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ACCESS TO MENTAL HEALTH SERVICES FOR WOMEN AND MEN: A SYSTEMATIC REVIEW

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Abstract

This article focuses on the difference in access to mental health services between men and women. The objective of the study is to analyze the prevalence of access to mental health services according to gender. The study is a systematic review. Searches were performed in PubMed, Web of Science, Science Direct, Scopus, Cinahl databases, in addition to Google Scholar and Open Gray. The protocol was registered in PROSPERO under the number CRD42021243263. Cross-sectional studies with the prevalence of access to mental health services in women and men over 18 years of age were included. Studies with children, pregnant women, individuals who identify themselves by non-biological characteristics of gender, other age, other health services and other types of studies were excluded. Data on authors, year of publication, country, sample size, percentages of women, age and mean age, type of health service, access assessment, prevalence of access, and measures of association were extracted. To assess the risk of bias, the Joanna Briggs Checklist for Cross-sectional Analytical Studies was used. The steps were performed by independent evaluators. In the results were found two thousand six hundred and eighty-eight (2,688) reports were identified, of which 11 studies were included in this review. The prevalence of access to mental health services among women ranged from 5.2% to 56.5%; among men, it ranged from 2.9% to 47%. Men had a higher prevalence of access to alcohol and drug use treatment services. The risk of bias of the studies was classified as low and moderate. It was concluded that there is a difference in the prevalence of access to health services between men and women. Strategies are needed to increase access to mental health services for men.

Keywords: Gender Analysis; Health Services Accessibility; Mental Health; Mental Health Services.

Resumo

O presente artigo tem como tema a diferença no acesso aos serviços de saúde mental entre homens e mulheres. O objetivo do estudo é analisar a prevalência de acesso aos serviços de saúde mental segundo o gênero. O artigo é uma revisão sistemática. As buscas foram realizadas nas bases de dados PubMed, Web of Science, Science Direct, Scopus, Cinahl, além de Google Scholar e Open Gray. O protocolo foi registrado no PROSPERO sob o número CRD42021243263. Foram incluídos estudos transversais com prevalência de acesso a serviços de saúde mental em mulheres e homens maiores de 18 anos. Foram excluídos estudos com crianças, gestantes, indivíduos que se identificam por características não biológicas de gênero, outras idades, outros serviços de saúde e outros tipos de estudos. Foram extraídos dados sobre autores, ano de publicação, país, tamanho da amostra, percentuais de mulheres, idade e média de idade, tipo de serviço de saúde, avaliação de acesso, prevalência de acesso e medidas de associação. Para avaliar o risco de viés, foi utilizado o Joanna Briggs Checklist for Cross-sectional Analytical Studies. As etapas foram realizadas por avaliadores independentes. Nos resultados foram encontrados dois mil seiscentos e oitenta e oito (2.688) relatos, dos quais 11 estudos foram incluídos nesta revisão. A prevalência de acesso aos serviços de saúde mental entre as mulheres variou de 5,2% a 56,5%; entre os homens, variou de 2,9% a 47%. Os homens apresentaram maior prevalência de acesso a serviços de tratamento para uso de álcool e drogas. O risco de viés dos estudos foi classificado como baixo e moderado. Concluiu-se que existe diferença na prevalência de acesso aos serviços de saúde entre homens e mulheres. São necessárias estratégias para aumentar o acesso aos serviços de saúde mental para os homens.

Palavras-chave: Acesso aos Serviços de Saúde; Análise de Gênero; Saúde Mental; Serviços de Saúde Mental.

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INTRODUCTION

Access to mental health services has been a problem in some countries or regions, leading to complications in mental health status. This access may differ according to the individual's gender, that is, between men and women. In recent years, health services have tried to combat this problem, however, this can differ depending on the health system implemented in each country.

Many studies provide data on the difference in mental health illnesses according to gender, however, there are not many studies that provide data on the difference between access to mental health services between men and women, data that is necessary for the evaluation of various public policies and health systems. Knowing this difference is fundamental to the quality of mental health policies in different countries around the world. Disparities in access to mental health services between men and women reflect the construction of public policies aimed at mental health, which must be equitable for different social subjects, minimizing the effects of social and gender inequalities. Therefore, based on the study question: “Is there a difference in access to mental health services between women and men?”, the objective of the systematic review was to analyze the difference in the prevalence of access to mental health services according to gender.

To answer the objective of the study, a systematic review was carried out using the PRISMA strategy as a reference. The searches were carried out in the databases PubMed, Web of Science, Science Direct, Scopus, Cinahl, as well as Google Scholar and Open Gray. Cross-sectional studies were included with the prevalence of access to mental health services in women and men over 18 years of age. Studies with children, pregnant women, individuals who identify by non-biological gender characteristics, other ages, other health services and other types of studies were excluded. Data were extracted on authors, year of publication, country, sample size, percentages of women, age and average age, type of health service, access assessment, access prevalence and association measures. To assess the risk of bias, the Joanna Briggs Checklist for Cross-sectional Analytical Studies was used. The steps were carried out by independent evaluators.

The present study is organized into the following sections: introduction, theoretical framework, methodology, results, discussion and conclusion. The theoretical framework provides epidemiological data on mental disorders among men and women and the different problems in accessing mental health services. The methodology section provides details on how the systematic review was carried out. In the results and discussion section, the research findings are presented, which show the number of articles found and how many were excluded and included. It also presents the results of the included articles and



the prevalence of differences in access between men and women, as well as the risk of bias in the included studies. The last section brings the conclusion of the study based on the research findings.

THEORETICAL BACKGROUND

Mental disorders are a serious public health problem worldwide. There are 322 million people diagnosed with mental disorders in the world (REHM; SHIELD, 2019). Mental disorders contribute substantially to the global burden of disease. They are one of the main causes of disability worldwide, accounting for a significant proportion of years lived with disability. Mental illness creates a major problem for public health, causing an economic burden that can exceed 400 million per year (ARIAS; SAXENA; VERGUET, 2022). Knowing the epidemiological trend of mental disorders helps in the formulation and adaptation of disease prevention and control strategies and provides theoretical support (WU *et al.*, 2023)

Mental illness can vary according to some factors, such as gender. A recent study shows that even though the number of mental disorders has decreased in the last 30 years, it still remains high, both in men and women. In recent years, men may be more willing to seek help or be diagnosed with mental health conditions than in the past due to reduced stigma, which could lead to higher incidence rates among men. On the other hand, the decrease in incidence among women may be linked to better awareness about mental health and access to treatment. However, the incidence of mental disorders still remains higher in women than in men (WU, 2023). A recent study also showed that the prevalence of mental disorders is higher among women in Brazil (BEZERRA, 2021), reflecting the global reality.

To reduce the number of mental illnesses and the disparity between men and women, efficient access to health services is necessary. Access to health services demonstrates an important factor in the quality and functionality of services. The World Health Organization's (WHO) 2022 report on "transforming mental health for all" called for action to strengthen global mental health to meet this need, as services continue to be underfunded and under-resourced, not facilitating the number of vacancies available and access to adequate health services (WHO, 2022).

Several countries have disparities in access to mental health services, as they are historically marked by the precarious living and health conditions of the population, as well as by unsatisfactory rates of service provision, reducing equity in mental health, producing negative effects on access through population (DIMENSTEIN *et al.*, 2021).

Furthermore, it is also necessary to reflect the current health situation in relation to access to health services. It is worth noting that access to mental health services was already a challenge before



the COVID-19 pandemic, and the crisis has worsened this situation. Health systems were overwhelmed, directing resources to the immediate response to COVID-19 and leaving mental health services on the back burner. The lack of clear policies to protect and prioritize these services has resulted in canceled appointments, interrupted therapies and a void of support for those who urgently need it (VASCONCELOS; GOMES, 2023).

Access is a very subjective concept and can be affected by several dimensions. These dimensions also consider socioeconomic determinants and an individual's abilities to perceive, seek, reach, pay, and engage with services. Approachability includes how effectively services can be reached by service users, and the extent to which services provide outreach and transparent information. Availability and accommodation reflect the ability of services to be reached in a timely and effective manner. This includes the physical and geographical accessibility of services, whether services are provided by telephone or virtually, the length of time it takes to access care, and the hours of operation. Affordability refers to direct and indirect costs. An organization's service fees and treatment expenses, as well as their ability to cover insured or uninsured clients, impact affordability. Indirect fees can also include those related to attending appointments such as taking unpaid time off work, transportation costs, and childcare. Appropriateness and adequacy refer to the fit between the needs of service users and the actual services provided. This includes characteristics of service providers, such as competence, qualifications, attitudes, and ability to engage with clients. The final dimension is acceptability which refers to sociocultural factors that influence how appropriate the services are to meet the diverse needs of individuals, families, and communities (CU *et al.* 2021).

Access to mental health services can also vary by gender. Access can be influenced by several individual factors, such as education, socioeconomic factors, age, race, habits, among other factors. In addition to these, there are also facilitating factors, which are conditioned by public or private coverage and the provision of services, that is, by the means available for people to use the services. The determining factors refer to health needs that can be explained by conditions diagnosed by professionals or by self-perception. Therefore, the use of health services is a positive expression of access; however, the use of services also depends on individual factors (ASSIS; JESUS, 2012; BLOM *et al.*, 2024).

Historically, culturally and socially, women have a greater tendency to self-care and seek health services to prevent and treat diseases. Men, in addition to having a higher prevalence of health risk behaviors, such as smoking, alcohol consumption and a sedentary lifestyle, are also more resistant to seeking health care, which increases the chances of problems in the long term (PALMEIRA *et al.*, 2022).



Men and women have several different factors that lead them to seek or not mental health services (LEITE *et al.* 2017), which may reflect the prevalence of access to these services. The recognition of the individual needs of men and women, beyond stereotypes, should enable the discourses produced in the health field to be directed towards the construction of policies that effectively and comprehensively achieve better access to health services for men and women (BOTTON *et al.*, 2017), reflecting and applying measures that reduce the disparity in access.

The difference in mental health services accessibility according to men and women can bring consequences for the prevention of injuries, health promotion and treatment for mental health services, thus hindering adherence and continuity of treatment for mental disorders (BEZERRA *et al.*, 2022).

METHODS

Nature of study

This is a descriptive review research that sought to research the difference in access to mental health services between men and women. A systematic review is a review of a clearly formulated question, which uses systematic and explicit methods to identify, select and critically evaluate relevant research, and collect and analyze data from studies included in the review (SOUSA; ARAÚJO, 2021).

A systematic review of the literature was carried out, considering the recommendations of the Joanna Briggs Institute (JBI) which resulted in the research question based on the PECO strategy: is there a difference in accessibility to mental health services in relation to women and men? of the strategy contributed to the definition of studies to be included, Adult women: Population (P), Accessibility to mental health services: Exposure (I), Inaccessibility to mental health services: Comparison/control (C), Prevalence of access to mental health services: Outcome (O) (JBI, 2014). The PRISMA tool (preferred reporting items for systematic reviews and meta-analyses) was used to guide the writing of the systematic review, in the process of identification, selection, eligibility, inclusion and exclusion (LIBERATI *et al.*, 2009).

Protocol and registration

To carry out this systematic review, before starting it, a protocol was created and registered in the International Prospective Registry of Systematic Reviews (PROSPERO) under number CRD42021243263. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis



(PRISMA) was used as a guide for writing this review (LIBERATI *et al.*, 2009). After registration, the protocol was submitted and published in an international journal (BEZERRA, 2022).

Eligibility criteria

Cross-sectional studies that showed the prevalence of access to mental health services among women and men were included. Studies with the following characteristics were excluded: (1) children and pregnant women; (2) other health services; (3) women and men who identified themselves by non-biological gender characteristics; (4) studies that did not show prevalence of accessibility or that did not present sufficient data for calculation; (5) cohort studies, case-control studies, diagnostic studies, clinical trials, reviews, letter to the editor, conference abstracts, and opinion pieces.

Information sources

The authors independently searched the chosen databases. A search was performed in PubMed, Web of Science, Science Direct, Scopus, Cinahl databases, in addition to Google Scholar and Open Grey. The surveys were carried out without restriction of language or publication date. To elaborate the search strategy in the bibliographic databases, two librarians were consulted; MeSH terms and keywords were used “Health Services Accessibility”, “Accessibility to Health Services”, “Universal Access to Health Care Services”, “Access to Health Services”, “Access to Health Care”, “Equity in Access to Health Services”, “Community Mental Health Services”, OR “Mental Health Services”, “Psychosocial Care Center”, “Women”, “Men”.

The results obtained from the databases were entered into the Mendeley Desktop® reference manager version 1.19.4 to eliminate duplicates. Then, the resulting articles were transferred to the Rayyan QCRI® software to be selected based on the title and abstract. In addition, Rayyan presents all other information from the articles, if necessary. The searches were carried out on March 10, 2021.

Selection of studies

The titles and abstracts were read and those that met the eligibility criteria were read in full, with all stages carried out by two independent researchers (HSB and IIA). When researchers had different results, consensus meetings were held to resolve conflicts in both stages, with no need to consult the third reviewer (IRB).



After the initial screening, the studies obtained were subjected to full textual reading in the Rayyan QCRI® software, with the application being used to keep the research blind. In this analysis, based on the eligibility criteria, the eleven studies that were included in this systematic review were obtained.

Data extraction

Data were collected from studies independently by the first and second authors (HSB and IIA). Data were extracted on authors, year of publication, country, sample size, percentages of women in the sample, age and average age of participants, type of health service, type of access assessment, prevalence of access and association measures. To collect this data, data from the included articles were used (data extraction). When articles did not include the prevalence rate, but data for the calculation existed, the authors calculated it themselves. At this stage, consensus meetings were held to resolve conflicts, with no need to consult the third reviewer (IRB).

For data analysis, prevalence rates were calculated (when they did not exist) and association measures (when they existed) and confidence intervals were analyzed.

Risk of bias

The assessment of the methodological quality of the included studies was performed using the Joanna Briggs Institute's Critical Assessment Tool for Cross Sectional Studies (Checklist for Analytical Cross Sectional Studies). The eight questions were classified by the authors as “Yes”, “No”, “Unclear” by the first and second reviewers independently. When necessary, a consensus meeting was held. The results of the risk of bias were classified as (1) low risk, if the studies reached more than 70% of a “yes” score; (2) moderate risk, if the “yes” score was between 50% and 69%; and (3) high risk of bias if the “yes” score was less than 49% (POLMAN, 2019). Risk of bias figures were taken with Review Manager 5.3 software (RevMan 5.3, The Nordic Cochrane Centre, Copenhagen, Denmark).

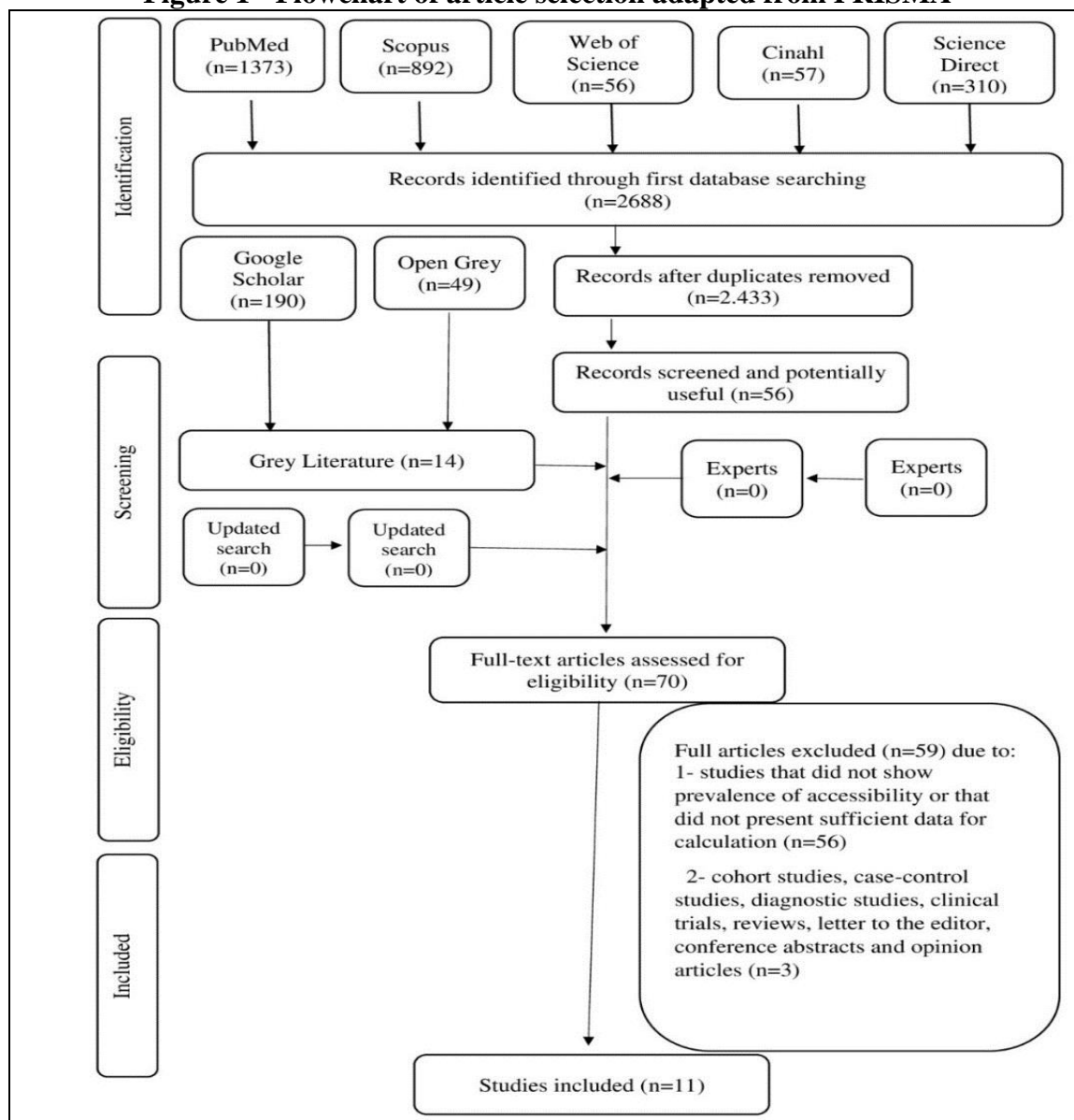
RESULTS

The searches resulted in 2688 articles in the databases. After removing the duplicate studies, 2433 articles remained for reading the titles and abstracts. After this stage, 56 articles were selected for full reading from the database searches. Regarding gray literature, 812 records were retrieved from



Google Scholar, of which the first 190 were read; 239 titles and abstracts were read, and 14 studies were included for full reading. In total, 70 articles remained for full reading, and of these, 58 were excluded. Finally, 11 articles were included in this systematic review (Figure 1).

Figure 1 - Flowchart of article selection adapted from PRISMA



Source: Self elaboration.

The studies included (table 01, table 02 and table 03) were published in the years 1997 (PANDIANI *et al.*, 1997) to 2020 (FORSLUND *et al.*, 2020). From the 11 articles, six researches were developed in North America, all in the United States (WU *et al.*, 2007, HAHM *et al.*, 2015, MANUEL, 2017, BRIDGEs *et al.*, 2012, PANDIANI *et al.*, 1997, OJEDA *et al.*, 2006), two studies in South America: one in Brazil and the other in Colombia (LOPES *et al.*, 2016, CHEN *et al.*, 2013) and two studies in Europe. One study was conducted in Germany (MACK *et al.*, 2014) and another included



several countries on the continent: The Netherlands, Belgium, Germany, France, Spain, Italy, Bulgaria, Romania, Northern Ireland and Portugal (KOVESS-MASFETY *et al.*, 2014). The studies were grouped according to the geographic location described (Table 01). The survey data shows a variation of years and various regions of the world, which demonstrates a robust analysis of the years and global diversity.

As for the sample, the studies presented different sample sizes, ranging from 561,276 (FORSLUND *et al.*, 2020) to 81 individuals (BRIDGES *et al.*, 2012). Only two studies (FORSLUND *et al.*, 2020; CHEN *et al.*, 2013) had the percentage of the sample of women below 50%. The study by Wu *et al.*, 2007 did not detail the number of male and female participants in the sample.

Regarding age, eight studies included men and women over 18 years old (HAHM *et al.*, 2015, CHEN *et al.*, 2013, LOPES *et al.*, 2016, MANUEL, 2017, BRIDGES *et al.*, 2012, KOVESS-MASFETY *et al.*, 2014, PANDIANI *et al.*, 1997, OJEDA *et al.*, 2006), one study included young men and women aged 18 to 22 years (WU *et al.*, 2007), one study included men and women aged 20 to 65 years (FORSLUND *et al.*, 2020), one study included the population aged 18 to 79 years (MACK *et al.*, 2014). Only the studies by Wu *et al.* (2007), Bridges *et al.* (2012) and Forslund *et al.* (2020) presented the mean age of the participants: 19, 34.6, and 40 years, respectively. The other studies showed only the age group: 18 to 25 years had the lowest number of participants, and (CHEN *et al.*, 2013 and MANUEL, 2017) and 50-64 years the age group with the highest number of participants (MACK *et al.*, 2014). Only one study (KOVESS-MASFETY *et al.*, 2014) did not provide data on the most prevalent mean age and/or age group. From the data collected, it is observed that the age group of the study has good representation, since it is possible to analyze access to health services from younger men and women (18 years old) to the elderly, and it is possible to carry out analyzes without only by gender, but also by age groups with greater and lesser difficulty in accessing mental health services.

As for the types of health services evaluated in the studies, most studies were carried out without primary or secondary care services. Four studies included only primary care (LOPES *et al.*, 2016; BRIDGES *et al.*, 2012; WU *et al.*, 2007; OJEDA *et al.*, 2006) and one study included only secondary care (PANDIANI *et al.*, 1997).

With regard to the assessment of access, some studies presented this result by measuring the prevalence of access (LOPES *et al.*, 2016, KOVESS-MASFETY *et al.*, 2014, PANDIANI *et al.*, 1997), others assessed the prevalence the perceived unmet health need (CHEN *et al.*, 2013; MANUEL, 2017.), and most studies assessed access by the prevalence of use of mental health services (FORSLUND *et al.*, 2020; WU *et al.*, 2007; HAHM *et al.*, 2015; CHEN *et al.*, 2013; MANUEL, 2017; BRIDGES *et al.*, 2012; OJEDA *et al.*, 2006; MACK *et al.*, 2014.).



Most articles reported a higher prevalence of access for women. The highest prevalence of access among women was 56.6% (OJEDA *et al.*, 2006), which is the prevalence of the use of mental health services by people with depression in the United States. The lowest prevalence of access among women was 5.2% (WU *et al.*, 2007) for the assessment of the use of services by young people who met the criteria for alcohol use disorders. The article by Kovess-Masfety *et al.* (2014) stands out for bringing the difference in the prevalence of access to mental health services in several European countries, in which, in all of them, the prevalence of access was higher among women.

As for men, the highest prevalence of access was 47% (OJEDA *et al.*, 2006), when the use of mental health services for any treatment for depression in the United States was evaluated. The lowest prevalence of access for men was 2.9% (MACK *et al.*, 2014.) when the use of mental health services in the past 12 months by people with newly diagnosed mental disorders was assessed. Studies that assessed the prevalence of the use of mental health services for alcohol and substance use disorders showed a higher prevalence of access among men when compared to women (WU *et al.*, 2007; CHEN *et al.*, 2013; MANUEL, 2017). The prevalence of unmet need in mental health services was higher among men (CHEN *et al.*, 2013; MANUEL, 2017.)

From data analysis, it is observed that the studies do not show the prevalence of access to health services for serious mental disorders, since the majority of studies took place in primary or secondary care services. Furthermore, it is essential to note that women have a higher prevalence of access to mental health services, mainly associated with depression.

As for measures of association, the studies by Forslund *et al.* (2020) and Lopes *et al.* (2016) brought significant prevalence ratios for females regarding access to any mental health service and access to depression treatment, respectively. The studies by Wu *et al.* (2007) and Chen *et al.* (2013), evaluating the access to mental health services for the treatment of alcohol and substance disorders, reported significant Odds Ratio for males. However, most studies did not present measures of association (HAHM *et al.*, 2015; MANUEL, 2017; BRIDGES *et al.*, 2012; KOVESS-MASFETY *et al.*, 2014; PANDIANI *et al.*, 1997; OJEDA *et al.*, 2006). The analysis of association measures confirms previous findings of a higher prevalence of access to mental health services among women, mainly for the treatment of depression.

It is worth emphasizing that the studies included in this systematic review lead us to reflect on the extent to which it is still necessary to investigate how to include a greater number of men in mental health services, as well as facilitate their access to increase their prevalence.



Table 1 - Characteristics of the included studies

Author, year	Country	Sample size (n), percentage (%) of women, age range, mean age or prevalent age group	Health care service included	Outcomes Prevalence evaluated	Prevalence of access		Measures of association and confidence interval (CI)
					Women	Men	
WU <i>et al.</i> 2007	United States	2,211, NR, 18 to 22 years, 19 years	Primary and secondary care	Use of services by young people who meet the criteria for alcohol use disorders	5.2%	5.4%	Man: OR=1.02 (CI95% 0.63-1.64)
HAHM <i>et al.</i> 2015	United States	65,097, 60.33%, >18 years, 25-34 years	Primary care	Use of proper care for any treatment of depression (4 or more appointments) **	50.6%	41.7%	NR
MANUEL 2017	United States	31,065, 71.07%, >18 years, 18-25 years	Primary and secondary care	Use of services by people with alcohol use disorder and mental disorders, and unmet need for treatment for alcohol and mental disorders.	Use of services		NR
					8.98%	13.90%	
					Unmet need for treatment		
BRIDGES <i>et al.</i> 2012	United States	81, 66.6%, >18 years, 34.6.	Primary care	Use of health and mental health services	Use of medical services		NR
					40.7%	44.4%	
					Use of services - counselors or therapists		
PANDIANI <i>et al.</i> 1997	United States	434,647, 51.6%, >18 years, 35-54 years.	Secondary care	Access to psychiatric hospital for people with severe mental disorder	42%	25%	NR
OJEDA <i>et al.</i> 2006	United States	1,498, 68.3%, >18 years, 35-44	Primary care	Use of services by people with depression**	56.9%	47%	NR
LOPES <i>et al.</i> 2016	Brazil	5,051, 52.9%, >18 years, 18-29 years	Primary care	Access to treatment for depression	23.5%	15.2%	Woman: PR=1.42; (CI95% 1.14-1.77)
FORSLU Nd <i>et al.</i> 2020	Sweden	561,276, 49.3%, 20-65 years, 40 years	Primary and secondary care	Use of services	21.9%	11.9%	Woman: PR=1.85 (CI95% 1.83-1.88)

Source: Self elaboration.

Note: *The authors did not present the values. 95% CI: 95% confidence interval; OR = Odds Ratio; RR= Relative Risk; PR= Prevalence Ratio; ** Prevalence calculated by authors.

Table 2 - Characteristics of the included studies

Author, year	Country	Sample size (n), percentage (%) of women, age range, mean age or prevalent age group	Health care service included	Outcomes Prevalence evaluated	Prevalence of access		Measures of association and confidence interval (CI)
					Women	Men	
CHEN <i>et al.</i> 2013	Colombia	32,916, 39.1%, >18 years, 18-25 years	Primary and secondary care	Use of services and perceived unmet need for the treatment of substance use disorder (SUD) and major depressive disorder (MDE)**	Use of any mental health service		Man with SUD and MDE: OR= 1.99 (CI95% 1.68-2.35); Woman with SUD and MDE: OR=1.64; (CI95% 1.29-2.08);
					With SUD and MDE: 13.4%	With SUD and MDE: 18.4%	
					With SUD without MDE: 3.8%	With SUD without MDE: 9.6%	
					Unmet need		
KOVESS-MASFETY <i>et al.</i> 2014	Belgium, France, Germany, The Netherlands, Northern Ireland, Bulgaria, Romania, Italy, Spain and Portugal	37,289, 51.2% >18 years, NR	Primary and secondary care	Access to any type of mental health service	With SUD and MDE: 7.0%	With SUD and MDE: 8.7%	Man with SUD and MDE OR= 2.75 (CI95% 1.98-3.82); Woman with SUD and MDE: OR=2.15; (CI95% 1.59-2.90);
					With SUD without MDE: 3.1%	With SUD without MDE: 7.0%	
					With SUD and MDE: 7.0%	With SUD and MDE: 8.7%	
					With SUD without MDE: 3.1%	With SUD without MDE: 7.0%	
					Belgium		NR
					28%	16.3%	
					France		
					36.5%	19.9%	
					Germany		
					27.2%	16.7%	
					The Netherlands		
					36.2%	24.2%	
					Northern Ireland		
					35.2%	22%	
					Bulgaria		
					14.7%	8.0%	
					Romania		
8.1%	6.8%						
Italy							
12.7%	6.8%						
Spain							
21.9%	11.8%						
Portugal							
48.8%	27.6%						

Source: Self elaboration.

Note: *The authors did not present the values. 95% CI: 95% confidence interval; OR = Odds Ratio; RR= Relative Risk; PR= Prevalence Ratio; ** Prevalence calculated by authors.



Table 3 - Characteristics of the included studies

Author, year	Country	Sample size (n), percentage (%) of women, age range, mean age or prevalent age group	Health care service included	Outcomes Prevalence evaluated	Prevalence of access		Measures of association and confidence interval (CI)
					Women	Men	
MACK <i>et al.</i> 2014	Germany	N=4,483, 57.8%, 18-79 years, 50-64 years	Primary and secondary care	Prevalence of use of mental health services**	Use of mental health services at any time in life by people with mental disorders:		Man: OR=0.55(CI95%0.42-0.72)
					19.0%	12.0%	
					Use of mental health services at any time in life by people with newly diagnosed mental disorders		
					14.2%	7.6%	
Use of mental health services in the past 12 months by people with newly diagnosed mental disorders							
6.2%	2.9%						

Source: Self elaboration.

Note: *The authors did not present the values. 95% CI: 95% confidence interval; OR = Odds Ratio; RR= Relative Risk; PR= Prevalence Ratio;

** Prevalence calculated by authors.

As for the risk of bias, most studies showed a low risk of bias. Only the studies by Pandianini *et al.* (1997) and Forslund *et al.* (2020) presented a moderate risk of bias. In some studies, the analysis of individual items: “identify confounding factors” and whether the studies “declare strategies to deal with confounding factors” scored as moderate risk of bias (figure 2). Therefore, it is necessary to highlight that this review included articles, the majority of which have reliable methodological rigor.

Figure 2 - Risk of bias graph and Risk of bias summary

Author	Wu et al., 2007	Pandiani et al., 1997	Ojeda et al., 2006	Manuel, 2017	Mack et al., 2014	Lopes et al., 2016	Kovess-Masfaly et al., 2014	Hahn et al., 2015	Forslund et al., 2020	Chen et al., 2013	Bridges et al., 2012	Criteria
Were the criteria for inclusion in the sample clearly defined?	+	-	+	+	+	+	+	+	+	+	+	+
Were the study subjects and the setting described in detail?	+	+	+	-	+	+	+	+	+	+	+	+
Was the exposure measured in a valid and reliable way?	+	-	+	+	+	+	+	+	+	+	+	+
Were objective, standard criteria used for measurement of the condition?	+	+	+	+	+	+	+	+	+	+	+	+
Were confounding factors identified?	-	-	+	+	+	+	+	+	-	-	-	-
Were strategies to deal with confounding factors stated?	-	-	+	+	-	+	+	+	-	+	-	-
Were the outcomes measured in a valid and reliable way?	+	+	+	+	+	+	+	+	+	+	+	+
Was appropriate statistical analysis used?	+	+	+	+	+	+	+	+	-	+	+	+

Source: Self elaboration.



DISCUSSION

The aim of this systematic review was to identify the prevalence of access for men and women to mental health services. The prevalence ranged from 2.9% (MACK *et al.*, 2014.) to 56.6% (OJEDA *et al.*, 2006), being the most prevalent access among women. This difference may be related to the various forms of access assessments, as well as the type of services for treatment and the different types of mental disorders. Most studies did not bring association measures; however, those that did bring significant association measures, they brought for women's access to mental health services, with the exception of mental health services for alcohol and drug treatment, in which, men had a significant measure of association. Nine studies had a low risk of bias, which showed good methodological quality of the included studies.

As for the place of study, this systematic review retrieved studies carried out in different countries, encompassing the continents of America and Europe, demonstrating a good geographic representation and worldwide impact. Mental disorders present an increase in the number of cases worldwide. North and South America have a large proportion of cases of mental disorders, especially depression and anxiety disorders. In addition to these, the European continent is also noteworthy, with more than 40% of its population suffering from common mental disorders (WHO, 2017).

Most of the studies included in this review were carried out in the United States. Due to the high prevalence of mental disorders in this country, many studies have started to analyze access to mental health services. In recent years, the United States government has encouraged the creation of public health programs and policies to ensure better quality of care in mental health services and ensure that these are accessible and include the promotion of mental health for all individuals (MCCRAY *et al.*, 2021). Therefore, this may be related to access prevalence data found in this review, in which studies conducted in the United States showed the highest proportions of access to mental health services, especially for women.

Regarding the samples, there was a variation in their composition among the included studies. However, most studies used probabilistic samples, maintaining the assumptions of internal validity. Women represented the largest proportion of participants included in the studies, despite the variations in age group between studies. Females tend to attend mental health services more often, as they, in addition to having prevention habits, usually recognize the need for help, which differs from men, for whom seeking help from mental health services is associated with vulnerability and shame of being exposed (GOMES *et al.*, 2007), and this does not seem to be influenced by age.



As for access to mental health services, in most studies, the prevalence of access was higher for women. Access to mental health services in relation to gender demonstrates what has been called the “gender paradox”, which is the relationship of difference between the low rates of diagnosis of mental illness in men compared to women (COEN *et al.*, 2013). The difference is linked to cultural factors and expectations of the male role, which often conflict and make it difficult to seek support with regard to mental health, especially in young men, as this represents vulnerability and threat to male strength and power, resulting in silent suffering (RICE *et al.*, 2018). This is explained by the fact that care orientation and prevention habits are not part of men's socialization, and this leads them use health services less frequently (BOTTON *et al.*, 2017). Therefore, the non-use of mental health services by men generates a lower prevalence of access for this sex.

Another reason that leads to low use and access to mental health services by men is the non-acceptance of symptoms and/or having a mental disorder, which leads to consequences such as late diagnosis, lack of adherence and treatment dropout (CAMPOS *et al.*, 2017). In addition, mental health policies, as well as their health services are still not able to assist the individual beyond their gender stereotype, which makes that over time, men still persist with the difficulty in using mental health services.

In this systematic review, men had greater access than women only to mental health services for the treatment of disorders related to alcohol and substances. Several studies also bring similar data, as although the number of women who use alcohol and drugs is growing, the male gender still consumes and uses a greater amount of alcohol and drugs; consequently they trigger more disorders related to these substances (FINLAY, 2015; CAMPOS *et al.*, 2017; PAIVA *et al.*, 2021). Even with a higher prevalence of men using this type of service, there are still barriers to accessing this treatment, because in addition to cultural issues that lead men not to seek health services, there is often a high demand and low supply of vacancies for this type of treatment, causing many users to take months to be able to perform the first service (WANG *et al.*, 2017).

As for women, this study shows that they have a higher prevalence of access to mental health services. These have hormonal factors that can lead to symptoms such as sadness, stress, discouragement and others. The role of estrogen in mood modulation would partly explain the high prevalence of mood and anxiety disorders in women from menarche to menopause. In addition to the association between depressive mood and hormonal variation, such as the premenstrual period, postpartum period and menopause, the use of hormones present in oral contraceptives and hormone replacement therapy also influence mood variation (ANDRADE *et al.*, 2006).



Females have a higher prevalence of mental suffering and common mental disorders (BEZERRA *et al.*, 2021), such as depression. Worldwide, depression is more prevalent in females. Data from the World Health Organization show that on mean 5.1% of women are affected by this disorder (WHO, 2017), causing women to seek more mental health services for monitoring and treatment, increasing its use and consequently its access.

In addition, they may have numerous sociocultural factors that may be linked to a greater number of mental disorders, as women are more exposed to overload of domestic work, domestic violence and intra-household stressors. Due to the fact that women are divided between the multiple roles of society, such as home and work activities, this brings to this society recognition of a high load of associated factors and symptoms, leading to the need to seek help from health services (LEITE *et al.*, 2017; LUCCHESI *et al.*, 2014). In addition, from childhood, women are adapted and taught to a standard of health related to prevention and self-care (SCHRAIBER, 2012), which further increases the demand for health services.

Several studies also show that women are more likely to have easier access to mental health services (WITTAYANUKORN *et al.*, 2014; LEITE *et al.* 2017; ZANETTI *et al.*, 2017). The study by Kovess-Masfety *et al.* (2014) shows a higher prevalence of access for women in Belgium, France, Germany, The Netherlands, Ireland, Bulgaria Romania, Italy, Portugal and Spain, both for mental health services and for general practitioner suggesting that this gender issue is culturally rooted in the world context, in which, even after contemporary changes, which need to be divided between work and home activities, women still seek health services when they need it, taking these women to have greater access (LEVORATO *et al.*, 2012).

Furthermore, in historical and cultural terms, there are more health policies and programs aimed at women than at men, such as policies for reproductive health, cervical and breast cancer, prenatal care, puerperium, climacteric and menopause, among others. In general terms, most men seek health services for issues related to worker health or urgency and emergency. In this sense, health services are better prepared and adapted to receive women, with a greater offer of services for this audience (SCHRAIBER, 2012).

As in the results of the prevalence data, the association factors linked to these confirmed that women have a higher prevalence of access to mental health services, with the exception of mental health services for the treatment of disorders related to alcohol and drugs. Given all the factors mentioned that lead to greater access of women to mental health services, consequently, these show us that they still have a high use of these services. Therefore, prevention and proper treatment actions are needed for them, so that the numbers of illnesses of this gender can decrease.



Regarding age group, most studies brought a younger population and only two studies included elderly people (FORSLUND *et al.*, 2020, MACK *et al.*, 2014). This can be explained by the low number of elderly people who seek mental health services (CLEMENTE *et al.*, 2011), as, based on some research, the elderly usually create significant social ties with their families and with other elderly people, which for this reason stage of life, serves as a protective factor against loneliness, generating positive consequences for mental health (CARMONA *et al.*, 2014; CASEMIRO; FERREIRA 2020), in addition, the elderly may have difficulty recognizing the presence of a mental disorder, making them not show importance to the symptoms (CLEMENTE *et al.*, 2011).

The most prevalent age group included in the studies is young adults. Illness from mental disorders in this population is becoming increasingly greater, especially in women (BRETSCHNEIDER *et al.*, 2018). This can be caused by several cultural and social factors, such as uncertainties and difficulties in the transition from adulthood to old age, mainly due to issues related to work and economic issues (ORELLANA *et al.*, 2020). In addition, the internet and its various social networks also bring negative aspects to the context of young adults, such as irritability and depressive symptoms (ELHAI *et al.*, 2016). Furthermore, the influence of neuroendocrine factors, especially the influence of sex hormones and their fluctuations, also causes disorders in this age group (RUBINOW; SCHMIDT, 2019). The multiple roles played in adult life can lead to signs and symptoms of mental disorders.

The consequences of mental illness in young adults can generate greater socio-economic vulnerability due to the decrease in the productive capacity of this population. This also generates an increased demand for mental health services, in addition to often the need for social assistance, justice and informal care services (QUADROS *et al.*, 2020). As for the elderly, they feel their social role weakened, as the elderly woman remains indoors, but without work activities due to health and physical incapacity, in addition to no longer having the presence of their children. Elderly men no longer work, and spend most of their time at home. These factors lead to symptoms of mental disorders that are common in this age group, especially in elderly women, who spent much of their lives overloaded and without leisure (MEDEIROS, 2019). Although young people have greater access to mental health services, the elderly also need a differentiated attention.

Most of the included studies used primary and secondary care services in the context of mental health services, reflecting the complexity expressed in assistance in health services. On the world stage, the psychiatric reform brought a change to mental health services, in which the asylum model, which includes hospital admissions, was overcome, bringing the monitoring of individuals with mental disorders in substitute health services, which include primary care and secondary, strengthening the social reintegration and coexistence of these individuals in society (MACEDO *et al.*, 2017). All over the



world, there are several mental health policies. Primary care is essential, including services for prevention, promotion and treatment of the health of individuals, and secondary care, through some specialized and complementary services for mental health (AZEVEDO *et al.*, 2019). However, regardless of the mental health service, the service must be able to provide adequate and equal access.

In view of all the data presented, it is necessary to readjust mental health policies, ending the biomedical and gender tradition, in order to be egalitarian and able to recognize the needs of individuals, regardless of their sex and/or stereotype, as these policies do not define the particularities of its users. Therefore, it is essential that these mental health policies encourage access by men, since they need to recognize their health needs.

As for the limitations of the included studies, as they are cross-sectional studies, they do not estimate the causality of the studied variables. In addition, information from studies is self-reported, which can generate information bias. Another limitation found was the failure to identify confounding factors and strategies to deal with these factors in some of the studies, seen from the assessment of the risk of bias.

This study included articles that used different methodologies and samples, with ways to assess access in different ways, which may be the cause of the disparity in access prevalence rates. In addition to these differences, there was a limitation in the presentation of some data, such as the absence of a confidence interval in the measures of prevalence of access and the restricted description of information on the composition of the sample in addition to gender. The different ways to assess access to mental health services, despite representing a limitation of this systematic review, highlight the range of aspects and variables that should be studied in conjunction with this outcome, which suffers from multifactorial influences. It is suggested that further studies include other socioeconomic aspects and analyze the configuration of mental health in health networks, as identified in this review in primary and secondary care. Due to this heterogeneity, it was not possible to perform a meta-analysis. Despite the limitations, this review was carried out with rigorous methodology by independent authors and brings important results for the direction of mental health policies.

CONCLUSION

This review revealed a higher prevalence of access to mental health services among women, even though there is a variation in this prevalence according to the studies found, with 5.2% and 56.6% being the minimum and maximum prevalence, respectively. Among men, the prevalence was lower, but there was also variation according to the studies found, with a lower prevalence of 2.9% and a higher



prevalence of 47%. It is worth noting that in some studies, men had a higher prevalence of access to psychiatric services to treat alcohol and drug use, compared to women, who only had a lower prevalence of access to these services.

From the findings, it can be seen that women, due to multiple factors (cultural, social and individual), seek mental health services more than men, and consequently access and use of these services are more prevalent among women. However, as the studies brought up in the discussion showed, men have greater mental illness associated with alcohol and drugs, therefore, the use of services to treat these illnesses is greater for men.

The studies included in this review showed that the majority of the sample was made up of women and young adults, highlighting greater mental illness in this age group. Furthermore, most of the studies in this systematic review analyzed access to primary and secondary care services, noting the precariousness of studies that provide data on access to mental health services with more complex care and that address more serious mental disorders.

From the assessment of access in the studies included in this research, it was found that the majority of these studies analyzed and measured access based on the use of health services. However, new studies are needed that seek to assess gaps in access to mental health services, as well as their associated factors in the global context, thus seeking to reduce inequities and increase universal access to health.

The results obtained in this review represent information necessary for mental health management, and can serve as a basis for reflections on public policies, mental health services and the social determinants of health. Based on the knowledge of the lower prevalence of access by men to mental health services and even by women to some specific types of services, health promotion policies are necessary that create strategies to prevent and minimize the high proportion of illnesses due to mental disorders among women, the development of strategies for men to identify symptoms and seek more mental health services, as well as the search for equity between men and women in access to these services.

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