



8213 Lakenheath Way, Potomac, MD 20854 USA
 Phone: 1-301-983-6282
 Email: info@iawmh.org

7th World Congress on Women's Mental Health
 Registrations are now open! www.iawmh2017.org
 Deadline for Oral and Poster Abstracts - **October 12, 2016**

September 2016

Editor

Prabha S Chandra

In this issue

The President's Note

Message from the President
Elect

1st National Conference on
Motherhood and Mental
Health—Bangalore

7th World Congress on Wom-
en's Mental Health—Dublin
2017

Select Publications

Member Reports

WPA on IPV

ICONS 2016

II Argentina-Austria Conference

From the Editor's Desk

Save the date!



**The 7th World Congress
on Women's Mental
Health
March 6-9, 2017
Dublin, Ireland**

[See more upcoming events](#)

My Journey — Helen Herrman Recounts

Our editor has asked me a few questions and I am pleased to try to respond to a couple of them: paraphrased as, why do you do what you do and what have been the main influences in your professional life? I begin with a short history of ideas.

Working as a trainee public health physician based in Oxford – after immigrating to the UK from my native Australia – I began to fixate on the idea of social factors as closely related to mental health: a notion that has remained central to my later interests and actions in psychiatry. This is the idea that people who live in poverty and disadvantage are more likely to have ill health, that experiences in families are formative. Not only that, but the notion that social factors can be influenced by policy – whether the taxation applied to cigarettes or through laws about serving alcohol. How friendly can we make surroundings and outdoor settings for older people? There are all sorts of things we can do at a population level that influence the kind of environment people live in and their overall health, including mental health.

It was after completing a study that examined how people living with depression and psychosis are twice as likely to die young as other people in the community that I decided to train in psychiatry. The study looked at the experience of early death and hospital admission in people with a diagnosis of schizophrenia. In the asylum setting, people with this diagnosis often died from tuberculosis, pneumonia and even malnutrition. But in the era of community care, there are more deaths from accidents, suicides and heart disease. The rate of early death was about the same for women and men living in the big asylums as it is now for people with longstanding mental illnesses living in the community. But the reasons for early death are very different, which suggests that they have significant social roots.

I was previously the Director of Psychiatry at St Vincent's Hospital in Melbourne. There I worked in service development and understanding the experience of people in marginalised populations, including homeless people and prisoners, as well as those with psychosis, depression and psychosocial aspects of care. In my current role at Orygen, the National Center for Excellence in Youth Mental Health in Melbourne I have the chance to work with young women and men living in out of home care and try to understand how the pathway to mental ill health and associated complex disabilities and life problems can be moderated. At Orygen there is the opportunity to mingle with good colleagues to absorb the excitement about youth mental health and early intervention in mental ill health, and to promote a strong gender perspective in this work.

My work with WHO has included studies on quality of life and mental-health promotion. More than a decade ago I was acting Regional Advisor for Mental Health in WHO's Western Pacific Regional Office (Manila, Philippines) for a year. In Asian and Pacific countries it is possible to encounter both underresourced and inadequate mental health care, and inspiring examples of good practice and innovative use of scarce resources. Experience in low-income settings then and since reinforces the idea that the social determinants of the health and mental health of women and girls are relevant to the onset of the problems and their resolution. Participatory approaches to health are central to improving the mental health of women and girls. The mental health of



IAWMH Leadership

President

Helen Herrman (*Australia*)

Vice President

Jayashri Kulkarni (*Australia*)

Immediate Past President

Marta B Rondon (*Peru*)

Secretary

Prabha S Chandra (*India*)

Treasurer

Susan G Kornstein (*USA*)

Executive Director

Debra Tucker (*USA*)

Advisory Board

Silvia Lucia Gaviria (*Colombia*)

Unaiza Niaz (*Pakistan*)

Teri Pearlstein (*USA*)

Anita Riecher-Rossler
(*Switzerland*)

Donna Stewart (*Canada*)

Margarita Saenz Herrero
(*Spain*)

Toshiko Kamo (*Japan*)

Florence Thibaut (*France*)

Simone Vigod (*Canada*)

History of IAWMH

Established in 2001 to improve the mental health of women throughout the world, the International Association for Women's Mental Health is a not for profit, Non-Governmental Organization.

The mission of the International Association for Women's Mental Health is:

- Improve the mental health of women throughout the world.
- Expand the fund of knowledge about women's mental health.
- Promote gender-sensitive and autonomy-enhancing mental health services for women.
- Advance collaboration with other Societies or Sections

women and girls is closely interlinked with their social status, economic status and hence their participation as valued members of society. This is especially relevant for young women and girls facing adversity caused by poverty, war, natural disasters, and exposure to interpersonal violence and human rights abuses.

I am privileged to take on global leadership roles in mental health and psychiatry and to have the chance to use my experience in public health, early intervention in mental ill health for young women and men, and collaborating with wonderful colleagues in international organisations including IAWMH and WPA. One of the most important legacies of previous work is understanding the strength that comes from working in groups of people from a range of backgrounds including those with experience of service use, practitioners, community workers and government decision makers. We can't do anything alone. As health workers, researchers, advocates and community activists we need to work with service users, community groups, family groups – a range of people in a range of places. I hope that with IAWMH along with WPA and other organisations we can take concrete actions to develop a global partnership for improving the mental health of young women and girls facing adversity.

Helen Herrman

President, International Association for Women's Mental Health

Message from the President Elect

It is with great pleasure that I write as President-elect of the International association for Women's Mental Health. As we are all well aware, there is considerable work to be done to improve women's mental health around the world. Even in our own mental health profession, we still have advocacy work to do, to raise the issue of women's mental health and make it a priority. I am always struck by the central position that women have in most societies as carers for both younger and older generations as well as being leaders in many different domains - yet, we still do not have specially tailored treatments or preventative strategies in place for the many causes of mental ill health in women.

In recent times, we have seen many countries focus on the huge issue of violence against women. This has resulted in many important initiatives such as tackling violence with new legislation, more policing, societal education programmes and providing greater resources for women experiencing violence. However, there is still a global need for more attention to be paid to the profound and long lasting mental health issues resulting from violence against women in early or later life. Our organisation has many roles and the quest for good mental health for all women is our ultimate goal. To achieve this goal, we unite with a "call to action" on issues as the mental health impact of violence against women. As a global organisation, we have the wonderful opportunity to both learn and support each other in our overall goal to improve women's mental health and hence their quality of life. Every two years, we meet in different parts of the world at our Congress to share ideas, support and refuel ourselves to continue with our work, as well as focus on specific issues for women in the host country. In 2017, we will meet in Dublin.

I recently met with the local organising committee in Dublin, along with our organisation's executive officer - Debby Tucker. The meeting in Dublin promises to be a superb event, with a great mix of the art and science involved in providing mental health care for women. The local organising group are a hard - working, energetic, vibrant group who are highlighting the many issues that women face when full reproductive rights are not present. Many issues and possible solutions across the female life cycle will be presented in keynote lectures, symposia, presentations, posters and workshops at the Dublin conference. Lively Irish culture and hospitality will be present in abundance at the forthcoming conference, with the preparations currently in full swing. I heartily encourage you all to attend and bring along your male and female colleagues to share in what promises to be a fun-filled, highly impactful congress that will push our quest further forward.



Select Publications by IAWMH Members

Impact of prenatal exposure to psychotropic drugs on neonatal outcome in infants of mothers with serious psychiatric illnesses.

Anne-Laure Sutter-Dallay, Mélanie Bales, Elodie Pambrun, Nine M-C. Glangeaud-Freudenthal, Katherine L. Wisner, Hélène Verdoux, *Journal of Clinical Psychiatry* 2015;76(4): 967-73

Prenatal psychological distress and access to mental health care in the ELFE cohort.

Bales M, Pambrun E., Melchior M, Glangeaud-Freudenthal N. M-C, Charles M-A. Verdoux H, Sutter-Dallay A-L, *European Psychiatry* 2015;30(2): 322–328. DOI: 12/2014

Early prenatal interview and antenatal education for childbirth and parenthood: Associated psychosocial and obstetric characteristics in women of the ELFE cohort.

Barandona, M., Balèsb, M., Melchiord, N., Glangeaud-Freudenthal, E., Pambrunb, C., Boisg, H., Verdoux, A.-L. Sutter-Dallay, *Journal de Gynécologie Obstétrique et Biologie de la Reproduction* (2016) 45, 599–607

Borderline Personality Disorder and Polycystic Ovary Syndrome.

Trisno, R., Worsley, R., & Kulkarni J., 2016, *Aust N Z J Psychiatry*, 50, 292-3

Do mental health clinicians elicit a history of previous trauma in female psychiatric inpatients?

Xiao, C. L., Gavrilidis, E., Lee, S. & Kulkarni, J., 2016, *J Ment Health*, 1-7

My personal best wishes to you for your continued great work in improving women's mental health and for your personal health and happiness

See you in March in Dublin in 2017

Jayashri Kulkarni

National Conference on Motherhood and Mental Health, India, 2015



The first national conference on motherhood and mental health in India, was held at the Convention Center, National Institute of Mental Health and Neuro Sciences, Bangalore, on 31st October 2015. The organizing secretaries were Dr Geetha Desai and Dr Harish T with Dr Prabha Chandra as the chairperson, and a vibrant and young, multidisciplinary organizing committee.

Our partners were, the International Association for Womens' Mental Health, the Marce' International Society and the White Swan Foundation for Mental Health.

The conference was preceded by an Unconference on Perinatal mental health organized by young mental health professionals working in perinatal psychiatry to discuss how maternal mental health for common mental disorders could be integrated into routine antenatal and postnatal care; and developing low cost, effective and sustainable models including a stepped care approach for delivering mental health care for mothers for severe mental illness.

The conference saw 150 participants from psychiatry, clinical psychology, psychiatric social work, nursing, obstetrics, pediatrics, counselors, volunteers and basic scientists. There were two plenary sessions, two parallel symposia, and a few workshops. Forty posters were presented at the conference.

A Perinatal Psychiatry Training video series for mental health professionals aimed at skill building in assessment and interventions was released on the occasion. The White Swan Foundation in collaboration with Perinatal Psychiatry Services, NIMHANS, also developed and launched a part of their portal dedicated to public education on perinatal mental health. You can view the website here — <http://www.whiteswanfoundation.org/motherhood-and-mental-health/>

The conference concluded with a panel session on 'Multidisciplinary approach to perinatal mental health'. The conference received tremendous positive feedback and the participants showed great enthusiasm in enhancing perinatal psychiatry services in different settings and parts of India.

Menstrual Cycle

Characteristics in Women with Persistent Schizophrenia.

Gleeson, P., Worsley, R., Gavrilidis, E., Nathoo, S., NG, E., Lee, S. & Kulkarni, J., 2016, *Aust N Z J Psychiatry*, 50 (5), 481-487

Safety of atypical antipsychotics in pregnancy

Camunas, A., Grigg, J., Gilbert, H., Worsley, R., Gavrilidis, E. & Kulkarni, J., 2016, *Spanish Journal of Biological Psychiatry*, 22 (3) <http://dx.doi.org/10.1016/j.psiq.2016.02.001>

Psychoses in Pregnancy and During Breastfeeding

Riecher-Rössler A., *SPECTRUM Psychiatrie* 2015; 3: 6-10

Depression in the Peripartum – Diagnostics, Therapy and Prevention

Riecher-Rössler A., *PSYCH up2date* 2015; 9(03): 149-60

Estrogens and Psychopharmaceuticals

Riecher-Rössler A., *Arzneimittel -, Therapie-Kritik & Medizin und Umwelt* 2015; 2: 403-8

Suicidality in early pregnancy among antepartum mothers in urban India

Supraja TA, Thennarasu K, Satyanarayana VA, Seena TK, Desai G, Jangam KV, Chandra PS, *Arch Womens Ment Health* 2016 Aug 26 [Epub ahead of print]

Effect of Adjunctive Raloxifene Therapy on Severity of Refractory Schizophrenia in Women: A Randomized Clinical Trial

Kulkarni J, Gavrilidis E, Gwini SM, Worsley R, Grigg J, Warren A, Gurvich C, Gilbert H, Berk M, Davis SR, *JAMA Psychiatry*. 2016 Sep 1;73 (9):947-54. doi: 10.1001/jamapsychiatry.2016.1383

7th World Congress on Women's Mental Health



The National Women's Council of Ireland (NWCi) and Trinity College Dublin (TCD) extends a very warm welcome to the 7th World Congress on Women's Mental Health to be held in the Royal Dublin Society (RDS) on 6-9 March 2017 to coincide with International Women's Day March 8th. The theme of the Congress is Rights, Resilience & Recovery. A rights, equality and scientifically evidence-based approach to women's mental health can best support and empower women when they are ill and on the road to recovery. This Congress aims to create a space for a rights and evidence based exploration of women's mental health internationally.

Keynote Speakers

Dr Donna E Stewart

Prof Jayashri Kulkarni

Prof Louise M Howard

Dr Margaret Mungherera

Prof Veronica O'Keane

Dr Susan Kornstein

Prof Michelle Williams

Prof Helen Herrman

Prof Marta Rondon

Prof Jane Fisher

Ms Ailbhe Smyth

Dr Prabha Chandra

Leonel Briozzo

Felicity Kennedy

Dainius Pūras

More information

[Core Organising Committee](#)

[Programme for the Conference](#)

[Deadline for Oral and Poster Abstracts](#)



[Click here to view poster](#)



New Developments in Intimate Partner Violence and Management of Its Mental Health Sequelae

Stewart DE, Vigod S, Riazantseva E, *Curr Psychiatry Rep* 2016 Jan; 18(1):4. doi: 10.1007/s11920-015-0644-3

The prevalence and correlates of self-harm in pregnant women with psychotic disorder and bipolar disorder

Taylor CL, van Ravesteyn LM, van denBerg MP, Stewart RJ, Howard LM, *Arch Womens Ment Health* 2016 Oct;19(5):909-15. doi: 10.1007/s00737-016-0636-2. Epub 2016 May 13

Suicide in perinatal and non-perinatal women in contact with psychiatric services: 15 year findings from a UK national inquiry

Khalifeh H, Hunt IM, Appleby L, Howard LM, *Lancet Psychiatry* 2016 Mar;3(3):233-42. doi: 10.1016/S2215-0366(16)00003-1. Epub 2016 Jan 16

Improving the mental health of women and girls: psychiatrists as partners for change

Helen Herrman, *World Psychiatry* 2016 Jun; 15(2): 190–191. Published online 2016 Jun 5. doi: 10.1002/wps.20316

We Love Great Ideas!

We are always looking forward to hearing from our readers. If you have any suggestions or personal news for future newsletters, do write to us. We would also like your feedback on the current issue and any ideas you may have for the ones to come. Tell us what you are doing so we can share it with the world. Send your suggestions to: info@iawmh.org

Member Activities

Marta Rondon

Marta was awarded the medal and diploma for extraordinary merit of the Peruvian College of Physicians in October 2015 for her efforts to advance the human rights of patients. In September the Peruvian Essalud (one of the state-run health providers) recognized her as a distinguished researcher. She has also started a consultancy at the National Institute of Maternal and Perinatal Health where she will lead the response against violence and also implement access to termination of pregnancy for therapeutic reasons.

Louise Howard and Siân Oram

Louise and Siân, along with Dr Cathy Zimmerman, published their findings on health service responses to human trafficking. Their research showed that trafficked people are exposed to high levels of physical and sexual violence, deprivation, and confinement. Findings also showed that a significant proportion of trafficked people reported high levels of symptoms of depression, anxiety, or post-traumatic stress disorder. Qualitative studies found that healthcare professionals are insufficiently informed about what referral and support options are available for trafficked people and of trafficked people's entitlements to medical care.

Anita Riecher-Rössler

Anita attended the 24th European Congress of Psychiatry (EPA), Madrid, in March 2016, where she was a speaker and chair at a few sessions. She also anchored an 'Ask the Expert' session at the congress. She also attended the 5th Biennial Schizophrenia International Research Society Conference, Florence, in April 2016.

Marga Saenz

Marga received the XVIII Julio Cortazar International Award for her short story *Japanese Girl*. The award was presented by the La Laguna University in the Canary Islands in December 2015. Marga is also organising the III Conference for Equality in Bilbao on September 30th, 2015.

Unaiza Niaz

Unaiza was re-elected as Vice President and EC Board Member, Eastern Mediterranean Region, of the World Federation for Mental Health (WFMH). Her proposal to include a section on women's mental health (WMH) was approved and she is now the Chair, Section on WMH, WFMH. She was invited to speak at the SAARC International Congress at Islamabad in March 2016, the Mental Health Forum at Karachi in February 2016, and the 12th International Congress on Psychiatry at Jeddah in April 2016. Unaiza is working on a book to mark the 70th independence anniversary of Pakistan.

Jayashri Kulkarni

Jayashri delivered a public lecture on women's mental health at the Alfred Hospital in October 2015. The event was chaired by former Governor General Dame Quentin Bryce, who also spoke eloquently on various aspects of women's mental health. At the lecture, Jayashri also announced the formation of the Australian Consortium for Women's Mental Health. In September 2015, Jayashri organized a conference titled "In Her Shoes" to promote women's mental health. She was also invited to speak at a number of conferences and did a range of media appearances in the last year.

<p>Disclaimer</p> <p>The views and opinions expressed in these reports are solely those of the individuals noted and are not necessarily either shared or endorsed by IAWMH, its leadership or members.</p>	<p>Jane Fisher and Heather Rowe</p> <p>Jane and Heather have been working to prove the effectiveness of What Were We Thinking—a universal program which represents a new way of thinking about prevention of postnatal depressive, anxiety and adjustment disorders (postnatal common mental disorders, PCMD), based on a reconceptualization of women’s postpartum psychological needs and Brown and Harris’s social theory that common mental disorders arise in contexts of humiliation and entrapment. For more information, visit http://www.whatwerewethinking.org.au/.</p> <p>Silvia Lucia Gaviria</p> <p>In April 2016, Silvia organized the VI International Congress of Medicine and Women’s Mental Health in Medellin, Colombia. The theme of the Congress was “Research from a Gender Perspective”. In October 2015, she attended the IV World Congress of Cultural Psychiatry along with Marta Rondon and Donna Stewart. She also attended the first conference on Perinatal Psychiatry at San Salvador, and the XXV Conference of the Psychiatric Clinic of Women’s Mental Health at Montevideo, in October 2015.</p>
<p>Contact Us</p> <p>International Association for Women’s Mental Health</p> <p>c/o Debra Tucker Associates, 8213 Lakenheath Way, Potomac, Maryland 20854 USA</p> <p>Phone: 1-301-983– 6282</p> <p>Email: info@iawmh.org</p> <p>www.iawmh.org</p>	<p>Prabha Chandra</p> <p>The perinatal psychiatry at the National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, India, in association with Project ECHO, University of North Mexico School of Medicine, USA, developed an online module in perinatal psychiatry, which will be disseminated free of cost through the Virtual Knowledge Network (VKN). The modules start with a brief didactic talk and a complex case scenario initiated by the presenter, followed by an interactive discussion. Cases are also presented by professionals who log in and a lively peer discussion is encouraged rounded off by final comments by the experts. The multidisciplinary perinatal psychiatry team at NIMHANS hope to make this an annual online module with different topics in perinatal psychiatry addressed every time.</p> <p>Harriet MacMillan and Nadine Wathen</p> <p>Harriet and Nadine were principal investigators for PreVAiL, which stands for Preventing Violence Across the Lifespan. It is an international research collaboration of over 70 researchers and partners from Canada, the US, the UK, Asia, Europe and Australia. Their goal is to bring together researchers and decision-maker partners to produce and share knowledge that will help children, women and men exposed to child maltreatment and intimate partner violence (IPV). For more information, visit http://www.prevailresearch.ca.</p>
<p>Upcoming Events</p> <p>25-28 November 2016 — Lima, Peru</p> <p>Regional Latin American Congress of World Federation Societies of Biological Psychiatry</p> <p>http://www.wfsbp-regionalperu.com/</p> <p>8-11 December 2016 — Bonita Springs, Florida, USA</p> <p>Annual Meeting & Scientific Symposium</p> <p><i>American Academy of Addiction Psychiatry</i></p> <p>http://www.aaap.org/annual-meeting/</p> <p>26-17 October 2017 — Barcelona, Spain</p> <p>II European Meeting on Women's Mental Health</p> <p>http://www.wmhbcn.com/</p>	<p>WPA Curriculum on Intimate Partner Violence</p> <p>Intimate partner violence (IPV) and sexual violence (SV) are global public health and human rights problem in every country of the world and cause serious physical and/or psychological harms. IPV and SV affect both women and men, although it is more common for men than women to perpetrate IPV and SV and women’s injuries (including death) tend to be more severe than those of men. Studies have shown that one-third of patients receiving mental health services are victims of IPV or SV. Mental health sequelae of IPV or SV include depression, anxiety, posttraumatic stress disorder, substance abuse, self-harm/suicide, low self-esteem, sexual problems and somatization. Children who witness IPV are more likely to develop mental health problems and to later be involved in abusive relationships. The curriculum has been conceptualized and compiled by Donna Stewart and Prabha Chandra, and can be viewed here:</p> <p>WPA Curriculum on Intimate Partner Violence and Sexual Violence Against Women</p> <p>Steering Group Members:</p> <p>Marta B Rondon (Peru), Josyan Madi-Skaff (Lebanon), Louise M Howard (United Kingdom), Harriet L MacMillan (Canada), Claudia Garcia Moreno (WHO Geneva), Alexander Butchart MA, PhD (WHO Geneva), Mark H van Ommeren (WHO Geneva)</p> <p>Educational Consultants:</p> <p>Andrea E. Waddell, Raed Hawa (Canada)</p>

International Conference of Schizophrenia (ICONS) 2016

The International Conference of Schizophrenia (ICONS) was held in Chennai, India, in September 2016. The IAWMH conducted a symposium at the conference.

Dr Jayashri Kulkarni delivered the plenary lecture on Psychotropics in Pregnancy.



The II Argentina—Austria Conference for Women's Mental Health

The second edition of the Argentina—Austria Conference for Women's Mental Health was held in Buenos Aires, Argentina, in August 2016. I was hosted at the Austrian Embassy by Dr Karin Proidl, Ambassador to Argentina, and organized and coordinated by Dr Elena Levin. The conference featured talks by Dr Maximiliano Luna, Lic Diana Avellaneda, parliamentarian Fernanda Gil Lozano, and Prof María Rosa Braile, among others.



Mind the Gender Gap – Psychiatric Research and Drug Trials

Recently a woman with depression, whose brother was also taking the same antidepressant, asked me if the dosage and side effects of the medication were the same for both men and women. She also wanted to know if her perimenopausal status would make any difference to the dosage. That is when I realized that we seldom get information on sex-aggregated data from psychotropic drug trials.

Andrea Weinberger in her article in the *Journal of Women's Health*, in 2010[1], reports that out of 150 RCTs for depression published in 2007, 15% did not report the gender composition of their sample and only half analyzed outcome by gender.

It has been emphasized that including women and accommodating for gender should happen much before the clinical trial phase. It appears that even in pre-clinical single-sex studies, only male cell lines or animals are preferred because they reduce variability. This lack of data and poor representation of female cells and animals in experiments and inadequate analysis of data by sex may put women at risk. While being inclusive may scale up costs, it is a societal imperative to do so. Adding female cell lines and animals to experiments requires the whole study to be scaled up in order to maintain statistically representative numbers for each sex, which implies higher costs for the research teams.

Where are the female mice in drug testing?

Rachel Hill, the author of an article on *Sex differences in animal models of schizophrenia*[2] mentions that 75-80 percent of animal studies in schizophrenia research used male mice only and that of 710 original articles found, only 111 used both males and females. Even among those studies which used both sexes, the sample sizes were inadequate to give conclusive results. Sex-specific results were actually found in 80 percent of the trials that did use a statistically significant number of male and female mice[3].

Female mice have an estrous cycle similar to the human menstrual cycle and scientists refrain from using female mice because they feel that the variation in estrogen and progesterone may affect behavior and it is difficult to control for these effects.

How have scientific institutions responded?

It is heartening to note several initiatives to address this gender gap in health research.

The National Institutes of Health, USA, in 2014, announced 10.1 million USD in grants to ensure that sufficient women are included in their clinical trials and that gender differences are analyzed in the resulting data. It was also emphasized that early pre-clinical research should have cell lines representing both genders and that animal research should include female mice.

On the basis of the available evidence, a committee of the US Institute of Medicine, in 2010, recommended that the International Committee of Medical Journal Editors (ICMJE) and other editors adopt a guideline that all papers reporting the results of clinical trials analyze data separately for men and women. The Canadian Institutes of Health Research implemented a requirement in 2010 that all grant applicants respond to mandatory questions about whether their research designs include gender and sex.

More recently, the NIH announced plans to require grant applicants to describe how they will balance male and female cells and animals in preclinical studies, unless sex-specific inclusion is unwarranted.

Many journals have guidelines for sex and gender aggregated reporting. One example is the *Canadian Journal of Public Health* which now requires all authors to explain how they have addressed sex and gender in their research.

The journal does so with four questions for researchers:

1. Are sex (biological) considerations taken into account in this manuscript? Yes/No
2. Are gender (socio-cultural) considerations taken into account in this manuscript? Yes/No
3. If YES, please describe how sex and/or gender considerations are considered in your manuscript
4. If NO, please explain why sex and/or gender considerations are not applicable in your manuscript.

Some new initiatives

The European Association of Science Editors (EASE) established a Gender Policy Committee in 2012 and tasked it to develop a set of guidelines for reporting of Sex and Gender Equity in Research (SAGER). Shirin Heidari and her colleagues in an article titled *Sex and Gender Equity in Research: rationale for the SAGER guidelines in the journal Research Integrity and Peer Review*[4] have laid out guidelines and a checklist.

Table 1 Sex and Gender Equity in Research (SAGER) guidelines

General principles

- Authors should use the terms *sex* and *gender* carefully in order to avoid confusing both terms.
- Where the subjects of research comprise organisms capable of differentiation by sex, the research should be designed and conducted in a way that can reveal sex related differences in the results, even if these were not initially expected.
- Where subjects can also be differentiated by gender (shaped by social and cultural circumstances), the research should be conducted similarly at this additional level of distinction.

Recommendations per section of the article

Title and abstract	If only one sex is included in the study, or if the results of the study are to be applied to only one sex or gender, the title and the abstract should specify the sex of animals or any cells, tissues and other material derived from these and the sex and gender of human participants.
Introduction	Authors should report, where relevant, whether sex and/or gender differences may be expected.
Methods	Authors should report how sex and gender were taken into account in the design of the study, whether they ensured adequate representation of males and females, and justify the reasons for any exclusion of males or females.
Results	Where appropriate, data should be routinely presented disaggregated by sex and gender. Sex and gender based analyses should be reported regardless of positive or negative outcome. In clinical trials, data on withdrawals and dropouts should also be reported disaggregated by sex.
Discussion	The potential implications of sex and gender on the study results and analyses should be discussed. If a sex and gender analysis was not conducted, the rationale should be given. Authors should further discuss the implications of the lack of such analysis on the interpretation of the results.

Table reproduced from [4] S. Heidari, T. F. Babor, P. De Castro, S. Tort, M. Curno, D. Hoffman, A. et al, "Sex and Gender Equity in Research: rationale for the SAGER guidelines and recommended use," *Res. Integr. Peer Rev.*, vol. 1, no. 1, p. 2, Dec. 2016. Reproduced under the under the terms of the Creative Commons Attribution 4.0 International License which can be viewed [here](#).

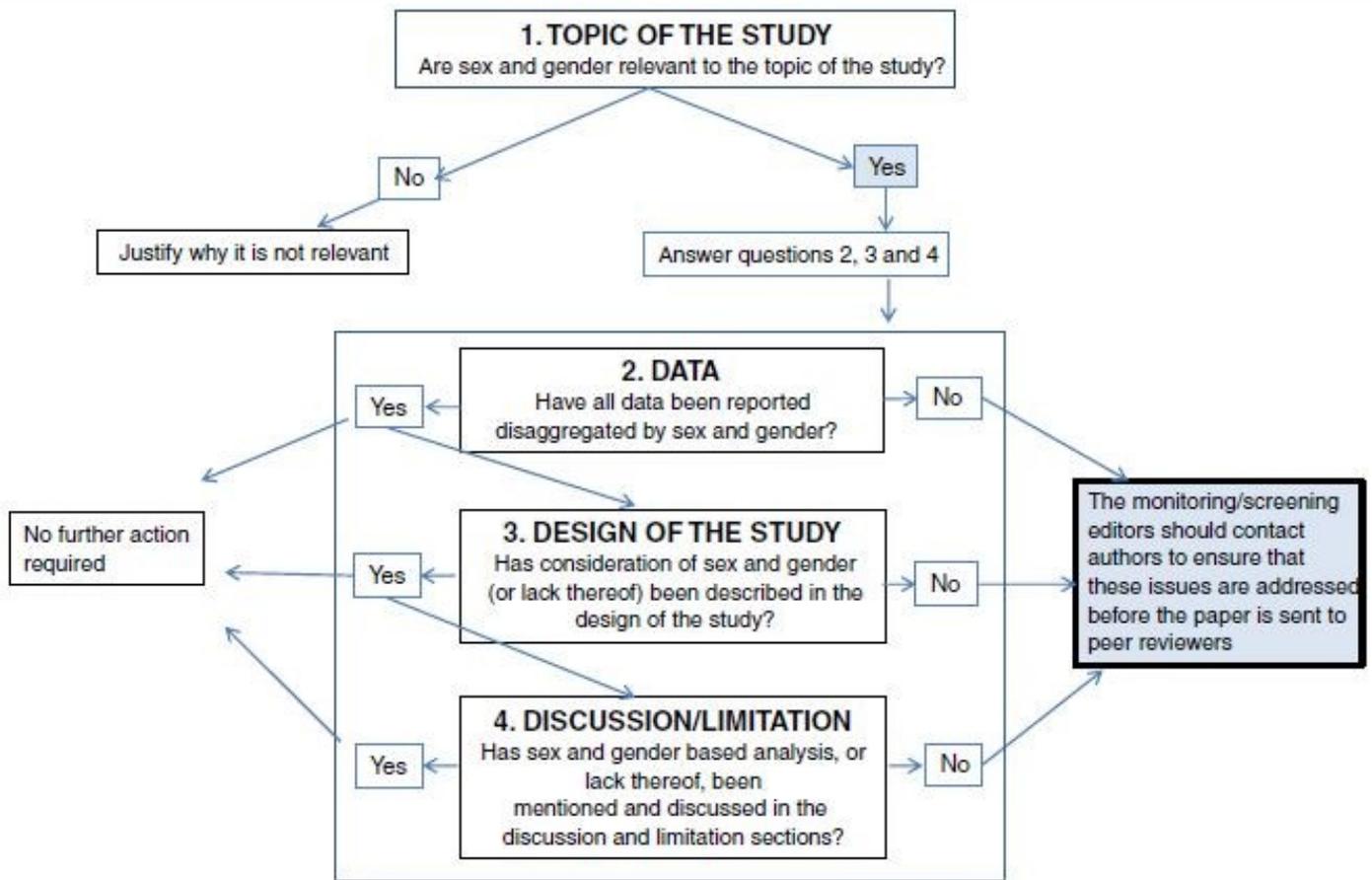


Chart reproduced from [4] S. Heidari, T. F. Babor, P. De Castro, S. Tort, M. Curno, D. Hoffman, A. et al, "Sex and Gender Equity in Research: rationale for the SAGER guidelines and recommended use," *Res. Integr. Peer Rev.*, vol. 1, no. 1, p. 2, Dec. 2016. Reproduced under the under the terms of the Creative Commons Attribution 4.0 International License which can be viewed [here](#).

Another wonderful initiative is the [Gendered Innovation](#) project at the Stanford University. This peer-reviewed project provides guidance not just for sex and gender focused innovations in health, but also in science, engineering and the environment, all of which have a bearing on health. The project portal has checklists which enable a researcher to reflect on practical methods of sex and gender analysis and also provides case studies as concrete illustrations of how sex and gender analysis leads to innovation.

For example, consider the following questions in data analysis:

1. Does the treatment have a favorable balance of benefits and risks in a mixed-sex population overall?
2. Is the treatment effective and safe enough to be indicated in both women and men?
3. Are there sex differences in effect—i.e., is the treatment more effective or safer in one sex?
4. Do differences between women's and men's existing treatment options make the proposed treatment more important for one sex?

The FDA Office of Women's Health (OWH) also offers free online courses on the subject [here](#). It is time that organizations such as the IAWMH and the World Psychiatric Association start advocacy in this area and ensure that sex and gender aggregated data is available for all studies related to mental health especially in treatment trials. This data is essential so that the next time a patient asks me about drug dosage and its relationship to her gender, I should be able to answer her with more confidence!

Key References

1. A. H. Weinberger, S. A. McKee, and C. M. Mazure, "Inclusion of women and gender-specific analyses in randomized clinical trials of treatments for depression.," *J. Womens. Health (Larchmt.)*, vol. 19, no. 9, pp. 1727–32, Sep. 2010
2. R. A. Hill, "Sex differences in animal models of schizophrenia shed light on the underlying pathophysiology.," *Neurosci. Biobehav. Rev.*, vol. 67, pp. 41–56, Aug. 2016
3. N. Kokras and C. Dalla, "Sex differences in animal models of psychiatric disorders.," *Br. J. Pharmacol.*, vol. 171, no. 20, pp. 4595–619, Oct. 2014
4. S. Heidari, T. F. Babor, P. De Castro, S. Tort, M. Curno, D. Hoffman, A. et al "Sex and Gender Equity in Research: rationale for the SAGER guidelines and recommended use," *Res. Integr. Peer Rev.*, vol. 1, no. 1, p. 2, Dec. 2016
5. <https://www.patientresearchexchange.org/stories/detail/gender-equality-in-clinical-research-are-we-already-there>