



# Submission: Draft Report of the Productivity Commission Inquiry into Mental Health

## 1. Overview

Women's Health Victoria (WHV) welcomes the opportunity to comment on the Productivity Commission's draft report into mental health. Overall WHV supports the areas for reform outlined in the draft report. However, all reform areas need to integrate a sex- and gender-based analysis to ensure mental health services and prevention efforts address the sex-based and gendered determinants of mental health specific to women and girls. This will ensure efforts to improve mental health are tailored to the specific needs of women and girls and more effectively support their wellbeing, which will in turn contribute to greater productivity.

Although the report does highlight some specific examples where mental ill-health disproportionately impacts women and girls, such as self-harm, eating disorders and women's experience of family violence, an intersectional gender-sensitive approach needs to be applied across all areas of reform. This includes investing in research to better understand the sex- and gender-based risk factors for, and impacts of, mental-ill health for women and girls, and piloting and evaluating strategies and programs that specifically aim to promote better mental health and wellbeing and respond to the mental ill-health of women and girls.

This submission emphasises the importance of addressing the correlation between gender-based violence and the mental health of women and girls within reform areas. This includes addressing gendered violence as a risk factor for mental-ill health and the need for trauma-informed approaches that recognise women's experiences of violence.

The submission then identifies specific reform areas and recommendations from the Commission's draft report that would benefit from greater attention to the needs and experiences of women and girls.

Finally, the submission highlights key recommendations from the Women's Mental Health Alliance in Victoria that could be adapted at the national level.

WHV's submission is endorsed by:

- Australian Services Union
- CASA Forum (Victorian Centres Against Sexual Assault)
- Centre for Women's Mental Health, Royal Women's Hospital
- GEN VIC (Gender Equity Victoria)
- Gippsland Women's Health
- MAEVe, (**M**elbourne **R**esearch **A**lliance to **E**nd **V**iolence against women and their children)
- Mental Health Victoria
- Multicultural Centre for Women's Health
- Women with Disabilities Victoria
- Women's Health in the North
- Women's Health in the South East
- Women's Health West

## About Women's Health Victoria

WHV is a state-wide women's health promotion, advocacy and support service. WHV works collaboratively with women, health professionals, policy makers and community organisations to influence systems, policies and services to be more gender equitable to support better outcomes for women. As a state-wide body, WHV works with the nine regional and two other state-wide services that make up the Victorian Women's Health Program. WHV is also a member of Gender Equity Victoria (GEN VIC), the Victorian peak body for gender equity, women's health and the prevention of violence against women.

## The Women's Mental Health Alliance

The Women's Mental Health Alliance was formed in Victoria in 2019. It comprises predominantly Victorian consumer bodies, community service organisations, human rights bodies, clinicians and researchers, with some representation from national organisations. The alliance has been formed in the context of the Royal Commission into Victoria's Mental Health System and focuses on ensuring the needs of women and girls are considered in current reviews of the mental health system.

The Women's Mental Health Alliance released a Statement in November 2019 which outlines five specific recommendations to ensure women's and girls' mental health needs are considered in the reform of the Victorian mental health system, and calls for the development of evidence-based strategies that explicitly address the drivers of women's mental ill-health. Although the recommendations were developed for the Victorian context, they are also applicable to the national context. A copy of the Statement is included in Attachment 1.

## Summary of submission and recommendations

Overall WHV recommends the following:

### **Reform area: Prevention and early intervention for mental illness and suicide attempts**

**Recommendation: Invest in research to better understand the gendered drivers of mental-ill health and pilot and evaluate gender sensitive approaches to promote mental health for women and girls.**

- Draft recommendation 17.3 *Social and emotional learning programs in the education system*: Any school-based prevention programs should include the impacts of gendered norms and expectations on mental ill-health.
- Draft recommendation 17.6 *Data on child social and emotional wellbeing* should be amended to include the collection and analysis of sex-disaggregated data on child social and emotional wellbeing.
- Draft recommendation 21.1 *Universal access to aftercare*: Aftercare programs need to address the gendered drivers of suicidal behaviours among young women, and be evaluated using sex-disaggregated data to better understand the effectiveness of programs aiming to prevent suicide among women and girls.
- Draft recommendation 20.1 *National stigma reduction strategy* needs to include tailored strategies that address the gendered nature of stigma and discrimination specific to women and girls.
- In addition:



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- Recognising their higher rates of self-harm and suicidal behaviour, programs that specifically aim to prevent self-harm and suicidal behaviours among young women should be piloted and evaluated.
- Governments should increase investment in prevention and response programs that make workplaces safe for women, promote gender equality and address sexual harassment within the workplace, in line with the recommendations of the forthcoming report of the Australian Human Rights Commission into sexual harassment in Australian workplaces.

### **Reform area: Close critical gaps in health care services**

#### **Recommendation: Provide services and treatments that meet the specific needs of women and girls**

- Primary care services should provide gender-responsive and trauma-informed care that recognises and responds to the specific mental health needs of women and girls.
- Draft recommendations 11.1 *The national mental health workforce strategy* and 11.5 *Improved mental health training for doctors*: Health practitioners within the mental health workforce need to be upskilled to better respond to the mental health needs of women and girls who have experienced violence and to apply a trauma-informed approach to care.
- Acute mental health services must be safe for women. This includes provision of women-only inpatient units and a focus on preventing assault by other patients and health professionals, as well as reduction of compulsory treatment, restrictive interventions and other coercive actions by professionals.

### **Reform area: Investment in services beyond health**

#### **Recommendation: Invest further in efforts to prevent and respond to gender-based violence acknowledging the correlation with mental health for women and girls**

- Mental health services should be trauma-informed in order to respond effectively to women who experience mental ill-health due to their experience of violence.
- Effective coordination is needed between the mental health and violence against women sectors to ensure an integrated response to women who have experienced violence and trauma.

#### **Recommendation: Ensure strategies to benefit carers are gender sensitive, recognising that the majority of carers are women**

All recommendations that impact carers should consider the impact of strategies on women and girls, acknowledging that the majority of carers are female (13.1 *Reduce barriers to accessing income support for mental health carers*; 13.2 *Employment support for mental health carers*; and 13.3 *Family focused and carer inclusive practice*).

### **Reform area: Fundamental reform to care coordination, governance and funding arrangements**

#### **Recommendation: Roll out an intersectional and gender-sensitive approach across all reform areas**

Draft recommendation 22.2 *A new whole-of-government mental health strategy*: WHV supports the development of a new whole of government national mental health strategy, and recommends that it take an intersectional and gender-sensitive approach to ensure it



meets the needs of all women and girls. The strategy should be informed by a gender-sensitive approach to mental health as developed in the UK:

- Prioritise understanding mental distress in the context of women's lives
- Be co-designed with women and enable women to be involved in initiatives intended to promote good mental health and to make choices about mental health care and treatment
- Address reproductive and life stage elements of mental health and wellbeing
- Address the mental health impacts of gendered experiences including sexual abuse, family violence and poor body image
- Be responsive to the diversity of women's needs, experiences and backgrounds including race, sexuality and disability.<sup>1</sup>

**Recommendation: Ensure participation of women and girls with lived experience**

- Draft recommendation 22.3 *Enhancing consumer and carer participation*: Ensure participation of women and girls with lived experience of mental ill-health and as carers of someone with a mental illness in the development and roll-out of all reform areas.

**Recommendation: Take a gender sensitive approach to monitoring and evaluation**

- All relevant data should be disaggregated by sex and/or gender.
- Specific outcome indicators should be established for women and girls.

## 2. The need for a gender-sensitive approach to mental health that specifically considers the needs of women and girls

### The mental health of women and girls

Compared with men and boys, women and girls have higher rates of depression and anxiety, self-harm and suicidal behaviour. However, these gendered differences are seldom acknowledged and therefore have not translated into targeted support to better meet the needs of women and girls.

The last National Survey of Mental Health and Wellbeing, held in 2007, found that women were significantly more likely than men to experience anxiety (32% compared to 20.4%) and depression (17.8% compared to 12.2%).<sup>8</sup> An Australian survey of young people's mental health over a five-year period found that females were around twice as likely as males to meet the criteria for having a probable serious mental illness.<sup>2</sup>

To effectively address the needs of women and girls, sex and gender-based inequalities that impact mental health outcomes need to be considered. The World Health Organisation states that gender is a critical, overlaying social determinant of mental health and mental illness:

*Gender determines the differential power and control men and women have over the socioeconomic determinants of their mental health and lives, their social position, status*

<sup>1</sup> This list has been adapted from the principles provided by : British Medical Association (2018) Addressing unmet needs in women's mental health. BMA. London. Available from: [https://www.cancerresearchuk.org/sites/default/files/womens-health-full-report-aug2018\\_0.pdf](https://www.cancerresearchuk.org/sites/default/files/womens-health-full-report-aug2018_0.pdf)

<sup>2</sup> Mission Australia, Black Dog Institute (2017) Youth mental health report: Youth Survey 2012-16. Mission Australia. Sydney. Available from: <https://www.missionaustralia.com.au/publications/research/young-people/706-five-year-mental-health-youth-report>



*and treatment in society and their susceptibility and exposure to specific mental health risks. Gender differences occur particularly in the rates of common mental disorders – depression, anxiety and somatic complaints.<sup>3</sup>*

Biological factors related to sex mean that women experience specific mental health conditions linked to their reproductive capacity such as post-natal anxiety and depression. The brain structure and response to stress also differ between females and males.<sup>4</sup> However, rigid gender-based expectations and stereotypes and gendered structural inequalities also play a key role in influencing outcomes because of the different stressors experienced by women and men, as well as the response they receive from health professionals and support services. Examples of gendered inequalities that can contribute to women's poor mental health outcomes include pay inequality, burden of caring responsibilities, as well as experiences of gender-based violence (inclusive of intimate partner violence and sexual assault).<sup>5</sup>

A gender-sensitive approach is imperative across all reform areas identified by the Commission. Any effort to effectively address mental health in Australia needs to ensure a gender-sensitive approach by acknowledging the high rates of mental ill-health among women and girls and the correlation with gendered and sex specific determinants. Applying a gender-sensitive approach will benefit all people by targeting solutions to more effectively meet the different needs of men, women and non-binary people. A gender-sensitive approach includes collecting sex/gender-disaggregated data on mental health, understanding the gendered drivers of mental health, and developing gender-sensitive strategies to better prevent and treat mental ill-health.

Historically campaigns and services to prevent and treat mental ill-health in Australia have either not considered sex and gender at all or have targeted men and boys. For example, rigid concepts of masculinity have been challenged in campaigns encouraging men to overcome stereotypical concepts of 'being a man' by seeking and asking for help. Although initiatives targeting men and boys need to continue, there remains a lack of research, resources and programs that specifically address the gendered determinants of mental ill-health for women and girls. There is a need for increased investment in research and evaluation to build the evidence base for gender-sensitive approaches to mental health targeting women and girls.

There is a strong correlation between gender-based violence and the mental ill-health of women and girls. Around one in three women have experienced physical violence<sup>6</sup> and almost one in five (18%) have experienced sexual violence since the age of 15 years.<sup>7</sup> Women who have experienced domestic violence or abuse are at a significantly higher risk of experiencing a range of mental health conditions including post-traumatic stress disorder, depression, anxiety, substance abuse, and thoughts of suicide.<sup>8</sup> In light of the correlation between experiences of violence and poor mental health, it is essential that there is continued investment in programs and services that work to prevent and respond to gendered violence; that mental health professionals are equipped with the skills to apply a trauma-informed approach to respond effectively to the mental ill-health of women and girls who have

<sup>3</sup> WHO (2019) Gender and mental health. World Health Organization, Geneva. Available from:

[https://www.who.int/mental\\_health/prevention/genderwomen/en/](https://www.who.int/mental_health/prevention/genderwomen/en/)

<sup>4</sup> Shoukai Y (2018) Uncovering the hidden aspects of inequality on mental health: a global study. Translational Psychiatry 9(98):1-

10. Available from: <https://www.nature.com/articles/s41398-018-0148-0.pdf>

<sup>5</sup> British Medical Association (2018) Addressing unmet needs in women's mental health. BMA. London, Available from:

[https://www.cancerresearchuk.org/sites/default/files/womens-health-full-report-aug2018\\_0.pdf](https://www.cancerresearchuk.org/sites/default/files/womens-health-full-report-aug2018_0.pdf)

<sup>6</sup> Australian Bureau of Statistics (ABS) (2017), Personal Safety, Australia, 2016, ABS cat. no. 4906.0, Canberra

<sup>7</sup> Australian Institute of Health and Welfare (AIHW) (2019) Family, domestic and sexual violence in Australia: continuing the national story 2019—In brief. Cat. no. FDV 4. AIHW, Canberra, p. 3.

<sup>8</sup> Rihan Parker (2019) How domestic violence affects women's mental health, VincentCare. Available from:

<https://vincentcare.org.au/how-domestic-violence-affects-womens-mental-health/>



experienced violence; and invest in effective coordination between the mental health and violence against women sectors.

It is also essential that the Commission takes an intersectional gender-sensitive approach to mental health reform. This means considering the impacts of other forms of inequality and disadvantage including racism, ableism and homophobia and how these intersect with sex and gender-based inequalities. This is particularly important when considering the experience of LBTQI women and Aboriginal and Torres Strait Islander women, who experience significantly poorer mental health outcomes compared with other women. WHV commends the Commission's specific focus on Aboriginal and Torres Strait Islander people within the report, however this analysis needs to go further and investigate the additional barriers and needs specific to Aboriginal and Torres Strait Islander women, as well as women from other population groups experiencing discrimination and disadvantage (including women living with a disability and migrant and refugee women). For example, health for Aboriginal and Torres Strait Islander women is linked to the health and wellbeing of their families and communities. A commonly reported stressor for Aboriginal women is the death of a family member or friend.<sup>9</sup>

### 3. Applying a gender sensitive approach across reform areas

#### Prevention and early intervention for mental illness and suicide attempts

##### Interventions in early childhood and school education

WHV commends the Commission for taking a comprehensive approach to prevention of mental ill-health that focuses on working with children from early childhood through to adulthood. Any prevention work with children and young people needs to address the sex-based and gendered drivers of mental ill-health. Gendered attitudes, norms and practices, including messages such as 'boys don't cry' or 'girls are overly emotional', can negatively impact young people's self-perception and well-being, as well as increasing the stigma associated with experiencing poor mental health. This can hinder help-seeking behaviour and service access. There are a number of initiatives that aim to specifically challenge gendered inequalities amongst young people that are being rolled out in school settings in Victoria (and across Australia) to prevent violence against women through respectful relationships education (RRE). There may be opportunities to identify and explore the mental health impacts of gendered attitudes and inequalities as part of the RRE program. Additionally there needs to be further investment in research to better understand the gendered drivers of mental-ill health and evaluation of gender-sensitive pilot programs.

Draft recommendation 17.3 *Social and emotional learning programs in the education system* needs to ensure any school-based prevention program also includes the impacts of gendered norms and expectations on mental ill-health. Draft recommendation 17.6 *Data on child social and emotional wellbeing* should be amended to include the collection and analysis of sex-disaggregated data on child and emotional wellbeing.

##### Suicide prevention

Evidence shows that young women's mental health outcomes worsen compared with young men's during adolescence.<sup>10</sup> Although men are more likely to die from suicide, women are more likely than men to self-harm and demonstrate suicidal behaviours. Measured by hospital admission, the intentional self-harm rate for women (which does not differentiate suicide

<sup>9</sup> Burns J, MacRae A, Thomson N, Anomie, Catto M, Gray C, Levitan L, McLoughlin N, Potter C, Ride K, Stumpers S, Trzesinski A, Urquhart B. (2013) [Summary of Indigenous women's health](#). Australian Indigenous HealthInfoNet.

<sup>10</sup> Hankin, Young, Abela, Smolen, Jenness, Gulley, et al. (2015) Depression from childhood into late adolescence : influence of gender, development, genetic susceptibility, and peer stress. *Journal of Abnormal Psychology*. 124 (4):803-16.



attempts and non-suicidal self-injury) is now 40% higher than men's, with a large increase in the adolescent years.<sup>11</sup> There has also been an increase in female suicide rates in recent years, whereas suicide rates for young men have decreased since the late 1990s.<sup>12</sup> Programs need to be piloted and evaluated that specifically aim to prevent self-harm and suicidal behaviours among young women.

Draft recommendation 21.1 *Universal access to aftercare* needs to ensure approaches address the gendered drivers of suicidal behaviours among young women and be evaluated using sex-disaggregated data to better understand the effectiveness of preventing suicide among women and girls.

### Social participation and inclusion

Mental health-related stigma and discrimination are gendered, with women and girls' mental health often dismissed as attention-seeking. Additional to social participation and inclusion, mental health stigma and discrimination can impact access to services. For example, research shows that suicidal behaviour and self-harm in women and girls can be viewed by family, health professionals and the community as attention-seeking, manipulative and non-serious,<sup>13</sup> thereby increasing the barriers to young women receiving the care they need.

Draft recommendation 20.1 *National stigma reduction strategy* needs to include tailored strategies that address the gendered nature of stigma and discrimination specific to women and girls.

### Mentally healthy workplaces

Any effort that focuses on psychological health in the workplace must apply a gender analysis to acknowledge the gendered drivers of mental ill-health within work settings. Gender discrimination within workplaces impacts women's health and wellbeing. To promote mentally healthy workplaces, all forms of gender discrimination need to be considered and strategies that promote gender equality should be included in efforts to promote healthy and productive workplaces.

Women typically receive less pay and superannuation than men, experience high rates of pregnancy and sex discrimination and have more care responsibilities requiring them to take time out of the workforce. According to a report by the Australian Services Union and Per Capita (2017), women are retiring with nearly half the amount of superannuation compared with men (53%).<sup>14</sup> Women are also often in employment that can be defined as precarious (i.e. low income and short-term contracts),<sup>15</sup> and there are links between job insecurity and increases in anxiety and depressive symptoms.<sup>16</sup> These sex- and gender-based factors impact women's mental health and increase barriers to reporting sexual harassment.

Women are significantly more likely than men to have experienced sexual harassment in the workplace at least once in the last year<sup>17</sup> and experiencing sexual harassment can have

<sup>11</sup> AIHW (2014) Suicide and hospitalised self-harm in Australia ; Trends and analysis, Flinders University, p.65. Available from: <https://www.aihw.gov.au/getmedia/b70c6e73-40dd-41ce-9aa4-b72b2a3dd152/18303.pdf.aspx?inline=true>

<sup>12</sup> Suicide Prevention Australia (2016) Suicide and suicidal behaviour in women: issues and prevention, page.6. Available from: <https://apo.org.au/node/56174>

<sup>13</sup> Suicide Prevention Australia (2016) Suicide and suicidal behaviour in women: issues and prevention, p8. Suicide Prevention Australia. Available from: <https://apo.org.au/node/56174>

<sup>14</sup> D. Hetherington and W.Smith (2017), Not so super for women: Superannuation and women's retirement outcomes. Per Capita and Australian Services Union.

<sup>15</sup> Menendez, M., Benach, J., Muntaner, C., Amable, M., & O'Campo, P. (2007). Is precarious employment more damaging to women's health than men's? Social Science & Medicine, 64, pp. 776 – 781.

<sup>16</sup> Benach, J., Vives, A., Amable, M., Vanroelen, C., Tarafa, G., & Muntaner, C. (2014). Precarious Employment: Understanding an Emerging Social Determinant of Health. Annual Review of Public Health, 35, pp. 229 – 253.

<sup>17</sup> AHRC (2018) Everyone's business: Fourth national survey on sexual harassment in Australian workplaces. AHRC, Sydney. Available from: <https://www.humanrights.gov.au/our-work/sex-discrimination/publications/everyones-business-fourth-national-survey-sexual>

significant negative impacts on women's mental health. According to *Everyone's business: Fourth national survey on sexual harassment in Australian workplaces*, in the vast majority of cases the perpetrator is a man and in many cases the harassment is ongoing over an extended period. Substantially more women than men said the most recent incident of workplace sexual harassment had impacted negatively on their mental health or caused them stress (40% compared to 29%) and half the victims reported having experienced similar harassment before.<sup>18</sup>

Resources, programs and services developed to address mental health within workplace settings need to recognise the importance of preventing and responding to gender discrimination and sexual harassment in the workplace for the promotion of women's mental health and wellbeing. Governments should increase investment in prevention and response programs that make workplaces safe for women, promote gender equality and address sexual harassment within the workplace, in line with the recommendations from the forthcoming report of the Australian Human Rights Commission into sexual harassment in Australian workplaces.

Please refer to the following recommendations in the Statement from the Women's Mental Health Alliance at Attachment 1, which are relevant to this reform area.

- Raise public awareness of the prevalence and risk factors of poor mental health among women and girls.
- Invest in developing the evidence base for effective gender-sensitive approaches.
- Recognise and address primary drivers of poor mental health for women and girls including gender inequality, discrimination and violence.
- Take a life course approach recognising that girls and women are at increased risk of developing or experiencing a mental illness at certain stages, for example in adolescence, in the perinatal period, and at menopause.

## Close critical gaps in health care services

### Primary mental health care

WHV commends the Commission's focus on closing critical gaps within the healthcare system, ensuring services are accessible and that the right treatment is provided for the condition. Draft recommendation 5.9 *Ensure access to the right level of care* must integrate a gender-sensitive approach to ensure services are accessible and the right treatment is provided to meet the needs of women and girls. This means that all services should consider the specific mental health risk factors, needs, barriers to access and treatment options for women and girls to ensure the right services and treatments are provided.

In addition, the Commission should focus on areas of Commonwealth responsibility, in particular primary health care, and the role these services play – or could more effectively play – in: mental health promotion/primary prevention; responding to mild and moderate mental health conditions; assisting people to access early intervention support; and assisting people to navigate the mental health service system. Primary Health Networks in particular have strong potential to support better service integration across the mental health system. Just like other mental health services, primary care services should provide gender-responsive and

<sup>18</sup> AHRC (2018) *Everyone's business: Fourth national survey on sexual harassment in Australian workplaces*. AHRC, Sydney. Available from: <https://www.humanrights.gov.au/our-work/sex-discrimination/publications/everyones-business-fourth-national-survey-sexual>





trauma-informed care that recognises and responds to the specific mental health needs of women and girls.

### Emergency and acute inpatient services

Women experience high rates of violence within mental health services. A 2018 report on safety in acute inpatient care by the Victorian Mental Health Complaints Commission (MHCC) highlighted that 80% of complaints about sexual safety were reported by women and 83% of the perpetrators were described as men.<sup>19</sup> Violence against women within mental health services is unacceptable and services must prioritise women's safety.

Consistent with the recommendations of the MHCC, investment is needed in gender-specific services, including women-only inpatient units and ensuring acute mental health services are safe for women. A stronger focus is also needed on preventing assault by other patients and health professionals, and reducing 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.

### Mental health workforce

As highlighted by Women's Health Victoria,<sup>20</sup> a framework that recognizes trauma and its impacts is important in any service that supports women, due to the correlation between poor mental health and experiences of gendered violence, including family violence<sup>21</sup> and sexual abuse.<sup>22 23</sup> Women experience higher levels of dissociative symptoms and are more likely to self-harm and suffer from internalising disorders such as eating disorders, following traumatic experiences.<sup>24</sup> Draft recommendation 11.1 *The national mental health workforce strategy* and 11.5 *Improved mental health training for doctors* needs to ensure practitioners within the mental health workforce are upskilled to better respond to the mental health needs of women and girls who have experienced violence and to apply a trauma-informed approach to care.

Please refer to the following recommendations in the Statement from the Women's Mental Health Alliance at Attachment 1, which are relevant to this reform area.

- Provide funding to equip mental health services to develop and implement a gender-sensitive and trauma-informed approach across the service system that addresses the underlying causes of mental ill-health, including experience of violence and abuse, and respects and promotes the human rights of women and girls engaged with the mental health system.
- Ensure women feel safe within the mental health system, including investment in gender specific services.
- Increase the supply both community-based and clinical mental health services that meet the needs of women and girls.

<sup>19</sup> Mental Health Complaints Commissioner (2018), *The Right to be Safe: Summary Report*. Mental Health Complaints Commissioner, Melbourne. Available from: <https://www.mhcc.vic.gov.au/news-and-events/news/ensuring-sexual-safety-in-acute-mental-health-inpatient-units>

<sup>20</sup> Women's Health Victoria (2019) *Spotlight on trauma-informed practice and women*. Women's Health Victoria. Melbourne. - (Spotlight; November 2019)

<sup>21</sup> Trevillion K, Oram S, Feder G, et al. (2012) Experiences of domestic violence and mental disorders: a systematic review and meta-analysis. *PLoS ONE* 7(12): e51740.

<sup>22</sup> Thurston RC, Chang Y, Matthews KA, et al. (2019) Association of sexual harassment and sexual assault with midlife women's mental and physical health. *JAMA International Medicine*. 179(1):48–53.

<sup>23</sup> Quadara A (2015). *Implementing trauma-informed systems of care in health settings: The WITH study: State of knowledge paper* (ANROWS Landscapes, 10/2015). Australia's National Research Organisation for Women's Safety. Sydney.

<sup>24</sup> Wilton J, Williams A (2018) *Engaging with complexity: providing effective trauma-informed care for women* Centre for Mental Health (London). London.



### Investment in services beyond health

WHV welcomes the Commission's recognition that investment is needed in services beyond mental health and the focus on housing and the justice system. It is critical that the Commission also recognises the close correlation between women's experiences of violence and trauma, homelessness, mental ill-health and incarceration. Women are more likely to experience intimate partner violence and sexual assault than men and experiences of violence can impact on women's mental health and well-being. For example, women who have experienced intimate partner violence are at significantly higher risk of experiencing a range of mental health conditions including post-traumatic stress disorder, depression, anxiety, substance abuse, and thoughts of suicide.<sup>25</sup>

A targeted focus is needed on improving outcomes for Aboriginal and Torres Strait Islander women in particular, given they experience higher rates of violence and incarceration compared with non-Aboriginal and Torres Strait Islander women. Beyond Blue reports that the most common mental health condition in incarcerated Aboriginal women is post-traumatic stress disorder which is often misdiagnosed or not diagnosed.<sup>26</sup>

Given the links between gendered violence, mental health, homelessness and incarceration, ongoing investment in the prevention of violence against women is essential, as is better coordination between the mental health and gender based violence sectors.

Preventing violence against women also makes economic sense. For example, a 2015 report by PricewaterhouseCoopers (PwC) estimated that the combined health, administration and social welfare costs of violence against women cost \$21.7 billion a year, including \$7.8 billion a year in direct costs to governments.<sup>27</sup> The health costs associated with violence factored into this estimate included not only higher utilisation of health services to treat the effects of violence, but also longer-term health costs such as depression and anxiety and substance abuse.<sup>28</sup> This highlights the importance of investing in the prevention of violence against women as a primary prevention strategy for mental health.

The Commission should invest further in efforts to respond to and prevent gender-based violence, inclusive of investing in services that apply a trauma-informed approach to responding to sexual assault; and ensure mental health services are trauma informed in order to respond effectively to women who experience mental-ill health due to their experience of violence (inclusive of sexual assault).

### Carers and families

WHV commends the Commission for a specific focus on carers of those living with a mental illness. Any reforms in this area need to consider the gendered nature of caring and the specific impacts on women and girls. All over the world women are the predominant providers of informal care for family members with chronic medical conditions or disabilities, including adults with mental illness.<sup>29</sup> This report highlights that 65% of primary carers for those with a mental illness are female.<sup>30</sup> The feminised nature of unpaid caring roles (and the need to take

<sup>25</sup> Rhian Parker (2019) How domestic violence affects women's mental health, VincentCare. Available from: <https://vincentcare.org.au/how-domestic-violence-affects-womens-mental-health/>

<sup>26</sup> The family business: improving the understanding and treatment of post-traumatic stress disorder among incarcerated Aboriginal and Torres Strait Islander women Beyondblue, 2015

<sup>27</sup> PricewaterhouseCoopers Australia (2015) A high price to pay : the economic case for preventing violence against women, p.10. Available from: <https://www.pwc.com.au/pdf/a-high-price-to-pay.pdf>

<sup>28</sup> PricewaterhouseCoopers Australia (2015) A high price to pay : the economic case for preventing violence against women. PricewaterhouseCoppers Australia, p.13. Available from: <https://www.pwc.com.au/pdf/a-high-price-to-pay.pdf>

<sup>29</sup> Sharma, Chakrabarti, Grover (2016) Gender differences in caregiving among family - caregivers of people with mental illnesses. World J Psychiatry. 2016 Mar 22;6(1):7-17. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/27014594>

<sup>30</sup> Commission estimates using ABS (Microdata: Disability, Ageing and Carers, Australia 2015,



time out of the workforce or engage in part-time work) can further contribute to gender inequality and women's overall lower accumulated wealth compared to men over their lifetime. WHV supports the following draft recommendations,

- 13. 1, *Reduce barriers to accessing income support for mental health carers,*
- 13.2 *Employment support for mental health carers and*
- 13.3 *Family focused and career inclusive practice.*

All recommendations that impact carers should consider the impact of strategies on women and girls, acknowledging that the majority of carers are female. A needs assessment and post evaluation should ensure data is disaggregated by gender and ensure an analysis of barriers considers women's lived experience.

Please refer to the following recommendations in the Statement from the Women's Mental Health Alliance at Attachment 1, which are relevant to this reform area.

- Recognise and address the primary drivers of poor mental health for women and girls including gender inequality, discrimination and violence.
- Apply a gender lens to policy formulation across all portfolios relevant to women's mental health.

## Fundamental reform to care coordination, governance and funding arrangements

### Governance

WHV supports the development of a national whole-of-government mental health strategy as outlined in recommendation 22.2. An intersectional gender-sensitive approach needs to be applied to the strategy to ensure the specific mental health risk factors, needs and barriers to access for all women and girls are considered, and the most effective services and treatments are provided. The strategy should highlight the need for ongoing investment in the prevention of and response to violence against women, and in upskilling the mental health workforce in identifying and responding to family violence.<sup>31</sup>

A gender-sensitive approach to mental health for women and girls should include the following characteristics:

- Prioritise understanding mental distress in the context of women's lives;
- Be co-designed with women and enable women to be involved in initiatives intended to promote good mental health and to make choices about mental health care and treatment;
- Address reproductive and life stage elements of mental health and wellbeing;
- Address the mental health impacts of gendered experiences including sexual abuse, family violence and poor body image; and

Cat. no. 4430.0.30.002); Diminic et al. (2017). Cited in Productivity Commission 2019, Mental Health, Draft Report, Canberra Pg 459

<sup>31</sup> Note that a separate strategy dedicated to improving the mental health and wellbeing of women and girls is recommended by the Women's Mental Health Alliance.



- Be responsive to the diversity of women's needs, experiences and backgrounds including race, sexuality and disability.<sup>32</sup>

Ensuring people with lived experience and their carers are included in development, implementation and evaluation of mental health programming is fundamental. Draft recommendation 22.3 *Enhancing consumer and carer participation* should include a specific focus on incorporating the diverse lived experience of female and gender diverse consumers and carers.

A gender-sensitive approach to monitoring and evaluation will ensure there is better understanding of how strategies, services and programs impact men, boys, women, girls and gender non-binary people differently, in turn informing the development or improvement of tailored and targeted approaches.

A gender-sensitive approach to evaluation requires the collection of sex/gender-disaggregated data, and this should also be a priority. Gendered data visualisation tools such as the [Victorian Women's Health Atlas](#) can support evaluation and service planning. WHV recommends the following additions to the monitoring and evaluation recommendations:

- A gender sensitive approach is applied to monitoring and evaluation
  - All relevant data should be disaggregated by sex and/or gender.
  - Specific outcome indicators should be established for women and girls.

Please refer to the following recommendations in the Statement from the Women's Mental Health Alliance at Attachment 1, which are relevant to this reform area.

- Provide adequate resourcing for a consumer advocacy body for women with lived experience of mental health issues and for the involvement of consumer and advocates/consultants in designing and implementing reforms.
- Develop a comprehensive and fully resourced mental health strategy dedicated to the mental health and wellbeing of women and girls, which:
  - Identifies and addresses research and data gaps in relation to both clinical and non-clinical treatment and support
  - Incorporates a system wide coordinated across government approach including applying a gender lens on policy formulation across all portfolios relevant to women's health
  - Is accompanied by an outcomes framework to measure change over the course of the strategy implementation.

<sup>32</sup> This list has been adapted from the principles provided by : British Medical Association (2018) Addressing unmet needs in women's mental health. BMA. London. Available from: [https://www.cancerresearchuk.org/sites/default/files/womens-health-full-report-aug2018\\_0.pdf](https://www.cancerresearchuk.org/sites/default/files/womens-health-full-report-aug2018_0.pdf)