Women's Health East
Investing in Equality and Wellbeing for Women

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Royal Commission into Victoria's Mental Health System

Submission by Women's Health East – July 2019

About Women's Health East

Women's Health East (WHE) welcomes the opportunity to provide input into the Royal Commission into Victoria's Mental Health System.

Women's Health East (WHE) is a regional women's health promotion agency working across the Eastern Metropolitan Region of Melbourne. The region covers seven local government areas which include the shires of Yarra Ranges, Knox, Maroondah, Manningham, Monash, Whitehorse and Boroondara. Working within a feminist framework, WHE addresses the social, cultural, economic, political and environmental factors impacting on the health, safety and wellbeing of women in the region.

Our vision is equality, empowerment, health and wellbeing for all women.

Our purpose is to drive action to build an equitable society. Guided by evidence and informed by women's lived experiences, we strengthen the capacity of the community to improve women's health and wellbeing.

Our priorities are:

- Advance Gender Equality
- Prevent violence against Women
- Improve women's Sexual and Reproductive Health
- Strengthen our dynamic and sustainable organisation

Our work at WHE is underpinned by a social model of health which aims to address the broader influences of health with an intersectional approach to understand the intersecting and overlaying inequities individuals or communities experience in relation to a person's gender, race, ethnicity, income, Aboriginality, age, education and other factors. Building on this approach WHE also strive to ensure a primary prevention focus within our work. This is essential to allow equitable access to and experience of health for all through preventing ill-health or inequality before it occurs.

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Key Messages:

This submission to the Royal Commission into Victoria's Mental Health System aims to highlight the value and necessity of having both a gendered approach and primary prevention focus when addressing mental health systems to ensure equitable health outcomes for all Victorians.

A Gendered Approach

As recognised by the World Health Organisation, gender is a critical determinant of mental health and mental illness.[1] A gendered approach to analysing health highlights the ways in which women and men experience and access health similarly and differently. By understanding the distinct gendered patterns, health systems can be more effective and efficient in responding to the specific gendered needs of the community. WHE recommends government identifies gender inequality as a key determinant of health and acknowledges that women and girls experience mental health and health systems differently than men and boys. A social determinants and gendered approach to understanding mental health will best ensure effective, sustainable and equitable outcomes for all women, their families and communities.

There are distinct gendered differences in the experience of mental health for women and girls. Examples of data from Victoria and Australia to demonstrate this include:

- Women and girls are diagnosed with anxiety and depression at a higher rate than men and boys.[2] Around 1 in 5 women in Australia will experience depression and 1 in 3 women will experience anxiety during their lifetime.[3]
- The portrayal and reinforcement of women as sexualised objects in mainstream media and society has serious physical and mental implications for women and girls. This is linked to women and girl's higher prevalence of eating disorders, depression and anxiety compared to men and boys.[4]
- Although it is widely accepted that men's suicide rates are much higher than women's, research indicates suicide rates for women in Australia are increasing and women report higher rates of attempted suicide than men (57.5% and 44.2% respectively).[5]
- Women are more likely to self-harm than men. Female admissions comprise two thirds of Victorian hospital admissions for intentional self-harm injury (inclusive of intent to self-harm and/or suicide).[6]
- In Victoria, the prevalence of very high levels of psychological distress is higher for women (3.4%) than for men (1.8%).[7]
- Research shows that intimate partner violence is the leading contributor to death, disability and illness for Victorian women aged 15-44 years, with 60% of this burden associated with mental health problems.[8]
- Although most Lesbian, Gay, Bisexual, Trans and Intersex (LGBTI) Australians live healthy and happy lives, research has demonstrated that a disproportionate number experience poorer mental health outcomes and have higher risk of suicidal behaviours than their peers. These health outcomes are directly related to experiences of stigma, prejudice, discrimination and abuse on the basis of being LGBTI.[9]
- Age, education, religion, socioeconomic status and rurality alongside gender are all significantly associated with differences in the frequency of experiencing mental ill-health.

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Similarly, poorer mental health has been found to be associated with the volume of racial discrimination experienced in Australian culturally and linguistically diverse communities.[10]

It is also understood that traditional gender roles and the social context of women's lives influence their mental health and wellbeing, making their needs unique from those of men.[11] Some factors that impact on mental health may be experienced only by women. These factors include societal and cultural divisions of labour, motherhood, social connectedness, depression or other psychological health issues and their causes, such as discrimination, violence and abuse.

WHE therefore recommends that a gendered approach be at the core of the Royal Commission into Victoria's Mental Health System and subsequent recommendations. A gendered approach is vital in order to ensure that both the needs of men and women are met. This approach acknowledges that women and men have different benefits, barriers, access to power, resources and responsibilities, and will facilitate the development of specific action to meet the needs of both men and women in a responsive, effective and efficient manner.

A further resources which can demonstrated how services such as within the mental health system can better understand the need for a gendered approach is Why gender matters: A guide for community health services.

Primary Prevention Approach

WHE are pleased to see the prevention and early intervention have been included as a focus area for the Royal Commission into Mental Health Systems. Further to this, WHE recommends there be a greater focus and commitment to the primary prevention of mental health.

A primary prevention approach complements work undertaken in the response system. As primary prevention targets a whole of population, it inevitably reaches those who are already experiencing mental ill health or who are at increased risk of, as well as the general community. A primary prevention approach also enhances early intervention and response activity by helping reduce the current strain on these services and systems. It is designed to prevent ill health before it occurs by addressing its underlying drivers of the issue.[11]

The underlying drivers of women's mental ill health are known to include:

- Social exclusion
- Discrimination and violence
- Inadequate access to resources.

These are all highly gendered issues. Action to redress these drivers would need to consider the following:

Social inclusion encompasses the nature and number of a person's networks and social ties, their participation in community life, and their access to basic human entitlements. It includes supportive environments, involvement in community and group activities, and civic engagement.[12] Many factors compromise women's social connections including, but not limited to, perceptions of safety, geographical isolation, violence, living with a disability, and having primary care responsibilities of children and other family members.

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Freedom from discrimination and violence encompasses the valuing of diversity, having physical security, and having opportunities for self-determination and control over one's life. Discrimination is further defined as the process by which a member (or members) of social groups are treated differently or unfairly because of their membership to that group. Higher levels of discrimination are associated with poorer mental health. For women, gender inequality is the necessary social context in which men's violence against women occurs.[11]

Access to economic resources includes access to and meaningful engagement with work, access to education, access to adequate housing and access to financial resources. People experiencing low socioeconomic status have limited access to these resources along with limited autonomy and control over life events – all of which are associated with increased risks of depression.[13] Mental health outcomes are generally poorer among those with low education levels, low-status occupations and low incomes[14] and among unemployed people or those with job insecurity. Being able to access adequate financial resources is a key contributor to psychological health. Australian working women continue to earn less than men, with the gender pay gap currently at 15.3%.[15] For more on women and financial security, see Women's Health East's website (fact sheets series).

A comprehensive and holistic approach to an effective mental health system must involve a continuum of interdependent and interlinked strategies, where prevention efforts addressing the determinants of poor mental health are integrated with early intervention and response initiatives.

Primary prevention approaches within mental health may include initiatives which reduce social stigma at whole of population level, build social connections, challenging rigid gender stereotypes such as those which constrain help seeking, or efforts to reduce the disrespectful portrayal of women in the media and which result in women having less access to economic resources.

WHE also recommends there is allocation of adequate, specific and recurrent funding to strategies to prevent the onset of mental ill health before it occurs. To be effective the amount of prevention should be at least the equivalent of 10 percent of the amount spent on the delivery of services responding to the issue.[16]

Supporting the mental wellbeing of women who have experienced violence and abuse

While Women's Health East's work is predominantly situated in primary prevention we would like to highlight one program we lead which is effectively supporting the mental wellbeing of women who have experienced violence and abuse.

The Speaking Out Program

The Speaking Out program at Women's Health East trains, enables and supports women who have experienced either family violence, and or sexual assault to share their stories with the public through a range of advocacy opportunities such as media interviews, community advocacy engagements and involvement in committees and co design processes.

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It is well accepted that women who have experienced family or intimate partner violence have high rates of mental ill health, and post-traumatic stress disorders. The Speaking Out program supports women to effectively and safely share their stories in a way that enables them to become persuasive advocates for change.

The process of speaking out about these types of experiences provides an effective method of trauma recovery for the women in the program. Drawing on her own research and an array of other literature, psychiatrist Judith Herman's work on trauma and recovery[1,2] after violence identifies reconnection through social action, such as speaking out as an important step in recovery.

Evaluation of the Speaking Out program has underlined this impact of the program. It highlighted the positive impact on mental wellbeing that the women reports as a result of their participation. The evaluation found that women experienced validation of their experiences, lessened social isolation, improved self-confidence, feelings of self-worth, a sense of control and autonomy, and of contributing to social change. All women described being assisted to move forward in their life as was evidenced through women in their program undertaking activities such as taking up study, identifying and progressing new career directions, writing a book, and mentoring other women who had experienced violence.

In the words of Speaking Out participants:
"The Speaking Out training has been a life changing and empowering experience."
– Agnes Umutoni, Speaking Out advocate

"I learnt more about myself through participating in the program, I felt validated, I can contribute, I can help others, I am strong, I am not ashamed or scared, I have a voice, thank you."
– Speaking Out advocate

"This program changed my life; I learnt about what had happened to me and why, how I see the world around me and a desire to be part of the changes needed, it ignited a passion in me to promote, educate and empower" – Nicole Simpson, Speaking Out advocate

The Speaking Out program at Women's Health East is an example of a program that through its support to women's trauma recovery is making a real difference to the mental health of victim survivors.

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[1] Herman, JL 1992, *Trauma and recovery: the aftermath of violence – from domestic abuse to political terror*, Basic Books, New York.

[2] Herman, JL 1998, Recovery from psychological trauma, *Psychiatry and Clinical Neuroscience*, 52 (S1), S145-150, retrieved 11 November 2014, http://blog.lib.umn.edu/stei0301/myblog/Herman%20Recovery.pdf

Conclusion

The Victorian government's stated commitment to fund all of the recommendations of the Royal Commission into Victoria's Mental Health System, provides the Commission with a unique opportunity to garner a long term commitment to a responsive services system with a specific focus on prevention.

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Women's Health East urges the Royal Commission to embed in its investigations and recommendations:

- A key focus and financial investment in long term primary prevention
- The application of a gendered approach to understand and address Victorian mental health systems to ensure effective, responsive and equitable outcomes for all women, their families and communities.
- A specific focus on improving the mental health outcomes of women and girls. This is particularly critical in relation to conditions including attempted suicide, self-harm, eating disorders, and depression and anxiety and the mental health outcomes linked to family and intimate partner violence.
- An explicit focus on intersectionality recognising that an intersectional approach is required to ensure that mental health interventions across the spectrum from prevention to recovery are inclusive of, and can reach, all diversities of Victorian women. In addition to gender, race, culture, socioeconomic status, employment status, sexuality, disability, age, and immigrant status are important determinants of women's health and equality.

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[3] Australian Bureau of Statistics. (2008). National Survey of Mental Health and Wellbeing: Summary of Results, 2007. Cat. no. (4326.0). Canberra: ABS.

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[8] VicHealth 2004, The health costs of violence: measuring the burden of disease caused by intimate partner violence: A summary of findings, VicHealth

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[11] Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth (2015) Change the story: A shared framework for the primary prevention of violence against women and their children in Australia, Our Watch, Melbourne, Australia.

[12] Victorian Health Promotion Foundation 2005, Social Inclusion as a Determinant of Mental Health and Wellbeing, Research Summary 2, Victorian Health Promotion Foundation, Melbourne, retrieved 18 June 2016, https://www.vichealth.vic.gov.au/search/social-inclusion-as-a-determinant-of-mental-health-and-wellbeing

[13] VicHealth 2005, Access to Economic Resources as a Determinant of Mental Health and Wellbeing, Research Summary 4, Victorian Health Promotion Foundation, retrieved 18 June 2016,

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[15] Workplace Gender Equality Agency, Gender pay gap statistics (February 2018) p 3.

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