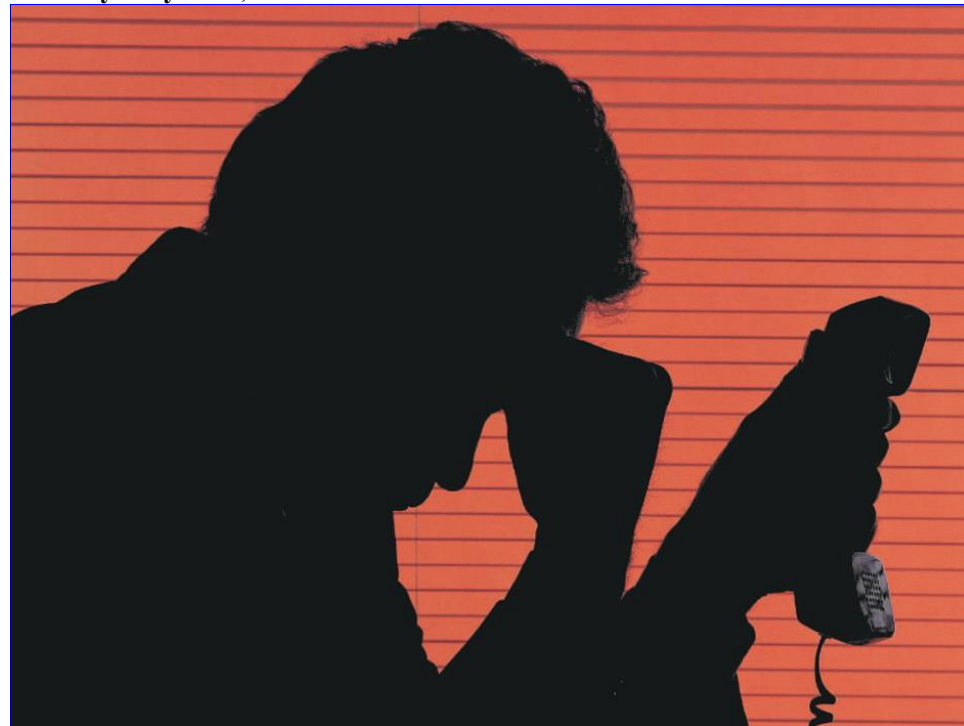


Barbara Kay: Why does a report on ‘gender equity’ in mental health all but ignore the illnesses of men and boys?

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Making sure people who require mental health resources can access them easily is a big part of the puzzle of helping to prevent incidents of mass violence, Dr. Jacqueline Brunshaw writes.

In a column last March, I described the radical progressive mind’s inability to see iniquities on the left and its fixation with right- wing evil as the ideological equivalent of a neurological syndrome called “hemispatial neglect.” Those afflicted with hemispatial neglect lose recognition of space on one entire side of the body. It isn’t that they have a desire to see what’s on the side that is lost to them, but simply cannot see it. Rather, it is that they have lost awareness that there is another side. Give them a plate of food, and they will only eat the food on the side they can see, but they will believe they have finished their meal. Ask them to draw a line down the middle of their body and they will draw the line through the middle of their perceptive side.

The syndrome in its ideological form is apparent in the radical feminist assessment of human evolution and its skewed approach to strategies for society’s improvement. We have a case study in ideological hemispatial neglect, for example, in a recent motion adopted by the European Parliament. The motion forms part of a [“Report on promoting gender equality in mental health and clinical research,”](#) which was submitted by the Committee on the European Parliament’s Women’s Rights and Gender Equality.

The words “gender equality” in the report’s title imply a bilateral concern for the mental health issues facing men and women. But the report disproportionately refers to women and girls’ mental health issues, making little mention of the mental health issues that afflict men and boys.

The words “gender equality” in the report’s title imply a bilateral concern for the mental health issues facing men and women. But the report is completely imbalanced.

The [motion](#) begins with a slew of “having regard to’s” and “whereas’s” that sound reassuringly universal. Like “Having regard to the Commission Green Paper entitled ‘improving the health of the population – Towards a strategy on mental health for the European Union,’” and “Whereas the right to the highest attainable standard of physical and mental health is a fundamental human right and includes an obligation of non- discrimination....”

But when it comes to actual recommendations, the Committee is evidently more concerned about the female population. There are 163 paragraphs in the report; two are devoted to men’s mental health. The document calls for “women and girls (to) have access to screenings,” but not for boys and men. Member states are asked to ensure “free access to health services for unemployed women,” but not for men (who are far more likely to be unemployed).

Likewise, the Committee calls for “access to mental health services – including women’s shelters” for women, even though men account for more than 75 per cent of the homeless population. Member states are urged to “take account of the specific needs of lesbians and bisexual and transgender persons.” There is no mention of gay men. And yet, according to Rob Whitley, Assistant Professor in McGill University’s Department of Psychiatry, gay men have some of the highest suicide and self- harm rates in Europe.

Most bizarrely, the report claims women’s mental illness is partly due to “men who do not devote themselves sufficiently to household tasks and bringing up daughters and sons, causing many women to suffer from depression, anxiety and stress.” This statement is rooted wholly in theory; Whitley says he’s seen no literature in the field of psychiatry to support the claim that an imbalance in domestic duties causes clinical depression.

The individuals behind the report could not have consciously believed they were ignoring the demonstrable problems of half the population.

Commenting on the report in [an article](#) in Psychology Today, Whitley notes that the most common risk factors for suicide or depression are adverse childhood experience, financial strain, social isolation, divorce and bereavement. The report makes no mention of these factors, or the fact that they “can be experienced differentially by men and women.” Social isolation after divorce, for example, is far more likely to be experienced by men than women and can lead to suicidal ideation or action. Unmentioned.

The rapporteur behind the report, Beatriz Becerra Basterrechea, as well as the individuals who voted on the motion’s adoption (of the members present for the final vote, 26 out of 30 were women), could not have consciously believed they were ignoring the demonstrable problems of half the population. The likely explanation for their indifference is ideology- induced hemispatial neglect. Sadly, there is, as yet, no cure for this affliction — of either the neurological or political kind.

By contrast, in March, Whitley took part in an [event](#) hosted by Spanish Member of Parliament Teresa Gimenez Barbat, entitled “Gifted Women, Fragile Men.” The event, which focused on areas in which men and boys experience disproportionate harms and inequalities, provided an enlightening balance to the “gender equality” report. Whitley’s own presentation on male suicide and its causes is worth watching. It’s informative and — more importantly — evidence- based.

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