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2 August 2007

Senate Community Affairs Committee
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Secretary

I am pleased to provide you with a submission to the Senate Community Affairs Committee Inquiry into Mental Health Services in Australia. If you require further information, please contact Professor Fiona Judd, Director of Women's Mental Health, Royal Women's Hospital, on (03) 9344 3430.

Yours sincerely

Carl Putt
Acting Chief Executive

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Submission to the
Senate Inquiry into Mental Health Services In Australia

OVERVIEW

Purpose

This submission argues that the *National Action Plan on Mental Health* needs a gendered approach, which recognises and responds to the different needs of men and women with mental illness.

Background

The Royal Women's Hospital (The Women's) is committed to being a centre of excellence and providing clinical leadership to the broader health sector. As part of this commitment, we are establishing a Centre for Women's Mental Health, the first centre of its kind in Australia. Our area of expertise is the issues affecting women's mental health, so this will be the focus of this submission.

The submission reviews the evidence showing that men and women suffer from different types of mental illness, and that women's vulnerability to family violence is a particular risk for their health and wellbeing. It details some of the gaps in workforce capacity and the knowledge base informing the design and delivery of mental health care. It discusses the constraints imposed by funding arrangements, and the hospital's reliance on philanthropic funding to establish a comprehensive, multidisciplinary Centre for Women's Mental Health. It includes a description of the Centre's model of care, and concludes with the ways in which the *National Action Plan on Mental Health* could support this new service.

RECOMMENDATIONS

Recommendation 1

- That the *National Action Plan on Mental Health* recognises the particular needs of women as a population group by developing a *Women's Mental Health Strategy.*

Recommendation 2

- That the prevalence and consequences of family violence for women's mental health be recognised and prioritised for funding under the *National Action Plan on Mental Health*.

Recommendation 3

- That the Senate Inquiry's recommendation for targeted funding for culturally and linguistically diverse communities and Indigenous people be prioritised for funding under the *National Action Plan On Mental Health*.

Recommendation 4

- That the *National Action Plan On Mental Health* provide funding for research to address gaps in the mental health care system's knowledge of the most appropriate therapeutic models for working with women and men.

Recommendation 5

- That the funding for new initiatives under the *National Action Plan On Mental Health* support the development of workforce capacity in women's mental health.

Relevance to the Inquiry's Terms of Reference

The following sections focus on Item 2d of the Senate Inquiry's *Terms of Reference* regarding gaps and shortfalls in funding and in the range of services available for people with a mental illness*.* It provides additional information about findings from research and problems in service delivery that inform the above recommendations.

ADDITIONAL INFORMATION

Background

Historically, the mental health system's efforts to care for women have been hampered by approaches that marginalised the significance of social and environmental factors. Combined with inadequate resource allocation, deficiencies in the research base informing diagnosis and treatment have restricted the development of expertise in mental health services for women. This has resulted in a deficit of skills in the health workforce. For example, few of the clinicians employed at the Women's have had access to the training necessary to enable them to work confidently with women affected by mental illness. Through the new Centre for

Women's Mental Health, The Women's will have the capacity to develop resources, deliver specialist training and provide secondary consultation services.

Research supporting a gendered approach

Research has found important differences in men's and women's experiences of mental illness. For example, studies have identified that certain types of mental illness, including depression, anxiety, affective disorders and psychosis, are much more prevalent amongst women than men[1]. These findings need to inform government priorities for funding and service delivery under the *National Action Plan on Mental Health*.

The hospital believes that the *National Action Plan on Mental Health* needs to recognise the relationship between violence and psychological trauma, which is distinctly gendered. Women's vulnerability to violence arises in the context of their family and intimate relationships, while men report being violently assaulted by strangers[2]. Research by VicHealth in 2005 found that intimate partner violence is responsible for more ill health and premature death in Victorian women up to the age of 45 years than any other known risk factors[3]. Nearly three quarters of the health outcomes contributing to the burden of disease that is attributable to intimate partner violence relate to mental health[4].

Gaps in the knowledge base

More research needs to be conducted into the most appropriate therapeutic models for working with men and women[5]. Our experience is that women's services are places where acutely distressed women feel safe to disclose traumatic events. Other issues that arise in the hospital's work with women include:

- Recognising women's help-seeking behaviours
- Meeting women's preferences for access to female doctors and therapists
- Meeting women's preferences for talking therapies complemented by medication
- Understanding the contexts in which women abuse alcohol and other drugs
- Providing access to care that responds to the range of cultural and spiritual values in the community, and
- Supporting women to fulfil their caring responsibilities during the process of recovery.

[1] See Appendix A for a summary of evidence identifying women's mental health as a specialised area of expertise.
[2] ABS 2006 *Personal Safety Australia* Catalogue No 4906.0 Summary of Findings pp 5-12
[3] VicHealth 2004 *The Health Costs Of Violence* Victorian Health Promotion Foundation, Carlton p8
[4] Depression 33%, anxiety 25% and suicide 13%, see VicHealth ibid p11
[5] Appendix B provides a summary of current gaps in research relating to women's mental health

Given these issues, The Women's is interested in research collaborations to build the sector's understanding of the differences in women's and men's mental health needs. Sensitivity to gender differences is essential to developing effective promotion, prevention and early intervention programs, and in delivering more tailored, and therefore more accessible, services.

Gaps in workforce capacity

Mental health professionals need training and resources to work confidently and effectively with diversity in the community. Mental health services need to understand the range of cultural values shaping our multicultural society, and the consequences of these values for mental illness and recovery. As a service provider working with a population characterised by diversity, the hospital appreciates the greater vulnerability of women with disabilities, young women and migrant and refugee women to mental illness. This level of complexity presents major challenges for providing equitable access to mental health services.

The Senate Inquiry's 2005 report recognised these issues, and recommended the development of

> population-specific budgets, mental health plans and evidence based protocols for children, youth, aged, culturally and linguistically diverse (CALD) communities and Indigenous people (Recommendation 1).

The *National Action Plan on Mental Health 2006 – 2011* did not identify any new initiatives in response to this recommendation. This leaves a major gap in governments' efforts to expand the capacity of mental health services.

Government funding for women's mental health

As part of Victoria's *Implementation Plan on Mental Health*, the Department of Human Services has provided funding to expand the obstetric consultation liaison service to at-risk groups of women attending the hospital.

Gaps in the funding base

Women's mental health needs dedicated resources. For many years, funding arrangements frustrated the Women's efforts to meet the needs of women with mental illnesses. For example, quality mental health care needs to provide timely assessment, diagnosis and treatment. In 2006, the hospital's workforce consisted of an inpatient consultation liaison service, three sessional psychiatrists and a psychiatric consultation liaison registrar. With this level of resourcing, the hospital was limited to providing only 21 hours of psychiatric

outpatient services, resulting in a ten week waiting list for an appointment. At the same time, staff working in social work and alcohol and drug services reported an increase in the number of women presenting with psychiatric illnesses. Inequities in access to public services reinforce the disadvantages that compound the sense of powerlessness and despair that accompany untreated mental illness.

Philanthropic funding

The structure of government funding has meant that the hospital developed mental health care based on a psychiatric rather than multidisciplinary model. This left major gaps in our mental health service. It is only as a result of philanthropic funding that we have been able to realise the need for a comprehensive, multidisciplinary women's mental health service. Philanthropic support has included funding totalling $2.5 million from the Pratt foundation over five years.

The Centre for Women's Mental Health

The new Centre for Women's Mental Health is a significant expansion of The Women's capacity to provide mental health care for women in Victoria. Professor Fiona Judd has been appointed as Director to lead the planning and development of the only specialist women's mental health service in Australia. The Centre will provide expert clinical and therapeutic services for women, as well as leadership in research, education and the development of resources for the wider sector.

A women-centred approach

The Centre for Women's Mental Health is being developed within a population health framework. This framework recognises that health and illness result from the complex interplay of many factors (biological, psychological, social, environmental and economic) within each individual, as well as in the context of family and community relationships.

The Centre sits within the hospital's broad infrastructure of allied health services. Links with social support services will facilitate access to interpreters, cultural advocates, social work and pastoral care, as well as physiotherapy, pharmacy and dieticians.

The Centre will employ a team of mental health professionals from a range of disciplines: psychiatry, psychiatric consultation liaison nurse, clinical psychologist and psychotherapist. With this mix of staff and services, planning is underway to provide the following range of services;

- The Centre will provide an extended range of services to meet women's mental health needs including clinics, group work, assessment and treatment.
- Health professionals working in the hospital and in the broader health sector in Victoria will have access to specialist opinion, advice and support in their work with women affected by mental illness.
- Research will be conducted to fill current gaps in knowledge about the causes of mental illness in women, the efficacy of different therapeutic approaches and a better understanding of the psychosocial determinants of women's health and wellbeing.
- We will develop a program of education and training, information and resources to support best practice interventions for health professionals, as well as to raise the awareness within the wider community.

CONCLUSION

The *National Action Plan on Mental Health* would benefit from greater sensitivity to the different needs of men and women. While research supports a gendered approach, mental health care is not organised to be responsive to gender differences. The work of the Centre for Women's Mental Health would be greatly enhanced by government support for women's mental illness as a specialised area. In particular, we look to the Federal Government to provide leadership and support to address gaps in research and the knowledge base informing the priorities for funding, the design and delivery of mental health care, and in developing workforce capacity.

Appendix A

The Relationship Between Gender & Mental Health Risk Factors

Mental illness is common in women and men. Various physiological, psychological and socio-economic risk factors contribute to mental illness. Many of these risk factors are more commonly experienced by women than by men. This section outlines a number of risk factors that have specific relevance for *women's* mental health.

The Prevalence of Mental Illness Amongst Women

Women are more likely to experience certain types of mental health problems. For example:

- Depression occurs approximately twice as often in women as it does in men.[1]
- There is a higher prevalence of most affective disorders and non affective psychosis amongst women than men.[2] [3]
- Women experience a higher frequency of hallucinations or more positive psychotic symptoms than men.[4]
- Women are more likely than men to experience anxiety.[5] [6]
- Eating difficulties and eating disorders are far more prevalent in girls and women.[7]
- Women are more likely to self-harm, and are more likely to attempt suicide than men.[7]

Psychological Risk Factor: Experience of Intimate Partner Violence

- Research has shown that women are at greater risk than men of having experienced intimate partner violence and sexual violence.[8]
- There is a substantial body of research which links experience of intimate partner violence with long term mental illness[9]. For example: *"Women who have experienced violence also have increased rates of depression and anxiety, dysthymia, stress related syndromes, phobias, substance use and suicidality, to name but some."* [4]
- Findings from a study by the Royal Women's Hospital revealed that 27% of women attending antenatal clinics at the hospital reported experiencing violence from a current or previous partner.[10]
- Research found that a quarter of all suicide attempts by women were preceded by physical abuse. [4]

Psychological Risk Factor: Experience of Child Sex Abuse

- Findings from the 2005 Personal Safety Survey suggest that women are nearly 3 times more likely than men to have been abused as children.[11]
- There is an association between experiencing child sexual abuse and experiencing psychological problems such as self-harm, depression, anxiety, and eating disorders.[12] [13]

Physiological risk factor: pregnancy & reproduction

- Women are at twice the risk of experiencing domestic violence while they are pregnant[14].
- The months surrounding the birth of a baby carry the greatest risk for women of developing mental illness. *"Up to 50% of all women experience some mood changes in the post-partum period with 10% to 15% developing major depression"*.[15]

Socio-economic risk factor: living in poverty

- Gender inequalities in income and wealth make women particularly susceptible to poverty. Deprivation and poverty are strongly linked to the prevalence of mental ill health. For example, epidemiological prevalence studies have found that income levels predict depressive symptom level. [7]
- Women's greater exposure to poverty throughout their lives occurs for a variety of reasons including; lower levels of education, receiving lower rates of pay, doing more part time work and 'casual' work etc. [7]

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