Editorial

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On 1 July 2016, the UN Human Rights Council adopted a Resolution on Mental Health and Human Rights, led by Portugal and Brazil and co-sponsored by 61 countries, with more countries still joining. The resolution addresses a range of rights issues around mental health, for example: "the need for States to take active steps to fully integrate a human rights perspective into mental health and community services, particularly with a view to eliminating all forms of violence and discrimination within that context, and to promote the right of everyone to full inclusion and effective participation in society".

In the UK, the five year forward view for mental health of the Mental Health Taskforce (2016) is beginning to stimulate fresh thinking, for example about health inequalities within mental health. Gender inequalities are one area of concern, in planning either prevention or care for mental illness. Scott and McManus (2016) found that women experiencing violence and abuse are far more likely to experience disadvantage across multiple areas of their lives. About 5 per cent of women have experienced extensive abuse as both children and adults (compared to 1 per cent of men), and 54 per cent of these women develop a common mental illness, (such as depression). Women physically and sexually abused in both childhood and adulthood are far more likely to attempt suicide (36 per cent) than women with little history of abuse (2 per cent).

Earlier this year there had been some discouraging news for young women, when the Department for Education sacked Natasha Devon as children's Mental Health Champion (Aitkenhead, 2016). She had been a determined advocate for improved mental health, especially around body image. However, hopes for better gender equality in planning rose with a roundtable event in June, organized by the charity Agenda, to discuss "Women's Mental Health". In total, 18 national agencies were represented, including such good friends of the *JPMH* as the Mental Health Foundation and Public Health England. There was interesting news about the future appointment of a "Mental Health Equalities Champion" for England and an assurance that Public Health England is to consider women's mental health within its agenda for prevention.

If roundtable "wish lists" are to be realised, resources will need to be released by the health and social care commissioners. Later in June, I attended the annual conference Health+Care 2016. It was really encouraging to hear the session on "Commissioning for improved mental health". Speakers included the new National Clinical Director for Mental Health, Tim Kendall, and the session was chaired by Phil Moore of the Mental Health Commissioners' Network.

Improved mental health will need both new resources and new professional skills. Historically, the Faculty of Public Health has a role in defining professional skills in the UK. The 2016 annual conference of the Faculty was entitled "Public Health in a Cold Climate. Melting Hearts and Minds with Evidence". A key public health theme this conference tackled was "mental health and wellbeing". A member of our Editorial Advisory Board, Sarah Stewart-Brown, chaired the Faculty's mental health committee. At the conference they launched a groundbreaking report, Better Mental Health for All (Faculty of Public Health & Mental Health Foundation, 2016).

Professor Stewart-Brown's team produced an abundance of good ideas. I would especially recommend readers of *JPMH* consider the section of their report on:

- What can public mental health practitioners and other professionals do to support their own mental wellbeing?

In medicine (and many other professions) women have generally experienced unequal career opportunities and less support in their professional development (Bewley and Bewley, 2016). Gender inequalities have presented distinct challenges to occupational mental health systems. I recall when overconfident policy-makers like Prime Minister Tony Blair tried to lecture my female colleagues on Improving Working Lives for Doctors (Department of Health, 2002): that did not go down well!

A major message of the roundtable on women's mental health was the relationship between early experiences of abuse and violence and subsequent self-harm. In this issue of *JPMH* the article by Bush and Young Minds describes a promising community initiative for self-harm. Both girls and boys exposed to violent crime can develop a wide range of behavioural problems. In this issue, DeMarco *et al.* describe the effect of an emergency department intervention for young people exposed to violence. In an analysis of population wellbeing, Caan considers the negative impact of adverse childhood experiences and also positive social protection and resilience within communities. A vital lesson from the Association for Young People's Health (2016) is to learn from young people themselves, their understanding of resilience.

For generations, there has not been parity of esteem for "mental" and "physical" healthcare (Hilton, 2016). However, a focus on that inequality may be masking another, namely, the unequal esteem we demonstrate towards female and male mental health needs. Gradually, more and more women are gaining leadership positions in healthcare, for example England now has its first, female Chief Medical Officer (Sally Davies). Will this new generation of leaders address the Human Rights issues around Womens' Mental Health?

Parity of neglect

The wellbeing of Women:

The great Inequality.

Pregnancy, Birth, Motherhood –

So often misunderstood!

Menopause, Loss, Widowhood:

Male doctors could see *nothing* good.

Will more female Consultants

Revise the priority?

Pregnancy, Birth, Motherhood […].

Should they, would they, if they could?

References

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