at Work reports that in some EU countries, 80% of part-time workers are women) and occupation with limited exposure data. Thus, women are more affected by musculoskeletal disorders and stress-related problems (60% and 16%, respectively), as well as lower-limb disorders, which are seldom recognized as work-related.

2.2. Gender diversity in training programs

Integrating gender diversity and inclusivity intro training programs is a strategic necessity for organizations to cultivate diverse and empowered workforces.

To truly foster an inclusive learning environment, training initiatives must prioritize inclusive practices that recognize and respect the diverse experiences and identities of all participants. Let's go into the key finding that highlight these crucial areas for improvement and outline actionable steps toward more equitable training program:

1. Awareness Gap: many training programs operate within a framework that overlooks or minimizes the significance of gender diversity. This oversight often translates into a failure to acknowledge and accommodate the unique needs and challenges faced by individuals of different gender.
2. Impact of Bias: unconscious bias and ingrained stereotypes continue to shape training content and delivery methods, perpetuating gender inequalities. Therese biases may manifest in various way, from subtle language choices that reinforce traditional gender roles to overt assumptions about the capabilities and preferences of individuals based on their gender.
3. Need for representation: the lack of diverse gender representation in training materials and leadership roles perpetuates a skewed perspective that reinforces prevailing power dynamics. When training materials predominantly feature examples, case studies, and perspectives from a single gender or fail to reflect the full spectrum of gender identities, it sends a message that certain voices and experiences are valued more than others.
4. Intersectional approach: gender intersects with various aspects of identity including race, ethnicity, socioeconomic status, disability, and sexual orientation. By acknowledging and addressing the unique challenge faced by individuals who hold multiple marginalized identities, training programs can better promote inclusivity and equity for all participants.
5. Inclusive practices: creating a truly inclusive learning environment requires deliberate efforts to incorporate inclusive language, diverse examples, and equitable opportunities for participation and advancement. In this way, inclusive language acknowledges and respects individuals' gender identities and expressions, avoiding assumptions or stereotypes based on

binary notions of gender. Diverse examples draw from a range of experiences and biases. Equitable opportunities ensure that all participants have access to resources, support, and recognition, regardless of their gender identity or background. So, by adopting these inclusive practices, training program can foster a more welcoming and supportive environment where all individuals can thrive and contribute their unique talents and perspectives.

3. Objectives

In alignment with UNOPS's commitment to equitable representation and inclusion, these guidelines set two primary objectives that emphasize the principal vision of gender equality within the training program. These objectives are designed to ensure that the training program promote a sense of belonging and inclusivity.

3.1. Objective 1: Achieve equitable representation in training content and participation

The main aim is to ensure that gender diversity is equitably represented in all aspects of the training program. This objective will be pursued through the following key initiatives:

- Leadership accountability: ensure that training program leaders are accountable for fostering and managing diverse and inclusive training environments. Leaders will be responsible for promoting gender diversity and ensuring equitable treatment for all participants.
- Diverse outreach and recruitment: implement policies and practices that diversity outreach and recruitment for training programs, ensuring a broad and inclusive pool of participants.
- Equitable development opportunities: provide all participants with equal access to development opportunities, including training, mentoring, and career advancement, to ensure fair treatment and growth.
- Equitable experiences: guarantee that all training participants receive equitable experiences, fostering an environment where everyone feels valued and respected.
- Increased accountability: enhance mechanisms to address any instance of discrimination, harassment, or bias withing training programs, ensuring a safe and inclusive learning environment.

3.2. Foster an inclusive culture in training program

The goal is to create training environments where all participants feel included and have a sense of belonging. This objective focuses on cultivating an inclusive culture through the following actions:

- Inclusive leadership mindsets: strengthen and build awareness around inclusive leadership mindsets among trainers, ensuring they are equipped to manage and support diverse groups effectively.

- Inclusive candidate experience: ensure that recruitment process for training program is inclusive and provide a positive experience for all applicants.
- Support for participants: ensure that all training participants have the support and resources they need to thrive within the program.
- Well-being and belonging invest in the well-being and sense of belonging of all training participants.
- Enabling learning environments: create training environments that are supportive, inclusive and prevent conflict, ensuring all participants can engage full and productively.

4. Recommendations for implementation

To achieve these objectives, the consortium will deploy a pragmatic and realistic approach, setting benchmarks and targets based on objective demographic data collected during the training program recruitment process. Additionally, the consortium will encourage voluntary self-identification of diversity dimensions, treated with utmost confidentiality, to facilitate comprehensive dialogue around inclusion and engagement.

This strategy embraces and incremental and scalable approach, emphasized by a commitment to continuous learning and adaptation. Progress will be reviewed through lessons learned and feedback from participants and stakeholders. So, in essence, these guidelines are a living document, shaped by collective input and experiences.

In this way, to ensure the effective integration of gender equality and inclusion principles into training program, the following recommendation have been developed. These recommendations aim to create an inclusive and supportive learning environment that values and respects the diverse experiences of all participants:

- Provide training and resources for trainers to recognize and mitigate unconscious bias, fostering a culture of inclusion within training program.
- Establish feedback mechanisms to solicit input from participants on the inclusivity of training materials and identify areas for improvement.
- Promote intersectional approaches to gender equality that recognize and address the intersecting forms of discrimination faced by individuals of marginalized genders.
- Advocate for organizational policies that prioritize gender equality and inclusion in all aspects of training and development initiatives.

5. Conclusion

In this guideline, the analysis highlights the significant impact of gender as a social construct on mental health disparities between men and women with mental health issues. Women with mental health

issues face unique challenges and barriers that are influenced by sociocultural factors and traditional gender roles, leading to underrepresentation in mental health resources and delayed access to services. The stigma and stereotypes associated with mental health further delay their participation in the workforce and social activities, reinforcing negative self-perception and discrimination. To address these inequalities, a gender-sensitive approach in mental health management and policy interventions is crucial. Reducing gender disparities in mental health requires fostering an inclusive and equitable environment, the well-being and empowerment of women with mental health issues can be improved ensuring they have the necessary support and opportunities.

By prioritizing gender equality and inclusion in training program, the consortium can create more equitable and empowering learning environments that support the diverse needs and experiences of all individuals, regardless of gender identity. Embracing inclusive practices not only enhances the effectiveness of training program but also contributes to extensive efforts to advance gender equality in society.

6. Bibliography

GENDER, DIVERSITY AND INCLUSION IN OUR WORKFORCE; Strategy 2022-2025; UNOPS, March 2022.

EL GÉNERO COMO DETERMINANTE DE LA SALUD MENTAL Y SU MEDICALIZACIÓN; Amaia Bacigalupea, Andrea Cabezasa, Mikel Baza Bueno y Unai Martína; Informe SESPAS; 2020.

MENTAL HEALTH IN THE EU; EPRS | European Parliamentary Research Service; Laurence Amand-Eeckhout; PE 751.416 – July 2023

WOMEN'S HEALTH AND WELL-BEING IN EUROPE: BEYOND THE MORTALITY ADVANTAGE; World Health Organization, Regional Office for Europe; 2016.

¿POR QUÉ HABLAR DE GÉNERO Y SALUD MENTAL?. Luciana Ramos-Lira; Salud Mental Vol. 37, No. 4, july-august 2014.

PROYECTO "GUÍA de SALUD MENTAL con PERSPECTIVA de GÉNERO". María Pilar Álamo; ATELSAM Salud Mental; 2020.

COMPENDIUM OF GOOD PRACTICES IN TRAINING FOR GENDER EQUALITY. UN Women Training Centre; April 2016.

GENDER EQUALITY TRAINING GENDER MAINSTREAMING TOOLKIT. European Institute for Gender Equality; 2016.

MH4HRM

Mental Health for Human Resources Managers

2023-1-ES01-KA220-VET-000154369

Co-funded by
the European Union

SGS · HRVATSKI ZAVOD ZA JAVNO ZDRAVSTVO · ALMA MATER STUDIORUM UNIVERSITÀ DI BOLOGNA · idec · EAINYAE · FUNDACIÓN equipo humano INNOVATIVE ACTIONS FOR A PEOPLE-CENTRED EUROPE · PREVIFORM