

Gender Impact Assessment No. 2



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Women and Mental Health

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(Gender Impact Assessment No. 2)

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Introduction

The World Health Organisation (WHO) defines mental health as:

...a state of well being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community¹.

Mental health does not exist in isolation; mental, physical and social functioning are interdependent¹. Mental health and mental illness are determined by multiple and interacting social, psychological and biological factors, just as health and illness in general are. The clearest evidence for this relates to the risk of mental illness, which is associated with indicators of poverty, low levels of education, poor housing and social exclusion¹. The greater vulnerability of disadvantaged people in each community to mental illness may be explained by such factors as the experience of insecurity and hopelessness, rapid social change and the risks of violence and physical ill health¹.

Mental health disorders affect approximately 450 million people worldwide, but resources directed at addressing mental health problems are generally inadequate².

The Victorian Burden of Disease studies revealed that mental illness is responsible for approximately one-seventh of the total disease burden³. In 1993, the Victorian Government identified mental health as a National Health Priority Area.

The issue

The WHO 'Gender and Health Research Series' identifies gender as a determinant of health and explores the differences between the factors that influence and impact on women's and men's health, their help-seeking behaviours, care and health outcomes². Marked differences have been found in the prevalence of certain mental health issues. The WHO notes that the mental health disorders of childhood tend to be more common in boys than girls, but that later in age, women are more likely to suffer poorer mental health, particularly depression and eating disorders, than men². Women are also more likely than men to experience more than one mental disorder, and to be exposed to co-occurring risk factors². An example is that women living in reduced socio-economic conditions are more likely to be exposed to partner violence and to be living with men who have substance abuse problems². These multiple-risk factors are predictive of high rates of psychiatric co-morbidity².

It is understood that many of the issues that affect women's physical health: poverty, inadequate nutrition, being subjected to violence and abuse, also contribute to their poor mental health². Other contributing factors include healthcare and education restrictions or limitations, sexual discrimination, exclusion from community participation, and unfair labour practices^{4,5}.

Depression⁶

The WHO states that women are more likely to suffer poorer mental health, particularly depression and eating disorders, than men². In Australia, one in four women and one in six

men will experience depression at some stage in their life⁷. Depression is *the* major health problem for Australian women and is frequently accompanied by other psychological problems such as anxiety disorders and post-traumatic stress disorder⁸. Postnatal depression affects ten to fifteen percent of women after childbirth and is one of the most common and least often diagnosed complications for new mothers⁹. Factors that contribute to women's experiences of depression include: socio-economic vulnerability¹⁰, discrimination and disadvantage^{11,5}, negative life events such as violence and abuse, and the denial of or limited access to education and occupation opportunities². Gendered divisions of labour in the economy, the home and the community, and gender based expectations about roles, responsibilities and power relations also contribute to women's higher risk of depression¹².

Violence

Violence is linked to increased incidence of depression and women are more likely to be victims of violence than men². The greatest risk of violence for women comes from their male partners, with between ten and fifty percent of women globally affected by domestic violence². One recent Australian study found that a history of domestic violence was associated with decreased psychological well-being in mid-aged women¹³.

Sexual violence in youth is linked to adolescent depression, and sexual abuse as a child is significantly associated with depression in adult women². Rape will cause one in three women to experience depression, excessively use drugs or attempt suicide¹⁴.

The rural context

Many of the impacts of mental health on women in general are similar for women living in rural locations: economic hardship, negative experiences of labelling and stigma, greater risk of violence and social isolation. However, these issues are compounded for women living in rural locations and small community settings. In one Victorian study of rural women using psychiatric disability rehabilitation and support services, women reported finding it difficult to sustain suitable accommodation; they experienced homelessness and extreme social isolation, which contributed to high levels of distress and lack of self-confidence, in turn impacting on their capacity to manage and cope with daily living¹⁵. Women reported not being able to access required support because of limited availability of services. The study also found that women with mental health concerns were less able and less inclined to raise issues or complain about perceived inappropriate service provision or care, because of the limited services available and close-knit community living. An issue relating to this was a perceived blurring of professional boundaries, stemming from service providers also being members of smaller communities.

Social isolation

Social support networks help individuals find solutions to problems; they validate people's identity, direct them to helpful information and can comfort them when needed¹⁶. Numerous studies have identified a relationship between depression and lack of social networks, with women being more vulnerable than men to the effects of reduced social support¹⁷. Although causal pathways are not clear, one recent study highlighted the value of emotionally

supportive relationships in reducing the risk of major depression in women significantly more so than in men¹⁸. In other research women living with mental illness, specifically schizophrenia, reported needing more people in their lives, particularly friends¹⁶. This has been reported in prior research where women were found to be more likely than men to turn to members of their social network for emotional support in times of difficulties¹⁹.

Policy context and challenges

Commonwealth

The *National Mental Health Plan 2003-2008*²⁰, recognises the contribution of biological, social, psychological and economic factors in the development and treatment of mental health issues and seeks to influence the development of policies at a state and national level. However, the plan does not set any gender-specific goals.

In March 2006, the *Senate Select Committee on Mental Health Report*, 'A national approach to mental health – from crisis to community'²¹, identified state-based incentives for improving mental health services. The Report acknowledges diversity of need and is gender specific. It refers to the susceptibility of women to dual mental illnesses and the higher incidence of this in women in prison. It reports on the overrepresentation of women with a mental illness in prisons, and within that the 'triple disadvantage' of Indigenous women in prison. It highlights the poor response rate of women diagnosed with Borderline Personality Disorder (BPD) to hospitalisation, and acknowledges higher incidence of post-traumatic stress disorder (PTSD) in women who've experienced abuse throughout their lives, including child sexual abuse, sexual assault and domestic violence. It also points to post-natal depression and forced adoption as two other gendered determinants of mental health.

State

The 2002 Office of Women's Policy document, *Women's Safety Strategy: A Policy Framework*²², sets the principles and policy directions for addressing violence against women in Victoria. The accompanying publication, *Acting on the Women's Safety Strategy*²³, outlines Government initiatives being undertaken. The framework provides a sound gendered model for violence prevention.

The Department of Human Services' 2002 publication, *New Directions for Victorian Mental Health Services: The Next Five Years*²⁴, focuses on delivery of mental health services, and prevention and early intervention for specific disorders. The document does not address mental health promotion. However, the directions do recognise that there is a need for a gendered approach to mental health.

In the 2005 document, *A Fairer Victoria*²⁵, \$180.3 million is pledged to support people with mental illness. Of the 63 new initiatives for both metropolitan Melbourne and regional Victoria, only one specifically targets the needs of disadvantaged women.

In 2007 the Victorian State Government committed an additional \$8.7 million over five years to expand support for women's mental health. In August of 2007, the *Families where a parent has a Mental Illness* (FaPMI) strategy was pledged \$2.4 million of that to assist with training maternal and child health nurses to identify and respond to women with postnatal depression²⁶.

Also in 2007, the Mental Health Branch of DHS, launched its *Gender Sensitivity and Safety in Adult Acute Inpatient Units Project*²⁷. The project set out to research mixed-sex adult acute

inpatient services, with a focus on the safety and privacy issues that women may have. The Committee charged with conducting the research undertook a literature review and now aims to identify best practice models, do a stock-take of current initiatives within Victorian mental health services, identify existing gaps and necessary interventions, and promote the importance of gender sensitivity and safety. Newsletters are being produced during the project and a final report will be written at project-end after December 2007.

The Mental Health branch in the Department of Human Services in Victoria is currently developing a new Mental Health Strategy set to replace the current strategy, *New directions for Victoria's mental health service*. However, to date the draft Vision and Principles, Strategic Directions and Objectives refer to some population groups: young people, Indigenous, homeless and CALD, but are gender neutral, and aside from references to post-natal depression in Strategic Direction 5, the remaining five proposed Strategic Directions are gender blind.

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