

# Annotated statement from the Women's Mental Health Alliance

Updated 28 November 2019

A new alliance of women's health organisations, consumer bodies, community services, human rights bodies, clinicians and researchers has been convened in the context of the Victorian Royal Commission into Victoria's Mental Health System. There is an urgent need for an increased focus on the mental health of women and girls.

While public recognition of men's mental health has risen considerably in recent years, there is a lack of awareness about the prevalence, risk factors and experience of poor mental health among women and girls. This is despite the fact that, overall, women and girls in Australia have poorer mental health than men and boys, including:

- Higher rates of reported mental disorders in the past 12 months
- Higher rates of anxiety, depression and affective disorders
- Higher rates of eating disorders
- Twice the rate of Post-Traumatic Stress Disorder
- Higher rates of self-harm
- Higher rates of suicidal behaviour.

Gender is a social determinant of mental health. The impact of gender on mental health manifests in a multitude of ways including through experiences of gender inequality, discrimination, gender stereotyping, sexualisation, sexual harassment, family violence and sexual violence, women's disproportionate responsibility for unpaid caring work, economic disadvantage and the marginalisation of women's health needs within the mental health service system.

Despite the evidence that Australian women have poorer mental health compared to men, there has been limited attention shown to women as a group by the Royal Commission in its public hearings and consultations to date. This includes women in all their diversity, including groups at greater risk of poor mental health and suicidality such as: girls and young women; Aboriginal and Torres Strait Islander women; members of the LGBTIQ+ community; and women and girls from migrant and refugee communities.

The members of the Women's Mental Health Alliance (the Alliance) therefore recommend to the Royal Commission that **gender be recognised and centred as a social determinant of mental health in the development of recommendations for reform**. In particular, recognition of the connection between women's and girls' experience of gendered violence and poor mental health should be central to the Commission's thinking.

While each Alliance member holds their own views, we share five areas of concern from which we make the following recommendations:

1. **Invest in developing the evidence base for effective gender-sensitive approaches:** There must be increased investment in research focused specifically on women's mental health. Existing research and evidence (including clinical trials and treatments) should be analysed to identify where it is either focused on males or where there are evidence gaps, including where there is an absence of evaluated gender-sensitive programs and treatments targeting women and girls. All mental health-related data should be gender disaggregated and analysed using a gender lens.

Furthermore, data from other policy areas impacting on women's mental health should be analysed using a gender lens to understand differential impacts. This includes policy portfolios where the association with gender is clear, such as family violence and sexual violence, as well as those that currently apply little gender analysis, such as: income support; employment; housing and homelessness; and disaster impacts and response.

- We note the Commission's recommendation to establish 'The Victorian Collaborative Centre for Mental Health' but are disappointed by lack of targeted investment into research on women's mental health.
- This is particularly important given the Interim Report acknowledges that gender is a social determinant of mental health.

2. **Provide funding to equip mental health services to develop and implement a gender-sensitive and trauma-informed approach across the service system.** This includes prevention programs (for example, in school settings), community-based early intervention programs and crisis-response programs. More support services are needed to bridge the gap between primary care and crisis services. Additional non-clinical, psycho-social, community-based and/or peer-led mental health programs are required to support victim-survivors of family violence and trauma to recover from experiences of violence and abuse. Sex- and gender-sensitive approaches should extend to mental health treatments for women with severe mental illness within the acute mental health system (including consideration of appropriate medication and other forms of treatment).

- The Interim Report cites the increasing recognition and need for trauma-informed mental health treatment, care and support, as well as the efficacy and value of prevention and community-based programs.
- However, we are disappointed by the lack of funding to create and implement a gender-informed approach to service delivery.

3. **Ensure women are and feel safe within the mental health system,** including investment in gender-specific services (such as women-only inpatient units) and a focus on preventing assault by other patients and professionals, as well as reduction of compulsory treatment, restrictive interventions and other coercive actions by professionals. There is a need for better safeguards and a stronger regulatory framework to monitor and enforce compliance with gender-sensitive and trauma-informed approaches and human rights.

- Many people, predominantly women, told the Commission about their experiences of sexual assault and harassment within the mental health system.
- A 2018 report from the Victorian Mental Health Complaints Commissioner about sexual safety in acute inpatient units reported that 80 per cent of complaints about sexual safety breaches, including harassment and alleged sexual assaults, in inpatient units were reported by women.
- Family members and carers have also raised serious concerns about women's safety within inpatient units.

- Men were described as the perpetrators in 83 per cent of all complaints, and more than three-quarters of alleged perpetrators were identified as other consumers obtaining inpatient treatment.
- We are disappointed that stronger attention is not being provided to women's safety within the mental health system.
- There is an opportunity to align the work of this Royal Commission with the Royal Commission into Family Violence – this has been missed in the Interim Report.

4. **Develop a comprehensive and fully resourced mental health strategy dedicated to the mental health and wellbeing of women and girls.** The strategy must:

- a. recognise and address the primary drivers of poor mental health for women and girls – including gender inequality, discrimination and violence;
  - b. raise public awareness of the prevalence of and risk factors for poor mental health among women and girls;
  - c. take a life course approach, recognising that girls and women are at increased risk of developing or experiencing a mental illness at certain life stages, for example in adolescence, in the perinatal period, and at menopause;
  - d. focus on increasing the supply of both community-based and clinical mental health services that meet the needs of women and girls;
  - e. build capability for gender-sensitive and trauma-informed service provision that addresses the underlying causes of mental ill-health, including experiences of violence and abuse, and respects and promotes the human rights of women and girls engaged with the mental health system;
  - f. identify and address research and data gaps, including in relation to both clinical and non-clinical treatments and support;
  - g. incorporate a system-wide and coordinated cross-government approach, including applying a gender lens on policy formulation across all portfolios relevant to women's mental health; and
  - h. be accompanied by an outcomes framework to measure change over the course of the strategy's implementation.
- While there has not been discussion about a dedicated mental health strategy for women and girls identified in the Interim Report, the Alliance acknowledges that the Commission has proposed the creation of a Mental Health Implementation Office.
  - The Commission also proposes leadership across the network of mental health and recommended nominations for leaders in all domains, geographies and disciplines to form a leadership network, including balanced gender representation – we welcome this approach.
  - We also note that the Interim Report acknowledges that in psychiatry there is a disproportionately low number of women in leadership positions.

5. **Provide adequate resourcing for a consumer advocacy body for women with lived experience of mental health issues and for the involvement of consumer advocates/consultants in designing and implementing reforms.** This includes creating safe spaces for women in all their diversity to share their insights and participate in the design and evaluation of solutions, including representation at senior levels. For example, the Royal Commission could hold a

roundtable which allows women with diverse mental health needs, including victim-survivors of family violence and sexual violence, to share their experiences.

- We welcome the Commission’s recommendation that people with lived experience be at the centre of service design, delivery, research and evaluation.
- The Interim Report proposes that the Victorian Government should establish Victoria’s first residential mental health service designed and delivered by people with lived experience.
  - The service should be facilitated through the Mental Health Implementation Office, in co-production with people with lived experience.
  - The service will aim to provide short-term treatment, care and support in a residential community setting as an alternative to acute hospital-based care.
- We note that this recommendation is not gender-specific, and provides no firm emphasis on delivering targeted solutions for women in all their diversity (though a lived-experience example provided is the National Perinatal Anxiety and Depression Helpline).

## Contact

For further information on the Alliance or media commentary from any of the members, please contact Kylie Inserra, Communications Coordinator at Women’s Health Victoria, in the first instance:

To arrange to speak with a lived experience advocate, please contact Maggie Toko, CEO of the Victorian Mental Illness Awareness Council (VMIAC):

## This statement is endorsed by:



MAEve, the Melbourne Research Alliance to End Violence against women and their children.



Monash School of Public Health and Preventive Medicine



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