Submission to:
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Submission on *National Recovery-Oriented Mental Health Practice Framework*

from
the Women's Centre for Health Matters Inc.
and
the ACT Women and Mental Health Working Group

April 2012

The Women's Centre for Health Matters acknowledges the Ngunnawal people as the traditional owners and continuing custodians of the lands of the ACT and we pay our respects to the Elders, families and ancestors.

We acknowledge that the effects of forced removal of Indigenous Australian children from their families as well as past racist policies and actions continue today.

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Women's Centre for Health Matters Inc.
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Introduction

About the Women's Centre for Health Matters

The Women's Centre for Health Matters Inc. (WCHM) is a community-based organisation that works in the ACT and surrounding region to improve women's health and wellbeing. WCHM focuses on groups of women who experience disadvantage and uses social research, community development, advocacy and health promotion to empower these women to achieve the highest possible standard of 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.

About the Women and Mental Health Working Group

WCHM provides project and secretariat support to the ACT Women and Mental Health Working Group (WMHWG), whose membership comprises of local service providers, Government representatives, other community organisations and peak bodies, and women living with mental health issues. The ACT WMHWG was established in 2007 to provide a regular forum in which members could work together on matters impacting on women in order to provide improved outcomes for them, and to develop and maintain a full range of women friendly services.

Response to the *National Recovery-Oriented Mental Health Practice Framework*

WCHM and WMHWG welcome the opportunity to participate in the *National Recovery-Oriented Mental Health Practice Framework* consultation process. Overall, WCHM commends the recovery-oriented framework as a thorough and evidence based exploration of the concept of recovery, the relationship between recovery and person-centred practice, and how a recovery orientation is implemented in a range of practice contexts.

WCHM is an organisation that works with women who may experience or are experiencing disadvantage, and works to ensure that these women's views and experiences are heard. We are therefore keen to ensure that the recovery-oriented framework is inclusive of the needs of our community's women, particularly those women who are most vulnerable.

In writing this submission WCHM has chosen to limit its responses to those aspects of the recovery-oriented framework in which it has the most knowledge and expertise: ACT women's preferences, views and concerns. This response is therefore informed by feedback from a variety of ACT women and service providers, WCHM's research and consultations, and the views of partners with whom we work closely.

1. Gender sensitivity is central to recovery-oriented practice

Gender is only mentioned briefly in the draft framework, where it is stated that "practice that is responsive to gender, sexuality, culture and community" is a key component of recovery-oriented practice (p. 11 & p. 29). Gender must be more fully explored in the framework, so that it is clear why gender is central to people's experiences of mental health and recovery, and how gender roles and gendered social circumstances influence recovery journeys.

Mental health is gendered

Research has found that the prevalence of psychiatric disorders is greater in women than in men.[1] Further, there are differences in the biological, psychological and social factors which cause the illness; impact on the course and expression of the illness; and impact on age of onset, symptoms and comorbidity with other illnesses.[2]

There is also a strong inverse relationship between social status, and physical and mental health outcomes.[3] This greatly affects women, as women's status remains lower than men's in almost every society. This is reflected in the high incidence of violence against women; women's lower socio-economic status; an under-representation of women in positions of power; and an over-representation of women in part-time and casual work, amongst other things.

Gender sensitive practice

Due to the different ways women and men experience mental health, the framework must emphasise gender sensitive recovery-oriented practice to ensure that women's recovery journeys are understood within not only the biological and physiological contexts of their lives, but also the social, cultural, economic and personal contexts.[4]

Evidence suggests that when a gender-sensitive approach is implemented, women achieve better health outcomes. In contrast, 'gender neutral' or 'gender blind' approaches neglect the unique needs of women with mental health issues, perpetuating health inequalities between men and women.

Gender sensitive health care is more than just 'women only' care: practice is characterised by availability, accessibility, affordability and appropriateness (see Appendix A for specific principles of gender sensitive mental health service delivery).[5] These characteristics should be goals reflected throughout the recovery-oriented framework.

[1] F Judd, S Armstrong & J Kulkarni, 'Gender-sensitive mental health care', *Australasian Psychiatry,* vol. 17, no. 2, 2009
[2] Judd, Armstrong & Kulkarni.
[3] BP Dohrenwend, 'Socio-economic status and psychiatric disorders', *Social Psychiatry and Psychiatric Epidemiology*, vol. 25, 1990.
[4] DE Stewart, 'Social determinants of women's mental health', *Journal of Psychosomatic Research*, September 2007.
[5] Women's Centre for Health Matters, *Position paper on gender sensitive mental health service delivery,* Canberra, November 2009.

Example 1: Peer support facilitates recovery for women living with mental health issues

The recovery-oriented framework recognises that a peer workforce is vital in delivering recovery-oriented practice (p. 11 & p. 29). Research conducted by WCHM in 2011 shows that peer support provided outside of medical services are a gender sensitive way to assist in mental health recovery, with benefits including:

- Increased mental health and wellbeing, including increased knowledge of symptoms and supports available, more periods of wellness and self management, and increased support when experiencing an episode.
- Increased social connectedness and sense of belonging.
- Increased confidence, benefiting community participation through volunteering and work.
- Facilitating health promotion, through encouraging information sharing and knowledge about mental health and wellbeing.[6]

Peer support is gender sensitive because it was found that many women preferred an alternative recovery journey than what the mainstream or medical model offered. Peer support suited many women as it was able to be provided in single-sex groups, increasing women's comfort levels, and facilitated positive activities that were important to them, such as hobbies and social interaction.

Example 2: Gender sensitive education and employment strategies facilitate recovery

While participation in education or work is often a goal of recovery, women experience additional barriers when accessing employment or education opportunities that must be acknowledged and addressed in recovery-oriented practice.

For example, women are the majority in carer populations, including caring for someone with a disability or parenting. In comparison to male carers women are more likely to: take on caring responsibilities at an earlier age,[7] be a caregiver in the home,[8] care for more than one person, and deliver complex care.[9] Women also continue to have the responsibility for the majority of household tasks. As a result of this gender inequity in caring and household roles, women are disadvantaged in accessing employment and education a variety of ways.

Recommendation

1. In order to meet a person's recovery goals, their gendered life circumstances, experiences of mental health, and preferences for recovery must be central. The framework should therefore include a more thorough exploration of why gender sensitive practice is vital to recovery-oriented practice.

[6] 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, September 2011.
[7] Australian Bureau of Statistics, *Disability, ageing and carers in Australia: Summary of findings,* Canberra, 2003.
[8] D Doherty, S Benbow, J Craig & C Smith, 'Patient's and carers' journeys through older people's mental health services: Powerful tools for learning', *Dementia,* vol. 8, 2009, p. 261.
[9] M Navaie-Waliser, A Spriggs & P Feldman, 'Informal caregiving: differential experiences by gender', *Medical Care,* vol. 40, no. 12, 2002, pp. 1250-6.

2. The social determinants of mental health are central to recovery-oriented practice

The social determinants of mental health do not feature in the recovery-oriented framework, however working from this perspective is key to achieving recovery in a person centred and holistic manner.

Mental wellbeing is determined by many intertwined economic, social and cultural conditions that impact on people's health and wellbeing. These conditions, or social determinants of mental health, include gender, social inclusion, experiences of violence, income, education, housing, employment, cultural and Indigenous status and early life development, amongst several other factors.[10]

Therefore from the social determinants of mental health perspective, health services and medical intervention are only one element of improving mental health. The recovery-oriented framework should clearly outline how health and wellbeing measures that address the social and environmental determinants of health, in tandem with biological and medical factors, are key to recovery-oriented practice.[11]

Example 1: Violence against women as a social determinant of mental health

The World Health Organisation emphasises that women who have experienced violence, whether in childhood or adult life, have increased rates of depression and anxiety, stress related symptoms, pain syndromes, phobias, chemical dependency, substance use, suicidality, somatic and medical symptoms, negative health behaviours and poor subjective health.[12] Recovery-oriented practice must take into account the circumstances of people's lives, for example previous experiences of violence, in order to adequately facilitate recovery.

Recommendation

2. The recovery-oriented framework should outline the importance of working from a social determinants of mental health perspective in recovery-oriented practice.

Conclusion

This submission to the draft *National Recovery-Oriented Mental Health Practice Framework* highlights the importance of gender sensitivity and the social determinants of mental health perspective in recovery-oriented practice, from the perspective of women living with mental

[10] M Marmot & R Wilkinson, 'Social determinants of health', cited in Maslen, S, *Social determinants of women's health and wellbeing in the Australian Catholic Territory,* Women's Centre for Health Matters, Canberra, 2008, http://www.wchm.org.au/GeneralWCHMPublications.htm p. 3.
[11] Aged Community and Mental Health Division, *A stronger primary health and community support system: policy directions*, Victorian Department of Human Services, Melbourne, 1998.
[12] World Health Organisation, *World report on violence and health: A summary,* 2004, p. 4.

health issues, particularly women in the ACT. We look forward to learning the outcomes of the consultation and participating further in the process.

References

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World Health Organisation, *World report on violence and health: A summary,* 2004.

Appendices

Appendix A: Characteristics of gender sensitive mental health service delivery

- A holistic approach to mental health, where women are treated as whole individuals rather than as their illness or diagnosis – using a social model rather than medical model.
- Offer women choices about the type of support they receive, and who provides it to them (i.e. the choice between a male or female doctor). This is of particular importance for some CALD women, Aboriginal and Torres Strait Islander (TSI) women, women who have suffered trauma, and/or women who may feel uncomfortable disclosing personal information to a male practitioner.
- Provide women with opportunities to be actively involved in their own care and treatment, including service planning and delivery (i.e. advanced directives).
- Offer women choice in treatment options, which may include medication, talking therapy and/or other community-based services like peer support.
- Have staff that treat women with respect, give them time to talk and listen to what they have to say, including the provision of long consultations and more preventative health measures and counselling where needed.
- Have staff and practitioners with qualifications in women's health and/or are trained to understand the impact of gender on mental health and well-being.
- Are culturally sensitive.
- Understand that all health issues and life events may affect men and women differently across their lifespan and use a life course approach in service planning and delivery.
- Take into account the 'social determinants of health', that is, they acknowledge the way that women's personal circumstances and socio-economic status affects their mental health. For example, a woman's child and/or other caring responsibilities, her relationships, housing status, income, age, sexuality, ethnicity, religion and cultural and linguistic background, all have the potential to negatively impact upon a her mental health and wellbeing.
- Employ a holistic, individual approach to service delivery that recognises that women often have a multitude of concurrent challenges, which often lead to a cycle of difficulties.
- Pathways of care are easy to navigate, information is provided in preferred formats, and for those women who experience difficulty in understanding and/or navigating the health system, assistance is provided.
- 'Women only' spaces within their buildings.
- Provide family-friendly and more specifically child-friendly environments, and services are inclusive of family.
- Keep women's personal information confidential at all times.
- Have a stable and secure funding base, which allows them to offer consistency and longevity in the support they provide.[13]

[13] Barnes, M, A Davis, S Guru, L Lewis & H. Rogers, *Women-only and women-sensitive mental health services: A summary report*, University of Birmingham, United Kingdom, 2002.