



Women and Mental Health

Mental health is the embodiment of social and emotional wellbeing – not merely the absence of illness. Mental health and wellbeing is a dynamic state in which people are able to develop their potential, work productively and creatively, build positive and respectful relationships with others, and meaningfully contribute to the community.¹

Mental health and wellbeing is the outcome of a complex interaction between individual, psychological, social, economic and environmental factors. For women, rigid gender roles, and the material conditions or lived experiences resulting from these, are the most profound influence on their mental health outcomes. Gender determines the differential power and control men and women have over resources for good mental health. Women's social position, status and treatment in society are strongly related to their exposure to risk factors for poor mental health. Women are over-represented among those experiencing common mental health disorders such as depression, anxiety and somatic complaints.^{2,3}

Women's mental health status

Rigid gender roles and the social context of women's lives influence women's mental health outcomes. Women's mental health and wellbeing should be prioritised because:

- 1 in 5 Australian women will experience depression at some stage in their life.⁴
- Women are more likely to suffer from more than one mental illness at a time, which is linked to increased severity of mental illness and increased disability.⁵
- Mental health is intrinsically linked to physical health, e.g. depression is one of the leading causes of disability in Victorian women and is associated with cardiovascular disease and stroke.⁶
- In 2014/15, 13.8% of Australian women reported high or very high levels of psychological distress (men 9.8%).⁷
- In Australia, around 43% of women (3.5 million) have experienced mental illness at some time in their lives.⁸
- For Victorian women aged 35–64 years, depression is among the leading causes of morbidity.⁹
- Mental illness (particularly anxiety and depression) is the major cause of the disease burden among Australian women aged 15–44 years.¹⁰
- Australian women experience higher rates of anxiety disorders than men.⁸

Determinants of mental health and wellbeing and their impacts on women

There are three overarching social and economic determinants of mental health and wellbeing. Each influence women's mental health and wellbeing in distinct and unique ways.

Social inclusion encompasses the nature and number of a person's networks and social ties, their participation in community life, and their access to basic human entitlements. It includes supportive environments, involvement in community and group activities, and civic engagement.¹¹ For women, having a social support network can make them feel cared for, loved, esteemed and valued. It can help them find solutions to problems, validate experiences, and provide comfort when needed.^{11,12} Many factors compromise women's social connections including, but not limited to, perceptions of safety, geographical isolation, violence, living with a disability, and having primary care responsibilities of children and other family members.¹³

Freedom from discrimination and violence encompasses the valuing of diversity, having physical security, and having opportunities for self-determination and control over one's life. Discrimination is further defined as the process by which a member (or members) of social groups are treated differently (unfairly) because of their membership to that group.¹⁴ Higher levels of discrimination are associated with poorer mental health. For women, gender inequality is the necessary social context in which men's violence against women occurs. Intimate partner violence is more damaging to the health of Australian women aged 18–44 years than any other risk factor, with anxiety and depression making up 70% of the disease burden resulting from such violence.¹⁵ For more on violence against women, see Women's Health East's [website](#) (fact sheets series).

Access to economic resources includes access to and meaningful engagement with work, access to education, access to adequate housing and access to financial resources.¹⁶ People experiencing low socioeconomic status have limited access to these resources along with limited autonomy and control over life events – all of which are associated with increased risks of depression.¹⁶ Mental health outcomes are generally poorer among those with low education levels, low-status occupations and low incomes^{17,18,5} and among unemployed people or those with job insecurity.^{19,20} Being able to access adequate financial resources is a key contributor to psychological health.²¹ Australian working women continue to earn less than men, with the gender pay gap currently at 15.3%.²² For more on women and financial security, see Women's Health East's [website](#) (fact sheets series).

Addressing the social determinants

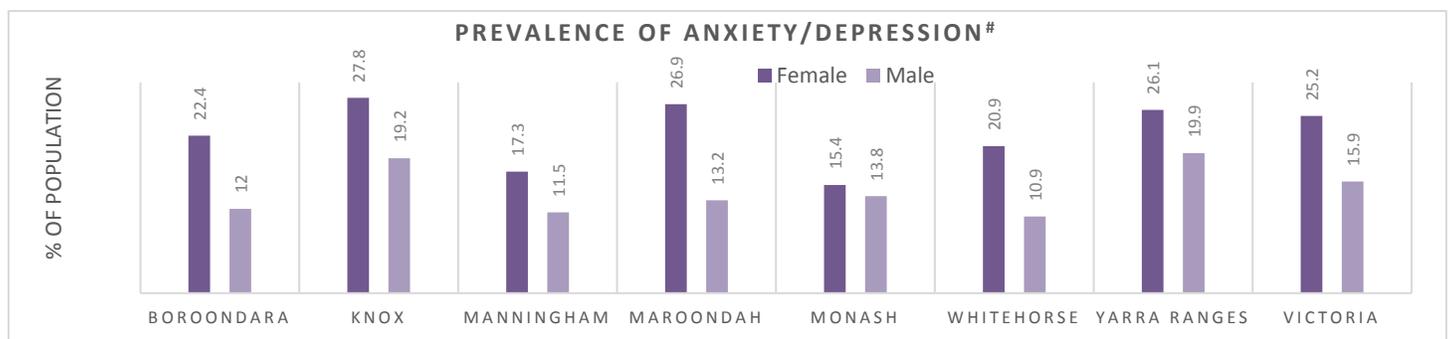
Recognising that almost half of the population will experience mental illness at some point in their life, governments and partners are taking an upstream approach to addressing mental health; for instance, by focusing on social inclusion and resilience for all members of the community.²³ The Victorian Government's *10-Year Mental Health Plan* states that universal education and healthcare, liveable cities, good jobs, safe communities, stable and affordable housing and healthy families are among the building blocks of mental health and wellbeing.²³

VicHealth's *Mental Wellbeing Strategy 2015–2019* focuses on improving the ability of young people to maintain their wellbeing in the face of serious adversity and significant social change, through strengthening positive social connections and networks, community cohesion, and respectful relationships.²⁴

The *Victorian Public Health and Wellbeing Plan 2015–2019* recognises opportunities for synergies across preventive strategies; for example, between mental health and alcohol and drug use; sexual health and mental health; alcohol and violence; and healthy eating and mental health.²⁵ In the Eastern Metropolitan Region (EMR), a similar approach is being taken, with an integrated mental health and alcohol and other drugs catchment plan focusing on four main priority areas that have significant impact or connection with mental illnesses and/or substance misuse: family violence, vulnerable children and families, Aboriginal and Torres Strait Islanders, and young people.²⁶

Eastern Metropolitan Region data

In the EMR, around 9,500 people are registered with a clinical mental health service and around 2,770 people are accessing community managed mental health services.²⁶ Women are more likely than men to have been diagnosed with anxiety and/or depression across all municipalities (the regional average is 22.4% for women, 14.4% for men).²⁷ Women are also more likely than men to report moderate, high and very high levels of psychological distress.²⁸



[#]Survey respondents were asked if they had ever been diagnosed with depression or anxiety by a doctor.

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