

helping women step out *of the* shadows

Supporting women's mental health and wellbeing is vital to building stronger communities and a better society, and philanthropy can help lead the way.



hope & grace
initiative

touching hearts to heal minds

1% of all philosophy USA net product sales supports community-based mental health efforts.

BY ARABELLA ADVISORS

prologue

Philosophy is excited to share this report about the importance of women's mental health and the need for greater attention from the philanthropic community.

We contribute one percent of our net product sales in the United States to the Hope & Grace Fund, a philanthropic project hosted by the New Venture Fund that awards grants to community-based organizations working to empower women through the promotion of mental health and wellbeing and the prevention and treatment of related issues.

Approximately half of our grants are dedicated to prevention and early intervention efforts for young women aged 16 to 30 to increase their chances of lifelong health, mental health, and wellbeing.

Hope & Grace commissioned this report to educate and inspire fellow funders so that they may join us in improving the lives of women of all ages.

executive summary

Women’s mental health and wellbeing have traditionally received insufficient attention from the health care field, from government, and from philanthropy, creating a gap that needs to be filled if we hope to see progress on numerous intersecting issues, from women’s rights to health care to education. Funders now have an enormous opportunity to drive significant change on this issue. By providing catalytic resources, shining a light on the critical issues at stake, and encouraging those in other fields to take action, they can drive innovations and advancements with wide-ranging positive impacts. These impacts will start with women themselves but extend quickly to the children, families, and communities that depend upon them—including, crucially, disadvantaged communities and communities of color.

The Need to Focus on Women

While biology plays a role in the differences between men’s and women’s mental health, there are other factors as well. For example, trauma and stressful life experiences place women at heightened risk of mental health conditions such as depression, anxiety disorder, and post-traumatic stress disorder. What’s more, women are often expected to put in greater effort in their roles as caregiver, spouse, household manager, employee, community member, and more, while also having less power and autonomy in society and in their day-to-day lives. This also puts them at greater risk for certain mental health conditions. Gender bias and stereotyping can result in women getting misdiagnosed and mistreated—or not diagnosed at all.

How Philanthropy Can Help

Funders can and should do more—and, since their areas of focus often depend upon women’s mental health and wellbeing, many can do so without having to significantly adjust their strategies. Indeed, many funders can increase their impact on this front simply by considering how existing programs could include efforts to improve women’s mental health.

ABOUT THIS REPORT

The Hope & Grace Fund contracted Arabella Advisors to explore how the philanthropic sector views women’s mental health, why it does or does not invest in it, and opportunities to improve the mental health of American women.

There are three important frameworks funders can use to approach the issue and integrate it into their existing strategies.

- Include women’s mental health and wellbeing in conjunction with strategies that address the social determinants of health.
- Focus on the intersectionality of women’s mental health.
- Focus on gender equity when addressing health and complex social problems.

Funders can also go beyond their current portfolios and strategies to help advance women’s mental health and wellbeing. They can fill funding gaps that government can’t (or won’t), take risks by experimenting with new models and innovations, and provide catalytic investments. Funders can:

- Help build a body of evidence-based, gender-responsive interventions.
- Provide capital to for-profit and nonprofit solutions.
- Spearhead education about stigma.
- Develop field-wide capacity and coordinate philanthropic efforts.
- Improve the provision of care.
- Advocate for women’s mental health policies—and the resources needed to enact them effectively.
- Demonstrate the effectiveness of gender-responsive programs at the community level to demonstrate the potential for impact elsewhere.

By pioneering innovative solutions that can create meaningful systems change, supporting effective direct service, and promoting a new perception of what women’s mental health means, funders will not only advance their own goals but can further the overlapping goals of their peers. Most importantly, prioritizing women’s mental health and wellbeing will help create a society in which everyone can thrive.

introduction

Women provide many of the crucial connections that establish communities and enable them to flourish—from the family to the village, city, state, and nation. In most of our communities, women continue to bear the brunt of child-rearing, educating, social work, and caretaking, in addition to the many other roles they play. As such, they occupy an especially central and powerful position in our society.

When women thrive, those around them typically do, too—and when they struggle, those around them often do as well. Yet women’s mental health and wellbeing have traditionally received insufficient attention from the health care field, from government, and from philanthropy, creating a gap that needs to be filled if we hope to see progress on numerous intersecting issues, from women’s rights to health care to education.

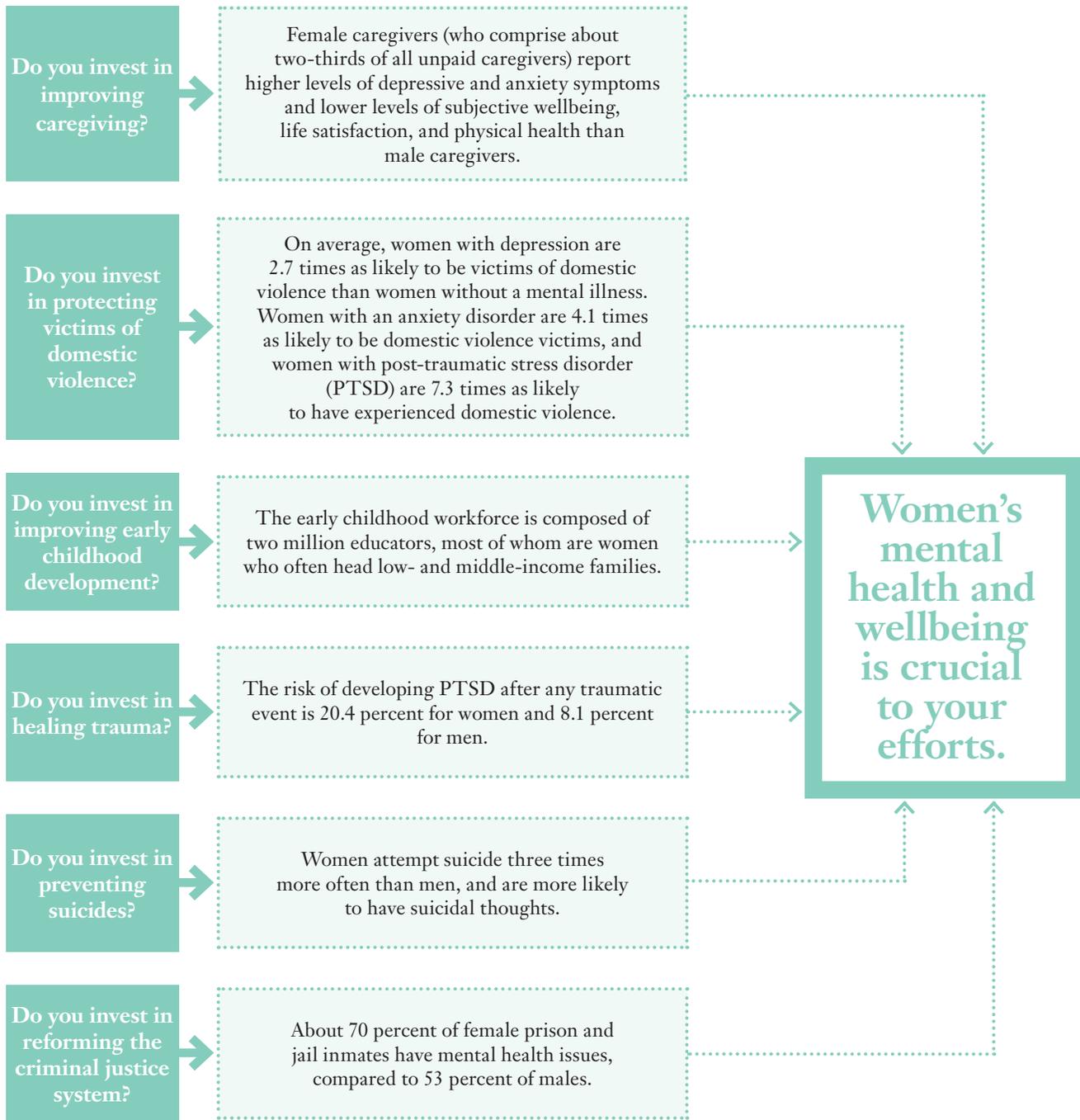
Funders now have an enormous opportunity to drive significant change on this issue. By providing catalytic resources, shining a light on the critical issues at stake, and encouraging those in other fields to take action, they can drive innovations and advancements with wide-ranging positive impacts. These impacts will start with women themselves but extend quickly to the children, families, and communities that depend upon them—including, crucially, disadvantaged communities and communities of color.

“A woman multiplies the impact of an investment made in her future by extending benefits to the world around her, creating a better life for her family and building a strong community.”

— USAID¹

FIGURE 1:

Women's mental health is relevant to multiple issues that funders invest in, including the examples below.²



Philanthropy has not dedicated significant resources to mental health for a range of reasons that include lack of understanding about its reach and its severity, a perception that there are too many broken parts of the mental health care system that need fixing, and, most significantly, persistent stigmatization.

Funders can and should do more—and, given the extent to which their areas of focus may depend upon women’s mental health and wellbeing—many can do so without having to significantly adjust their strategies. Indeed, many funders can increase their impact on this front simply by considering how existing programs could include efforts to improve women’s mental health. While this is particularly true for those who are already directly funding women’s issues and mental health, those who are working in other areas—such as workforce development, human rights, and homelessness—can dedicate resources within their programs that address aspects of women’s mental health, advancing their missions and positively impacting the lives of millions.

Because philanthropy can take risks that other sectors can’t, it also has the opportunity to go bolder in addressing this issue. Beyond grants, it can foster innovative models through cutting-edge impact investment vehicles, support advocacy that creates and sustains a movement, and build networks and collaboratives that can take effective action. By spotlighting an issue that has been hidden in plain sight for too long, philanthropists can take the lead on helping women heal, build resilience, and position themselves—and those around them—to thrive.

about this report

The Hope & Grace Fund contracted Arabella Advisors to explore how the philanthropic sector views women’s mental health, why it does or does not invest in it, and the opportunities to improve the mental health of American women. Arabella conducted a brief literature review and interviewed 18 stakeholders, including foundation staff members, leaders of philanthropic organizations, policy influencers, and researchers.

Our most striking finding was how much we didn’t find. In 2010, the Institute of Medicine³ asserted that health research has ignored the health needs of women, with one exception: reproductive concerns. Though health research in the last 20 years has made advances for breast cancer, cardiovascular disease, and cervical cancer, it has made very few for women’s mental health. Moreover, disadvantaged women—especially women of color, low-income women, or women who have had limited educational opportunities—have been underrepresented in many studies to the extent that it is unclear whether research advances will benefit them. While in many ways dispiriting, this enormous lack of attention and data provides a huge opportunity for funders who want to enter the field. It allows room for innovation, leadership, and—especially in the case of place-based funders—immediate impact.

what we mean by mental health and wellbeing

The concept of mental health applies not exclusively to those with diagnosable mental disorders or illnesses, but to everyone. The World Health Organization defines mental health as “a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”⁴ For our purposes here, the concepts of mental health and wellbeing are distinct but interrelated: Wellbeing is the big picture of how someone is feeling—encompassing his or her physical health, economic and physical security, social enrichment, and mental health. Mental health is determined by the quality of one’s cognitive, emotional, and behavioral functioning, and it is influenced by one’s biology, genetics, and the other aspects of wellbeing. In turn, mental health influences other dimensions of our wellbeing like our physical health and our ability to maintain social connections.

We also know that a person’s mental health and wellbeing can vary throughout the life cycle and that such variation is normal. With appropriate supports and timely treatment, people are often able to maintain wellbeing or restore it before symptoms become serious. Diseases such as diabetes and cardiovascular disease often co-exist with mental health conditions, and it’s important to recognize them and treat them concurrently. In doing so, both physical health and mental health improve, as does wellbeing. In this report, we present data on mental illness in order to highlight when mental health needs require treatment or functioning is severely impacted. But, we also recognize that mental health is not simply the absence of diagnosable mental illness; rather, it is an aspect of our lives that is vital to our wellbeing.

FIGURE 2:

A Snapshot of Mental Health in America⁵

Roughly 43 million Americans, nearly one in five, have a diagnosable mental health condition, and research shows that available services are not meeting our treatment needs. The chronic nature of mental health conditions and their effects on people’s livelihoods produce significant costs for individuals and for our society.

- **50%** of all lifetime cases of mental illness begin by age 14. **75%** of cases begin by age 24.
- The average delay between onset of symptoms and intervention is **8-10 years**.
- **56%** of American adults with a mental disorder do not receive treatment.
- The cost of mental health conditions **exceeds that of all other conditions**, including heart conditions, trauma, and cancer.
- Serious mental illness costs America more than **\$193 billion** per year in lost earnings.

the need to focus on women

While women’s mental health and wellbeing are clearly central to their own lives, as well as to the lives of their children, families, and communities, the systems we have in place do not adequately support them. In part due to a lack of adequate research and funding, the current systems are not sufficiently attuned to the distinct mental health challenges women face, much less to the distinct challenges women of color and those in poverty face.

These challenges are not unique to adult women: Girls experience similar stressors and traumas that impact their mental health and wellbeing, and we see this play out in the prevalence of certain mental health disorders. For instance, 12- to 17-year-old girls are three times more likely to have had a major depressive episode in the last year than males of the same age.⁶

While childhood experiences can influence a woman’s mental health, and are obviously an important matter in their own right, children’s mental health has a unique set of challenges, systems, and interventions. As such, for the purposes of this brief, we focused on women in the late teenage years and older.

“The field of mental health has not been receptive to the genderized way of expressing psychological disorders. We don’t pay much attention to the impact of discrimination and ‘isms’ ... so the unique experiences of women are not taken seriously enough but become a source of chronic stress and result in not just a mental health problem but a physical health problem, too.”

— *Women’s mental health researcher*

FIGURE 3:

Women and Mental Health⁷

Though research indicates that the prevalence of severe mental health disorders like psychosis is the same in men and women, certain conditions are more common in women than men.



Women are twice as likely to suffer from major depression as men.



Women are twice as likely as men to be affected by phobias.



Women are significantly more likely than men to develop an anxiety disorder.



Women are twice as likely as men to develop PTSD following a traumatic event.

Trauma and stressful life experiences place women at heightened risk of certain mental health conditions.

There is mounting evidence that women are disproportionately exposed to risk factors, including poor economic conditions, emotional and sexual abuse, and violence,^{8,9,10} that are linked to negative mental health outcomes. Exposure to abuse and violence plays a significant role in the development and exacerbation of certain mental health conditions. For example, women who experience intimate partner violence have higher rates of depression, anxiety disorder, and post-traumatic stress disorder than other women.¹¹ Even if the effects of intimate partner violence and poverty are statistically controlled for, women who witness, hear about, or are directly exposed to violence in their neighborhoods have an increased likelihood of experiencing common mental disorders relative to men.¹² This is no small factor—women’s exposure to stress, abuse, and violence is alarmingly high, as seen in figure 4.

“Effective strategies for [reducing mental health risks] cannot be gender neutral while the risks themselves are gender specific.”¹³

— World Health Organization

Discrimination and gender socialization make things worse.

What’s more, gender socialization—that is, society’s expectations of different behaviors and attitudes from women and men—means that women are often expected to put in greater effort in their roles as caregiver, spouse, household manager, employee, community member, and more, while also having less power and autonomy in society and in their day-to-day lives. This puts them at greater risk for mental conditions such as depression and anxiety.¹⁵ As one philanthropic funder noted: “Women are disempowered, and we know this has a direct impact on women’s

FIGURE 4:

Certain mental health risk factors are more prevalent among women.¹⁴



Women report higher levels of stress than men.



1 in 6

women has experienced stalking victimization at some point during her lifetime.



1 in 3

women will experience severe violence by an intimate partner at some point in her lifetime.



1 in 5

women will report being raped at some point in her lifetime.

mental health. ... [Women's] identities present multiple dimensions, and there is a lot for philanthropy to learn about how their identity impacts their mental health." Also, it is particularly challenging for women to get help because of gender bias: Women are often depicted as "emotional," and their mental health needs are treated as "typical" rather than serious. That bias, in combination with the stigma associated with mental illness, can create a significant barrier to women in need of care.

Biological differences also play a role.

Biological differences such as brain structure and hormones also play a part in the differences between men's and women's mental health.^{16, 17} For instance, research has shown that estrogen and progesterone influence brain function and stress response, helping to explain why some women may struggle with mental illness and distress at times of hormone change and fluctuation, such as after giving birth and during menopause. We see differences early in life, as well. Recent research shows that major depression is rising among adolescents and is more prevalent among girls.¹⁸ Researchers have studied how race and gender differences affect risk factors, diagnoses, and treatment of other health issues, but there has been little investigation along those lines when it comes to mental health. When attention is paid to gender differences, women get better care. For example, heart disease was traditionally perceived as a "men's issue," and diagnosis and treatment was not adapted to women. "[When it came to heart disease research], even the terminology describing the lesion is so gendered," said Dr. Nieca Goldberg, a cardiologist at the Center for Women's Health at NYU Langone Medical Center.¹⁹ In the past 15 years, women's health advocates have pushed for more research and awareness about the gender differences in heart disease. Over the years, these initiatives have helped fine-tune prevention, diagnosis, and treatment for women. Similar advances could be seen for advancing women's mental health care if the same focus was applied.

WOMEN'S MENTAL HEALTH IN ACTION:

Providing Gender-Responsive and Trauma-Informed Mental Health Support to Young Women in the Juvenile Justice System

Most young women in the juvenile justice system have a history of physical, sexual, or emotional abuse and neglect, which disrupts their neurodevelopment, hinders their social-emotional skills, and spurs them to adopt risky behaviors. Detention intensifies their vulnerability, increasing their need for mental health services and wellness support. To respond to their needs, the Art of Yoga Program (AYP) uses neuroscience to develop a trauma-informed and gender-responsive yoga program called Wise Inside. For example, in a trauma-informed yoga session, instructors will be mindful about physically adjusting participants' poses, as touch might trigger traumatic experiences for those who have been abused. Wise Inside's educators understand the nuances of how girls respond to trauma by, for example, numbing themselves with dissociative behavior. In addition, the trauma young women experience often involves primary caregivers, which negatively affects their ability to form healthy attachments. Therefore, AYP bases its programs on relational interventions. Through Wise Inside, girls recover from past trauma, learn to self-regulate, and improve their capacity for healthy relationships and wellbeing. In the last 11 years, AYP served over 6,000 girls with proven success.

Differences in diagnosis are also a distinctive factor.

Gender bias and stereotyping can result in women getting misdiagnosed and mistreated—or not diagnosed at all. Even in 2017, women are still stereotyped as being more prone to emotional problems, which can lead to misdiagnosis and inappropriate treatment of mental health disorders. For instance, women are 48 percent more likely to be prescribed psychotropic medications than men, even when presenting with identical symptoms.²⁰ Also, doctors are more likely to diagnose depression in women, even when they have similar scores on standardized measures of depression or present with identical symptoms as men.²¹

At the same time, women are often underdiagnosed and treated only by primary health care providers. Such providers—to whom women typically turn first for help—often lack the necessary training to identify and treat mental health conditions, including the underlying factors that may cause them. In fact, many women go undiagnosed because they are reluctant to disclose factors such as a history of interpersonal violence. If primary care providers don't explicitly ask, they may never find out.

“Clinicians must be equipped to assess and respond to gender-specific, structurally determined risk factors and provide gender-sensitive, meaningful assistance to women with their mental health problems.”

— World Health Organization²²

three frameworks for focusing on women's mental health

While there is much to be done to create a system that better supports women's mental health and wellbeing, there is much funders can do immediately. To begin with, there are three important frameworks they can use to approach the issue and integrate it into their existing strategies.

Include women's mental health and wellbeing in conjunction with strategies that address the social determinants of health.

Mental health challenges that disproportionately impact women are compounded by the social determinants of health, which are the conditions of the places where we live, learn, work, and play that affect a wide range of health risks and outcomes.²³

Determinants include things like access to health care and education, safety of neighborhoods, and the quality of food, water, and air. As discussed above, there are heightened risks associated with these determinants for women that make their lives much less secure and thus their mental health more precarious. Many foundations are recognizing the complex interplay between these determinants and the wellbeing of individuals and their communities, and are investing in strategies that more effectively increase the resilience of communities.

There is an opportunity to seamlessly include women's mental health in such strategies.

Focus on intersectionality of women's mental health.

Intersectionality as a therapeutic framework has its roots in feminism, specifically African American feminism. The term describes how different forms of discrimination can interact and overlap, and why it is necessary for feminists to include the needs of women from a variety of backgrounds when considering social issues. Although the term was originally used to describe how race and gender could intersect as forms of oppression, intersectionality has broadened to encompass additional social factors such as sexual orientation, nationality, class, disability, and others. More recently, the term has been used by social activists as both a rallying cry for more expansive progressive movements and a chastisement for their limitations.²⁴

Funders can use this framework to understand how systemic injustice and social inequality occur on a multidimensional and systems basis, and how each aspect of intersectionality must shift for greater change to occur. While intersectionality is clearly not a focus for most philanthropists, understanding its relevance enables funders to see where and how their work may complement efforts to support women's mental health. This is especially important for funders who want to tackle institutional racism and other social justice issues to improve the mental health and wellbeing of women and girls of color. As one mental health researcher noted: "We need broad-based interventions that address sexism, racism—all the 'isms' in our culture to make forward progress."

Focus on gender equity when addressing health and complex social problems. Many sectors, including philanthropy, are employing equity frameworks when considering how to address the root causes of complex social problems and to promote social justice. Simply put, equity means everyone should have opportunities to obtain what they need to thrive no matter the challenge or barrier. The mental health field, however, has been slow to embrace equity and to reframe mental health as not just the absence of mental illness but as part of overall health and wellbeing. The mental health of women—especially women from disadvantaged communities—is affected by multiple, intersecting systems. As such, supporting women's mental health is crucial to achieving positive change within each of those systems. The rights of women, the rights of people of color, the rights of those living in poverty, etc. all must include mental health and wellbeing. True equity in mental health goes beyond equal access; it requires access to the right service at the right time for the right person. Therefore, to be truly equitable, practitioners should be using gender-responsive approaches that consider the influence of gender and how women are treated, such as the role of power dynamics and economic opportunity.²⁵

WOMEN'S MENTAL HEALTH IN ACTION:

Physical Health and Mental Wellness as a Civil Rights Issue

African American women experience childhood trauma, poverty, chronic stress, and incarceration at higher levels than other groups. They also suffer from disproportionately high rates of mental illness and other health issues, such as obesity. What's more, they frequently grapple with cultural stigmas and spiritual beliefs that discourage them from seeking professional care. To tackle this inequity, GirlTrek elevates mental illness and mental health in African American households by promoting walking as an affordable and accessible activity that reduces stress, improves health, and promotes social cohesion. GirlTrek grounds its approach in black history by contextualizing health as a broader civil rights issue. Through its community-based walking program, GirlTrek encourages women to take a feasible first step toward better health and trains women to become leaders in their communities. Since its inception, GirlTrek has inspired more than 60,000 women to commit to daily walking and has trained hundreds of volunteers.

seven opportunities to lay the groundwork for systemic change

Philanthropy has the tools and resources to significantly bolster women's mental health and wellbeing, pioneering ways to think about, approach, and advance the field. It can fill funding gaps that government can't (or won't), it can take risks by experimenting with new models and innovations, and it can provide catalytic investments. The sector has a history of inciting such change. For example, philanthropists supported the economic research that demonstrated the positive societal and academic returns when children participate in early learning programs. This propelled the early education movement that ultimately spurred numerous federal and state policies to increase access to early education programs for infants and toddlers. Funders have an opportunity to shape a similar legacy in relation to women's mental health and wellbeing. The ideas below allow funders to help lift up the importance of investing in women's mental health and show how they can begin to create impact.

1. Help build a body of evidence-based, gender-responsive interventions.

There is a significant need to establish an evidence base for gender-responsive treatments. Without the research to back the efficacy of gender-responsive approaches, it is nearly impossible to secure adequate financial reimbursement from commercial or government payors for their implementation. Thus, there is little incentive for clinicians to use these approaches, especially because they are often costly to learn and apply.

Gender-responsive approaches are multidimensional and address social and cultural factors such as poverty, race/ethnicity, class, gender, power dynamics, violence, and trauma. Demonstrating the success of such treatments is vital to delivering better support and outcomes for women. There are efforts to research and promote gender-responsive approaches to discover how mental health treatments impact women differently. Areas where

additional research could build a stronger base for such approaches include: clinical approaches that incorporate intersectionality, gender-specific assessment and treatment of trauma and substance use, and the development of outreach and education strategies that appeal to women. In addition, the data gathered can also arm advocates as they fight for policies that include a gender lens.

2. Provide capital to for-profit and nonprofit solutions.

Social entrepreneurs and innovators are already testing solutions that use technology to provide access to therapeutic services. For example, Lantern uses clinical research and expertise to deliver cognitive behavioral therapy on mobile and web platforms. CareMessage allows health care providers to communicate with patients through text messages, allowing them to effectively reach traditionally underserved communities. While these types of innovations show promise, there are barriers to scale due to the complexity of the mental health care system and lack of resources. Philanthropists have the opportunity to create an enabling environment for innovation by helping pilot models, providing patient capital, and putting incentives in place to make sure gender is integrated into the solutions. Philanthropy has used many tools to spur innovation, including prizes—such as the Scattergood Foundation Innovation Award, which provides an annual award to organizations that are raising awareness about behavioral health as a public health issue and challenging how behavioral health care is perceived, organized, and delivered. The intent is to create a set of behavioral health innovations to share with the field.

3. Spearhead education about stigma.

Philanthropy can help destigmatize mental health issues by building awareness of the issue, both among the public and in the medical community. Funders can also encourage grantee partners to recognize how stigma and stereotyping may limit their impact. Keeping in mind the long-term nature of this effort, funders can invest in campaigns that make use of media and grassroots

movement building, and that showcase the diversity of who is affected by mental illness, the causes of mental conditions, the ability to manage and overcome them, and more. Campaigns can also help train health care providers to recognize their own gender bias. Such campaigns not only demystify the issue but refute the common misperception that mental health challenges are the result of personal weakness, while spreading the message that recovery and restored wellbeing are possible.

4. Develop field-wide capacity and coordinate philanthropic efforts.

While there are a few funders already working in the mental health field, there is an opportunity to share learning, coordinate investment efforts, and develop a shared strategy among multiple funders. Funders can use their convening power to ignite the conversation, share lessons, and create tools that will help them integrate the issue into their grant making. There are many points of entry to supporting women's mental health, and working together can create change more effectively than individual funders can do alone. A good resource for funders interested in mental health is the Grantmakers In Health (GIH) Behavioral Health Network. The network, which is composed of funders interested in behavioral health, provides a forum throughout the year to communicate and connect with colleagues; get and provide strategic advice; share tools, resources, and information about events with peers; and participate in gatherings at GIH's annual conference and at special in-person convenings about particular topics of interest to members. Beyond the network, a group of funders could also pool resources—ideas, existing data, and/or dollars—and use them to work closely with policymakers, advocates, service providers, and others to drive sustainable long-term impact in this area.

WOMEN'S MENTAL HEALTH IN ACTION:

Reducing Mental Illness Stigma in Young Women Through Storytelling

Young women are more likely than their male peers to develop anxiety and mood disorders, including depression. They are also more likely to internalize their emotions, which can lead to withdrawal, loneliness, and isolation.

Internalization can undermine a young woman's self-confidence and cause mental health conditions such as eating disorders and other self-harming conditions.

Young Minds Advocacy (YMA) uses self-expression as a tool to inverse internalization, and empower young people to speak out about their mental health. Through its *Generation Bold* campaign, YMA encourages girls ages 16 to 25 to share their mental health stories on social media to educate the public about the unique strengths and needs of young women, inspire their peers, and reduce the stigma of mental illness. At the core of YMA's model is the belief that self-expression, with purpose, can improve an individual's mental health, and is an effective coping mechanism for young women.

5. Improve the provision of care.

In addition to supporting evidence-based research, funders can help develop programs and curricula that engage providers in exploring their own biases and training them in how to provide gender-responsive care. Funders wanting to make an impact on women's mental health care could build a pipeline of mental health and other health care professionals by supporting fellowships and dissertations that focus on gender-responsive care. Sensitizing professionals is not new to the mental health field. Several decades ago, understanding how culture influences mental health became a major focus of research and subsequently of training programs. Now, cultural humility (previously referred to as cultural competence and/or cultural sensitivity) is a component of many clinical training programs and regularly factors into diagnosis and treatment. The inclusion of cultural humility within mental health service provision is far from perfect, but the process used to incorporate it can serve as a model for how to lift up the need for gender-responsive care.

6. Advocate for women's mental health policies—and the resources needed to enact them effectively.

Along with advocating for policies that advance gender-responsive research and intervention, protecting access to mental health services for women, especially services delivered through integrated health care approaches, is an urgent need. Millions of women may lose access to coverage for mental health care if the Affordable Care Act (ACA) is undermined. Historically, shaping strong public policies and maintaining adequate funding to support mental health services has been a persistent challenge. Under the ACA, we saw significant gains for mental health care, including expanded coverage and mental health benefits and stronger enforcement of federal parity laws that require mental health benefits to be part of every health care plan. Without the types of policies the ACA includes, we could see losses to coverage that would negatively impact women's mental health and wellbeing.

Advocates for women’s health, mental health, and those concerned about the fundamental human rights of women are mobilizing to protect access provided through the ACA, and philanthropy should explore where it is able to support efforts to maintain the current policies or similar ones. According to one advocate for women’s mental health, “philanthropy is credible and can be helpful in moving the dialogue beyond a 10-second sound bite...giving a voice to women and other vulnerable groups that are experiencing stress and feeling under attack.”

7. Demonstrate the effectiveness of gender-responsive programs at the community level to demonstrate the potential for impact elsewhere.

Because there is limited research demonstrating the effectiveness of gender-responsive approaches,²⁶ investments in this area have the potential to contribute to knowledge in the field and be catalytic. Place-based funders are extremely well positioned to support local interventions, demonstrate success, and encourage other funders to scale the models that work. Finding a successful model in one locality and funding research to demonstrate its efficacy so that it can be scaled is not only a model for place-based funders, but for any funder. Work by the Edna McConnell Clark Foundation (EMCF) provides a case in point. EMCF funded an evaluation that demonstrated positive outcomes of a gender-responsive intervention, PACE Center for Girls, a program model that helps keep girls out of the juvenile justice system. PACE was built with gender-responsive principles in mind: the program focuses on relationship building and safety and uses a strength-based and trauma-informed approach to train its staff and build its curriculum.²⁷ PACE has become a key voice in the national dialogue about how to serve girls at risk of delinquency. The results of the evaluation will help PACE expand in Florida and create a strategy for replication outside the state.

conclusion

“[W]hen women are empowered, they use that power to lift others up. They help everyone around them stand on their own two feet.”

— Melinda Gates²⁸

The wellbeing of women hinges on many factors, including their mental health. The wellbeing of families and communities, in turn, hinges on a woman’s wellbeing. Philanthropy has the opportunity, resources, and tools to pioneer innovative solutions that can create meaningful systems change, effective direct service, and a new perception of what women’s mental health means. By doing so, funders will not only advance their own goals but can further the overlapping goals of their peers. Most importantly, prioritizing women’s mental health and wellbeing will help create a society in which everyone can achieve his or her full potential.

endnotes

- ¹ “Why Invest in Women?” USAID, <https://www.usaid.gov/infographics/50th/why-invest-in-women>.
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appendix a: interviewee list

INTERVIEWEE	AFFILIATION
Hortensia Amaro	University of Southern California, Suzanne Dworak-Peck School of Social Work
Lucia Corral Peña	Blue Shield of California Foundation
Stephanie Covington	Institute for Relational Development; Center for Gender and Justice
Lynda Frost	Hogg Foundation for Mental Health
Mary Giliberti	National Alliance on Mental Illness
Donna P. Hall	Women Donors Network
Julia Hebenstreit	Kim Foundation
Jessica Houssian	Women Moving Millions
Abbe Land	<i>Formerly of</i> The Trevor Project
Alicia Lara	Ms. Foundation for Women (<i>Board Member</i>)
Vickie M. Mays	UCLA BRITE Center for Science, Research and Policy
Jody Myrum	NoVo Foundation
Mayowa Obasaju	Barnard College
Jeannette Pai-Espinosa	The National Crittenton Foundation
Alison Perencevich	Grantmakers In Health – Behavioral Health Funders Network
Alina Salganicoff	Henry J. Kaiser Family Foundation
Beatriz Solis	The California Endowment
Belisa Vranich	The Breathing Class



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The New Venture Fund, a 501(c)(3) public charity, supports innovative and effective public interest projects. It was established in 2006 in response to demand from leading philanthropists for an efficient, cost-effective, and time-saving platform to launch and operate charitable projects. We execute a range of donor-driven public interest projects in conservation, global health, public policy, international development, education, disaster recovery, and the arts. www.newventurefund.org



About the Hope & Grace Fund:

The Hope & Grace Fund represents an unprecedented and unending commitment by Philosophy to support mental health and wellbeing. Mental health issues are one of the greatest challenges women face. With this initiative, Philosophy becomes the first company to place a deep focus on this important cause and the first major beauty company to make a brand-wide commitment to dedicate one percent of its US net sales toward the cause. The Hope & Grace Fund is a project of New Venture Fund in partnership with the global women's skincare brand Philosophy, Inc. www.hopeandgracecommunity.com



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Contributors to this report include: Julie Slay, Mary Rainwater, Kheira Issaoui-Mansouri, Molly Lyons, and Nancy Chan. For more information, contact hopeandgracefund@newventurefund.org.



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