# **Gender, Disaster & Resilience: Towards a gender equal recovery**

# **Factsheet: Women’s mental health in the context of COVID 19**

COVID-19 is having significant impacts on women’s mental health, and that this is compounding existing mental health inequalities between women and men.

Women are experiencing higher levels of depression, anxiety and stress than men in response to the COVID-19

* 39% of females have moderate to severe levels of psychological distress compared to 31% of males
* 35% of females have moderate to severe levels of depression, compared to 19% of males
* 27% of females have moderate to severe levels of stress, compared to 10% of males
* Among young people aged 18-24, 37% of women in this age group report suicidal thoughts, compared to 17% of men.

During lockdown, women are significantly more likely than men to have felt:

* Nervous (40% compared with 30%)
* That everything was an effort (30% compared with 22%)
* Lonely (28% compared with 16%)

To cope, women were more likely than men to report:

* increased consumption of snack foods (27% compared with 18%)
* increased consumption of alcohol (18% compared with 11%),

**Reference:**

Australian Bureau of Statistics, [4940.0 - Household Impacts of COVID-19 Survey](https://www.abs.gov.au/ausstats/abs%40.nsf/mf/4940.0), **29 Apr - 4 May 2020**.

MAPrc online survey

The overrepresentation of women in casual and insecure employment means they are more likely to have lost their jobs.[[1]](#endnote-1) Women are also disproportionately on the frontline: the majority of health care workers, social assistance workers, teachers and retail workers are women – exposing them to the dual stressors of high-pressure work environments and potential infection – as are the majority of unpaid carers.

Women have taken on a greater share of additional care responsibilities for children, other family members and at-risk community members during self-isolation.[[2]](#endnote-2) It has been observed that women are carrying a ‘triple load’ during the crisis, which includes paid work, care work, and the mental labour of worrying.[[3]](#endnote-3)

Other forms of inequality and discrimination – in particular, racism, ageism and economic inequality – are compounding these mental health impacts for women. The frequency and severity of intimate partner violence also increases during and after emergencies,[[4]](#endnote-4) with confinement to the home creating additional risks.

All these factors lead to emotional, social and financial stress and anxiety, and can exacerbate existing mental health conditions, trigger new or recurring conditions, and impede recovery. At the same time, limited availability of gender-specific or gender-responsive services means women may not be able to access the support they need.

Some communities of women are at particular risk.

* **Women with pre-existing mental health conditions** experience barriers to accessing the appropriate medical and mental health care they need during the pandemic,[[5]](#endnote-5) resulting in decline, relapse or other adverse mental health outcomes. Support and advocacy services are reporting that women who had previously been able to manage their mental health issues with medication and psychiatric support are no longer coping. Some examples include:
	+ A major spike in demand for Australia’s only dual specialist clinic in women’s mental health at the Alfred Hospital – the service recorded 56 new referrals in one week in April, compared with an average of two new referrals per week, representing a 2800% increase in demand;
	+ Almost all callers to the Victorian Mental Illness Awareness Council’s advocacy line since COVID-19 restrictions began (the majority of whom are women) have disclosed suicidal ideation, which is extremely unusual and concerning.
* **Women experiencing family violence** There has been an increase in women presenting to mental health services who are at risk of or experiencing family violence, including a notable increase in extreme forms of abuse requiring emergency interventions involving police. There have also been reports in the community of women facing increased pressure regarding dowry payments which may put them at risk of violence. Family violence can have significant negative impacts on women’s mental health, including anxiety and depression, as well as alcohol and illicit drug use, and suicide.[[6]](#endnote-6)
* **Pregnant women and new mothers** have been presenting to mental health services with severe anxiety about potential harm to their baby.[[7]](#endnote-7) Many pregnant women and new mothers are isolated and lack support, both at home and in hospital, due to social distancing measures. The inability to draw on family and friends is leading to an increase in stress and anxiety, which may have profound short- and long-term mental health implications for women.[[8]](#endnote-8) Isolation and lack of support may be particularly acute for women with intersecting attributes of disadvantage.
* **International students and migrant and refugee women** are among those most severely impacted by the COVID-19 crisis. Many of these women are facing job loss and major financial stress, as well as isolation. While some international students may be eligible to access the one-off payment announced by the Victorian Government, they are not entitled to federal government COVID-19 income support payments and are not eligible for Medicare. Migrant and refugee women also have limited access to healthcare and income support. Blaming a foreign ‘other’ is a recurring narrative during pandemics,[[9]](#endnote-9) and there are increasing reports of people of Asian descent being subject to racist abuse during the COVID-19 pandemic in Australia.[[10]](#endnote-10) Exposure to racism is associated with poorer mental health outcomes.[[11]](#endnote-11) As frontline workers, particularly in health and retail, women of migrant and refugee backgrounds are particularly exposed to racist abuse and discrimination.
* **Older women** On top of fear and anxiety about contracting the virus, older women are more likely than older men to live alone or in residential care[[12]](#endnote-12) meaning they are more likely to be isolated due to social distancing measures. Some family violence response services have reported an increase in calls from older people experiencing violence, including from adult children who have returned to their parents’ home due to job loss. At the same time, we have seen a resurgence of deep-seated ageist attitudes.[[13]](#endnote-13) While there is a lack of data that is both age- and gender-disaggregated, the intersection of ageism and gender inequality is likely to put older women at increased risk of negative mental health outcomes during COVID-19.
* **Women facing other social and economic challenges** are atincreased risk of poverty and homelessness. The problem is so bad that some women fear sending their children to school in case child protection and other government services see they are ‘not coping’.

**Mental health carers**

Mental health carers – around two-thirds of whom are women[[14]](#endnote-14) – are under more pressure than ever.

Many support services are not providing face-to-face support during the pandemic, which is increasing the pressure on unpaid carers to provide additional emotional and practical caring supports, including managing the heightened anxiety of the family members and friends they support.

Mental health carers already experience lower levels of paid workforce participation.[[15]](#endnote-15) Yet despite the increase in care responsibilities and the additional impact this may have on their capacity for paid work, carers are not eligible to receive any COVID-related income support supplements.

There is a risk that these carers will develop their own mental health issues; 83.5% of callers to the Tandem Support and Referral line since the beginning of COVID restrictions are women, with many requiring additional carer supports and advocacy as well as requesting counselling support for themselves.

## **Recommendations for gender equal recovery and resilience**

* Endorse the GenVic Joint Statement on Gender Equality and COVID 19
* Apply a gender lens to the implementation of the Pandemic Response Plan, including collection of gender-disaggregated data and consideration of the specific mental health needs of women and girls
* Address the gendered drivers of mental ill-health, including the social and economic inequalities by:
	+ Retaining free child care
	+ Retaining the JobSeeker supplement and expanding the rate increase to other payment types including the Carer Payment
	+ Providing immediate financial support to international students and other women on temporary visas who are unable to access income support and/or Medicare
	+ Valuing the essential services provided by those working in the feminised health, social assistance and education sectors, including by increasing pay equity
	+ Addressing gender norms and practices that harm women’s mental health, for example rigid gender stereotypes that underpin the division of household labour and the undervaluing of unpaid care work
* Ensure the universal public health approach is gender-responsive, enabling women to access mental health information, online resources, helplines and support that best meet their needs, when and where they need it, including by resourcing both generalist mental health helplines and specialist agencies such as PANDA
* Ensure there is enough capacity within the mental health system to manage the anticipated surge in demand for mental health support among women and girls as restrictions ease
* Retain extension of the Medicare Benefits Schedule (MBS) to cover telehealth consultations for mental health and increase access and affordability by increasing the Medicare rebate, as well as providing a diversity of support options for those unable to use telehealth
* Expand the support available through Mental Health Treatment Plans under Medicare to address the anticipated increase in people needing support for mild to moderate mental health issues
* Support perinatal mental health by expanding access to appropriate, affordable support services for women during pregnancy and after a baby’s birth
* Create clear pathways to care for people with pre-existing mental health conditions who are not able to self-manage during the COVID-19 response and recovery, strengthening and making use of the full suite of outreach, community-based and home-based health and support options to prevent entry to acute care
* Continue to strengthen the prevention of and response to family violence and all forms of violence against women, in line with the recommendations of the Victorian Royal Commission into Family Violence, as well as ensuring the mental health workforce is equipped to respond to women who have experienced gendered violence;
* Provide specialised and targeted mental health support for those experiencing compound trauma from multiple emergencies/disasters, such as bushfire and drought
* Provide additional financial, practical and mental health support for carers
* Improve the NDIA’s understanding of – and capacity to respond to – the needs of women with psychosocial disabilities.

## **Resources**

**Information and support**

[Head to Health](https://headtohealth.gov.au/covid-19-support/covid-19) Australian Government COVID-19 mental health support information

[Mental health resources for coronavirus (COVID-19)](https://www.dhhs.vic.gov.au/mental-health-resources-coronavirus-covid-19) Victorian Government

[Coronavirus anxiety: Recognising the impact a pandemic can have on your mental health](https://www.abc.net.au/news/health/2020-03-30/coronavirus-anxiety-mental-health-pandemic/12098754) ABC Online 30/05/20

[Protecting Mental Health during the COVID-19 outbreak](http://maprc.org.au/covid19-mental-health) Monash Alfred Psychiatric Research Unit

[Handling the “disenfranchised grief” of COVID-19](https://www.openforum.com.au/handling-the-disenfranchised-grief-of-covid-19/) Open Forum 29/04/20

[Coronavirus isolation affects your brain — a neuroscientist explains how, and what to do about it](https://www.abc.net.au/news/health/2020-05-08/neuroscience-of-isolation-coronavirus-pandemic/12200144) ABC Online 08/05/20

[COVID-19: Tips & Advice for people with an eating disorder](https://thebutterflyfoundation.org.au/covid-19) Butterfly Foundation

[Managing emotional wellbeing for expecting and new parents affected by natural disasters, global crises or concerns for the future](https://www.panda.org.au/info-support/managing-emotional-wellbeing-in-expecting-and-new-parents-affected-by-natural-disasters-global-crises-or-concerns-for-the-future) PANDA

[How to support new parents during the coronavirus pandemic](https://www.abc.net.au/life/how-to-support-new-parents-during-the-coronavirus-pandemic/12171598) ABC Online 08/05/20

[Life in Mind](https://www.lifeinmindaustralia.com.au/support-for-those-impacted-by-adverse-events/mental-health-support-for-covid-19) – Links to a broad range of COVID-19 mental health supports

[COVID-19 information](https://thorneharbour.org/covid19/) Thorne Harbour Health

[Where to find support during lockdown](https://www.starobserver.com.au/news/where-to-find-support-during-lockdown/195028) Star Observer 07/05/20

**Helplines**

If you or anyone you know needs help, contact:

* Lifeline on 13 11 14
* Suicide Call Back Service on 1300 659 467
* Beyond Blue on 1300 224 636
* [Switchboard](http://www.switchboard.org.au/get-help/) (peer LGBTIQA+ phone support) on 1800 184 527
* [Carer Gateway](https://www.carergateway.gov.au/) (mental health support for carers)
* Tandem Carer Support & Referral Service 1800 314 325
* PANDA’s National Perinatal Anxiety & Depression Helpline 1300 726 306

**Further information**

[The Global Impact of COVID-19 on Mental Health Webinar Series (Ongoing)](https://rsph.anu.edu.au/news-events/events/global-impact-covid-19-mental-health-webinar-series-ongoing?utm_source=Mental%20Health%20Vic%20contact%20list&utm_campaign=06794015f0-EMAIL_CAMPAIGN_2018_02_05_COPY_01&utm_medium=email&utm_term=0_d3402983be-06794015f0-444252121) Australian National University, ongoing

[The psychological impact of quarantine and how to reduce it: rapid review of the evidence](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2820%2930460-8/fulltext) The Lancet 26/02/20

**These fact sheets were made by the Women’s Health Alliance, Victorian Women’s Health Services, Gender Equity Victoria (GEN VIC). Visit** [**www.genvic.org.au**](http://www.genvic.org.au)**.**

1. Australian Bureau of Statistics, [Jobs and Wages](https://www.abs.gov.au/ausstats/abs%40.nsf/Latestproducts/6160.0.55.001Main%20Features3Week%20ending%2018%20April%202020?opendocument&tabname=Summary&prodno=6160.0.55.001&issue=Week%20ending%2018%20April%202020&num=&view=) by Sex in  *6160.0.55.001 -* *Weekly Payroll Jobs and Wages in Australia, Week ending 18 April 2020*, 5 May 2020 [↑](#endnote-ref-1)
2. #  Workplace Gender Equality Agency (2020). [Gendered impact of COVID-19](https://www.wgea.gov.au/topics/gendered-impact-of-covid-19)

 [↑](#endnote-ref-2)
3. Chung H (2020). [Return of the 1950s housewife? How to stop coronavirus lockdown reinforcing sexist gender roles.](https://theconversation.com/return-of-the-1950s-housewife-how-to-stop-coronavirus-lockdown-reinforcing-sexist-gender-roles-134851) The Conversation. [↑](#endnote-ref-3)
4. [↑](#endnote-ref-4)
5. World Health Organisation (2019). [Mental health in emergencies factsheet](https://www.who.int/news-room/fact-sheets/detail/mental-health-inemergencies) [↑](#endnote-ref-5)
6. VicHealth (2017). [Violence against women in Australia: research summary](https://www.vichealth.vic.gov.au/media-and-resources/publications/violence-against-women-in-australia-research-summary). Victorian Health Promotion Foundation. Melbourne. An Australian study found that approximately 77% of women who have experienced three or four types of gender-based violence had anxiety disorders, 56% had Post-Traumatic Stress Disorder and 35% had made suicide attempts: Rees S, Silove D, Chey T, Ivancic L, Steel Z, Creamer M, Teesson M, Bryant R, McFarlane AC, Mills KL, Slade T (2011), ‘[Lifetime prevalence of gender-based violence in women and the relationship with mental disorders and psychosocial function’](https://www.ncbi.nlm.nih.gov/pubmed/21813429), JAMA, vol. 306, no. 5, pp. 513–521. [↑](#endnote-ref-6)
7. An Irish study assessing maternal anxiety due to COVID-19 found that there had been an increase in anxiety among the pregnant population during the pandemic: Corbett G, Milne S, Hehir M, Lindow S, O’Connell M (2020). [Health anxiety and behavioural changes of pregnant women during the COVID-19 pandemic](https://www.ejog.org/article/S0301-2115%2820%2930190-1/pdf), European Journal of Obstetrics & Gynecology and Reproductive Biology. [↑](#endnote-ref-7)
8. Gausman J and Langer A (2020). [Sex and Gender Disparities in the COVID-19 Pandemic](file:///C%3A%5CUsers%5Cmischa.barr%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CGBR6RFDA%5C.%20http%3A%5Cdoi.org%5C10.1089%5Cjwh.2020.8472). Journal of Women's Health. 465-466. [↑](#endnote-ref-8)
9. Logie C (2020). [Lessons learned from HIV can inform our approach to COVID‐19 stigma](https://onlinelibrary.wiley.com/doi/full/10.1002/jia2.25504). Journal of the International AIDS Society Volume 23, Issue 5. [↑](#endnote-ref-9)
10. [COVID-19 has prompted a spike in racist attacks. We need to start tracking them better](https://www.abc.net.au/news/2020-05-09/coronavirus-covid-19-racist-attacks-data-collection-strategy/12229162?nw=0) ABC Online 05 May 2020 [↑](#endnote-ref-10)
11. Paradies Y et al (2015). [Racism as a Determinant of Health: A Systematic Review and Meta-Analysis](https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0138511) PLOS One. [↑](#endnote-ref-11)
12. Women's Health Victoria (2017). [Spotlight on older women's health and wellbeing](https://whv.org.au/resources/whv-publications/spotlight-older-womens-health-and-wellbeing). [↑](#endnote-ref-12)
13. Brooke J and Jackson D (2020). [Older people and COVID‐19: Isolation, risk and ageism](https://onlinelibrary.wiley.com/doi/10.1111/jocn.15274). Journal of Clinical Nursing. [↑](#endnote-ref-13)
14. Data provided by Tandem Inc. [↑](#endnote-ref-14)
15. Diminic S, Hielscher E, Harris M (2017). [Understanding factors associated with Australian mental health carers’ employment,](https://www.mindaustralia.org.au/sites/default/files/Understanding_factors_associated_with_Australian_mental_health_carers_employment_technical_report.pdf) Mind Australia. [↑](#endnote-ref-15)