GENDER, DISASTER AND 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:

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

37%
of women aged 18-24 report suicidal thoughts, compared to 17% of men

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

2800%
INCREASE IN DEMAND

to the women's mental health clinic at the Alfred Hospital in one month.

This document has been developed by Gender Equity Victoria (GEN VIC), Victorian Women's Health Services and the *Women's Mental Health Alliance.*

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The overrepresentation of women in casual and insecure employment means they are more likely to have lost their jobs. 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. 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]

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] 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.

1. **Women with pre-existing mental health conditions** experience barriers to accessing the appropriate medical and mental health care they need during the pandemic,[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.*

2. **Women experiencing family violence are also at risk.** 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]

3. **Pregnant women and new mothers** have been presenting to mental health services with severe anxiety about potential harm to their baby.[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] Isolation and lack of support may be particularly acute for women with intersecting attributes of disadvantage.

4. **Pregnant women and new mothers** have been presenting to mental health services with severe anxiety about potential harm to their baby.[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

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leading to an increase in stress and anxiety, which may have profound short- and long-term mental health implications for women.[8] Isolation and lack of support may be particularly acute for women with intersecting attributes of disadvantage.

5 **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] and there are increasing reports of people of Asian descent being subject to racist abuse during the COVID-19 pandemic in Australia.[10] Exposure to racism is associated with poorer mental health outcomes.[11] As frontline workers, particularly in health and retail, women of migrant and refugee backgrounds are particularly exposed to racist abuse and discrimination.

6 **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] 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] 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.

7 **Women facing other social and economic challenges are at increased 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] – 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] 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.*

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Recommendations for gender equal recovery and resilience

- Endorse the GEN VIC 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.

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COVID-19 IS A GENDERED PROBLEM

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DURING LOCKDOWN, WOMEN ARE SIGNIFICANTLY MORE LIKELY THAN MEN TO HAVE FELT:

NERVOUS

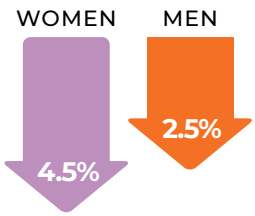
THAT EVERYTHING WAS AN EFFORT

LONELY

2800%
INCREASE IN DEMAND

TO THE WOMEN'S MENTAL HEALTH CLINIC AT THE ALFRED HOSPITAL IN ONE MONTH.

55% of job losses due to COVID-19 are women.



WOMEN ARE DEPLETING THEIR SUPERANNUATION AT A HIGHER RATE THAN MEN WHEN WITHDRAWING EMERGENCY COVID-19 FUNDS.

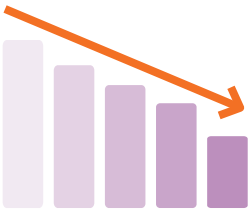
MAJORITY OF THE CASUAL WORKERS UNABLE TO ACCESS JOBKEEPER ARE WOMEN.

$205 BILLION

VALUE OF UNPAID LABOUR BY VICTORIAN WOMEN

DELOITTE REPORT 2019

WOMEN ARE PERFORMING FAR MORE OF THE UNPAID LABOUR AND ADDITIONAL EDUCATIONAL SUPPORT IN THE HOME DURING LOCKDOWN.



THE PAYROLL IMPACT ON WOMEN HAS BEEN GREATER THAN MEN ACROSS MANY INDUSTRIES.

Family Violence stats in lockdown:

200+
CALLS A WEEK TO VICTORIA POLICE

50%
INCREASE TO MAGISTRATES' COURT

94%
INCREASE TO MENS SERVICES

The majority of essential workers have been women and are in the **lowest paid jobs.**


CLEANERS


TEACHERS


EARLY CHILDCARE


RETAIL WORKERS

A GENDER EQUAL RECOVERY REQUIRES GENDER EQUAL SOLUTIONS