

# Policy brief: Women's mental health in the context of COVID 19 and recommendations for action

## Gendered impacts on mental health

### The influence of gendered social and economic inequalities on women's mental health

Emerging evidence suggests that COVID-19 is having significant impacts on women's mental health, and that this is compounding existing mental health inequalities between women and men.

The ABS Household Impacts of COVID-19 Survey indicates that women are significantly more likely than men to have experienced negative mental health impacts. Women were more likely to feel: restless or fidgety (47% of women compared with 36% of men); nervous (40% compared with 30%); that everything was an effort (30% compared with 22%); and/or so depressed that nothing could cheer them up (10% compared with 5%).<sup>iii</sup> 28% of women have experienced loneliness, compared with 16% of men.<sup>iii</sup>

The escalation in mental health issues among women is due, at least in part,<sup>iv</sup> to intensification of pre-existing gendered social and economic inequalities:

- The overrepresentation of women in casual and insecure employment means they are more likely to have lost their jobs.<sup>v</sup>
- Women already make up the majority of unpaid carers, and have taken on a greater share of additional care responsibilities for children, other family members and at-risk community members during self-isolation.<sup>vi</sup> The ABS Household Impacts of COVID-19 survey shows that women are almost three times as likely as men to have been looking after children full-time on their own (46% compared with 17%) and are more likely to have provided unpaid care or assistance to a vulnerable person outside their household (16% compared with 10%).<sup>vii</sup>
- The fall in the female labour force participation rate was almost 50% larger than the fall in the male participation rate in April, most likely reflecting the greater share of additional caring responsibilities that women have taken on.<sup>viii</sup>

Other forms of inequality and discrimination – in particular, racism, ageism and economic inequality – are compounding these mental health impacts for women. The frequency and severity of intimate partner violence also increases during and after emergencies,<sup>ix</sup> with confinement to the home creating additional risks.

Women have also been disproportionately on the COVID frontline: the majority of health care workers, social assistance workers, teachers and retail workers are women – exposing them to the dual stressors of high-pressure work environments and potential infection. As Professor Lyn Craig observes,

'it is striking how many of the jobs that are now seen as essential involve care, and how many of them are female-dominated. Not coincidentally, they also pay well below the level the skills and qualifications would require if they were predominantly done by men.'<sup>x</sup>

It has been observed that women are carrying a ‘triple load’ during the crisis, which includes paid work, care work, and the mental labour of worrying.<sup>xi</sup> All these factors lead to emotional, social and financial stress and anxiety, and can exacerbate existing mental health conditions, trigger new or recurring conditions, and impede recovery. At the same time, limited availability of gender-specific or gender-responsive services means women may not be able to access the support they need.

### **Women with mental health conditions**

Those with current mental health concerns are especially at risk during emergencies and will likely experience barriers to accessing the appropriate medical and mental health care they need during the pandemic,<sup>xii</sup> resulting in decline, relapse or other adverse mental health outcomes.

Data from a survey conducted by Monash Alfred Psychiatry research centre indicates that women in Australia are experiencing higher levels of depression, anxiety and stress than men in response to the COVID-19 pandemic. Preliminary analysis of data collected between 3 April and 3 May on 1495 adults (82% female) has found:<sup>xiii</sup>

- 39% of females have moderate to severe levels of psychological distress compared to 31% of males
- 35% of females have moderate to severe levels of depression, compared to 19% of males
- 27% of females have moderate to severe levels of stress, compared to 10% of males
- 21% of females have moderate to severe levels of anxiety, compared to 9% of males
- Data on suicidal thoughts shows that the highest rates of suicidal thoughts were among young women aged 18-24, with 37% of women in this age group reporting suicidal thoughts, compared to 17% of men.

This is reflected in presentations to mental health services, with services in Victoria reporting a significant increase in women presenting with serious mental health issues during COVID-19, including severe anxiety and depression.

Support and advocacy services are reporting that women who had previously been able to manage their mental health issues with medication and psychiatric support are no longer coping. Some examples include:

- A major spike in demand for Australia’s only dual specialist clinic in women’s mental health at the Alfred Hospital – the service recorded 56 new referrals in one week in April, compared with an average of two new referrals per week, representing a 2800% increase in demand;
- As of early May, almost all callers to the Victorian Mental Illness Awareness Council’s advocacy line since COVID-19 restrictions began (the majority of whom are women) had disclosed suicidal ideation, which is extremely unusual and concerning.

While additional funding has been provided to frontline information services, such as Beyond Blue and Lifeline, there is a major service gap for those with pre-existing mental health conditions.

### **Family and sexual violence**

Evidence suggests that the frequency and severity of family violence – including sexual violence – increases during emergencies.<sup>xiv</sup> Family and sexual violence can have significant negative impacts on women’s mental health, including anxiety and depression, panic attacks, fears and phobias, and hyper vigilance, as well as alcohol and illicit drug use, and suicide.<sup>xv</sup>

During COVID-19, there has been an increase in women presenting to mental health services who are at risk of or experiencing family violence, including a notable increase in women experiencing more

extreme forms of violence and abuse and requiring emergency interventions involving police. There have also been reports in the community of women facing increased pressure regarding dowry payments which may put them at risk of violence.

Despite welcome funding injections for family violence response services, there are still limited pathways for mental health services to refer women to these expanded accommodation options.

### **Pregnant women and new mothers**

Pregnant women have been presenting to mental health services with severe anxiety about potential harm to their baby.<sup>xvi</sup>

Many pregnant women and new mothers are isolated and lack support, both at home and in hospital, due to social distancing measures. The inability to draw on both formal supports and informal support from family and friends is leading to an increase in stress and anxiety, which may have profound short- and long-term mental health implications for women.<sup>xvii</sup> Isolation and lack of support may be particularly acute for migrant women who are pregnant or have new babies.

### **International students and migrant and refugee women**

International students and migrant and refugee women are among those most severely impacted by the COVID-19 crisis. Many of these women are facing job loss and major financial stress, as well as isolation.

While some international students may be eligible to access the one-off payment announced by the Victorian Government, they are not entitled to federal government COVID-19 income support payments and are not eligible for Medicare. Migrant and refugee women also have limited access to healthcare and income support.

Blaming a foreign 'other' is a recurring narrative during pandemics,<sup>xviii</sup> and there are increasing reports of people of Asian descent being subject to racist abuse during the COVID-19 pandemic in Australia.<sup>xix</sup> Exposure to racism is associated with poorer mental health outcomes.<sup>xx</sup> As frontline workers, particularly in health and retail, women of migrant and refugee backgrounds are particularly exposed to racist abuse and discrimination.

### **Mental health carers**

Mental health carers – around two-thirds of whom are women<sup>xxi</sup> – are under more pressure than ever.

Many support services are not providing face-to-face support during the pandemic, which is increasing the pressure on unpaid carers to provide additional emotional and practical caring supports, including managing the heightened anxiety of the family members and friends they support.

Mental health carers already experience lower levels of paid workforce participation.<sup>xxii</sup> Yet despite the increase in care responsibilities and the additional impact this may have on their capacity for paid work, carers are not eligible to receive any COVID-related income support supplements.

There is a risk that these carers will develop their own mental health issues; as of early May, 83.5% of callers to the Tandem Support and Referral line since the beginning of COVID restrictions were women, with many requiring additional carer supports and advocacy as well as requesting counselling support for themselves.

### **Older women**

On top of fear and anxiety about contracting the virus, older women are more likely than older men to live alone or in residential care<sup>xxiii</sup> meaning they are more likely to be isolated due to social distancing measures. Some family violence response services have reported an increase in calls from older people experiencing violence, including from adult children who have returned to their parents'

home due to job loss. At the same time, we have seen a resurgence of deep-seated ageist attitudes.<sup>xxiv</sup> While there is a lack of data that is both age- and gender-disaggregated, the intersection of ageism and gender inequality is likely to put older women at increased risk of negative mental health outcomes during COVID-19.

### **Women with disabilities**

The increased isolation of Victorians during COVID-19 has been amplified for women with disabilities who may have lost critical disability supports for daily living, formal peer support groups or informal supports. They may also face additional barriers to accessing information and facilities. Not all women have safe access to the internet; for example, some women with disabilities may have never been taught how to use technology or may not be able to use it independently. Women with disabilities may also experience additional types of trauma, including those arising from additional forms of violence and family violence. These compounding issues have a significant impact on housing and other referral options.

Further, women with psychosocial disabilities who are in contact with the Victorian Mental Illness Awareness Council have disclosed increased harassment and bullying from the National Disability Insurance Agency (NDIA) as they seek assistance with their plans.

### **Women facing other social and economic challenges**

COVID-19 has had a disproportionate impact on single mothers, who make up around 80% of single parent households. Employment of single mothers with dependent children is down 8% (compared with 5% for single fathers).<sup>xxv</sup> Single mothers already face high rates of poverty, and financial hardship is a determinant of mental ill-health. Further distress is often caused by the eligibility requirements and compliance obligations for income support like mutual obligations.<sup>xxvi</sup>

COVID-19 has increased social isolation for women experiencing homelessness and placed additional pressure on women who were already struggling to support themselves and their children. Some of these women have reported that, although they were aware they could send their children to school if they needed to, they were reluctant to do so as they didn't want to flag to child protection and other government services that they were 'not coping'.

Some women managing other illnesses, such as cancer, have experienced deteriorating mental health.

## **Recommendations for resilience and recovery**

COVID-19 has both highlighted and intensified existing inequalities and gaps in Australia's social support and mental health systems. It has drawn attention to the need for fundamental reform of these systems to ensure they effectively meet the needs of women and girls, and are resilient to respond to future emergencies, which – like COVID-19 – are likely to disproportionately impact women's mental health.

We welcome the mental health funding announced by the federal and Victorian governments, together with the release of the National Mental Health and Wellbeing Pandemic Response Plan (Pandemic Response Plan) and the appointment of Australia's first Deputy Chief Medical Officer for Mental Health. A range of positive measures have been introduced to respond to the mental health impacts of the pandemic – such as the expansion of telehealth – that should be retained as we move into the recovery phase and beyond.

It is encouraging to see that the Pandemic Response Plan recognises the link between family violence and women's mental health. However, **men but not women are recognised as a 'vulnerable group', despite clear evidence of poorer mental health outcomes among women, both during the pandemic**

**and in general.** The Plan does not recognise that the gendered social and economic inequalities that drive violence against women also directly drive poor mental health outcomes among women and girls, as illustrated in this Fact Sheet. For example, while the Pandemic Response Plan alludes to the role of the social security system in supporting mental health and wellbeing, it is silent on the need for ongoing access to adequate income support after the cessation of short-term measures, such as the higher rate JobSeeker payment. Nor does the Plan address the needs of mental health carers, other than in relation to bereavement support for suicide.

We welcome the focus in the Pandemic Response Plan on improving data and research, with more immediate monitoring and modelling of mental health impacts to facilitate timely and targeted responses across the spectrum of mental ill-health. The gendered inequalities outlined in this Fact Sheet highlight the importance of ensuring that all data collected is gender-disaggregated.

To better support women's mental health during the COVID-19 response and recovery, we recommend that governments:

1. Apply a gender lens to the implementation of the Pandemic Response Plan, including collection of gender-disaggregated data and consideration of the specific social support and mental health needs of women and girls
2. Address the gendered drivers of mental ill-health, including the social and economic inequalities that mean some groups of women are at greater risk of experiencing mental ill-health and/or experience financial and other barriers to accessing support, including:
  - a. Retaining free universal childcare
  - b. Retaining the JobSeeker supplement and expanding the rate increase to other payment types including the Carer Payment
  - c. Providing immediate financial support to international students and other women on temporary visas who are unable to access income support and/or Medicare
  - d. Valuing the essential services provided by those working in the feminised health, social assistance and education sectors, including by increasing pay equity
  - e. Addressing gender norms and practices that harm women's mental health, for example rigid gender stereotypes that underpin the division of household labour and the undervaluing of unpaid care work
3. Ensure the universal public health approach is gender-responsive, enabling women to access mental health information, online resources, helplines and support that best meet their needs, when and where they need it, including by resourcing both generalist mental health helplines and specialist agencies such as PANDA
4. Ensure there is enough capacity within the mental health system to manage the anticipated surge in demand for mental health support among women and girls as restrictions ease
5. Retain extension of the Medicare Benefits Schedule (MBS) to cover telehealth consultations for mental health and increase access and affordability by increasing the Medicare rebate, as well as providing a diversity of support options for those unable to use telehealth
6. Expand the support available through Mental Health Treatment Plans under Medicare to address the anticipated increase in people needing support for mild to moderate mental health issues
7. Support perinatal mental health by expanding access to appropriate, affordable support services for women during pregnancy and after a baby's birth

8. Create clear pathways to care for people with pre-existing mental health conditions who are not able to self-manage during the COVID-19 response and recovery, strengthening and making use of the full suite of outreach, community-based and home-based health and support options to prevent entry to acute care
9. Continue to strengthen the prevention of and response to family violence and all forms of violence against women, in line with the recommendations of the Victorian Royal Commission into Family Violence, as well as ensuring the mental health workforce is equipped to respond to women who have experienced gendered violence
10. Address access issues, safety risks and discrimination facing women with disabilities requiring mental health services, including by raising awareness of the additional types of isolation and trauma they may have experienced and ensuring appropriate housing and other referral options are available
11. Improve the NDIA's understanding of – and capacity to respond to – the needs of women with psychosocial disabilities.
12. Provide additional financial, practical and mental health support for carers
13. Provide specialised and targeted mental health support for those experiencing compound trauma from multiple emergencies/disasters, such as bushfire and drought.

## About the Women's Mental Health Alliance

The Women's Mental Health Alliance was established in 2019 in the context of the Royal Commission into Victoria's Mental Health System.

There is international consensus that a gender-sensitive approach to mental health reform is necessary. However, there is a lack of awareness about the prevalence, risk factors and experience of poor mental health among women and girls, and limited evidence about how best to prevent and respond to mental ill health among women and girls and promote their mental wellbeing.

The Alliance undertakes collective advocacy to ensure the mental health of women and girls is prioritised in the recommendations of the Royal Commission and in current and future mental health reforms.

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<sup>i</sup> Australian Bureau of Statistics, [4940.0 – Household Impacts of COVID-19 Survey, 14-17 April 2020](#). Women were more likely to feel, at least some of the time during the survey period: restless or fidgety (47% compared with 36%); nervous (40% compared with 30%); that everything was an effort (30% compared with 22%); so depressed that nothing could cheer them up (10% compared with 5%).

<sup>ii</sup> These findings are consistent with data from the US and Canada showing that women are more likely to experience negative mental health impacts than men due to COVID-19. A study of 8,000 people in the US has found mental health has declined *only among women* during COVID-19, increasing the existing gender gap in mental health by 66%: Adams-Prassl, A., Boneva, T., Golin, M. and Rauh, C (2020). [The Impact of the Coronavirus Lockdown on Mental Health: Evidence from the US](#). Cambridge Institute for New Economic Thinking (Cambridge-INET) Working Paper Series No: 2020/21; Cambridge Working Papers in Economics: 2037. Other survey data from Canada and the US suggests that women are more likely to report that worry or stress related to COVID-19 has had a major negative impact on their mental health: Canadian Women's Foundation. [How is the COVID-19 pandemic impacting women's mental health?](#); Kaiser Family Foundation (US) (2020). [Coronavirus: A Look at Gender Differences in Awareness and Actions](#).

<sup>iii</sup> Australian Bureau of Statistics, [4940.0 – Household Impacts of COVID-19 Survey, 29 Apr - 4 May 2020](#).

<sup>iv</sup> The US study cited above by Adams-Prassl et al (2020) found that, while losing one's job or having extra responsibilities did correlate with a decrease in mental health, this did not explain the negative effect on women's mental health.

<sup>v</sup> Australian Bureau of Statistics, [Jobs and Wages](#) by Sex in *6160.0.55.001 - Weekly Payroll Jobs and Wages in Australia, Week ending 18 April 2020*, 5 May 2020

<sup>vi</sup> Workplace Gender Equality Agency (2020). [Gendered impact of COVID-19](#)

<sup>vii</sup> Australian Bureau of Statistics, [4940.0 – Household Impacts of COVID-19 Survey, 12-15 May 2020](#)

<sup>viii</sup> ANZ Research, 14 May 2020, based on ABS data.

<sup>ix</sup> <https://www.genderanddisaster.com.au/themes/family-violence-disaster/>

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- <sup>x</sup> Craig L (2020). [COVID-19 has laid bare how much we value women's work, and how little we pay for it](#). The Conversation.
- <sup>xi</sup> Chung H (2020). [Return of the 1950s housewife? How to stop coronavirus lockdown reinforcing sexist gender roles](#). The Conversation.
- <sup>xii</sup> World Health Organisation (2019). [Mental health in emergencies factsheet](#)
- <sup>xiii</sup> The MAPrc online survey was open to the general public aged 18+ years; 29% of males and 39% of females identified that they have a current diagnosis of a mental illness. The preliminary analysis uses data collected between 3 April and 3 May 2020 and includes 1495 adults (81.6% were female). The over-representation of women in survey responses may itself be an expression of the anxiety and other negative mental ill health impacts experienced by women.
- <sup>xiv</sup> <https://www.genderanddisaster.com.au/themes/family-violence-disaster/>
- <sup>xv</sup> VicHealth (2017). [Violence against women in Australia: research summary](#). Victorian Health Promotion Foundation. Melbourne. An Australian study found that approximately 77% of women who have experienced three or four types of gender-based violence had anxiety disorders, 56% had Post-Traumatic Stress Disorder and 35% had made suicide attempts: Rees S, Silove D, Chey T, Ivancic L, Steel Z, Creamer M, Teesson M, Bryant R, McFarlane AC, Mills KL, Slade T (2011), 'Lifetime prevalence of gender-based violence in women and the relationship with mental disorders and psychosocial function', JAMA, vol. 306, no. 5, pp. 513–521.
- <sup>xvi</sup> An Irish study assessing maternal anxiety due to COVID-19 found that there had been an increase in anxiety among the pregnant population during the pandemic: Corbett G, Milne S, Hehir M, Lindow S, O'Connell M (2020). [Health anxiety and behavioural changes of pregnant women during the COVID-19 pandemic](#), European Journal of Obstetrics & Gynecology and Reproductive Biology.
- <sup>xvii</sup> Gausman J and Langer A (2020). [Sex and Gender Disparities in the COVID-19 Pandemic](#). Journal of Women's Health. 465-466.
- <sup>xviii</sup> Logie C (2020). [Lessons learned from HIV can inform our approach to COVID-19 stigma](#). Journal of the International AIDS Society Volume 23, Issue 5.
- <sup>xix</sup> [COVID-19 has prompted a spike in racist attacks. We need to start tracking them better](#) ABC Online 05 May 2020
- <sup>xx</sup> Paradies Y et al (2015). [Racism as a Determinant of Health: A Systematic Review and Meta-Analysis](#) PLOS One.
- <sup>xxi</sup> Data provided by Tandem Inc.
- <sup>xxii</sup> Diminic S, Hielscher E, Harris M (2017). [Understanding factors associated with Australian mental health carers' employment](#), Mind Australia.
- <sup>xxiii</sup> Women's Health Victoria (2017). [Spotlight on older women's health and wellbeing](#).
- <sup>xxiv</sup> Brooke J and Jackson D (2020). [Older people and COVID-19: Isolation, risk and ageism](#). Journal of Clinical Nursing.
- <sup>xxv</sup> Analysis by Indeed, 21 May 2020, based on ABS data.
- <sup>xxvi</sup> Senate Education and Employment References Committee (2019), Jobactive: failing those it is intended to serve, Chapter 8.