

# Introduction

The Women's Centre for Health Matters Inc. (WCHM) welcomes the opportunity to make a submission to the inquiry into establishing the ACT Office for Mental Health.

WCHM is a community-based organisation that works in the ACT and surrounding region to improve women's health and wellbeing. WCHM believes that health is determined not only by biological factors, but by a broad range of social, environmental and economic factors known as the 'social determinants of health'. We acknowledge that the environment and life circumstances that each woman experiences have a direct impact on her health, and in many cases, women's poor health is rooted in social disadvantage. For these reasons, WCHM is committed to taking a whole-of-life and social approach to women's health that is also firmly situated within a human rights framework.

WCHM focuses on groups of women who experience disadvantage, social isolation and marginalisation and uses social research, community development, capacity building, working across sectors, advocacy and health promotion to:

- Recognise the risk factors, responses and service requirements common to women;
- Provide women with access to reliable and broad ranging health-related information which allows informed choices to be made about each woman's own health and wellbeing; and
- Advocate to influence change in mental health-related services and policy to ensure responsiveness to women's needs.

WCHM's submission and recommendations focus on the following issues:

- The role of the Office for Mental Health
- The importance of a whole of Government and social determinants approach
- The need for a gender-sensitive approach to research, services and interventions to better meet the mental health needs of women in the ACT
- The need for an increased focus on early intervention and prevention services

We welcome any questions or further discussion about this submission.

# The role of the Office for Mental Health

WCHM congratulates the ACT Government for starting the conversation regarding the design of the role of the ACT Office for Mental Health that recognises the need for a system-wide approach in responding to the mental health needs of ACT people.

Gender is one of the key factors that influence mental health and suicide. Women make up the largest group of mental health care users in Australia.

Women are more likely to experience depression and anxiety than men. In a current consultation report which WCHM aims to release in November, when women respondents were asked to identify their top 3 health issues, 52% of the 601 respondents identified mental health (including anxiety and depression).

In another consultation report about younger women and chronic conditions which also being released in November, 70% of the 161 women respondents rated their mental health as fair to very poor (n=115). And the most prevalent chronic condition reported was chronic mental health conditions with 40% identifying this (followed by auto-immune diseases and musculoskeletal conditions).

While the male suicide rate is higher than the female rate, among younger people suicide figures are more similar. And women attempt suicide more frequently than men but are less likely to complete suicide. There is still a public misconception that women attempt suicide in order to 'seek attention'. Although the outcomes are different, the reason for both is the same, and evidence suggests that people who attempt suicide are likely to do so again in the future unless they receive help.

It is now well accepted that violence and abuse (both in childhood and in adult life) is often the main factor in the development of depression, anxiety and other mental health disorders, and may lead to self-harm, suicide and attempted suicide. And women are more likely to be victims of violence than men.

Over two thirds of primary carers in the ACT are women, and carers for a person with a mental illness are at particular risk for developing mental health disorders themselves.

A gender-sensitive approach to mental health would recognise the gendered nature of depression, anxiety, domestic and family violence (including sexual assault) and suicidal behaviour, and the social determinants that contribute to poor mental health among women, in order to design policies and responses that better prevent and respond to women's experience of these conditions.

So WCHM recommends that the Office for Mental Health make sure there is a focus on:

- collecting sex-disaggregated data, so it can be used to inform government funding allocations for suicide prevention and mental health responses;
- more gender sensitive policy and procedures in the design of service responses; and
- ensuring there are opportunities for women with lived experience to have a say in any reforms.

These issues will also be important to inform development of the revised ACT Mental Health and Suicide Prevention Services Plan, and an ACT Suicide Reduction Strategy.

In addition we believe it is important that the Office does not duplicate the current roles for Mental Health Policy in ACT Health and instead:

- adopts a systems-wide whole of Government approach which recognises the social determinants and their impact on mental health and wellbeing eg access to housing, affordable and appropriate health services, etc;
- has a role in monitoring, reviewing and improving the mental health and wellbeing of ACT people;
- focusses on preventing or intervening early in poor mental health and ensuring the availability of appropriate supports;
- building the evidence about what works, where the gaps are and where reform is needed in the ACT.

it is important that the ACT Office for Mental Health is independent of the ACT Health Directorate to ensure the focus on the social determinants of health and wellbeing, rather than on clinical or acute care at the expense of overall mental health and wellbeing and as systemic response in ACT services to more effectively deliver services for mental health.

# Response to Feedback Questions

## Top three issues

WCHM recommends the following top three issues in ACT mental health based on the Australian Government 4As framework (awareness, anticipation, alternatives and access) for preventing further episodes of mental illness<sup>1</sup>:

### 1. *Data quality and availability*

To recognise and understand gaps and issues with the ACT mental health service requires collection of data that is accurate, valid, reliable, and disaggregated by key demographic criteria such as gender, sexuality, cultural background, and age.

For example, suicide is a serious public health issue with an average of 34 deaths attributed to suicide per year over the last ten years in the ACT.<sup>2</sup> Although there is higher suicide rate reported in men than women, attempted suicide is more common in women in Australia.<sup>3</sup> Yet, there is no known data for suicide behaviour in the ACT. Most suicide attempts do not result in death, so current suicide data is not the complete picture, as not all suicide deaths or attempts are recorded as such. Because one of the key indicators of future suicide behaviour is past self-harm or attempted suicide, it is important that data about suicide attempts and self-harm are considered in designing changes to the mental health system aimed at reducing suicide rates. It is vital that suicides and suicide behaviours are coded consistently, timely and appropriately to guide best practice for those at-risk.

### 2. *Focus on health promotion, prevention and early intervention services*

Most of the ACT mental health budget is delivered to acute care and the treatment of mental illness through hospital-based services, rather than wider community-based services that address and help prevent development of acute mental health issues. Early intervention minimises the impact of mental illness across the lifetime, and decreases the social and economic impacts on the individual and the community later in life.

Peer support is a tool of health promotion. The *Ottawa Charter of Health Promotion* defines health promotion as the “process of enabling people to increase control over, and improve their health”.<sup>4</sup> Peer support participants experience a range of benefits including: better relationships, supported recovery path, greater assertiveness, openness about mental illness, increased coping abilities and sense of empowerment.<sup>5</sup> There needs to be a greater emphasis on local support services. Such services can include recovery-focused peer support that does not utilise a medical framework, but instead focuses on building

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<sup>1</sup> The Department of Health, ‘Overview of the framework – the 4As’, *Australian Government*, 2006, <<http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-p-frame-toc-mental-pubs-p-frame-bac-mental-pubs-p-frame-bac-ove>> accessed 9 Oct 2017.

<sup>2</sup> Australian Bureau of Statistics, *Cause of death, Australia, 2016*, cat. no. 33030, 26 Sep 2017, <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3303.02016?OpenDocument>> accessed 6 Oct 2017.

<sup>3</sup> Australian Bureau of Statistics, *National survey of mental health and wellbeing: Summary of results, 2007*, cat. no. 4326.0, 23 Oct 2008, <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4326.02007?OpenDocument>> accessed 6 Oct 2017.

<sup>4</sup> World Health Organisation, *The Ottawa Charter for health promotion*, 21 November 1986, <<http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>>, accessed 12 October 2017.

<sup>5</sup> A. Scott, C. Doughty & K. Hamuera, *Peer support practice in Aotearoa New Zealand*, University of Canterbury, Christchurch, March 2011, pp. 68-72.

relationships that support learning and growth across people's lives to provide people with a safe environment for healing and a shared sense of community.<sup>6</sup>

3. *Services for marginalised groups – gender, culturally and linguistically diverse (CALD), Aboriginal and Torres Strait Islanders (ATSI), LGBTIQ, disability*

Research and analysis of mental health needs to take into account the gendered impact of mental health conditions and social determinants of health. For example, the causes and symptoms of mental health conditions may be different for women compared to men.

There is even less research and understanding to appropriately work with people who identify as being from CALD, ATSI, and LGBTIQ communities. People from CALD backgrounds reported facing communication barriers and discrimination. Refugees have a 'dose' response to trauma. People of Aboriginal or Torres Strait Islander background are faced with intergenerational trauma, imbalanced power, community racism, and discrimination.<sup>7</sup>

These factors are compounded for women from these communities. Higher levels of suicide and self-harm are reported among women who identify as LGBTIQ.<sup>8</sup> This has been linked to experiences of stigma, discrimination, harassment, homophobia, transphobia, abuse, bullying, and family and societal alienation.

In a report by WCHM to be published in November, a 2016 survey of 601 women in the ACT showed that mental health was one of their top 3 health concerns.

Another report by WCHM, also to be published in November, specifically looked at the needs of women in the ACT aged 18 to 50 years, with 161 participants. The participants had a high rate of co-morbidity, in particular with mental health and physical conditions. Services and supports for people with these conditions needs to take into account the life roles of women who may also be in the workforce, studying, or have responsibilities as carers for children or other family members.

There is a need for a dedicated network of mental health services, ranging from local self-help and voluntary groups to community services and general practices, that can respond without judgement to culturally and sexually diverse groups. This means services sensitive to culture, gender, sexuality, and disability are tailored to the distinct needs of these communities. Greater community engagement, and deeper partnerships with local communities, need to be developed to recognise and understand their experiences and respond to their biological, social, and emotional needs across the life course.

### Suggestions for improvement of the current system

One of the strengths of the current ACT mental health system is that it has retained a number of important community-based responses that support people to manage their mental health outside of acute care settings, during a period of transition to the NDIS funding model.

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<sup>6</sup> L. Pound, K. Judd & J. Gough, *Peer support for women living with mental health issues: The views of ACT women*, Women's Centre for Health Matters Inc., 2011, pp. 73-75.

<sup>7</sup> Women's Health Victoria, 'Growing up unequal: How sex & gender impact young women's health & wellbeing', Women's Health Victoria, no. 12, 2017, p. 29

<sup>8</sup> DM. Skerrett, K. Kølves & D De. Leo, 'Are LGBT populations at a higher risk for suicidal behaviours in Australia? Research findings and implications', *Journal of Homosexuality*, vol. 62, no. 7, 2015.

Capital Health Network has also introduced a number of initiatives, such as the *nextstep* programs, which are helpful in supporting mental health and wellbeing before it becomes an acute care need.

WCHM stresses the importance of building the capacity of the workforce to train general practitioners, nurses, mental health, drug and alcohol services, and other frontline health workers to identify and respond effectively to women experiencing violence.<sup>9</sup> Therefore, the ACT Office for Mental Health must be able to influence the ACT workforce capability and availability with Commonwealth Department of Health and Capital Health Network in ensuring that there is sufficient and effective women-focused mental health services providing trauma-informed care.

There needs to be greater synergy across other aspects relating to mental health such as the ACT health, legal, welfare, housing, child protection, and police systems.<sup>10</sup> This will allow for improved person-centred care by integrating responses to physical and mental health comorbidities, and other responses to social determinants of health.

Supporting the mental health of carers is highly important, not only because it is cost-effective, but in recognition of the sacrifices carers make to support people with disabilities, mental illness, chronic conditions, terminal illness and the frail aged. Women represent a far greater proportion of primary carers than men, and are faced with the burden of stress and depression that comes with the role as well as the sacrifice of lifetime earnings.

#### ACT Office for Mental Health engagement with individuals

WCHM suggests that the ACT Office for Mental Health would benefit from encouraging the rights of individuals to submit feedback about the system so that the office can get a sense of emerging issues in navigating the current mental health system. We suggest that the feedback not be treated as individual cases but instead gathered to strengthen the system. We also recommend that the ACT Office for Mental Health host regular community consultations, including consultations with women who have lived experience of mental health conditions. WCHM can assist in facilitating consultations with women in the ACT.

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<sup>9</sup> C. Muskett, 'Trauma-informed care in inpatient mental health settings: A review of the literature', *International Journal of Mental Health Nursing*, vol. 23, no. 1, 2014, pp. 51-59.

<sup>10</sup> K. Judd & L. Hale, *Out of reach – Women living with mental health issues in the ACT: What hinders their access to legal support?*, Women's Centre for Health Matters Inc., June 2011, p. 25.

