

Women's Health Policy Alliance Communique

30 September, 2019

Forum 4 | Mental health

Jean Hailes for Women's Health, together with the Australian Healthcare and Hospitals Association (AHHA), co-hosted the fourth Women's Health Policy Alliance forum last Tuesday evening at Parliament House in Canberra.

This is the fourth forum in our policy series, focusing on how the women's health sector can work together to address the priorities and actions identified in the National Women's Health Strategy 2020-2030 (NWHS). This forum focused on Priority 4 - Mental health.

David Lloyd, CEO of Jean Hailes, and Alison Verhoeven, Chief Executive of the AHHA, opened the forum. In her opening remarks, Ms Verhoeven reiterated the commitment of AHHA to a healthier Australia supported by the best possible healthcare system, highlighting the importance of a strong focus across the sector on improving mental health outcomes for women and girls. "We need to work together to focus on equity of care and supporting those most vulnerable in our community. Connectivity across the system, with a focus on the social determinants of health, is key for improving mental health outcomes, we can't deliver effective reform alone," Ms Verhoeven said.

Participants discussed a range of initiatives that are working well to improve mental health awareness and outcomes, looking particularly at existing programs that could be built upon or adapted to extend their reach and impact. A range of school education, mentoring and broader online programs were identified, such as ['Youth Aware of Mental Health'](#), ['Be You'](#), ['Mental Health First Aid'](#) and the [Raise Foundation](#). Attendees said they are delivering evidence-based mental health support and could be further adapted to provide additional support tailored specifically to meet the mental health needs of women and girls. This would require more evaluation before further steps are taken.

Further, the [SPARX](#) initiative in New Zealand was discussed as an innovative program specifically designed to reach young people through a gaming approach, and to help them cope with feelings of anxiety and mild depression. It was agreed that we need to think of the ways we reach different target groups in ways they can relate to, in order to provide the best support and care.

At the other end of the age spectrum, it was recognised that action is needed to address access to mental health diagnoses and care for older women, including in residential aged care facilities. It was considered that for many older women, deteriorating mental health can be overlooked as dementia or general cognitive decline, with low visibility of the underlying causes of depression and other mental illness. It was agreed that there is a need to think outside the square to address issues such as social isolation both within aged care facilities and in the broader community.

Recognising the need to address one of the key points of intersection across the lifespan, the Centre of Perinatal Excellence (COPE) have developed a range of initiatives to support perinatal mental health for women. It was considered by participants that these resources could be explored in greater detail and adapted for other areas of women's mental health care.

A significant part of discussion focused on the issue of equity and access to mental health care for women at greater risk of poor mental health outcomes, particularly homeless women, women with low financial security or literacy, women in rural and remote areas, Aboriginal and Torres Strait Islander women, female veterans transitioning from service, women who are carers and migrant and refugee women and the LGBTIQ community. Several initiatives and areas for action were discussed that will be progressed through the Women's Health Symposium in Canberra on October 22-23.

A central theme throughout the discussion was about the need for service co-design and engaging and collaborating with consumers with lived experience, being responsive to community need and identifying unmet needs. Mental health services must be evidence-based, consumer focused, based on prevention, early intervention and recovery.

"Mental health is necessarily a whole-of-government issue, not a limited health portfolio issue," said Mr Lloyd. "At this forum we have discussed superannuation, financial literacy, housing/homelessness and the way Centrelink functions, all within the context of mental health. We need to look well beyond the traditional confines of the health sector for our solutions here."

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