

**Submission to the
Senate Select Committee Inquiry
into Mental Health Services**

Submission prepared by:

Ms Therese Tierney
Executive Director, Planning & Development
The Royal Women's Hospital
132 Grattan Street
Carlton Vic 3053

1 Background – The Royal Women’s Hospital

The Royal Women’s Hospital (RWH) has provided health services to women and newborn babies of Victoria since 1856, and is now Australia’s largest specialist women’s hospital. The Hospital is recognised as a leader in its field, with expertise in maternity services and the care of newborn babies, gynaecology, assisted reproduction and cancer services.

The RWH is committed to supporting women from all backgrounds and all social groups to access the best quality health care. As part of this commitment, the RWH has a key role in:

- Advocating for changes in policy and service provision on behalf of women, and
- Challenging practice which discriminates against the health outcomes of women.

The RWH welcomes this opportunity to contribute to the Senate Inquiry into Mental Health Services.

2 Focus of this submission

This submission relates to two items from the Inquiry Terms of Reference. In summary:

- Item F : the submission identifies that women are a particular group requiring specialised mental health services. The submission recommends that women’s mental health be a focus for additional resourcing.
- Item N : the submission articulates that there is currently a lack of research regarding the mental health needs of women, and the impact of gender on mental health.

3 The Prevalence of Mental Ill Health Amongst Women

Mental ill health is common in women and men. However, 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
- Women have a higher prevalence than men of most affective disorders and non affective psychosis.^{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

4 The Relationship Between Gender and Mental Health Risk Factors

Various physiological, psychological and socio-economic risk factors are known to contribute to mental ill health. Many of these risk factors are more commonly experienced by women than by men. This section outlines a number of mental health risk factors, which have special relevance for *women’s* mental health.

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 illness⁹. 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
- There is a good deal of research which notes that violence against women is probably the most prevalent cause of depression in women.
- Findings from a recent RWH study revealed that 27% of women attending antenatal clinics at the RWH 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

- Studies suggest that women are up to 3 times more likely than men to have been abused as children.
- There is an association between experiencing child sexual abuse and experiencing psychological problems such as self-harm, depression, anxiety, and eating disorders.^{11 12}

Physiological risk factor: pregnancy and reproduction

- The months surrounding the birth of a baby carry the greatest risk for women of developing mental illness.
- Women who are pregnant experience mental health problems such as anxiety, depression and difficulties coping at a higher rate than the general population: *"Up to 50% of all women experience some mood changes in the post-partum period with 10% to 15% developing major depression"*.¹³
- Mental health problems also present in women who have experienced infertility, miscarriage, abortion, neonatal birth and death.
- Women have twice the risk of experiencing domestic violence whilst they are pregnant¹⁴. As discussed, experience of violence is strongly linked with the development of mental illness.

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
- The low societal status and value placed on women's roles in the family and workforce and the potential negative impact on a woman's sense of self-worth may also contribute to mental ill health.

Psychological risk factor : social isolation

- Social isolation is associated with mental ill health.
- Women are more vulnerable to social isolation than men for a number of reasons. For example, more women than men are lone-parents, women live longer than men and consequently many live alone in their later years, women experience higher levels of poverty which may limit their ability to socialise, fear and/or cultural values may prevent women from leaving the home.

5 Appropriate Mental Health services for Women

Currently, the majority of mental health care is not organised to be responsive to gender differences. Consequently women's needs may be poorly met. When developing and delivering mental health services for women, a number of features should be considered. Research with women service users has found that women want the following:

- Less reliance on medication and more access to a range of 'talking therapies'
- Access to a same sex member of staff and access to a female doctor for physical healthcare
- To be listened to
- To be kept safe while they are suffering mental ill health
- The option to be cared for in a women-only environment as it makes women feel safer and more comfortable at a time when they are acutely distressed
- Access to women-only therapy groups, particularly for issues such as violence and abuse
- Services to adopt a 'whole person' approach to their care, treatment and rehabilitation
- Recognition of the underlying causes and context of their mental distress in addition to their symptoms, and
- To be cared for and supported by services that promote empowerment, choice and self-determination.

Other factors to consider when developing services:

- Survivors of child sexual abuse can experience re-traumatisation in response to treatment which, unintentionally, triggers early experiences of abuse. Health care providers should bear this in mind when developing models of care.
- The majority of women who have mental ill health are mothers. In order to continue to care for their children while they are experiencing mental health problems, they require support. This may include the provision of childcare facilities.

6 Research into Women's Mental Health

There is some evidence to suggest that there is gender bias in mental health research, and that women have been excluded from research studies.¹⁵ Furthermore, "*investigators often neglect gender as a variable in interpreting their results.*"¹⁶

In order to gain a full understanding of the impact of gender on mental health, it is recommended that increased research be undertaken with a clear focus on gender specific issues. For example, research should be undertaken which examines the differences between women and men with regard to:

- The prevalence of specific disorders
- The risk factors for specific disorders
- The clinical course of specific disorders
- The response to a range of treatment interventions e.g. medication; psychological therapies
- The link between social capital and mental health, and
- How and when each gender seeks help from mental health / health care practitioners.

Additional areas for research include:

- How gender interacts with other factors such as race, ethnicity and culture and the impact on mental health and illness
- Testing whether current research instruments, particularly risk assessment tools, are equally appropriate in both women and men
- Determining whether there are advantages associated with the delivery of mental health care in women-only environments, and
- Further research of forms of mental distress solely or predominantly experienced by women e.g. perinatal mental ill health, eating disorders, and the trauma of violence and abuse.

A better understanding of these differences will inform the development of a more tailored and effective approach to both the maintenance of mental health and the care and treatment of mental ill health in women and men.

7 Recommendations

1. In recognition of the impact of gender on mental health, a strategic approach to the provision of mental health care specifically for women should be developed.
2. Invest additional resources in the development of women-only mental health services and facilities.
3. Ensure that the impact of gender on mental health becomes an integral element in the training of clinicians in generalist and specialist health care organisations.
4. Those commissioning or undertaking mental health research should consider gender issues as a key research variable.

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