WOMEN’S MENTAL HEALTH
AND WELLBEING:

An Overview of the Eastern Metropolitan Region of Melbourne

The key purpose of the document is to provide a useful resource for practitioners working in the health and community sector in the EMR. It is hoped that the document will contribute towards an increased understanding of women’s mental health and wellbeing, and provide recommendations around effective mental health promotion.

Women’s Health East
2013
Women’s Health East (WHE) is a non-profit health promotion organisation working within the Eastern Metropolitan Region of Melbourne. As a women-focused organisation we work with Local Government, Community Health Services and other agencies in the region to build the capacity of services and programs to improve the health and wellbeing of women.

Women’s Mental Health and Wellbeing
(Women’s Health East Priority Area Overview)

© Women’s Health East

Published January 2013

This Document is available online at:

http://www.whe.org.au

Women’s Health East acknowledges the Wurundjeri people of the Kulin Nation as the traditional owners of the land on which we work.
WOMEN’S MENTAL HEALTH AND WELLBEING: AN OVERVIEW DOCUMENT

Table of Contents

Acronyms ............................................................................................................................. 1
Background ........................................................................................................................... 3
1. Context and Definitions ...................................................................................................... 4
   1.1 Eastern Metropolitan Region ....................................................................................... 5
   1.2 Social Determinants of Health .................................................................................... 7
   1.3 Mental Health and Wellbeing within a Social Model of Health ................................. 8
   1.4 A Gendered Approach ............................................................................................... 10
   1.5 Why is Mental Health and Wellbeing a National Priority? ....................................... 12
   1.6 Why focus on Women’s Mental Health and Wellbeing? ........................................... 13

2. The Risk and Protective Factors ....................................................................................... 15
   2.1 Protective Factors ....................................................................................................... 15
   2.2 Risk Factors ................................................................................................................. 17
   2.3 Violence Against Women ............................................................................................ 18

3. National and State Policies and Plans ............................................................................. 19
   3.1 Australia’s Health System - Addressing Mental Health Issues .................................. 22

4. Effective Mental Health Promotion .................................................................................. 23
   4.1 Addressing the Risk and Protective Factors ............................................................... 26

5. Recommendations and Considerations .......................................................................... 28

6. Referrals and Resources .................................................................................................. 30
   6.1 Helpful Documents ..................................................................................................... 39

7. References ......................................................................................................................... 41
## ACRONYMS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>AHURI</td>
<td>Australian Housing and Urban Research Institute</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
</tr>
<tr>
<td>ATSI</td>
<td>Aboriginal and Torres Strait Islander</td>
</tr>
<tr>
<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
</tr>
<tr>
<td>CEED</td>
<td>Centre of Excellence in Eating Disorders</td>
</tr>
<tr>
<td>COAG</td>
<td>Council of Australian Governments</td>
</tr>
<tr>
<td>DHS</td>
<td>Department of Human Services</td>
</tr>
<tr>
<td>DPCD</td>
<td>Department of Planning and Community Development</td>
</tr>
<tr>
<td>DRC</td>
<td>Disability Rights Commission</td>
</tr>
<tr>
<td>EMR</td>
<td>Eastern Metropolitan Region of Melbourne</td>
</tr>
<tr>
<td>GAD</td>
<td>Generalised Anxiety Disorder</td>
</tr>
<tr>
<td>GCAPP</td>
<td>Global Consortium for the Advancement of Promotion and Prevention in Mental Health</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>LGA</td>
<td>Local Government Area</td>
</tr>
<tr>
<td>MHCA</td>
<td>Mental Health Council of Australia</td>
</tr>
<tr>
<td>NES</td>
<td>Non English Speaking</td>
</tr>
<tr>
<td>NHPA</td>
<td>National Health Priority Area</td>
</tr>
<tr>
<td>NOS</td>
<td>Psychotic disorder Not Otherwise Specified</td>
</tr>
<tr>
<td>OCD</td>
<td>Obsessive Compulsive Disorder</td>
</tr>
<tr>
<td>PRC</td>
<td>Parenting Research Centre</td>
</tr>
<tr>
<td>PTSD</td>
<td>Post Traumatic Stress Disorder</td>
</tr>
<tr>
<td>SAD</td>
<td>Social Anxiety Disorder</td>
</tr>
<tr>
<td>SRV</td>
<td>Sports and Recreation Victoria</td>
</tr>
<tr>
<td>VHA</td>
<td>Victorian Healthcare Association</td>
</tr>
<tr>
<td>WCHM</td>
<td>Women’s Centre for Health Matters</td>
</tr>
</tbody>
</table>
This document has been provided in good faith using sources believed to be reliable. Every care has been taken to ensure the information included is presented accurately. Whilst this document might be of assistance to those working in the health and community sector, Women’s Health East does not guarantee that it is without flaw of any kind. It is also important to note that this document includes a selection of available information and does not intend to imply that all relevant information has been included. Women’s Health East therefore disclaims all liability for any error, misunderstanding or other consequence that might arise from reliance on information contained on this document.
Women’s Health East (WHE) is a non-profit health promotion organisation working within the Eastern Metropolitan Region of Melbourne (EMR) that aims to improve the health and wellbeing of women and girls in the region.

The work of Women’s Health East (WHE) is underpinned by a social model of health; this model recognises the impact of social, cultural, political and economic factors on a woman’s health and wellbeing. WHE acknowledges that health is not only about the absence of disease; it is also about physical, social and mental wellbeing. WHE applies the social determinants framework to improve health and wellbeing outcomes, aiming to prevent and reduce illness and address inequalities and disadvantage that exist within the community.

The World Health Organization has identified gender as a determinant of health. WHE adopts a gendered approach to health and wellbeing, acknowledging that women and men experience health differently. WHE believes that in order to reduce inequality and improve health outcomes both effectively and equitably for all, a gender lens must be applied.

WHE’s three priority areas sit under the umbrella priority of gender equity, and include:

- Preventing violence against women
- Enhancing sexual and reproductive health
- Promoting mental health and wellbeing.

This document is one of three WHE Priority Area Overview Documents. It was identified that, in addition to WHE Fact Sheets, Overview Documents would provide a useful resource for practitioners working in the health and community sector in the EMR. It is hoped that these documents will contribute towards an increased understanding of our three priority areas and to the gendered implications on health and wellbeing.

The key purpose of the Women’s Mental Health and Wellbeing Overview Document is to:

- Explore the gendered nature of mental health and wellbeing
- Provide a local context to mental health promotion
- Provide a user friendly overview of mental health and wellbeing including: the key determinants, local and regional statistics and the impact of mental health issues
- Promote an evidence based approach to mental health promotion.

This overview document examines the issues that surround women’s mental health and wellbeing, the broader social contexts that need to be considered and ways to address the promotion of mental health and wellbeing. There are also a number of appendices that are related to this document. These include descriptions of mental illnesses, special population groups, and risk and protective factors associated with women’s mental health and wellbeing.
1. Context and Definition

Mental health is a crucial dimension of health as it is a foundation for wellbeing and effective functioning for an individual and the community. Mental health encompasses more than the absence of mental illness and is strongly associated with physical health, behaviour and lifestyle choices which may be influenced by our environment (WHO 2005a). A woman’s mental health and wellbeing may be greatly affected by a combination of biological, social, psychological, environmental and economic factors (Commonwealth of Australia 2009b).

VicHealth (2005a) defines mental health as:

‘the embodiment of social, emotional and spiritual wellbeing. Mental health provides individuals with the vitality for active living, to achieve goals and interact with one another in ways that are respectful and just.’

Since 1993, the Australian Government has identified mental health and wellbeing as a National Health Priority Area (DHS 2006). Mental health and wellbeing is a matter of national importance; with research showing that almost 1 in 2 Australians (46%) has had a mental illness at some stage in their life (AIHW 2010a). Estimates from the World Health Organization (WHO) suggest that by the year 2030 depression will be an equal cause of death alongside heart disease and HIV/AIDS (Mathers & Loncar 2006). This may be due to other lifestyle behaviours, such as smoking, over-eating and high alcohol consumption, which may be coping mechanisms for depression, and have their own serious consequences (Pretty et al. 2005).

In Australia, around 43% of women (3.5 million) have experienced mental illness at some time in their lives (ABS 2007a). Some factors that impact on mental health may be experienced only by women. These factors include societal and cultural divisions of labour, maternity, social connectedness, depression or other psychological health issues and their causes, such as discrimination, violence and abuse (Women’s Health Victoria 2010b).

The most common diagnosis for women was an anxiety disorder followed by depression (Commonwealth of Australia 2010). Within Australia, the AIHW reported that mental illnesses are the largest single cause of disability, accounting for 24% of the burden of non-fatal disease (measured by total years of life lived with disability).

The economic cost of mental illness to the community is substantial; in 2007-08 the Government spent $4.63 billion on operating mental health care services (Department of Health & Ageing 2010).
1.1 The Eastern Metropolitan Region of Melbourne

The Eastern Metropolitan Region (EMR) of Melbourne comprises 7 municipalities: Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse and Yarra Ranges.

![Map of the Eastern Metropolitan Region of Melbourne](image)

The EMR population is 1,029,533 (ABS 2009a), of which 51.3% are female. Table 1 shows that more than half of the women in the EMR have reported a lifetime prevalence of a mental disorder. Lifetime prevalence is the number of people who, at some point in their life, have experienced a mental disorder. More than twice as many women than men in the EMR have reported a lifetime prevalence of affective or anxiety disorders (see Appendix 2 for descriptions of mental illnesses). Men have almost three times the level of substance use disorders.

<table>
<thead>
<tr>
<th>Lifetime mental disorders</th>
<th>Male '000s</th>
<th>Female '000s</th>
<th>Total '000s</th>
<th>Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affective Disorders</td>
<td>49.4</td>
<td>110.6</td>
<td>160.0</td>
<td></td>
</tr>
<tr>
<td>Anxiety Disorders</td>
<td>86.3</td>
<td>199.6</td>
<td>285.9</td>
<td></td>
</tr>
<tr>
<td>Substance Use Disorders</td>
<td>152.4</td>
<td>55.1</td>
<td>207.6</td>
<td></td>
</tr>
<tr>
<td>Any lifetime mental disorder</td>
<td>(48%)</td>
<td>(50%)</td>
<td>464.2</td>
<td>Female (43%)</td>
</tr>
<tr>
<td>No lifetime mental disorder</td>
<td>232.3</td>
<td>247.1</td>
<td>479.3</td>
<td></td>
</tr>
<tr>
<td>Total persons aged 16–85</td>
<td>447.8</td>
<td>495.8</td>
<td>943.6</td>
<td></td>
</tr>
</tbody>
</table>

Table 1: Lifetime prevalence of mental disorder(s) by sex for the EMR (ABS 2007a).
In the EMR, there are approximately 7,700 people who are registered with a clinical mental health service. There are 2,340 people accessing community managed mental health services in the EMR (Department of Health 2011).

A total of 3,507 women accessed mental health services in the EMR during 2008; 238 (7%) were from non-English speaking backgrounds and 744 (21%) were aged 0-24 years. These mental health services include acute settings as well as community-based services encompassing the three tiers of mental healthcare - child and adolescent, adult and aged (Women’s Health Victoria 2007).

Identified barriers to accessing services in the EMR exist due to:

- The ‘gap’ cost between Medicare funding and the cost of services from private psychologists and psychiatrists
- Difficulty finding available professionals particularly in the Outer East.

Accessing specialist services is also challenging due to difficulty accessing clinical mental health services for certain diagnoses such as personality disorders or eating disorders (Department of Health 2011).
1.2 Social Determinants of Health

Illness and disease are not exclusively the result of biomedical, behavioural and environmental factors; they have a correlative relationship with socioeconomic and political conditions (Maslan 2008). While certain biomedical factors have been identified as increasing the risk of illness and mortality, the causes of these biomedical factors are socially determined; that is, there are ‘causes of the causes’ (Maslan 2008). Health is determined by a broad range of social, cultural, environmental and economic factors, as well as the genetic and biological factors that are generally thought to cause good and ill health.

The social determinants of health are the surroundings in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices (WHO 2000). While individual behaviours do play a role in health and wellbeing, they are carried out in the context of a broader environment where social, economic and physical conditions can work to provide support or barriers to health and wellbeing (VicHealth 2007b).

The social model of health is a framework for thinking about health. Within this framework, improvements in health and wellbeing are achieved by addressing the social and environmental determinants of health, in tandem with biological and medical factors (DHS 2003). Addressing these social determinants is a fundamental step towards reducing health inequalities (Commonwealth of Australia 2010).

Figure 2. Determinants of Health
Source: Dahlgren & Whitehead 1991
1.3 Mental Health and Wellbeing within a Social Model of Health

It is important to view the health and wellbeing of women within a social model of health, where the social context of a woman’s life is of equal importance to all other dimensions of health (WHIN 2004). The social model of health acknowledges the many social determinants of health and the complex ways that the context of a woman’s life—including her gender, age, socioeconomic status, ethnicity, sexuality, disability and geography—may be associated with health outcomes; access to health care; experiences of health, wellbeing and illness (Commonwealth of Australia 2010).

This approach recognises that some groups in society have a reduced chance of achieving their full health potential as a result of their life circumstances – including political, social, economic and environmental conditions (Victorian Government 2011). Sex and gender interact with other social factors to influence health and wellbeing. These include:

- Socio-economic status
- Aboriginality
- Age
- Disability
- Cultural and linguistic diversity
- Geographic location
- Sexual diversity (DHS 2008b).

Social issues, such as poverty and inadequate housing, have been highlighted as major contributors to mental health issues (Department of Health 2010). Women’s mental health and wellbeing needs to be viewed within the context of lower incomes, power in relationships, status in the workplace, greater caring responsibilities and experiences of harassment, violence and discrimination.

A strong association has been found between poorer mental health and poorer socioeconomic conditions, particularly in terms of education and employment among middle-aged Australian women (Commonwealth of Australia 2010). Also in young women, depressive symptoms have been found to be related to low income, low educational qualification and a history of unemployment (Commonwealth of Australia 2010).

Higher prevalence of mental illness has been found to be associated with:

- Unemployment
- Single parent families
- Single relationship status
- Homelessness
- Incarceration
- Social isolation (limited contact with friends / social support)
- Smoking
• Drug use
• Psychological distress
• Suicidal thoughts
• Disability (ABS 2008a).

A range of social factors may contribute to women’s higher rates of anxiety and depression, all of which generally relate to gender, affecting women more than men (Commonwealth of Australia 2010). These include:

• Higher levels of socioeconomic disadvantage and poverty
• Lower income and lower participation in the paid workforce
• Higher exposure to discrimination and harassment, intimate partner and sexual violence
• The burden of caring responsibilities (Commonwealth of Australia 2010).
1.4 A Gendered Approach

**Sex** - The biological and physiological characteristics that define men and women (World Health Organization 2009). For example, women can menstruate while men cannot.

**Gender** - The socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for men and women (World Health Organization 2009). For example, women earn significantly less money than men in Victoria (Women’s Health Victoria 2006).

Aspects of sex will not vary substantially between different societies, while aspects of gender may vary greatly.

The World Health Organization has identified gender as a determinant of health. They note that the mental health disorders of childhood tend to be more common in boys than girls, but that as they get older, women are more likely to suffer poorer mental health, particularly depression, than men (World Health Organization 2005).

In Victoria, women account for just over half of the population with more than 2.7 million women residing in the State (Department of Health 2010). By having an improved understanding of how gender affects health, improved outcomes for women’s health and wellbeing may be achievable (Department of Health 2010).

Taking a gendered approach to health and wellbeing recognises that women have unique health risks, needs, attitudes and behaviours which differ from men. These may be due to biological, social, economic and psychological differences. A gendered approach assists in understanding the differences between factors affecting women’s and men’s health. A gendered approach also assists in designing suitable health promotion strategies to improve the mental health and wellbeing of Victorian women (Department of Health 2010).

Examining and focusing on women’s health is important as women’s needs are different from men’s. Examples include:

- Women are disproportionately affected by mental illness, and mental illnesses have been estimated to represent the highest burden of illness for adult women in Australia (Commonwealth of Australia 2010).
- Women have different experiences while growing up and as adults. Studies have found that women are twice as likely to experience depression compared with men. Depression may also reoccur therefore a woman may be affected at a number of different times in her life (Astbury & Cabrel 2000).
• Biological factors can influence health and wellbeing outcomes.
• Factors related to gender may affect treatment choices. There are important differences in the types of mental illness affecting women and men, as well as the medications that are prescribed and the reactions to these medications (WHV 2010).
• Women’s mental health and wellbeing is adversely affected by gendered divisions of labour in the economy, the home and the community, and gender based expectations about roles, responsibilities and power relations (Bishop 2002). Women face many challenges in everyday life relating to their roles in the workplace, within their family and among their friends; such social requirements and expectations may result in a woman feeling unexpected pressure which may impact on her mental and emotional health and wellbeing (WHIN 2004).
• Around 12% of women have been diagnosed with mental health issues, however over 20% report symptoms of poor mental health and wellbeing (Women’s Health Australia 2005).
• Women are the majority of carers for people who are both well and unwell.
• Women in the metropolitan area of Melbourne have been found to have higher rates of moderate, high and very high levels of psychological distress (VicHealth 2009).

It is important to note that it is not a competition between women’s and men’s health, it is about recognising the differences. Viewing mental health and wellbeing through a gender lens reveals differences in the prevalence and course of mental illness for women, and differences in the impact of social factors in the causation of illness in women and men. A gendered approach allows identification of health needs and priorities unique to women; it leads to a better understanding of the causes of ill-health for women; which results in more effective interventions to improve health and the achievement of equity in health and health care (WHV 2006a). For these reasons, women’s mental health and wellbeing continues to be a key priority.
1.5 Why is Mental Health and Wellbeing a National Priority?

In Australia, more disability, dependence and time out of the workforce may be attributed to mental illness than any other health issue (Astbury 2001). Mental health is associated with increased exposure to health risk factors, poorer physical health, and higher rates of death from many causes including suicide (AIHW 2011). Mental health issues are responsible for a large proportion of disability cases, incur high direct and indirect costs, result in high numbers of hospitalisations, and impose a heavy burden of human suffering, including stigmatisation of people with mental disorders and their families (AIHW 2011).

One in five adults, 1 in 4 young people and 1 in 3 young women aged 16-24 years experience mental illness each year (ABS 2007a). Findings from the 2007 National Survey of Mental Health and Wellbeing found that almost half of the total population experienced a mental illness at some point in their lifetime. These included mood disorders (such as depression), anxiety disorders and substance use disorders. The annual cost of mental illness in Australia has been estimated at $20 billion, which includes the cost of lost productivity and labour force participation (COAG 2006).

Although physical health may deteriorate as a person ages, mental health does not follow the same pattern. The percentage of people rating their mental health and wellbeing as fair or poor tends to remain fairly constant as a person ages (AIHW 2010b). In recognition of these and other concerning statistics, the Federal Government decided to focus on mental health as a National Health Priority Area (NHPA). The initial focus of the NHPA initiative in mental health is upon depression, which 1 in 4 women and 1 in 6 men will experience at some stage in their life (VicHealth 1999).
1.6 Why Focus on Women’s Mental Health and Wellbeing?

Findings show that among diverse societies and social contexts, symptoms of depression and anxiety, psychiatric disorders and psychological distress are more prevalent among women than men (Taft 2003). Gender roles and the social context of women’s lives influence their mental health and wellbeing, making their mental health needs unique from those of men’s. The mental health and wellbeing of women is a priority because:

- Mental illness is responsible for approximately 15% of the total disease burden in Victorian women (AIHW 2008). It has also been estimated to represent the highest burden of illness for adult women in Australia (Commonwealth of Australia 2010).
- Among Victorian women aged 35-64 years, depression is the second leading cause of morbidity (Department of Health 2010).
- Almost 1 in 10 Victorian women will seek professional help for a mental health related problem (AIHW 2008).
- In Australia, 1 in 4 women and 1 in 6 men will experience depression at some stage in their life (VicHealth 1999).
- Women are more likely to suffer with more than one mental illness at a time (comorbidity), which is linked to increased severity of mental illness and increased disability (Astbury 2001).
- Mental health is intrinsically linked to physical health (VicHealth 2005a). For example, depression is one of the leading causes of disability in Victorian women and is associated with cardiovascular disease and stroke (DHS 2008a).

Table 1 highlights the significance of mental illness and its impact on the health and wellbeing of Victorian women, specifically among the 15-34 years and 35-54 years age groups.

<table>
<thead>
<tr>
<th>Age groups</th>
<th>Burden of disease (DALY) (2001)</th>
<th>Avoidable mortality (2002-06)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-34</td>
<td>Depression</td>
<td>Suicide</td>
</tr>
<tr>
<td></td>
<td>Generalized anxiety disorder</td>
<td>Road traffic injury</td>
</tr>
<tr>
<td></td>
<td>Asthma</td>
<td>Poisoning</td>
</tr>
<tr>
<td>35-54</td>
<td>Depression</td>
<td>Breast cancer</td>
</tr>
<tr>
<td></td>
<td>Breast cancer</td>
<td>Suicide</td>
</tr>
<tr>
<td></td>
<td>Diabetes (type 2)</td>
<td>Lung cancer</td>
</tr>
<tr>
<td>54-74</td>
<td>Ischaemic (coronary) heart disease</td>
<td>Ischaemic (coronary) heart disease</td>
</tr>
<tr>
<td></td>
<td>Stroke</td>
<td>Lung cancer</td>
</tr>
<tr>
<td></td>
<td>Breast cancer</td>
<td>Breast cancer</td>
</tr>
<tr>
<td>75+</td>
<td>Ischaemic heart disease</td>
<td>na¹⁹</td>
</tr>
<tr>
<td></td>
<td>Alzheimer’s and other dementias</td>
<td>na</td>
</tr>
<tr>
<td></td>
<td>Stroke</td>
<td>na</td>
</tr>
</tbody>
</table>

Table 1: Top three causes that contribute to the burden of disease for Victorian women by age group (Department of Health 2010 p18).
Improving the mental health and wellbeing of women also enhances many other aspects of their lives. Each woman’s mental health and wellbeing is influenced by unique factors and experiences, social interactions, social structures, resources and cultural values. Mental health and wellbeing is affected by everyday life, family, school, work and community (WHO 2005a).

For descriptions of the different types of mental illness, see Appendix 2.
2. THE RISK AND PROTECTIVE FACTORS

A woman’s health and wellbeing is determined by the natural, human made and social environments (such as families, social networks and associations) (AIHW 2005). The causes of mental illness are not clear, but a range of risk and protective factors are thought to influence mental health and wellbeing. These factors may be individual (specific to the woman), contextual (a product of her environment), or the result of the interaction between a woman and her environment (AIHW 2007). It is imperative to address the determinants of poor mental health and wellbeing in order to prevent the onset of mental illness.

Table 2 outlines a number of risk and protective factors across individual, social and structural levels.

2.1 Protective Factors

Protective factors reduce the likelihood that an illness may develop. They provide women with resilience when faced with adversity and work towards reducing the impact of stress and symptoms on a woman’s social and emotional wellbeing (Guthrie 2005).

There are many protective factors that may moderate the effect of risk factors and minimise the likelihood that women will experience mental health and wellbeing issues, mental illness or engage in suicidal behaviour. Like risk factors, protective factors can be short term or long term, rest with the individual or the community, and vary across the lifespan (Commonwealth of Australia 2009c).

Some of the environmental and social protective factors that are important for maintaining mental health include:

- Good interpersonal relationships (e.g. having a supportive relationship with at least one person or, in the case of a child, with at least one parent; having good perceived social support)
- Family cohesion (e.g. good parent-child, inter-sibling and parent-parent relationships)
- Social connectedness (e.g. having friends and spending time with them)
- Academic and/or sporting achievements (AIHW 1998).
Some of the biological and psychological protective factors for maintaining mental health include:

- An easy-going temperament
- Optimistic thought patterns/ positive attitude
- An effective coping skills repertoire (e.g. having social skills and problem-solving skills) (AIHW 1998).

<table>
<thead>
<tr>
<th></th>
<th>Risk factors</th>
<th>Protective factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Low self esteem</td>
<td>Positive sense of self</td>
</tr>
<tr>
<td></td>
<td>Low self efficacy</td>
<td>Good coping skills</td>
</tr>
<tr>
<td></td>
<td>Poor coping skills</td>
<td>Attachment to family</td>
</tr>
<tr>
<td></td>
<td>Insecure attachment in childhood</td>
<td>Social skills</td>
</tr>
<tr>
<td></td>
<td>Physical and intellectual disabilities</td>
<td>Good physical health</td>
</tr>
<tr>
<td>Social level</td>
<td>Abuse and violence</td>
<td>Positive experience of early attachment</td>
</tr>
<tr>
<td></td>
<td>Separation and loss</td>
<td>Supportive caring parents/family</td>
</tr>
<tr>
<td></td>
<td>Peer rejection</td>
<td>Good communication skills</td>
</tr>
<tr>
<td></td>
<td>Social isolation</td>
<td>Supportive social relationships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sense of social belonging</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community participation</td>
</tr>
<tr>
<td>Structural level</td>
<td>Neighbourhood violence and crime</td>
<td>Safe and secure living environment</td>
</tr>
<tr>
<td></td>
<td>Poverty</td>
<td>Economic security</td>
</tr>
<tr>
<td></td>
<td>Unemployment/economic insecurity</td>
<td>Employment</td>
</tr>
<tr>
<td></td>
<td>Homelessness</td>
<td>Positive educational experiences</td>
</tr>
<tr>
<td></td>
<td>School failure</td>
<td>Access to support services</td>
</tr>
<tr>
<td></td>
<td>Social or cultural discrimination</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lack of support services</td>
<td></td>
</tr>
</tbody>
</table>

Table 2: Risk and Protective Factors - Individual, Social and Structural Levels (Barry & Jenkins 2007)

For more information, please see Appendix 1: Risk and Protective Factors
2.2 Risk Factors

Risk factors increase the likelihood that a mental illness will develop and exacerbate the burden of an existing issue. These factors highlight a woman’s vulnerability and may include genetic, biological, behavioural, socio-cultural and demographic characteristics. Risk factors may occur at a range of levels – individual, family, school, and community (Guthrie 2005) and contribute to over 30% of Australia’s total burden of death, disease and disability (AIHW 2010a).

There are multiple risk factors for mental health issues and mental illness. Some risk factors may act as immediate precursors affecting the development of a mental illness. These may include:

- Bereavement
- Relationship breakdown
- Removal from family and social supports
- Being in a carer role
- Unemployment
- Other major life events.

Other risk factors may be longer term and include biological predisposition and adverse childhood events, including deprivation and abuse. Some risk factors are linked to the individual, such as drug and alcohol use and physical health problems; others occur at a community level and include social exclusion, discrimination and bullying (Commonwealth of Australia 2009c).

Certain life stages render women particularly vulnerable to mental health issues (e.g. childhood, adolescence and older age) (Commonwealth of Australia 2009c). Women are exposed to a greater range of specific risk factors that may increase the risk of poor mental health and wellbeing (Astbury 2001). Gender disadvantage and exposure to intimate-partner violence are key risk factors for the development of mental health and wellbeing issues in women (Patel, Kirkwood & Pednekar 2006).
2.3 Violence Against Women
Women’s Health East believes it is important to highlight the strong links between poor mental health and violence against women. One in three Australian women will experience physical violence and almost one in five women will experience sexual violence in her lifetime, with most violence taking place in the home (Commonwealth of Australia 2010).

VicHealth identified that intimate partner violence is the greatest cause of women’s poor mental health and wellbeing (WHV 2009). Women who have been exposed to violence have a greater risk of developing a range of mental health issues, including anxiety, depression and phobias (VicHealth 2008). The psychological effects of violence can be equally, if not more detrimental than the physical effects, with depression being one of the most common results. Violence has a profound impact on women’s mental health and wellbeing, depriving some women of a sense of control over their lives (WHV 2009).

For more information on violence against women as a risk factor for poor mental health and wellbeing, see Appendix 1 and Women’s Health East’s Prevention of Violence against Women Overview document (2011).
This chapter outlines current national and state policies and plans that have been developed and implemented to address mental health and wellbeing. Policies that are developed and introduced by governments play a large role in influencing the focus and funding that can be given to a priority area. A number of current federal and state policies and plans which have been developed to address mental health and wellbeing are listed and several of them are described in more detail below.

**Federal**

- National Mental Health Policy 2008
- Fourth National Mental Health Plan 2009 – 2014
- National Women’s Health Policy 2010
  (Priority Area #2 – Mental Health and Wellbeing - targeting anxiety, depression and suicide)

**State**

- Because Mental Health Matters 2009 - 2019
- Victorian Women’s Health and Wellbeing Strategy 2010-2014
  (Priority Area 2 – Enhance Mental Health and Reduce Poor Mental Health)
- The Victorian Public Health and Wellbeing Plan 2011-2015
- Women’s Health Association of Victoria 10 Point Plan 2010 - 2014
- Victorian Aboriginal Suicide Prevention and Response Action Plan 2010-2015

*NB: Victorian State policies cited above are currently under review due to a change in government. This document will be reviewed once state policies are confirmed.*
The National Mental Health Policy 2008 provides an overarching vision for a mental health system that enables recovery, prevention and detection of mental illness, and ensures that all Australians with a mental illness can access effective and appropriate treatment and community support to enable them to participate fully in the community.

The Fourth National Mental Health Plan 2009-2014 further guides mental health reform outlined in the Government’s Mental Health Policy and identifies key actions for progress towards fulfilling the vision of the policy. It suggests a whole-of-government approach and acknowledges that many of the determinants of good mental health, and mental illness, are influenced by factors beyond the health system. It also has a strong focus on social inclusion.

Because Mental Health Matters: Victorian Mental Health Reform Strategy 2009-2019 identified promoting mental health and wellbeing as a distinct priority reform. The Strategy articulates that by 2019 Victoria wants to be recognised as a world leader in mental health promotion.

Reform area 1 of the strategy identifies the goals for promoting mental health and wellbeing and preventing mental health problems by addressing risk and protective factors. The four goals are:

1. Lead an organised and collaborative effort to promote positive mental health in targeted community settings
2. Promote a socially inclusive society to strengthen recognised protective factors for mental wellbeing
3. Renew Victoria’s suicide prevention focus through a wide range of government programs
4. Reduce the risk factors for mental health problems associated with substance misuse.

Flagship mental health promotion actions include:

- Developing a framework for mental health promoting schools and early childhood and care settings, Promoting Healthy Minds for Living and Learning
- Supporting workplaces to promote mental health and wellbeing
- Strengthening capacity to deliver mental health promotion across a range of community settings
- Improving coordination and delivery of mental health promotion throughout regional and local settings, supported by partnerships promoting mental health and the online network
- Encouraging statewide policies to identify opportunities to promote social inclusion and recognise the other risk and protective factors for mental health through ‘Using policy to promote mental health and wellbeing: an introduction for policy makers’.
• Promoting acceptance of diversity as a protective factor for good mental health through 'Building on our strengths: A framework to reduce race-based discrimination and support diversity in Victoria'.

• Preventing violence as a protective factor for good mental health through 'Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria'.

The Victorian Public Health and Wellbeing Plan 2011-2015 identifies public health priorities for the State. Chapter 7 of the plan, Keep People Well, highlights priority issues for promoting the health of Victorians. This includes key opportunities for progress in mental health promotion over the next four years:

• Strengthening protective factors and reducing risk factors for mental health through a collaborative approach to mental health promotion in key areas (this will include tackling stress in the workplace, preventing violence against women, and promoting acceptance of diversity and social inclusion to build resilient and connected communities)

• Targeting mental illness and suicide prevention measures to at-risk populations including Aboriginal Victorians, young Victorians and those with a low socioeconomic status

• Developing resources to support best practice mental health promotion in a range of key settings including local communities, workplaces and early childhood services and schools.

• Supporting Victorians to maintain good mental health through increasing understanding of the actions individuals and communities can undertake to protect their mental health and build resilience

• Develop a suicide prevention strategy for Victoria in collaboration with communities, local government and NGOs, including investment in a gay, lesbian, bisexual, transgender and intersex youth suicide prevention initiative (Department of Health 2011).

Women’s Health Association of Victoria 10 Point Plan 2010 – 2014 reiterates the call for a whole of Victorian government strategy and action plan for improving women’s health. It aims to build on current and emerging state and national women’s health policies. The Plan recommends 10 points for Victorian government action for 2010 to 2014, with an emphasis on measurable, transparent outcomes. Priority areas for action are: women in a changing society; sexual and reproductive health; prevention of violence against women; mental wellbeing and social connectedness.
3.1 Australia’s Health System - Addressing Mental Health Issues

Australia’s health system is focused on treating illness as opposed to promoting wellness; and traditionally, the focus of Australian mental health services has been on treatment of people with mental ill health rather than providing specialist education and preventive strategies addressing mental health and wellbeing by targeting at-risk populations (refer to Chapter 4) (Raphael 2000; Commonwealth of Australia 2009a).

In 2007–08, just over 2% of the total health expenditure in Australia was for preventive services or health promotion (AIHW 2010a). During 2006-07 Australia spent $94 billion on health; however the proportion of money allocated towards preventing illness was less than 2% (AIHW 2008).

The personal, social and financial costs associated with mental illness are substantial and unlikely to be reduced solely by treatment interventions. Integrated, whole of government strategies are needed that embrace both prevention and treatment concepts (Department of Health & Ageing 2010). The actions that promote mental health and wellbeing are integral to the prevention of mental illness (WHO 2005a).

It is recommended that the health system, and specifically the mental health system, transforms from the existing service delivery approach focused on responding to episodes of mental illness, to a system of care that is focused on prevention and early intervention that meets the holistic and long-term needs of its consumers (Mendoza & Rosenberg 2010). A balance of community-based and hospital-based services has been shown to be the most effective form of comprehensive mental health promotion (Saxena et al. 2007).

For more information on effective mental health promotion, see Chapter 4.
4. **Effective Mental Health Promotion**

“Mental health promotion takes action to ensure that social conditions and factors create positive environments for the good mental health and wellbeing of populations, communities and individuals. Mental health promotion requires action to influence the determinants of mental health and address inequities through the implementation of effective multi-level interventions across a wide number of sectors, policies, programs, settings and environments” (Keleher & Armstrong 2005).

The focus of mental health promotion is to enable people to maximise their wellbeing through influencing the social determinants of mental health. When people’s social environments promote good mental health and avoid harm, improvements in their health, quality of life, resilience, social and economic participation and productivity are often observed (Department of Health 2011). Instead of taking mental illness as the starting point, a determinants approach to mental health promotion focuses on the behaviours and structures that can protect and enhance mental wellbeing and reduce the risk of developing a mental illness (Mental Health Association NSW 2009). The benefits of mental health promotion activities generalise to improvements in physical health as well as productivity in the school, home and workplace (Department of Health 2011).

There is much that policy makers and workers can do to actively promote mental health and wellbeing. Improvements in people’s quality of life are at the forefront of mental health promotion, with benefits being seen in both the community and at a societal level. Activities aiming to achieve these improvements need to influence the social, physical, economic, educational and cultural environments that underpin mental wellbeing. Ensuring that communities and populations have the opportunity for good mental health and wellbeing requires work across individual, community, organisational and societal levels (Keleher & Armstrong 2005). This area of work also involves action that consciously considers the values, systems, structures and processes that operate at all levels of society that promote or demote mental health and wellbeing (Keleher & Armstrong 2005).

In order to adopt a determinants approach to mental health promotion, VicHealth has identified the following as the key overarching social and economic determinants of mental health and wellbeing:

- Social Inclusion
- Freedom from Discrimination and Violence
- Access to Economic Resources (VicHealth 2005).
The VicHealth Framework (2005) identifies a number of elements within each of these key determinants which are outlined below. For more information on these three determinants, see the resources section at the end of this document.

### Key Social & Economic Determinants of Mental Health & Themes for Action

<table>
<thead>
<tr>
<th>Social Inclusion</th>
<th>Freedom from discrimination &amp; violence</th>
<th>Access to economic resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Supportive relationships</td>
<td>• Valuing of diversity</td>
<td>• Work</td>
</tr>
<tr>
<td>• Involvement in community &amp; group activities</td>
<td>• Physical security</td>
<td>• Education</td>
</tr>
<tr>
<td>• Civic engagement</td>
<td>• Self determination &amp; control of one’s life</td>
<td>• Housing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Money</td>
</tr>
</tbody>
</table>

*VicHealth 2005 Framework for the Promotion of Mental Health and Wellbeing*

As identified in the VicHealth Framework, there are distinct mid and long term outcomes from focusing work around the three key determinants of mental health and wellbeing:

### Intermediate Outcomes

<table>
<thead>
<tr>
<th>Individual</th>
<th>Organisational</th>
<th>Community</th>
<th>Societal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projects &amp; programs which facilitate:</td>
<td>Organisations which are:</td>
<td>Environments which:</td>
<td>A society with:</td>
</tr>
<tr>
<td>• Involvement in community &amp; group activities</td>
<td>• Inclusive, responsive, safe, supportive &amp; sustainable</td>
<td>• Are inclusive, responsive, safe, supportive &amp; sustainable</td>
<td>• Integrated, sustained &amp; supportive policy &amp; programs</td>
</tr>
<tr>
<td>• Access to supportive relationships</td>
<td>• Working in partnerships across sectors</td>
<td>• Value civic engagement</td>
<td>• Strong legislative platforms for mental health &amp; wellbeing</td>
</tr>
<tr>
<td>• Self esteem &amp; self efficacy</td>
<td>• Implementing evidence-informed approaches to their work</td>
<td>• Are cohesive</td>
<td>• Appropriate resource allocation</td>
</tr>
<tr>
<td>• Access to education &amp; employment</td>
<td></td>
<td>• Reflect awareness of mental health &amp; wellbeing issues</td>
<td>• Responsive &amp; inclusive governance structures</td>
</tr>
<tr>
<td>• Self determination &amp; control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mental health literacy</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*VicHealth 2005 Framework for the Promotion of Mental Health and Wellbeing*

### Long-term Benefits

- Increased sense of belonging
- Improved physical health
- Less stress, anxiety & depression
- Less substance misuse
- Enhanced skill levels
- Resources & activities integrated across organisations, sectors & settings
- Community valuing of diversity & actively disowning discrimination
- Less violence & crime
- Improved productivity
- Reduced social & health inequalities
- Improved quality of life & life expectancy

*VicHealth 2005 Framework for the Promotion of Mental Health and Wellbeing*
A focus on women’s health across the life span is important, particularly the emphasis on critical transition points such as puberty, pregnancy and the postnatal period, and menopause and older age. A life course approach is considered essential for preventative health (Commonwealth of Australia 2010). VicHealth has also identified priority populations, settings and actions for addressing the social and economic determinants of mental and physical health:

<table>
<thead>
<tr>
<th>POPULATIONS</th>
<th>SETTINGS</th>
<th>ACTIONS</th>
</tr>
</thead>
</table>
| Populations for mental health promotion include:  
  - children  
  - young people  
  - women and men  
  - older people  
  - Indigenous communities  
  - culturally diverse communities  
  - rural communities. | Mental health promotion occurs in ‘everyday’ contexts, including:  
  - housing  
  - community  
  - education  
  - workplaces  
  - sport and recreation  
  - health  
  - transport  
  - corporate  
  - public space  
  - arts  
  - local government  
  - justice  
  - technology. | Health promotion action areas include:  
  - direct participation programs  
  - organisational development (including workforce development)  
  - strengthening of communities and community environments  
  - legislative and policy reform  
  - communications and social marketing  
  - advocacy  
  - research, monitoring and evaluation  
  - promoting mental health literacy  
  - targeted skills and resilience building. |

People at most risk include: Indigenous people, people with mental illness, children and young people (including same sex attracted), people with disabilities, elderly people, homeless people, refugees and migrants, people in prison and those of low socioeconomic status.

The priority settings in the Victorian Mental Health Reform Strategy are schools and early childhood settings, workplaces and other community settings.

_VicHealth Participation for Health Framework 2009-2013_

For more information on women’s mental health and wellbeing at different stages throughout life, see Appendix 3: Special Population Groups
4.1 Addressing the Risk & Protective Factors

Mental health promotion should aim to minimise the risk factors and increase the protective factors that influence mental health and wellbeing (Department of Health 2011). Protective factors contribute to a person’s resilience in the face of adversity and moderate the impacts of stress on their social and emotional wellbeing, while risk factors increase the likelihood that a disorder will develop and can exacerbate the burden of existing disorders (Department of Health 2011).

Addressing the potentially modifiable determinants of mental health includes:

- Influencing the social and economic factors that determine mental health, such as income, social status, education, employment, working conditions, access to appropriate health services and the physical environment
- Strengthening the understanding and the skills of individuals in ways that support their efforts to achieve and maintain mental health (Department of Health 2011).

The Melbourne Charter for Promoting Mental Health and Preventing Behavioural Disorders (GCAPP 2008) identifies the following risk and protective factors for mental health and wellbeing. Table 3 is an extract from The Charter listing the risk and protective factors for mental health and wellbeing.

<table>
<thead>
<tr>
<th>PROTECTIVE FACTORS</th>
<th>RISK FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arts and cultural engagement</td>
<td>Alcohol and drugs: access and abuse</td>
</tr>
<tr>
<td>Childhood: positive early childhood experiences, maternal attachment</td>
<td>Disadvantage: social and economic</td>
</tr>
<tr>
<td>Cultural identity</td>
<td>Displacement: refugee and asylum-seeker status</td>
</tr>
<tr>
<td>Diversity: welcomed, shared, valued</td>
<td>Disability</td>
</tr>
<tr>
<td>Education: accessible</td>
<td>Discrimination and stigma</td>
</tr>
<tr>
<td>Environments: safe</td>
<td>Education: lack of access</td>
</tr>
<tr>
<td>Empathy</td>
<td>Environments: unsafe, overcrowded, poorly resourced</td>
</tr>
<tr>
<td>Empowerment and self determination</td>
<td>Family: fragmentation, dysfunction and child neglect, post-natal depression</td>
</tr>
<tr>
<td>Family: resilience, parenting competence, positive relationship with parents and/or other family members</td>
<td>Food: inadequate and inaccessible</td>
</tr>
<tr>
<td>Food: accessible, quality</td>
<td>Genetics</td>
</tr>
<tr>
<td>Housing: affordable, accessible</td>
<td>Homelessness</td>
</tr>
<tr>
<td>Income: safe, accessible employment and work conditions</td>
<td>Isolation and exclusion: social and geographic</td>
</tr>
<tr>
<td>Personal resilience and social skills</td>
<td>Natural and human-made disasters</td>
</tr>
<tr>
<td>Physical health</td>
<td>Peer rejection</td>
</tr>
<tr>
<td>Respect</td>
<td>Political repression</td>
</tr>
<tr>
<td>Social participation: supportive relationships, involvement in group and community activity and networks</td>
<td>Physical illness</td>
</tr>
<tr>
<td>Sport and recreation: participation and access</td>
<td>Physical inactivity</td>
</tr>
<tr>
<td>Transport: accessible and affordable</td>
<td>Poverty: social and economic</td>
</tr>
<tr>
<td>Services: accessible quality health and social services</td>
<td>Racism</td>
</tr>
<tr>
<td>Spirituality</td>
<td>Unemployment: poor employment conditions and insecure employment</td>
</tr>
<tr>
<td></td>
<td>Violence: interpersonal, intimate and collective; war and torture</td>
</tr>
<tr>
<td></td>
<td>Work: stress and strain</td>
</tr>
</tbody>
</table>

Table 3. Protective factors and risk factors for mental health and wellbeing
(The Melbourne Charter for Promoting Mental Health and Preventing Behavioural Disorders)
For more information on the risk and protective factors associated with women’s mental health and wellbeing, see Chapter 2 and Appendix 1: Risk and Protective Factors. Since many of the protective and risk factors for mental health and wellbeing are shared with other health issues, mental health can be directly or indirectly supported through a range of activity in other domains, such as sexual health, alcohol misuse, improving educational outcomes or preventing violence (Department of Health 2011).
5. Recommendations and Considerations

This overview has examined women’s mental health and wellbeing through a social model of health. The determinants of health relate to a woman’s individual health behaviour and lifestyle choices, as well as income, social status, education, employment, working conditions, access to appropriate health services and the physical environment (VicHealth 2005a). Evidence indicates the significant impact of social and economic factors on mental health and wellbeing (Wilkinson & Marmot 2003). Adopting a health promoting approach, such as raising awareness and providing education around the early signs of mental ill health, is advantageous to successfully address the modifiable determinants of health.

Mental health promotion involves actions taken to maximise the mental health and wellbeing of populations and individuals. It aims to optimise wellness through enabling each person to achieve their health potential through influencing environmental conditions (e.g. social, physical, economic, educational, cultural). It is a process which seeks to enhance the coping capacity of communities, families and individuals through power, knowledge, skills and appropriate resources (Guthrie 2005).

The benefits of using a mental health promotion approach assists in addressing the determinants of both physical and mental health. Evidence suggests that by reducing mental health issues resulting from social and economic disparities there are likely to be positive effects in areas such as alcohol and work performance, relationships, community safety, drug use, crime and educational achievement (Walker, Moodie & Herrman 2004; Walker et al. 2005).

Mental health promotion needs to occur within the health sector as well as corresponding sectors as there are multiple factors which influence the way people live, are educated and work. Success in improving mental health and wellbeing should occur through the involvement and support of the whole community as well as through the development of collaborative partnerships in the public, private and non-government sectors (Walker & Rowling 2002).

Based on the current understanding of women’s mental health and wellbeing, the following recommendations can be suggested:

- Adopt a social determinants approach which allows an examination of all factors relating to women’s mental health and wellbeing. The determinants that may be considered include gender, housing, education, health, justice and social disadvantage (WHO 2000; Guthrie 2005). It is crucial that women’s mental health and wellbeing is explored within a social model of health as it recognises that social, cultural, economic and political factors all equally impact on health outcomes (VHA 2009).
• Ensure an explicit consideration of diversity including gender, culture, ethnicity, age, disability and sexual orientation (DHS 2007).

• Adopt VicHealth’s framework for the promotion of mental health and wellbeing which focuses on the three key factors of:
  1. Social inclusion
  2. Freedom from discrimination and violence
  3. Access to economic resources (VicHealth 1999).

• Identify and invest in more sustainable ways of promoting mental health and wellbeing and preventing issues and illness before they occur (VicHealth 2005a). Prevention strategies aim to reduce the risk of the initial onset of a mental illness whereas treatment interventions aim to stop the progression of a condition or reduce its severity (Drug Info Clearinghouse 2007). Preventive strategies also need to address the barriers that limit empowerment and control over one’s own health (Commonwealth of Australia 2010).

• Work in collaboration across sectors to ensure an integrated approach to action (DHS 2007).

• Advocate for ongoing professional training around gender and cultural awareness (Commonwealth of Australia 2010).
6. Referrals & Resources for Mental Health and Wellbeing

This section includes a list of useful organisations and websites for support, awareness and education around mental health and wellbeing.

In an Emergency
In an emergency situation where a person is in immediate danger or at risk of harm, ring Emergency Services (000)

Help Lines

Lifeline
Phone: 13 11 14 (24 Hours)
Website: www.lifeline.org.au

Suicide Helpline (Victoria)
Phone: 1300 651 251 (24 Hours)
Website: www.suicideline.org.au

Suicide Call Back Service
Phone: 1300 659 467 (24 Hours)
Website: www.suicidecallbackservice.org.au

Kids Helpline (ages 5-25 years)
Phone: 1800 55 18 00 (24 Hours)
Website: www.kidshelp.com.au

Nurse On Call (Victoria)
Phone: 1300 60 60 24 (24 Hours)

SANE Australia
Phone: 1800 18 72 63
Website: www.sane.org

Beyondblue: the national depression initiative
Phone: 1300 22 46 36
Website: www.beyondblue.org.au
WIRE: Women’s Information and Referral Service  
Phone: 1300 134 130  
Website: [www.wire.org.au](http://www.wire.org.au)

Eating Disorders Victoria Helpline  
Phone: 1300 550 236 (9.30am-5pm Mon-Fri)  
Website: [www.eatingdisorders.org.au](http://www.eatingdisorders.org.au)

Women's Domestic Violence Crisis Service of Victoria  
Phone: 03 9373 0123 (24 Hours)  
Website: [www.wdvcs.org.au](http://www.wdvcs.org.au)

Just Ask – Rural Mental Health Information  
Phone: 1300 13 11 14

Assistance for Hearing Impairment  
Phone: 13 36 77

Translating and Interpreting Service  
Phone: 13 14 50

Government Resources

The Department of Human Services - Women  

Office of Women’s Policy  

The National Health and Medical Research Council  
Website: [www.nhmrc.gov.au](http://www.nhmrc.gov.au)

HealthInSite  
Website: [www.healthinsite.gov.au](http://www.healthinsite.gov.au)

Mental Health and Wellbeing: Australian Government Initiatives  
Website: [www.mentalhealth.gov.au](http://www.mentalhealth.gov.au)

Better Health Channel  
Website: [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

Youth Central
Website:  www.youthcentral.vic.gov.au

Australian Women’s Health Network
Website:  www.awhn.org.au

**Mental Health Services & Links**

**SANE Australia**
Phone: 1800 18 72 63
Website:  www.sane.org

**Beyondblue: the national depression initiative**
Phone: 1300 22 46 36
Website:  www.beyondblue.org.au

**Mental Health Foundation of Australia (Victoria)**
Website:  www.mentalhealthvic.org.au

**Mental Illness Fellowship of Australia**
Website:  www.mifa.org.au

**Victorian Mental Illness Awareness Council (VMIAC)**
Website:  www.vmiac.org.au

**Mental Health First Aid**
Website:  www.mhfa.com.au

**Lantern**
Website:  www.lantern.org.au

**MIND Australia**
Website:  www.mindaustralia.org.au

**One In Five**
Website:  www.oneinfive.com.au

**ARAFEMI**
Website:  www.arafemi.org.au

**Depression**

**Black Dog Institute**
Website:  www.blackdoginstitute.org.au
Youthbeyondblue
Website: [www.youthbeyondblue.com](http://www.youthbeyondblue.com)

Blueboard
Website: [www.blueboard.anu.edu.au](http://www.blueboard.anu.edu.au)

BluePages
Website: [http://bluepages.anu.edu.au](http://bluepages.anu.edu.au)

DepressionNet
Website: [www.depressionnet.org.au](http://www.depressionnet.org.au)

Depression Services
Website: [www.depressionservices.org.au](http://www.depressionservices.org.au)

**Anxiety**

Anxiety Online
Website: [www.anxietyonline.org.au](http://www.anxietyonline.org.au)

Reconnexion Victoria
Phone: 1300 273 266
Website: [www.reconnexion.org.au](http://www.reconnexion.org.au)

Anxiety Disorders Association of Victoria (ADAVIC)
Phone: 1300 273 266
Website: [www.adavic.org.au](http://www.adavic.org.au)

Anxiety Recovery Centre Victoria (ARCVic)
Phone: 1300 ANXIETY (1300 269 4389)
Website: [www.arcvic.com.au](http://www.arcvic.com.au)

Anxiety Treatment Australia
Website: [www.anxietyaustralia.com.au](http://www.anxietyaustralia.com.au)

**Eating Disorders**

The Butterfly Foundation
Phone: (03) 9822 5771
Website: [www.thebutterflyfoundation.org.au](http://www.thebutterflyfoundation.org.au)

Centre for Excellence in Eating Disorders (CEED)
Website: [www.ceed.org.au](http://www.ceed.org.au)
Eating Disorders Victoria
Phone: 1300 550 236
Website: www.eatingdisorders.org.au

Body Image
Mirror Mirror
Website: www.mirrormirror.com.au

Body Image
Website: www.youth.gov.au/bodyImage

Bipolar Disorder
Bipolar Disorder
Website: www.bipolar.com.au

Mood Swings
Website: www.moodswings.net.au

Self-Harm
To Write Love on Her Arms
Website: www.twloha.com.au

Schizophrenia
Schizophrenia Research Institute
Website: www.schizophreniaresearch.org.au

Borderline Personality Disorder
Spectrum
Phone: (03) 9871 3900
Website: www.spectrumbpd.com.au

The Shack
Website: www.mjtacc.com/

Suicide Prevention and Suicide Bereavement
LIFE: Living Is For Everyone
Website: www.livingisforeveryone.com.au

Suicide Prevention Australia
Website: www.suicidepreventionaust.org/Home.aspx
Australian Institute for Suicide Research and Prevention (AISRAP)
Website: http://suicidepreventionaust.org/

Compassionate Friends Victoria
Phone: 1800 641 091
Email: www.compassionatefriendsvictoria.org.au

Hope for Life
Phone: 1300 467 354
Website: http://suicideprevention.salvos.org.au

Carers
Carers Australia
Phone: 1800 242 636
Website: www.carersaustralia.com.au

Victorian Mental Health Carers Network
Phone: (03) 8803 5555
Website: www.carersnetwork.org.au

Carers Victoria
Website: www.carersvic.org.au

Young Carers Australia
Website: www.youngcarers.net.au

Bipolar Caregivers
Website: www.bipolarcaregivers.org

Respite Seeker
Website: www.respiteseeker.com.au

Relationships/ Sexuality
Likeitis
Website: www.likeitis.org.au/sexuality/helplines

Relationships Australia
Phone: 1300 364 277
Website: www.relationships.com.au

National LGBT Health Alliance Australia
Website: www.lgbthealth.org.au
**Youth**

Headspace  
Website: www.headspace.org.au

Reach Out!  
Website: http://au.reachout.com

Orygen Youth Health  
Website: http://oyh.org.au

Somazone  
Website: www.somazone.com.au

It’s Alright  
Website: www.itsallright.org

E-Couch  
Website: www.ecouch.anu.edu.au/welcome

Between the Lines  
Website: www.betweenthelines.net.au

Completely Gorgeous  
Website: www.completelygorgeous.com.au

What Works 4 U  
Website: www.whatworks4u.org

**Cultural Diversity**

Multicultural Mental Health Australia  
Website: www.mmha.org.au

Australian Indigenous HealthInfoNet  
Website: www.healthinfonet.ecu.edu.au

Victorian Transcultural Psychiatry Unit  
Website: www.vtpu.org.au

**Research / Reference**

Mental Health Research Institute of Victoria  
Website: www.mhri.edu.au
Australian Psychological Association
Website: www.psychology.org.au

The Australian Longitudinal Study on Women’s Health
Website: www.health.gov.au/internet/main/publishing.nsf/content/phd-women-longitudinal.htm

Centre for Mental Health Research
Website: http://cmhr.anu.edu.au

University of Melbourne Mental Health Wiki
Website: www.mentalhealthwiki.org

OnTrack
Website: www.ontrack.org.au

Mindframe
Website: www.mindframe-media.info/index.cfm

My Dr
Website: www.mydr.com.au/mental-health

Children with a Parent with a Mental Illness
Children of Parents with a Mental Illness (COPMI)
Website: www.copmi.net.au

National Network of Adult and Adolescent Children who have a Mentally Ill Parent (NNAAMI)
Website: www.nnaami.org

Supported Groups
GROW
Phone: 1800 558 628
Website: www.grow.net.au

Disability
Victorian Women with Disabilities Network
Website: www.wwda.org.au

ADEC – Action on Disability within Ethnic Communities
Phone: (03) 9480 1666
Website: www.adec.org.au
Post Natal Depression
Post and Antenatal Depression Association (PANDA)
Phone: 1300 726 306 (Mon-Fri 9am-7pm)
Website: www.panda.org.au
6.1 Helpful Documents

Women’s Health East Data Book for the Eastern Metropolitan Region
WHE Data Book – Up-to-date, sex-disaggregated data for the EMR. It serves as a resource for gender-specific population health and wellbeing planning in the region.

VicHealth Evidence-based Mental Health Promotion Resource
This resource presents an overview of national and international evidence on the promotion of mental health and wellbeing. The resource builds on the VicHealth Framework for the Promotion of Mental Health and Wellbeing; the resource assists with developing an understanding of mental health promotion.

VicHealth – Social Inclusion as a Determinant of Mental Health and Wellbeing
This fact sheet includes data relevant to the burden of disease associated with mental illness and mental health issues.

World Health Organization – Gender Disparities in Mental Health
This paper examines current evidence regarding rates, risk factors, correlates and consequences of gender disparities in mental health.

Women’s Health Research Network – Gendering the Health Determinants Framework
This document clarifies the concepts in the health determinants framework and examines its usefulness in understanding the health of a unique population group — girls and women.

Women’s Health Victoria Issues Paper - Women and Mental Health
This document was compiled by Women’s Health Victoria to explore the impact of the determinants of health on women’s mental health and wellbeing.
http://www.whv.org.au/publications-resources/issues-papers

Women’s Health Victoria Gender Impact Assessment – Women and Depression
The purpose of the Gender Impact Assessment is to inform and strengthen existing or proposed policies in order to neutralise any discriminatory effects, and to promote gender equality as an outcome. The document is a clear, concise tool that highlights gender differences and the absence of gender-responsive policy and practice.

10 Point Plan for Victorian Women’s Health 2010-2014
The plan outlines a vision for women’s health in Victoria over the next 5 years and reiterates a call for a whole of government strategy.


**Women’s Health East Fact Sheet**
This fact sheet is designed for people working in the health and community sector. It includes health and wellbeing information that is specific to women in the Eastern Metropolitan Region.


**Women’s Health East Overview of Women’s Sexual and Reproductive Health in the EMR**
This overview document was developed to assist health professionals and women within the EMR to recognise the significance of women’s sexual and reproductive health needs and to assist with building focus around the importance of sexual and reproductive health promotion.

http://www.whe.org.au

**Women’s Health East Overview of Prevention of Violence Against Women in the EMR**
This overview document was developed to assist health professionals and women within the EMR to recognise the significance of the prevention of violence against women and the impact of this issue on women’s health and wellbeing needs and to assist with building focus around the importance of prevention of violence against women occurring through health promotion.

http://www.whe.org.au
7. References


Australian Institute of Health and Welfare 2010b, Mental Health 2010, AIHW, Canberra.


Australian Institute of Health and Welfare 2010d, Mental Health Services in Australia 2007-08, AIHW, Canberra.


Australian Social Inclusion Board 2009, The Australian Public Service Social Inclusion policy design and delivery toolkit, Social Inclusion Unit, Department of the Prime Minister and Cabinet, Canberra.


Barry, M & Jenkins, R 2007, Implementing Mental Health Promotion, Elsevier, China.


Berry, J & Harrison, J 2007, Hospital separations due to injury and poisoning, Australia 2003-04, AIHW, Canberra.


beyondblue 2005, beyondblue submission to the senate select committee on mental health, beyondblue, Melbourne.


Department of Health and Ageing 2007c, *What is a personality disorder?*, Commonwealth of Australia, Canberra.


Graham, C 1994, *Certified truths: women who have been sexually assaulted – their experience of psychiatric services*, Southeast Centre Against Sexual Assault, Monash Medical Centre, Melbourne.


Guthrie, M 2005, Promotion, prevention and early intervention (PPEI) in relation to Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing, Indigenous Strategies Working Group.


Loxton, D, Schofield, M & Hussain, R 2006, ‘Psychological health in midlife among women who have ever lived with a violent partner or spouse’, *Journal of Interpersonal Violence*, vol. 21, no. 8, pp. 1092-107.


Office of Women’s Policy 2006, Respecting Diversity: Harmony in Practice: report from the Seventh Annual Premier’s Women’s Summit, Department for Victorian Communities, Melbourne.


Pitman, S 2004, Profile of Young Australians: Facts, Figures and Issues, Foundation for Young Australians, Melbourne.


Raphael B 2000, A population health model for the provision of mental health care, Commonwealth of Australia, Canberra.


and 13 648 controls from 52 countries (the INTERHEART study): case-control study', *The Lancet*, vol. 364, pp. 953–62.


SANE Australia 2009, ‘What gets you up in the morning?’, *Sane News*, vol. 52, Summer 2009, pp. 4-5.


VicHealth 2007a, Burden of disease due to mental illness and mental health problems: research summary 1, VicHealth, Melbourne.


Women’s Health Australia 2005, The Australian longitudinal study on women’s health: mental health, Universities of Newcastle and Queensland, Newcastle.

Women’s Health East (WHE) 2010, Data Book: Women in Melbourne’s East, WHE, Melbourne.

Women’s Health in the North (WHIN) 2004, Women’s Mental Health Literature Review and Needs Analysis, WHIN, Thornbury.

Women’s Health Victoria (WHV) 2003, Access to Women’s Health information – A Literature Review of Women as Information Seekers, WHV, Melbourne.

Women’s Health Victoria 2006a, Why Women’s Health: An Overview, WHV, Melbourne.

Women’s Health Victoria 2007, Mental Health: Gender Impact Assessment, WHV.


World Health Organisation 2005a, *Promoting Mental Health: concepts, emerging evidence, practice*, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne.


