



# **Women's Health Victoria**

## **Gendered Policy Framework**

# **Gender Impact Assessment: Mental Health**

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This paper is part of Women's Health Victoria's gender impact assessment initiatives within the broader context of a gendered policy framework.

A gendered policy framework is a tool that enables the development of policy that takes account of and is responsive to gender. It can be applied at the macro and micro level to any policy or program that is being developed or implemented. A gendered policy framework has three components: Gendered Data, Gender Impact Assessment and Gender Awareness Raising.

All policy and planning decisions impact differently on women and men, even if at first glance they appear to be gender neutral. Sometimes the difference is appropriate although it may not be. The aim of a gendered policy framework is to ensure that these differences are anticipated and the policy consequences are focused on achieving gender equity.

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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 community<sup>1</sup>.

Mental health does not exist in isolation; mental, physical and social functioning are interdependent<sup>1</sup>. 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 exclusion<sup>1</sup>. 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 health<sup>1</sup>.

Mental health disorders affect approximately 450 million people worldwide, but resources directed at addressing mental health problems are generally inadequate<sup>2</sup>.

The Victorian Burden of Disease studies revealed that mental illness is responsible for approximately one-seventh of the total disease burden<sup>3</sup>. 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 outcomes<sup>2</sup>. 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 men<sup>2</sup>. Women are also more likely than men to experience more than one mental disorder, and to be exposed to co-occurring risk factors<sup>2</sup>. 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 problems<sup>2</sup>. These multiple-risk factors are predictive of high rates of psychiatric co-morbidity<sup>2</sup>.

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 health<sup>2</sup>. Other contributing factors include healthcare and education

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<sup>1</sup> WHO (2004) Promoting mental health: concepts, emerging evidence, practice: *summary report* - a report from the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne. WHO Press: Geneva. Available online at:  
[www.who.int/mental\\_health/evidence/en/promoting\\_mhh.pdf](http://www.who.int/mental_health/evidence/en/promoting_mhh.pdf)

<sup>2</sup> WHO (2005) Gender in mental health research. WHO Press: Geneva.

<sup>3</sup> DHS (2006) Mental health: National Health Priority Areas background paper. Available online at:  
<http://www.health.vic.gov.au/nhpa/mh-back.htm>

restrictions or limitations, sexual discrimination, exclusion from community participation, and unfair labour practices<sup>4,5</sup>.

### **Mental health and depression<sup>6</sup>**

The World Health Organisation (WHO) states that women are more likely to suffer poorer mental health, particularly depression and eating disorders, than men<sup>2</sup>. In Australia, one in four women and one in six men will experience depression at some stage in their life<sup>7</sup>. 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 disorder<sup>8</sup>. 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 mothers<sup>9</sup>. Factors that contribute to women's experiences of depression include: socio-economic vulnerability<sup>10</sup>, discrimination and disadvantage<sup>11,5</sup>, negative life events such as violence and abuse, and the denial of or limited access to education and occupation opportunities<sup>2</sup>. 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 depression<sup>12</sup>.

### **Mental health and violence**

Violence is linked to increased incidence of depression and women are more likely to be victims of violence than men<sup>2</sup>. The greatest risk of violence for women comes from their male partners, with between ten and fifty percent of women globally affected by domestic violence<sup>2</sup>. One recent Australian study found that a history of domestic violence was associated with decreased psychological well-being in mid-aged women<sup>13</sup>.

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- <sup>4</sup> Outram, S. Mishra, G. & Schofield, M (2004) Sociodemographic and health related factors associated with poor mental health in midlife Australian women. *Women and Health* 39(4): 97-115.
  - <sup>5</sup> McNair, R. Anderson, S. Mitchell, A. (2001). Addressing health inequalities in Victorian lesbian, gay, bisexual and transgender communities. *Health Promotion Journal of Australia*, 11(1), 643-645
  - <sup>6</sup> For detailed information about the gendered aspects of depression, see Women's Health Victoria's Gender Impact Assessment paper, titled '[Depression](#)'.
  - <sup>7</sup> *VicHealth* (1999). Mental health promotion plan: foundation document: 1999-2002. Carlton South, Victoria: Vic Health
  - <sup>8</sup> Guggisberg, M. (2006) The interconnectedness and causes of female suicidal ideation with domestic violence, *Australian e-Journal for the Advancement of Mental Health (AeJAMH)*, 5(1). Online article available at: <http://www.auseinet.com/journal/vol5iss1/index.php> Accessed 27 August 2007.
  - <sup>9</sup> Ross, L. (2005) Depression during pregnancy and postpartum, *Women's College Research Institute*. Online article available at: [www.womensresearch.ca/programs/ppd.php](http://www.womensresearch.ca/programs/ppd.php) Accessed 27 August 2007.
  - <sup>10</sup> ABS (2006) *Mental Health in Australia: A Snapshot, 2004-05*. CAT4824.5.55.001 Available online at: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/ProductsbyTopic/0B8F928452BC9647CA256E7A0080829B?OpenDocument> Accessed 10 September 2007.
  - <sup>11</sup> *Department of Health and Aging* (1995). *Ways Forward: National Aboriginal and Torres Strait Islander Mental Health Policy National Consultancy Report, 7. Aboriginal Women and Mental Health*. Australian Government. Online, available at: <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/mental-pubs-w-wayforw-toc-mental-pubs-w-wayforw-pol-mental-pubs-w-wayforw-pol-7> Accessed 10 September 2007.
  - <sup>12</sup> Bishop, A. (2002) Depression and gender issues. In: *A Gender Agenda: Planning for an Inclusive and Diverse Community*. Footscray: Women's Health West.
  - <sup>13</sup> Loxton, D., Schofield, M. & Hussain, R. (2006) Psychological health in midlife among women who have ever lived with a violent partner or spouse. *Journal of Interpersonal Violence*, 21 (8): 1092-107.

Sexual violence in youth is linked to adolescent depression, and sexual abuse as a child is significantly associated with depression in adult women<sup>2</sup>. Rape will cause one in three women to experience depression, excessively use drugs or attempt suicide<sup>14</sup>.

### **Mental health in a 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 living<sup>15</sup>. 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.

### **Mental health and 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 needed<sup>16</sup>. 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 support<sup>17</sup>. 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 men<sup>18</sup>. In other research women living with mental illness, specifically schizophrenia, reported needing more people in their lives, particularly friends. 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 difficulties<sup>19</sup>.

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<sup>14</sup> WHO (2002) *World Report on Violence and Health*. Geneva: World Health Organisation, and Patel, V. Rodrigues, M. & de Souza, N. (2002) Gender, poverty and post-natal depression: a cohort study from Goa, India. *American Journal Psychiatry*, 159:43-47, In WHO (2005) *Gender in Mental Health Research*. Department of Gender, Women and Health Family and Community Health. WHO Press: Geneva.

<sup>15</sup> Brooks, M. (2004) *Beyond the divide: women's experiences in rural Victorian psychiatric rehabilitation services*. Melbourne: New Paradigm Press.

<sup>16</sup> Chernomas, W. (2006) Fostering social support for women living with serious mental illness. *Research Bulletin: Mental Health and Addictions in Women*, Spring, 5(1).

<sup>17</sup> Kendler, K.S., Myers, J. & Prescott, C.A. (2005). Sex differences in the relationship between social support and risk for major depression: A longitudinal study of opposite sex twin pairs. *American Journal of Psychiatry*, 162(2): 250-256

<sup>18</sup> Kendler, K.S., Myers, J. & Prescott, C.A. (2005). Sex differences in the relationship between social support and risk for major depression: A longitudinal study of opposite sex twin pairs. *American Journal of Psychiatry*, 162(2): 250-256

<sup>19</sup> Edwards, A.C., Nazroo, J.Y., & Brown, G.W. (1998). Gender differences in marital support following shared life events. *Social Science and Medicine*, 46: 1077-1085

## Policy Context/ Challenges

### Commonwealth

The 'National Mental Health Plan 2003-2008'<sup>20</sup>, 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'<sup>21</sup>, 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'<sup>22</sup>, sets the principles and policy directions for addressing violence against women in Victoria. The accompanying publication, 'Acting on the Women's Safety Strategy'<sup>23</sup>, 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'<sup>24</sup>, 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.

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<sup>20</sup> Department of Health and Aging (2003) National Mental Health Plan 2003-2008. Government of Australia. Available online at: <http://www.mmha.org.au/Policy/NMP20032008>

<sup>21</sup> Senate: Select Committee on Mental Health (2006) A national approach to mental health – from crisis to community. Commonwealth of Australia: Canberra: 21-22.

<sup>22</sup> DHS (2002) Women's Safety Strategy: A Policy Framework, Office of Women's Policy. Available online at: <http://www.women.vic.gov.au/CA256EAE0012F311/Womens%20Policy/Womens+SafetyThe+Safety+Strategy>

<sup>23</sup> DHS (2002) Acting on the Women's Safety Strategy. Office of Women's Policy. Available online at: <http://www.women.vic.gov.au/CA256EAE0012F311/Womens%20Policy/Womens+SafetyThe+Safety+Strategy>

<sup>24</sup> DHS (2002) New Directions for Victorian Mental Health Services: The Next Five Years. Available online at: <http://www.health.vic.gov.au/mentalhealth/publications/plan02/mhp.pdf>

In the 2005 document, 'A Fairer Victoria'<sup>25</sup>, \$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 depression'<sup>26</sup>.

Also in 2007, the Mental Health Branch of DHS, launched its *Gender Sensitivity and Safety in Adult Acute Inpatient Units Project*<sup>27</sup>. 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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<sup>25</sup> DVC (2005) A Fairer Victoria: Creating opportunity and addressing disadvantage. Available online at:

[http://www.dpc.vic.gov.au/CA256D800027B102/Lookup/SocialPolicyActionPlan/\\$file/fairer%20vic.pdf](http://www.dpc.vic.gov.au/CA256D800027B102/Lookup/SocialPolicyActionPlan/$file/fairer%20vic.pdf)

<sup>26</sup> DHS (2007) New plan to help families experiencing mental illness. Media Release, State Government of Victoria. Available online at:

<http://hnb.dhs.vic.gov.au/web/pubaff/medrel.nsf/LinkView/6F447F1A739010F2CA25733D00143EAA?OpenDocument>

<sup>27</sup> DHS (2007) Gender sensitivity and safety in adult acute mental health inpatient units. Mental Health Services. Available online at:

<http://www.dhs.vic.gov.au/health/mentalhealth/gender-sensitivity/index.htm>