Women's Health Policy Alliance Workshop

27 November 2020

Mental health

Introduction

Jean Hailes for Women's Health, together with Monash University, co-hosted the Mental Health policy workshop on Friday 27 November 2020. The workshop aimed to identify implementation priorities for the *National Women's Health Strategy 2020 – 2030,* with particular consideration to the impacts of the COVID-19 pandemic on women and their health risks and needs.

Janet Michelmore AO, interim CEO of Jean Hailes for Women's Health and Professor Jane Fisher, Director of Global and Women's Health and Head, Division of Social Sciences in Public Health and Preventive Medicine at Monash University, opened the workshop.

In her opening remarks, Professor Fisher highlighted the global disparities in whole-of-life prevalence rates of mental health between women and men and the disproportionate impact of the COVID-19 pandemic on women's mental health. Research conducted by Professor Fisher and colleagues has shown that women were experiencing higher rates of clinically significant symptoms of depression and anxiety, increased irritability and increased alcohol consumption than men in the early days of COVID-19 restrictions in April 2020. The impact of socioeconomic status (SES) was also investigated and unsurprisingly, it was found that the greatest mental health burden was carried by people living in the most disadvantaged and under-resourced areas.

Professor Fisher presented the case for a public health response which prioritises prevention and promotion as equally important to treatment, to address women's mental health in the post-COVID context.

The workshop discussion which followed highlighted the importance of utilising existing data to:

- better understand the scope and nature of the mental health and service access issues affecting women
- inform and implement a population-wide public health response, with a focus on mental health promotion, self-management and early intervention as well as individual treatment for women experiencing more severe and disabling symptoms to address women's mental health needs in the context of COVID-19.

Particular priority needs to be given to women with elevated health risks and the needs of women in disadvantaged communities and population groups; and, to monitor and evaluate new services for their effectiveness for women and to invest in improved services for children and parents.

This summary includes issues and implementation priorities raised:

- during the course of the workshop, both verbally and using the Zoom chat function
- via a post-workshop survey, circulated to workshop invitees including those unable to attend on the day.

Key messages

- Women's mental health has been disproportionately impacted by COVID-19.
- Social and economic participation depends on women being able to recover from the mental health impacts of COVID-19.
- Responding to the impact of COVID-19 on women's mental health requires a multi-sectoral population-wide response, with additional targeted support for women from priority populations and women with severe mental health concerns.
- Flexibility in mode of mental health service delivery is crucial.

Priority actions in light of COVID-19

Link available data to create a mental health heat map

Link data from multiple sources including the Australian Longitudinal Study on Women's Health and research conducted by Monash University on the mental health impacts of COVID-19 to generate a heat map visualising mental health by geographic location. This can be overlayed with socio-economic status and other indicators of vulnerability and mental health service availability to paint a picture of correlating factors and need in high-risk areas.

Address women's mental health with a population health response including a public awareness campaign informed by public information gathering

Design a public mental health campaign that provides information and strategies to support women to manage their mental health and wellbeing in the post-COVID environment. This should be informed by consultation with diverse communities, including LGBTIQ+ communities, women from culturally and linguistically diverse (CALD) and refugee backgrounds, women occupying low socioeconomic positions, women from rural and remote areas, women who are incarcerated, women veterans of Australia's armed services and women with disabilities.

Apply a gender lens in newly established mental health services

There has been a rapid rollout of new mental health clinics across Victoria during the prolonged lockdown in that State (see https://www.health.gov.au/sites/default/files/documents/2020/09/coronavirus-covid-19-new-mental-health-clinics-to-support-victorians-during-the-covid-19-pandemic-new-mental-health-clinics-to-support-victorians-during-the-covid-19-pandemic_0.pdf). These services are to be provided for 12 months, through PHNs. There is an opportunity to work with PHNs to ensure these services are responsive to the particular mental health needs and experiences of women and girls.

Evaluate new programs and services for effectiveness and unintended consequences

Evaluate new programs and services to ensure effectiveness and to understand unintended consequences. While advances in telehealth have enabled widespread access to health and mental health services during the COVID-19 pandemic, evidence is emerging that inability to access alternatives to telehealth may pose an extra barrier to access for some already marginalised communities. This includes women with intellectual disabilities, women from CALD and refugee backgrounds, women in rural and remote areas who may have poor internet access and women living in crowded housing or occupying low socioeconomic positions who may not have access to devices or appropriate private spaces from which to join consultations.

Address social determinants of mental health

Address the social determinants that drive disproportionate levels of poor mental health and mental health risks in disadvantaged populations, including by:

- raising the rate of social welfare payments, including the parenting payment for single parents and jobseeker payments, could allow single mothers on welfare payments to live above the poverty line. This would help to alleviate the stress of raising children on a very low income. One participant gave the example of mothers forgoing meals so that they could feed their children three meals per day

- improving working conditions by ensuring secure work and paid pandemic leave entitlements, and through the implementation of Employee Assistance Programs (EAPs) in all workplaces
- evaluating the impact of these strategies that address social determinants on the mental health of women.

Maintain access to mental health care via telehealth

Ensure gains in access to mental health services through telehealth won during COVID-19 are not lost by making the appropriate MBS items permanent.

Implement a National Agreement on Mental Health

Promote accountability and governance through the implementation of a National Agreement on Mental Health and Suicide Prevention, as recommended in the Productivity Commission Inquiry into Mental Health Final Report. Such an agreement would clarify responsibilities of each level of government for funding and planning mental health support and suicide prevention services.

Improve outcomes for children and parents

- Invest in evidence-based models of preventing perinatal depression and anxiety.
- Invest in priority early intervention services for all parents with perinatal mental health or substance use conditions to improve outcomes for children and parents.
- Invest in evidence-based parenting programs from infancy to adolescence for all parents.

Ensure appropriate resourcing for mental health services

- Address the 'missing middle' in public mental health services. The needs of people with acute and chronic severe, complex mental illness cannot be met by primary mental health services. Specialist public mental health services need to be appropriately resourced to respond to this cohort.
- Emergency departments are a common gateway to access mental health services. Ensure that they are appropriately designed and resourced to meet this need, including capacity for follow up with patients to prevent representation.

Invest in eating disorder services

The COVID-19 pandemic has seen reports of increased prevalence and severity of eating disorders and increased demand for eating disorder services in Australia and internationally. Increased investment in prevention and early intervention is required.

Build the mental health workforce

Invest in the mental health workforce, in particular psychiatrists and mental health nurses. Increased availability of training opportunities, including a 3-year direct entry course for mental health nurses, was suggested.

Promote the use of effective online treatment and mental health apps

Audit available online mental health treatments and mental health apps and promote the use of those found to be effective. It was noted that there are a plethora of available online treatments and apps, but confusion among practitioners as to which ones are effective.

Commitment to 'parity of esteem'

'Parity of esteem' is defined as valuing mental health equally with physical health and recognises the interrelatedness of mental and physical health outcomes. A commitment to parity of esteem was identified as a longer-term priority.