



Submission on Mental Health Non-Government Organisation (NGO) Commissioning

20 June 2025

Acknowledgement of Country

Women's Health Matters acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians of the land on which we live and work. We recognise these cultures as among the oldest living cultures in human history and pay our respects to Elders past and present. We acknowledge the history of dispossession and its ongoing impact on Aboriginal and Torres Strait Islander communities. We particularly recognise the strength, resilience, and wisdom of Aboriginal and Torres Strait Islander women, and honour their continuing connection and contribution to Country, community, and culture. We are committed to walking alongside Aboriginal and Torres Strait Islander peoples in our shared journey toward health equity and justice. This land always was, and always will be, Aboriginal land.

About Women's Health Matters

Women's Health Matters (WHM) is an independent, non-partisan organisation that works to improve the health and wellbeing of all women in the ACT and surrounding region. We seek to improve access to health information and enhance knowledge and understanding about the determinants of health and illness among anyone who identifies as a woman.

We advocate on behalf of all ACT women, especially those experiencing disadvantage and vulnerability. We want women to feel in control of and understand the determinants of their own health and wellbeing. We do this through health promotion and by providing evidence-based social research, policy development and advocacy services to governments, the corporate sector, policy makers, service providers and peak bodies.

Our Submission

WHM welcomes the opportunity to provide input to the consultation on mental health non-government organisation (NGO) commissioning for the ACT.

Our recommendations focus on two areas of opportunity. The first is the opportunity to use commissioning to work towards a strong and responsive local service system, while situating commissioning within a sound evidence base and a clear understanding of its context. This area of opportunity has been identified by other organisations in the mental health sector.

While our work touches on mental health through our community research, health education and advocacy, WHM does not provide mental health services, and does not receive (or seek to obtain) funding from the ACT Government programs involved in this commissioning. However, we have a strong interest in supporting local service systems that are important for women's health, and the local mental health sector is one such area.

The second area in which our recommendations are focused is more directly related to our role. This is the opportunity to strengthen mental health policy and service delivery so these respond to the evolving evidence and insights about the mental health experiences of women. Through our community research, health education and outreach we have unique access to a strong evidence base, which we draw on here to help inform the commissioning process, and mental health policy and services more generally.

Summary of Recommendations

We recommend that the ACT Government:

1. Use commissioning to fund local organisations that are demonstrating their effectiveness in addressing areas of need.
2. Define the key concepts of commissioning clearly (i.e. streams, pillars, tranches and outcomes) and deploy these in the commissioning process in a way that is logical and not onerous for organisations seeking funding.
3. Map the broader context of service provision and support systems beyond this commissioning to identify opportunities and prioritise areas for NGO funding.
4. Wherever possible in the process of commissioning, incorporate learning from research, lived experience and policy development that addresses gendered dimensions of mental health.
5. Through the commissioning process, work towards improving services' capability to respond effectively to experiences of violence and trauma, and their flow-on effects.
6. Prioritise improving access to mental health support and services for people who have experienced violence, including sexual violence.
7. When mapping mental health services, promotion and prevention, consider health promotion and access to support in a broader context, including services offering counselling in relation to violence.

Commissioning

We understand there have been several recent consultations related to commissioning, including consultations on the needs of priority populations, prevention and promotion, and development of an outcomes framework. While WHM was not involved in these consultations, we appreciate the work already done and encourage those designing the commissioning process to continue to respond to the insights shared through the consultations.

We wish to reinforce several points about commissioning made by others in the mental health sector, recommending that the ACT Government:

- 1. Use commissioning to fund local organisations that are demonstrating their effectiveness in addressing areas of need.**

There are opportunities to design procurement guidelines so that these value local connections and local knowledge. These guidelines can also discourage very large organisations who lack this connection and knowledge from making applications to displace smaller organisations that have demonstrated their effectiveness. The ACT is a small jurisdiction in which the flow-on impacts of service defunding are significant.

Commissioning logically requires organisations to demonstrate their ability to support broader policy goals, as a condition of receiving funding. Commissioning should also intentionally support the local service sector. This includes giving weight to working relationships, shared knowledge, staffing and workforce concerns and the sustainability of networks that support collaboration.

- 2. Define the key concepts of commissioning clearly (i.e. streams, pillars, tranches and outcomes) and deploy these in the commissioning process in a way that is logical and not onerous for organisations seeking funding.**

At the workshop on 5 June 2025, many participants noted that it was not yet fully clear how the streams, pillars, tranches and outcomes mentioned in the draft plan would be operationalised. It might be useful for those designing the commissioning to step through the process using hypothetical applications from organisations, to identify possible areas of confusion or inefficiency. For example, it would be good to consider what the process would look like for an organisation delivering (or intending to deliver) services with outcomes across more than one stream.

In the context of reduced funding for some streams (i.e. for the Adults, Older People, and People with Co-occurring Needs stream), it would also be useful to consider whether the commissioning would be able to support more than one organisation delivering services towards the same outcome. While outright duplication is worth avoiding, there could be situations in which overlap is beneficial for collaboration towards shared goals.

- 3. Map the broader context of service provision and support systems beyond this commissioning to identify opportunities and prioritise areas for NGO funding.**

As the Draft Mental Health Commissioning Strategic Investment Plan (SIP) points out, the envelope of funding covered by this commissioning is just one subset of the funding being

directed to mental health in the ACT.¹ Publicly-provided health services, philanthropic funding and direct grants from the Australian Government are among the key other funding sources.

Beyond funding directed to mental health specifically, there are adjacent sectors focused on relevant areas such as violence, justice and disability. There are also important support systems such as those provided by carers, workplaces, families and other relationships.

Some of these contexts are outlined in the SIP, but it might be useful to map the scope of commissioning more explicitly against these. The amount of NGO funding to be included in commissioning is at this stage only around \$14.5 million, compared with the ACT Government spending of over \$110 million for publicly-provided mental health services, which is in addition to Australian government funding through Medicare and Capital Health Network.

It could be useful in this context to define the goals of the NGO funding in a way that is realistic about the fact that this funding will not be able to deliver the full range of outcomes that are sought across the system as a whole. Accordingly, it would be good to demonstrate how the NGO funding fits into this broader set of outcomes and priorities.

Women's mental health and wellbeing

Mental health is a key concern for women in the ACT, as demonstrated by the findings of our 2023 and 2025 Surveys of Women's Health (discussed further below). Mental health is also one of the five priorities identified by the National Women's Health Strategy 2020-2030.² The areas of activity proposed by the Strategy to support women's mental health are:

1. Enhance gender-specific mental health education, awareness and primary prevention
2. Focus on early intervention, diagnosis and access to mental health care
3. Invest in service delivery for priority populations³ [including women and girls experiencing violence and/or abuse]
4. Adopt a multi-faceted approach to support women and girls with eating disorders
5. Raise awareness and embed practices to reduce stigma and discrimination associated with mental ill-health

Efforts to improve gender equity have also been identified as important parts of the policy context of mental health and suicide prevention. This intersection is supported by the

¹ ACT Government. (2025). Draft Mental Health Commissioning Strategic Investment Plan (SIP). https://www.communityservices.act.gov.au/_data/assets/pdf_file/0004/2838001/Mental-Health-Commissioning-Strategic-Investment-Plan-Draft.pdf, p. 19.

² Australian Government. (2018). *National Women's Health Strategy 2020-2030*. https://www.health.gov.au/sites/default/files/documents/2021/05/national-women-s-health-strategy-2020-2030_0.pdf, p. 35.

³ In the *National Women's Health Strategy 2020-2030*, eight priority populations are listed: Pregnant women and their children; Women and girls from rural and remote areas; Aboriginal & Torres Strait Islander women and girls; Women and girls from low socio-economic backgrounds and older women with low financial assets; Women and girls living with disability and carers; Culturally and linguistically diverse women and girls; Members of LGBTIQ+ communities; Women and girls who experience violence and/or abuse; Women and girls affected by the criminal justice system; and Women veterans of Australia's armed services. See p. 15.

Partnership Agreement between the ACT Government and the Australian Government on Mental Health and Suicide Prevention, which states the agreement should be read together with the ACT Women's Plan 2016-2026 (among other policies).⁴

The ACT Women's Plan highlights the CHS-provided Women's Health Service as a service providing healthcare for women experiencing mental health challenges (among other challenges), and also focuses on the need to prevent gender-based violence and provide support to women who have experienced violence.⁵

While noting the diversity of experiences and barriers across the community as a whole, we urge funders and services to address mental health in a way that responds to its gendered dimensions, including learning from WHM's research as well as the lived experience and scholarship about women's mental health that has been developed over the decades.

A gender lens on mental health

Research has established that experiences of health are gendered at the population level. Nationally, women are more likely to self-report their health as fair or poor than men, more likely to have a chronic condition, and more likely to have more chronic conditions.⁶

These patterns are reflected locally. In the ACT, women are more likely to self-report fair/poor general health than men, and more likely to report a level of psychological distress indicating serious mental illness.⁷ Women are less likely to find it easy to access health services, including GP services, specialist services and mental health services.⁸

While cultural, economic and other differences between people of the same gender are often as significant as (or more significant than) commonalities by gender, gender is nevertheless one of the key factors that influence health outcomes and experiences, including mental health.

It is important to note that many health datasets use a binary model of gender (women compared with men, as in the summaries above) that does not properly reflect the experiences of trans, non-binary and gender diverse people. A recent study shows that the mental health of trans,

⁴ Australian Government and ACT Government. (2022). *National Mental Health and Suicide Prevention Agreement – Bilateral Schedule: Australian Capital Territory*. https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-04/nmh_sp_bilateral_agreement_act.pdf, p. 5.

⁵ ACT Government. (2016). *ACT Women's Plan 2016-2026*. https://www.act.gov.au/_data/assets/pdf_file/0004/2380927/ACT-Womens-Plan-2012-2026.pdf, pp. 7, 11, 14.

⁶ Australian Institute of Health and Welfare. (2023). *The health of Australia's females - Web report*. <https://www.aihw.gov.au/getmedia/1977b98f-ac4e-4097-9393-33fd89ef104e/the-health-of-australia-s-females.pdf>

⁷ ACT Government. (2022). *2022 ACT General Health Survey Statistical Report*. <https://www.act.gov.au/directorates-and-agencies/act-health/data-statistics-and-surveys/healthstats-act/epidemiology-publications/2022-act-general-health-survey-statistical-report>

⁸ ACT Government (2023). *Wellbeing Data Dashboard: Access to Health Services*. <https://www.act.gov.au/wellbeing/explore-overall-wellbeing/health/access-to-health-services>

nonbinary and gender-diverse people in Australia is worse than the general population and that this gap is worsening over time.⁹ The authors of this study note that:

It is highly likely that structural factors are contributing to these mental health inequalities. For example, although a substantial body of research has shown that access to gender-affirming care is associated with better mental health outcomes, including improved quality of life and reduced symptoms of depression and suicidal ideation among TGD [trans and gender-diverse] populations, there is inadequate and inequitable access in Australia.¹⁰

A long-standing body of research has identified specific mental health concerns for men, including suicide and self-inflicted injuries, and substance abuse disorders.^{11 12} Research has also highlighted the impact of loneliness and men's reluctance to seek help.¹³

WHM supports efforts to design mental health services and initiatives with gendered experiences in mind, including attention to the experiences of trans, non-binary and gender-diverse people, men and women. For this reason, we appreciate that the SIP has identified the LGBTIQ+ community as a priority population.

In this submission, we draw on our role as the ACT peak body for women's health and wellbeing to highlight the mental health experiences and needs of women. Our community research, health education and advocacy aims to include trans women, non-binary women, femme-identifying people and others who align themselves with these groups.

Mental health experiences and needs of women

As the National Women's Health strategy points out:

[A] variety of situations typically associated with women can lead to anxiety and depression. These include; infertility and perinatal loss, being a primary care giver, relationship breakdowns, violence or abuse, discrimination, unemployment or under-employment, isolation and socioeconomic disadvantage.¹⁴

⁹ Saxby, K., Hutchinson Tovar, S., Bishop, G.M., Down, I., Spencer, R., Petrie, D., and Aitken, Z. (2025). 'Gender identity and mental health inequalities 2001–2022: population-level evidence from an Australian cohort study', *BMJ Mental Health*, vol. 28, pp. 1–7.

<https://mentalhealth.bmj.com/content/ebmental/28/1/e301277.full.pdf>

¹⁰ Saxby et al (2025), p. 6.

¹¹ Australian Institute of Health and Welfare. (2023). *Australian Burden of Disease Study 2023 – Web report*. <https://www.aihw.gov.au/getmedia/61a653c5-d991-44fb-a334-4df7c453225f/australian-burden-of-disease-study-2023.pdf>

¹² Terhaag, S., Quinn, B., Swami, N., Daraganova, G. (2020). *The Australian Longitudinal Study on Male Health - Chapter 1 - Mental health of Australian males: depression, suicidality and loneliness*. https://aifs.gov.au/sites/default/files/2022-10/2020_ttm_insights_report_chapter_1.pdf pp. 4–8.

¹³ Terhaag et al (2020), pp. 21–23.

¹⁴ *National Women's Health Strategy 2020-2030*, p. 35.

At the broadest level, a significant proportion of women nationally experience mental health conditions:

- In 2021, the proportion of women aged 20–29 (16%) that reported being told by a doctor or nurse that they have a mental illness was double that of men in the same age group (8%).¹⁵
- It is estimated that approximately 1 in 5 women in Australia will experience depression and 1 in 3 women will experience anxiety during their lifetime.¹⁶
- Women are twice as likely to experience depression compared with men.¹⁷
- Women also experience post-traumatic stress disorder (PTSD) and eating disorders at higher rates than men.¹⁸

Importantly, mental health concerns for women and girls extend across the lifespan, reaching beyond experiences of pregnancy and birth.¹⁹ These experiences include:

- Stress, anxiety, depression, self-harm, and eating disorders among school-age girls
- High rates of sexual abuse and sexual assault against girls and young women
- Widespread experiences of violence generally against women and LGBTIQ+ people
- Perinatal loss
- Perinatal depression, anxiety and other mental health concerns
- The mental health impacts of reproductive health conditions and symptoms of menopause/perimenopause
- Work stress, inequity and the impact of care responsibilities
- High levels of psychological distress
- Physical and social isolation, especially for older women, women with disabilities and migrant and refugee women, and
- Financial stress

¹⁵ Australian Institute of Health and Welfare. (2025). Prevalence and impact of mental illness. <https://www.aihw.gov.au/mental-health/overview/prevalence-and-impact-of-mental-illness>

¹⁶ *National Women's Health Strategy 2020-2030*, p. 35.

¹⁷ National Mental Health Commission. (2022). Snapshot of women's mental health and wellbeing in Australia. <https://www.mentalhealthcommission.gov.au/news-media/news/international-womens-day-snapshot-womens-mental-health-and-wellbeing-australia>

¹⁸ *National Women's Health Strategy 2020-2030*, p. 35.

¹⁹ Mental Health First Aid Australia. (2023). Women and mental health across the lifespan. <https://www.mhfa.com.au/women-and-mental-health-across-the-lifespan/>

Impacts of gender-based violence

There is increasing evidence about the mental health impacts of gender-based violence, and increasing understanding of the need to support people to recover from experiences of violence, not only in moments of crisis but in the years beyond and across all decades of the lifespan.

Intimate partner violence contributes more to the burden of disease for women aged 18-44 years than any other risk factor (and more than well-known risk factors including tobacco use or high cholesterol).²⁰ In a large literature review, ANROWS found strong evidence that IPV results in depression and anxiety among women in Australia.²¹

Of the diseases included in [ANROWS] study, the largest proportion of the intimate partner violence burden in women was due to mental health conditions, including depressive disorders and anxiety disorders. Together these two diseases were estimated to account for around 70% of the burden in both age groups.²² [emphasis added]

A major longitudinal study of the prevalence and impact of sexual violence in Australia found that experiencing sexual violence at any stage increased the risk of financial stress, adverse health behaviours, and poor physical and mental health, and that sexual violence in childhood is a risk factor for later violence.²³

The study also found that sexual violence is much more widespread than previously reported, especially among younger women. Working with the established age cohorts of the Australian Longitudinal Study on Women's Health (ALSWH), the study found that the lifetime prevalence of women in Australia experiencing sexual violence was:

- 51% of women in their twenties
- 34% of women in their forties
- 26% per cent of women aged 68 to 73.²⁴

Importantly, this study found that social support, mental health service use and physical activity were indicated as potentially beneficial to wellbeing among women who had experienced sexual

²⁰ Webster, K. (2016). *A preventable burden: Measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women* (ANROWS Compass, 07/2016).

ANROWS. <https://anrows-2019.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2019/01/19025309/28-10-16-BOD-Compass.pdf>, p. 7.

²¹ Lum On, M., Ayre, J., Webster, K., Moon, L. (2016). *Examination of the health outcomes of intimate partner violence against women: State of knowledge paper*. Australia's National Research Organisation for Women's Safety (ANROWS). https://anrows-2019.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2019/02/19024846/160324_1.7-Burden-of-Disease-FINAL_0.pdf, p. 20.

²² Australia's National Research Organisation for Women's Safety (ANROWS). (2020). *Violence against women and mental health* (ANROWS Insights, 04/2020). <https://anrows-2019.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2020/07/23094405/VAW-MH-Synthesis-ANROWS-Insights.pdf>, p. 3.

²³ Townsend, N., Loxton, D., Egan, N., Barnes, I., Byrnes, E., & Forder, P. (2022). *A life course approach to determining the prevalence and impact of sexual violence in Australia: Findings from the Australian Longitudinal Study on Women's Health* (Research report, 14/2022). ANROWS. <https://alswh.org.au/wp-content/uploads/2022/09/ANROWS-Report-Life-course-approach-to-sexual-violence-prevalence-and-impact.pdf>

²⁴ Townsend et al. (2022), p. 31.

violence.²⁵ Given the extremely widespread nature of sexual violence, it would make sense for mental health policy and commissioning to be attuned to the need to address the support needs of women who have had or are having these experiences.

Findings from the Survey of Women's Health in the ACT

Women's Health Matters has run two waves of a major Survey of Women's Health in the ACT,²⁶ collecting 1668 responses in 2022-23 and 1319 responses in 2024-25. Questions in the survey ranged across several topics including general health, mental health, health service use, access and experiences, sexual and reproductive health, contraception, pregnancy and birth, beliefs about abortion, healthcare discrimination, violence and safety, financial stress and demographic characteristics.

We have yet to conduct deeper analysis of the 2024-25 data to unpack relationships with demographic and other factors, but we have begun to develop high level findings, which are presented here.

Psychological distress and mental health conditions

In our survey we found that experiences of psychological distress and mental health conditions were widespread:

- In our most recent survey (2024-25), two thirds of respondents (875) indicated they had been treated for or diagnosed with a mental health condition at some time in their lives
- Almost half (656) had been treated or diagnosed in the last two years.
- Consistent with other national and local survey, depression and anxiety are the most widely reported mental health conditions in our survey.

We also used The Kessler Psychological Distress scale (K6). This is a measure of psychological distress developed by Kessler et al (2002). The results are used to indicate whether the person is likely to have a serious mental illness.

- Our 2024-25 survey found that around 20% of respondents had a K6 score indicating probable serious mental illness.
- This is a higher rate of psychological distress than found by the ACT General Health Survey.
- By comparison, the 2021 ACT General Health Survey found that 5.6% of female people surveyed had a K6 score indicating probable serious mental illness.
- This discrepancy is likely to be influenced by differences in sampling strategy and data collection methods.

²⁵ Townsend et al. (2022), pp. 63–68.

²⁶ For more information about Women's Health Matters' Survey of Women's Health in the ACT, see: <https://www.womenshealthmatters.org.au/womens-health-wellbeing/surveyofwomenshealth/>

- An Australia-wide study also found a significant increase in levels of likely mental illness from 6.3% before the COVID pandemic, to 17.7% in early July 2020, using the K6 in combination with another single-item measure (Botha et al 2022).
- Our earlier survey (2022-23) yielded similar results for lifetime mental health condition, mental health condition in the last two years, and K6.²⁷

We asked specifically about perinatal depression and perinatal anxiety and found that 140 (11%) of respondents reported they had ever been treated for or diagnosed with one or both of these conditions.

Use of mental health services

While experiences of psychological distress and mental health conditions were widespread, we found that many people were not accessing mental health services:

- Only 27% of respondents in 2024-25 overall reported that they had consulted a mental health worker in the last year.
- This represents a slightly lower level of service use from the last survey (2022-23), when similar proportions of people reported experiences of being treated for or diagnosed with a mental health condition on a lifetime basis (64%) and more recently (45% in last 2 years).
- In that 2022-23 survey by comparison, 34% of respondents reported having consulted a mental health worker in the last 12 months.²⁸
- In the 2024-25 survey, among those who had ever been diagnosed or treated for a mental health condition, 63% had **not** consulted a mental health professional in the last 12 months.
- Of those who had been diagnosed or treated for a mental health condition in the last 2 years, more than half (54%) had **not** consulted a mental health professional in the last 12 months.

Experiences with GPs in relation to mental health

In 2024-25 we also asked respondents who had seen a GP in the last 12 months whether their GP in their last consultation had asked them about their mental health. Just over half (51%) answered “no”, while 45% responded “yes”.

We also asked respondents to rate how well their GP considered their mental health and wellbeing. Over half (55%) answered “Excellent” or “Very good” while only 19% answered “Fair” or “Poor” (on a five-point scale).

²⁷ Women's Health Matters. (2023). *Report on the Survey of Women's Health in the ACT*. <https://www.womenshealthmatters.org.au/wp-content/uploads/2023/07/Report-on-ACT-Survey-of-Womens-Health.pdf>, pp. 43–46.

²⁸ Women's Health Matters. (2023), p. 27.

Access to mental health services

We asked respondents to rate their access to different kinds of medical care (care in an emergency, care on short notice, after hours care, telehealth, sexual health and family planning, medical specialists, and mental health services).

- Around 40% of respondents rated their access to mental health services as only 'fair' or 'poor' (the bottom two options on a five point scale)
- Mental health services were equal in fair/poor ratings to after hours care and specialists (all 40% fair/poor), and only rated higher than one other type of care (care at short notice: 44% fair/poor)

Violence

Noting the important relationship between experiences of violence and mental health as outlined above, it is worth observing the high reported prevalence of violence in our survey:

- 39% of respondents in 2024-25 reported ever having been subjected to sexual violence (similar to the 44% who answered yes to the same question in 2022-23)²⁹
- This is higher than the prevalence estimated by the ABS's Personal Safety Survey (2021), which found that 22% of women Australia-wide had experienced sexual violence since the age of 15, but similar to the rates found by ANROWS & ALSWH (noted above)
- 2.3% of respondents reported experiencing sexual violence in the last year (similar to the 2.9% who answered yes in 2022-23)³⁰
- This is just slightly higher than the 2021 Personal Safety Survey, which reported 1.9% of women had experienced sexual violence in the last year.

Our survey findings on workplace sexual harassment, family violence, violence by someone you live with or rely on, domestic violence, and institutional violence likewise show that violence is a widespread experience among women in the ACT. In our 2024-25 survey, only around a third of respondents reported never having experienced any of these forms of violence, with many reporting that they had experienced more than one form.

Of the people who reported ever having experiencing violence, only 28% said they had ever engaged with services focused on violence. The kinds of services most widely reported as being used by respondents were domestic and family violence services (many of which include counselling), phone support services (such as 1800RESPECT, which include counselling), legal services, and police.

²⁹ Women's Health Matters. (2023), p. 77.

³⁰ Women's Health Matters. (2023), p. 78.

Experiences of healthcare and help-seeking

Our survey asked a number of questions about people's experiences of seeking and receiving healthcare. On the positive side, a majority of respondents in the 2024-25 survey agreed that the care they have received from doctors in the last few years has been good (referring to all kinds of doctors, not only GPs). In relation to GPs specifically, GPs were rated favourably for how well they listened, explained problems and treatments, and respected people's cultures, identities, beliefs and choices.

However, over a third (35%) say that they avoid seeing a doctor whenever possible and nearly 40% say they only go to the doctor if there is no other option (up from 26% and 35% respectively in 2022-23).³¹

Over 45% say doctors have taken them only "somewhat seriously" (35%) or "not at all seriously" (10%) (on a four-point scale with "mostly seriously" and "completely seriously" comprising the remainder of responses). This compares with 34% of respondents in our 2022-23 survey giving "somewhat seriously" (28%) or "not at all seriously" (6%) to the same question.³²

Analysis of our 2022-23 survey data found that women and femme-identifying people who were experiencing or had experienced domestic, family and sexual violence were:

- less likely than those who had not experienced violence to agree that the care they have received from doctors in the last few years was good,
- less likely to feel their symptoms were taken 'completely seriously' by doctors and
- more likely to agree that they only go to a doctor if there is no other option.

In 2024-25 we also asked people about experiences of healthcare discrimination, finding that 15% of respondents reported experiencing discrimination or unfair treatment in healthcare. Discrimination on the basis of gender, age, weight and disability were the most common factors identified.

Over a quarter (27%) of respondents in 2024-25 agreed or strongly agreed that they worried about judgement or discrimination from doctors.

Many people reported good healthcare experiences, but hundreds of respondents told us in free text answers about distressing experiences of being invalidated, judged negatively, denied care and given ineffective treatments because they were not listened to or believed.

While these experiences referred to interactions with a wide range of medical professionals (from GPs to allied health, specialists and hospital staff), they have implications for mental health in two key ways: first, they have direct negative impacts on psychological wellbeing; and second, they decrease trust and willingness to seek help from mental health professionals and other types of formal services that might be involved in mental health support.

³¹ Women's Health Matters. (2023), p. 36.

³² Women's Health Matters. (2023), p. 37.

Implications for mental health policy and commissioning in the ACT

From our research and the other research summarised above, we can conclude that while many women experience good levels of wellbeing and access to healthcare in the ACT, there are several concerns:

- Experiences of psychological distress and mental health conditions are widespread among women in the ACT, and include gendered experiences that extend well beyond experiences of pregnancy and birth.
- Significant proportions of women experiencing psychological distress and mental health conditions feel that they do not have good access to mental health services.
- Significant proportions are not accessing support from mental health professionals
- Large numbers of women have experienced and are experiencing different forms of violence.
- Local and national evidence suggests experiences of violence are likely to be key drivers of psychological distress and mental health conditions for women in the ACT.
- A significant proportion of women have poor experiences with healthcare and are wary about seeking help from professionals.

In terms of the current consultation on commissioning, we understand that there is no quick solution that will address the findings presented here. We also understand that it may not be workable (or even desirable) to include “women” as a priority population for the purposes of commissioning. However, there may be opportunities to design procurement guidelines, outcomes and other relevant policies in a way that helps to meet the needs of women and responds to the issues identified here.

We would be happy to work further with the Mental Health Policy Unit and other stakeholders to identify ways to put this knowledge into action. For the moment we encourage ACT Government to:

- 4. Wherever possible in the process of commissioning, incorporate learning from research, lived experience and policy development that addresses gendered dimensions of mental health.**
- 5. Through the commissioning process, work towards improving services' capability to respond effectively to experiences of violence and trauma, and their flow-on effects.**
- 6. Prioritise improving access to mental health support and services for people who have experienced violence, including sexual violence.**
- 7. When mapping mental health services, promotion and prevention, consider health promotion and access to support in a broader context, including services offering counselling in relation to violence.**

We look forward to engaging further with mental health policy and service development in the ACT.

Please get in touch if you would like us to expand on any aspect of this submission.

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