"This conversation is not over"

Women’s Mental Health During the COVID-19 Pandemic

...was struggling with mental health, I was working and also doing a lot more household chores, about 7 hours a week. I would...
Gender Equity Victoria acknowledges the traditional custodians of country across Australia and we pay our respect to Elders past and present. We recognise and apologise for the human suffering and injustice that Aboriginal and Torres Strait Islander people have experienced as a result of colonisation and generations of discrimination and marginalisation. We acknowledge that the removal of children has and continues to devastate individuals, families and entire communities and that the intention of those policies has been to assimilate Aboriginal and Torres Strait Islander children. We recognise Aboriginal and Torres Strait Islander people as a sovereign people who have never ceded their sovereignty of this land and we acknowledge Aboriginal and Torres Strait Islander people’s human right to self-determination. We are committed to working in solidarity and partnership with Aboriginal and Torres Strait Islander people to improve women’s health, safety and wellbeing.

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Introduction and Context

Reporting on mental health experiences during the COVID-19 pandemic in Victoria in mid-2021 can be summarised by a participant from a participant in a focus group at Women’s Health West:

[I] feel like this conversation is not over, we talking about something in the past but it’s still happening which is a really weird experience.

While Australia has done a great job of reducing community transmission and implementing preventative measures, the conversations about the mental health impacts of the pandemic are far from over. The vaccine rollout in Australia has been slow and the impacts of going into and coming out of lockdowns can be seen in the responses from the focus groups reported here. These responses demonstrate how the mental health recovery in Australia and Victoria in particular will take a long time. The responses from our participants are clear: there needs to be significant ongoing investment in mental health if the profound impacts of this pandemic are to be managed and mitigated.

The COVID-19 pandemic has had significant impacts on women’s mental health, and is compounding existing mental health inequalities between genders while also being impacted by intersectional experiences in people’s everyday lives.

Throughout 2020, the Women’s Mental Health Alliance provided the essential context for this research to occur. We are particularly indebted to their policy briefing documents from June and October from which we have drawn much of our framing of women’s experiences of COVID-19 and some of the recommendations in this report.

The overrepresentation of women in casual and insecure employment means they are more likely to have lost their jobs since the pandemic began in March 2020. Women were also disproportionately on the medical frontline facing the virus: 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. The majority of unpaid carers are also women.

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. 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, 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.

For an understanding of the impacts of COVID-19 on women’s health see the GEN VIC factsheet, Women’s Health in the context of COVID-19.
Women's Mental Health - Pre COVID-19

Data from the Victorian Population Health Survey - as illustrated on the Victorian Women’s Health Atlas shows that before the pandemic women across Victoria have reported varying levels of life satisfaction. On average, WHV reports “an average of 78.3% of women compared with 78.9% of men reported high or very high satisfaction with life”, with older people reporting higher levels of life satisfaction.

Women's Mental Health - During COVID-19

Research and analysis conducted by the Women’s Mental Health Alliance shows that COVID-19 is a gendered problem. 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 have suffered more job losses than men during the pandemic.

Women are experiencing higher levels of depression, anxiety and stress than men.

During lockdown, women are significantly more likely than men to have felt:
- Nervous
- That everything was an effort
- Lonely

In one month in 2020, there was a 2800% increase in demand to the women’s mental health clinic at the Alfred Hospital. As GEN VIC reported during 2020, the mental health impacts on women have been severe and wide-ranging. We have found these impacts have continued well into 2021.
Research Leadership and Methodology

In October 2020 all women’s health services received Surge Funding to develop regional approaches to addressing the social and economic determinants of mental health. Each service provided $10K to Gender Equity Victoria to boost the mental health and wellbeing of Victorian women during the pandemic through collective projects and centralised efforts.

11 Women’s Health Services took part in the research:

- Multicultural Centre for Women’s Health
- Women with Disabilities Victoria
- Gippsland Women’s Health
- Women’s Health Goulburn North East
- Women’s Health Grampians
- Women’s Health in the North
- Women’s Health in the South East
- Women’s Health East
- Women’s Health and Wellbeing Barwon South West
- Women’s Health Loddon Mallee
- Women’s Health West

“People weren’t able to debrief on anything and they’d already been through 3 month of traumatic waiting for the fires”
Impact of COVID-19: Findings & Themes

General Experiences of COVID-19 Pandemic

General experience during the pandemic was mixed for most participants across the focus groups. Many women started by saying their experience was distressing before describing some of the positive effects of the pandemic, such as being at home with family or giving them more time to focus on self-improvement activities.

A participant located in Loddon Mallee who said “Not being able to go to church has been quite debilitating on my spiritual health. I really relied on the community, my church are based in Melbourne so I wasn’t able to travel there at all during lockdown.” This quote shows how the pandemic lockdowns cut people off from their supports and community. While the lockdowns were an essential part of the government effectively managing outbreaks in Victoria, there is concern that in 2021 the community is still being routinely cut off from these support systems as the vaccine roll-out is slow and confusing. The impact on mental health and wellbeing generally will continue to be impacted even as we begin to move towards recovery.

Compounding Disasters – Bushfire and COVID-19 Nexus

Participants located in rural areas, particularly those severely affected by the Black Summer bushfires described how they had little time to recover after the devastation of the fires before the pandemic made them isolated and fearful again. Several participants from the Gippsland Women’s Health focus group said,

“No sooner had [the fires] come in then COVID hit. So all the support services and as well as the counselling services and a range of other things left as soon as they came in, but at the same time in Ensay, basically our community centre is the Pub to get together. So the closure of all the sporting activities and the Pub, people weren’t able to debrief on anything and they’d already been through this 3 month of traumatic waiting for the fires”

Exposure and Fear

Many participants in the focus groups spoke about their fear of being exposed to COVID-19. For some this fear caused extensive cleaning and sterilisation regimes around their houses, while for others they feared more that children might inadvertently infect older relatives.

“The beginning was just the fear of the virus—how can I protect myself and my children and teach them to clean and wash their hands continuously? So we were spending more on sterilisers so we became obsessed with hygiene. That was the first stage.”

“In the morning we sterilise door handles we got the fear and the stress. You fear for your mother and father because if older people got sick it will be difficult. And if my children wanted to see their grandparents, they should leave their clothes at the laundry.”

Other women experienced fears around the loss of government financial support or access to support services or other medical treatments. The experiences of fear were deeply intersectional, with women who experienced multiple forms of marginalisation finding their experience was compounded by additional stressors.

One participant who was undergoing gender transition during the pandemic stated, they had “anxiety about Covid-19, access to Estrogen/Anti-Androgens (Will the supplies run out?), access to support from peers about transitioning.”

“The angst that community feel about strangers or visitors to our townships plays out in their aggressive and disruptive behaviours - in person and on-line; borne out of their fear of the unknown and then the absolute opposite of complacency towards a virus that they believe they are safe from, because we live in an isolated part of the state.”
The Impact of Activism and Advocacy: Spotlight on Indigenous and First Nations Women

It is also important to consider the peak of the pandemic in context of the other events that occurred during 2020. In particular, the Black Lives Matter (BLM) movement that ignited truth-telling, discussion and re-traumatisation for Aboriginal and Torres Strait Islander peoples. There was a great deal of media attention and community organising around Australia’s ongoing colonial practices against Aboriginal and Torres Strait Islander people. An Aboriginal participant in a focus group discussed how the protests increased her caring responsibilities for her community, which added to the burdens she had to carry during the pandemic.

“I got evicted from a house, didn’t know you can during COVID but that sucked, it was really stressful. BLM stuff happening which was really intense conversations to be happening in society, we went to the rally and there was lots of information out that COVID was spread during the rally which didn’t actually occur, so that was a distressing time. I am not easily identifiable as Aboriginal, I had lots of young people talk to me about BLM which was a tricky thing to navigate, not sure what my role was in that, I was having an internal personal reaction but obviously challenging people’s views is not my job as a counsellor, that was hard”

“It was really nice at the start to see that community connections, I felt way more connected to my community online and there were lots of lovely things happening in my area for kids, like the rainbow walks and the teddy bears, lots of neighbours helping each other out which was nice”.

“A lot of my family live in NSW, it was hard not being able to be on country with them, they were learning language on country so I couldn’t go to any of the wonderful classes they were doing which was a bugger. One thing amazing about Aboriginal community is that they are really big on supporting each other, it was really heartening to see Aboriginal communities were well during COVID. That was nice and something to be proud of.”

This participant was the only participant in the focus groups who identified themselves as Aboriginal, and their experiences are not presented to represent a whole community. The experiences of Aboriginal and Torres Strait Islander people during the COVID-19 pandemic was compounded by numerous factors. These include: higher comorbidity rates within Aboriginal and Torres Strait Islander communities that make COVID-19 very dangerous, the restriction of movement that meant communities were not able to be together on country, the community trauma associated with Aboriginal deaths in custody, and ongoing practices of colonisation such as cashless welfare cards, which continued to disproportionately impact Aboriginal and Torres Strait Islander communities.

GEN VIC fully supports the rights of Aboriginal and Torres Strait Islander communities to self-determination in health and welfare. Aboriginal and Torres Strait Islander communities should be funded to provide community-centred and appropriate support. These communities have not has not yet recorded a single death of an Aboriginal or Torres Strait Islander Elder from COVID-19, demonstrating that when communities are adequately funded and supported to provide healthcare, they achieve better health outcomes.

Mental Health and General Wellbeing

Across the focus groups, participants reported their mental health and wellbeing had been impacted by the pandemic. Most participants described their mental health deteriorating during the pandemic, while a couple said that not much had changed.

General wellbeing was challenged by the uncertainty of lockdown, the fear of the virus and the lack of support women felt they were receiving from the government and society.

Some women described being the victim of racially motivated attacks and slurs online when the pandemic began:

“One of my personal experience, which was racial abuse. When all of this happened and as soon there were no face-to-face meetings, there was a time for people to make comments online. My colleague racially abused me online, and she was waiting for the time where she could do it online when no one can hear it.”
The intersection of race, class and gender, must be acknowledged in efforts to address the mental health impacts of the pandemic.

As aforementioned, women who had faced the Black Summer bushfire losses felt the mental health and wellbeing impacts of these crises were compounded following the outbreak of the pandemic.

Financial Stress

There were mixed responses to questions around financial stress across the focus groups. Some women were severely impacted financially by the pandemic, others reported being concerned but not necessarily impacted, and some reported they benefitted financially from government subsidies.

Women who worked from home and who were also care-giving reported they benefitted from the childcare subsidies provided by the government. Other women benefitted from jobkeeper and jobseeker payments.

The additional resources participants recommended included making sure government support payments were available to everyone, more subsidised childcare and increased access to mental health services, which were overwhelmed. There was also considerable discussion in some focus groups about the necessity of providing clear instructions to everyone about what their options were, how they could be accessed and what steps they might need to take. One participant raised concerns about the disconnect between promises made by the government and the actions she was personally able to take, “the government said that we’re all able to negotiate rental reductions and all those sorts of things but actually not everybody was. My rent went up during this past year and there was nothing that I could do about that even though I had less income.” Therefore, while the federal government took some significant and important steps to help improve the financial stability of households across the country, the unevenness and lack of clarity about how to access or implement these changes were not always clear. We recommend further work be done to clarify changes to supports.

Participants were also concerned about the future of their financial situation after the pandemic, with one participant saying “the ongoing impact on finances, like my future financial security”. This echoes our sentiment throughout this report that the pandemic impacts will be long-term and far-reaching. Across the focus groups, there was a sense that while the government had taken some appropriate steps to shield them from financial harm during the height of the pandemic, there was not enough being done to prepare households, individuals and the economy for what the future might look like financially. We recommend that there are clear communications about what the future of the economy is expected to look like in Australia, with particular attention paid to sectors hardest hit by lockdowns, such as tourism and the arts.

Spotlight: Women with Disabilities

The Women with Disabilities Victoria focus group reported some of the most intense experiences during the pandemic as they feared for their lives if they left the house:

“Exhausting, some anxiety, extremely difficult to be part of a community that relies on physical touch to navigate an environment.”

“I found it challenging at the start and I didn’t know what I felt safe doing. I didn’t feel safe doing much I was inside for at least for 2 months not doing anything”

But these women described being resilient and adaptable as some were accustomed to working from home, and that some activities became available to them because they were moved online:

“It’s been terrifying, confusing, exhausting and turned my entire world upside down but there have also been aspects that have made life much easier such as events moving online, less travel, less having to deal with people.”

Across the focus groups many women described needing health and childcare support in the aftermath of the pandemic; many mentioned the need for increased mental and physical health funding across the state, particularly for women.

Significantly, participants emphasised the highly individualised nature of support needed—demonstrating how support in recovering from the pandemic needs to be equitable, rather than equal.
**Spotlight: Migrant and Refugee Women**

The costs being borne by women from migrant and refugee backgrounds cannot be understated. These women often faced additional financial, emotional and caring difficulties due to being separated from support networks and family, ineligible for government supports, and sometimes subjected to racialized abuse (as mentioned above).

There were women, particularly migrant and refugee women, who reported they or others they knew were not eligible to receive payments and therefore suffered financially during the pandemic. Other women reported being evicted from their houses during the pandemic, which was particularly stressful and traumatic.

“The pandemic had a very negative effect on our financial situation. My partner lost his job and I was the only one to earn for the whole family. Due to our visa status, we were not eligible for job keeper or job seeker and received no benefits from the Government. It was very hard for us and still it is hard.”

Migrant and refugee women and their families in particular reported a range of financial stressors such as suddenly needing to buy laptops for children when they were required to do their school work at home, excessive amenities bills because everyone was at home all day, and needing to constantly feed and monitor children and family all day.

Several women in one focus group had faced similar problems in applying for work and government support payments including being rejected for work on the basis of race and gender:

“There is also some level of racism. Can you imagine that there was some lady that told me she accepted me? Sometime later, she said: ‘oh!’. She looked at the resume, and said ‘Ok, I will call you later’. Of course, she never called me again.”

Speaker: “She found out you were African.”

Speaker: “Right, she looked at the resume and said ‘ah, it’s ok! This is racism.”

Other women expressed gratitude at being kept safe from harm during the peak of the pandemic, but that the government needed to do more for women who were looking for work:

Speaker: “Alhamdullah (says a prayer)! Allah has given us the good health and enabled us to survive. However, this does not mean that the government does not provide further support like work, you know?”

Speaker: “They are supposed to.. There is no work. I apply for jobs online and I call them, but they tell me ‘sorry honey, we do not have work’. I call them to explain to them that I need work!”

There were many women who shared similar experiences with their husbands looking for work and attempting to access government support payments:

“Because my husband stopped working, Uber, and there is no work. It took us 5 weeks for the application, and they only pay you from the lodgment day. They do not pay you for the days in which you were trying to apply through the system! Once you log in, the system stops, because many people were applying.”

These stressors are leading to severe mental health impacts for migrant and refugee women and their families.

One woman spoke of how her friend’s daughter had taken her own life because of the stress she felt at school that became unbearable during the pandemic.

The woman in the focus group described how her friend’s daughter “could not understand the school’s lessons from home and study. Thus, when she would try to do her homework, she would struggle. She started to skip her homework repeatedly, even though the girl was a good student. And, her parents were separated. So, she told her mother that she needed to die because she could not be the girl that her mother wanted her to be – the successful student at school.”

Intersectional financial supports and mental health supports are urgently needed to avoid further devastating impacts of the COVID-19 pandemic.
Work Pressure and Anxiety: The entanglement of paid, unpaid and caring labour

Most people in the focus groups described the pandemic interrupting their work and daily activities. Some found it harder to work at home because they missed the interactions with colleagues, while others reported they increased their workload. Many described feeling as if they were ‘living at work’ rather than working from home, which meant it was more challenging to switch off and walk away from work at the end of the day. It is important to note, as one facilitator described, “support and care can look very different in Covid. What we talk about as care can be very broad" and as a participant from one focus group reported “[because of] stress, anxiety exhaustion, mental fatigue... I really find it hard to break that down because [of] the hats in the roles that I play.” Because caring, paid work and household labour were entangled during the day, participants found it hard to articulate exactly how many additional hours they were working or caring. Indeed, it was the confluence of these responsibilities that meant that many felt the burden of additional labour and care.

It was difficult for some respondents to quantify the number of hours of additional labour they were required to undertake, but some estimated between an hour and three hours additional labour a day.

“I have never been busier and I feel like the employers have benefitted hugely. I haven’t been able to control the amount of work asked of me.”

“I increased household duties a lot, partly because our house was under inspection. House- hold duties increase about 3-4 hours a day”

“My partner was struggling with mental health, I was working and also doing a lot more house- hold chores, about 7 hours a week. I would spend time on making elaborate dinners for my own entertainment.”

“I would have spent maybe an afternoon per week doing check-ins with family and friends (which is a significant amount for me with chronic fatigue).”

“I felt very responsible for looking after the men- tal health of my friends. Lots more work. Working with people with disabilities, often everyone was in crisis and everything was urgent/time critical.”

“I would say 4-6 hours [extra time looking after others] in the first lockdown and in the second lockdown only about 4 hours. It was much better the second time.”

“[Parenting and home-schooling] really became a 24/7 job during COVID.”

“I [started] waking the in middle of the night just to have that work space.”

Parents described a huge increase in their caring responsibilities, especially for single parents:

“The pandemic was a really stressful time for me due to my health issues, my surgery was pushed back because of COVID, had to work from home and manage home-school young children in kindergarten and primary school.”

“Once you’re home-schooling your child, the government basically—and I’ve been told—you know, they basically don’t have responsibility for the education of your child anymore, so you don’t really get offered any support around that.”

Women with disabilities described how the NDIS was extremely difficult to navigate, there was a lack of clarity and ease of access to support services. Some described how if they had access to support services and support workers they were able to keep on top of household tasks.

“Having support workers coming in enabled me to keep the household duties under control.”

“I would like the NDIS to acknowledge the impacts of Covid. And also it is gendered because there are way less women accessing the NDIS than there are men.”
Solutions and Support

Accessing Information

“This pandemic has shown that current government support systems are inadequate to support individuals and groups in economic crisis and that more intervention is needed to ensure people can survive in the face of job losses and change of modality to service.”

Most participants described needing additional support and information services. The diversity of needs was evident across the women’s health services. Participants’ subjective experiences determined the level of additional support they needed, demonstrating the need for tailored services and additional funding for services for specific communities, such as women with disabilities, migrant and refugee women, parents and care-givers. Below are a selection of responses detailing the specifics of participants’ needs:

“I couldn’t access all the services I need because they were not there but I would like to see more dedicated LGBTQI support services, particularly those who have some information around neurodiversity and disability. A lot of folk with disability did not get support... I would also like to see better communication because a lot of autistic people particularly are not very literal and so people were getting really twisted up and worried about breaking rules, so they were not leaving the houses at all, so I think there was no consideration given to that.”

Women who speak languages other than English found it was very difficult to access appropriate information. Migrant women described accessing information on YouTube and WhatsApp because the media weren’t always helpful in their descriptions of the rules and restrictions. When asked if they received translated materials, two speakers said:

“No, we did not receive such materials.”

“No translated. That was in English.”

There needs to be more investment in translating health and wellbeing information for people who speak languages other than English. This is something the Multicultural Centre for Women’s Health has been advocating for and delivering to communities throughout the pandemic—with and sometimes without appropriate government support.

Support Required from Community Organisations and Government

As detailed throughout this report, the Victorian government and community organisations across the state need to ensure that mental health resources are distributed equitably. These resources need to be within reach for all women, particularly women from marginalised communities who face many more barriers to accessing appropriate services and adequate support.

“I started working in the middle of the night just to get that space.”
Women’s Mental Health during the COVID-19 Pandemic

Women’s Health Victoria

This funding supported Women’s Health Victoria (WHV) to continue and scale up its work with the Women’s Mental Health Alliance (Alliance), established by WHV in 2019. The Alliance is made up of more than 30 organisations and individuals who provide expert advice to policy makers and health services on the mental health of women and girls, and undertake advocacy to ensure all women have access to evidence-based, gender-sensitive and trauma-informed mental health support. The Alliance brings together consumer and carer advocates, service providers, clinicians, women’s health organisations, human rights bodies and researchers. It aims to ensure the voices of women with lived experience are centred in policy, advocacy and service delivery.

During the COVID-19 lockdown in 2020, the Alliance drew on the expertise of its members to collate evidence about the impacts of the pandemic on women’s mental health. The Alliance published two policy briefs outlining the impacts of the first and second lockdowns in Melbourne. Applying an intersectional gender lens, these policy briefs highlighted the ways in which the gendered social and economic impacts of the pandemic were leading to significant negative mental health outcomes for women, and made recommendations for a gender transformative recovery from COVID-19 that would better support women’s mental health. The policy briefs informed GEN VIC’s fact sheet on COVID-19 and mental health, and provided a strong foundation for advocacy at a state and national level - increasing understanding of the intersections between gender inequality and mental health among government decision-makers and strengthening the case for applying a gender lens to the work of the Royal Commission into Victoria’s Mental Health System (Royal Commission), which was under way at the same time.

WHV continues to work with the Alliance and stakeholders across the mental health and

Women with Disabilities Victoria

The objective of the project was to create three resources to promote the mental health of women with disabilities during the COVID-19 pandemic and recovery phase. These resources now amplify and privilege the voices and knowledge of women with disabilities as experts within their own lives, while promoting rights based and best practice approaches to mental health.

This objective was met through a facilitated process whereby women’s experiences and voices, current literature and best practice mental health approaches were combined into three resources taking a health promotion approach with a strong focus on promoting the rights of women with disabilities whilst also providing advice around addressing acute mental health concerns. Women with disabilities participated at all levels of the project and the input and advice of different women with disabilities was sought during each stage.

WDV developed three resources informed by the voices of women with disabilities on their experiences and needs within the current pandemic crisis and recovery:

1. A fact sheet for women with disabilities with advice and insights to identify mental health challenges and improve well-being during COVID-19 and the recovery phase, designed to accommodate the specific needs and experiences of women with disabilities
2. A Fact Sheet for Disability and Women’s Health Services Organisations

Multicultural Centre for Women’s Health: Mental Health and Wellbeing Advocacy Project

The overall objective of MCWH’s Mental Health and Wellbeing Advocacy Project (MHWAP) was to raise awareness and build the evidence-base about the gendered, intersectional drivers of migrant and refugee women’s mental health.

Our advocacy initiatives promoted awareness raising through partnerships, cross-sector collaboration, and stakeholder engagement. We engaged various services, organisations, working groups and individuals who are working to
support the mental health, wellbeing and social connectedness of migrant and refugee women. MHWAP activities scaled up our existing efforts in the mental health space. It allowed us to build-on and develop a rigorous evidence-base about migrant and refugee women’s mental health in Australia. It has contributed to a greater understanding about the nature and prevalence of migrant women’s mental health issues in Australia, as well as increased awareness of the gendered, intersectional drivers of migrant and refugee women’s mental health in relation to issues such as:

- covid-19
- violence against women
- the perinatal period
- racism and discrimination
- the migration and settlement experience

This gendered, intersectional understanding of mental health is essential to the development of policies and practices that are evidence-based, and culturally and linguistically responsive. Through engagement with stakeholders, we have reached a wide range of people. In addition, we have supported and resourced our partners to advocate on the issue of migrant and refugee women’s mental health – for example, some partners have spoken on panels and at events, drawing on the resources that we have developed. The project has also increased understanding of the critical role that migrant women’s leadership plays in promoting mental health and wellbeing within migrant communities.

Women’s Health Goulburn North East: Women Gathering Online

Women’s Health Goulburn North East’s Women Gathering model is a tried and tested model for bringing women together in friendship and shared experience, in response to disaster. The current social environment, where COVID-19 restrictions continue to limit opportunities for face-to-face interaction, provided the opportunity to test an already successful model using contemporary, online methods to connect women across northeast Victoria and the Goulburn Valley.

Women Gathering Online successfully brought together a group of community leaders and advocates to build their capacity for facilitating online groups. Key outcomes that were achieved through this project included:

- The redevelopment of the Women Gathering toolkit – a useful resource for community groups and social and professional networks to confidently move gatherings online. The toolkit is available for download here.
- Group leader training was delivered, improving leaders’ feelings of confidence for planning and facilitating online gatherings and using online meeting platforms.
- Additional opportunities for connection and skills-building were offered to group leaders – including a presentation by guest facilitator Karen Pickering and one-on-one planning sessions with the Women Gathering project worker at WHGNE.
- WHGNE continues to support the planning of one online group that aims to bring together older women and young LGBTQIA+ folk in friendship and mutual understanding.

WHGNE will continue to promote the resources developed through this project and engage with existing community initiatives to support our community to establish meaningful connections.

Women’s Health In the North: MindCycle

MindCycle sought to understand the experiences of young women and gender diverse people who menstruate, and whether there had been a compounding impact on their mental health in the context of the COVID-19 pandemic. This project had a particular focus on the specific needs of those with endometriosis, pre-men-
strual dysphoric disorder and/or polycystic ovarian syndrome (PCOS). WHIN surveyed and interviewed young people from the northern metropolitan region of Melbourne, specifically exploring menstrual health management, mental health management and their intersection in the context of COVID-19. Examples of challenges reported by young people in the context of COVID-19 included a colonoscopy to investigate the presence of endometriosis, additional mental health sessions covered by Medicare, or simply accessing a GP who would believe their lived experiences when they reported pain or distress. These stories have been compiled into a digital story, exploring the challenges of menstrual health management and mental health management in the context of COVID-19. The video is intended to encourage the local health and welfare service system to shift their attitudes and practice to be more person-centred and responsive to women and gender diverse people’s self-assessment and lived-experience. The MindCycle digital story will be disseminated to health and community service professionals across the northern metropolitan region in coming weeks.

Women’s Health in the South East: Womxn’s Health Empowerment

The “Womxn’s Health Empowerment” project sought to enhance mental health literacy of young women and gender diverse people, provide participants with a foundational knowledge and working understanding of positive psychology and its applicability in the context of COVID-19, to provide participants with a foundational knowledge of the impact of gender stereotypes on character strengths and the benefits of challenging gender stereotypes, to enable participants to encourage young people or those around them to explore the benefits of positive psychology and help-seeking behaviours, and to educate the broader community and challenge stigma surrounding mental health and illness. This was achieved through the delivery of five weekly sessions (1.5 hours per session) held on Zoom and promoted across social media in partnership with headspace and THRIVE. The content of the sessions included an overview to mental health and wellbeing, an introduction to positive psychology, help-seeking and referral pathways, applying positive psychology skills and raising social awareness of mental health. The sessions culminated in the development of a social media resource aimed at young women and gender diverse people in the community to raise awareness of mental health and encourage people to share the ways they were staying connected as lockdown restrictions eased. The project objectives were evaluated through post-session surveys (with baseline data collected in a pre-session survey), a focus group and an interview of participants. Data from the evaluation demonstrates an increase in mental health literacy, including understanding and application of positive psychology, increased knowledge of the impact of gender-based discrimination and stereotypes on mental health outcomes and increased confidence in understanding and utilising referral pathways. The reach and engagement of the social media resource through data collected via Facebook and Instagram, demonstrating a reach of 446.

Women’s Health West: Sunrise Digital Literacy Project

This funding has enhanced the capacity and resources of Sunrise Program Facilitators to support women with disabilities to increase their digital literacy in order to socially connect online with the Sunrise Group, friends, family and the broader community. This has been achieved by supplying devices, internet and tailored one on one digital tutelage. Project outcomes include:

- Sunrise Zoom meeting attendance has seen a 75% increase from project commencement.
- Participants increased capacity and digital literacy- embracing new platforms and utilising digital access to health supports (including up to date Covid 19 information, accessible immunisation rollout information, financial support & rebates)
- The digital needs of 36 individuals (current & new members) were assessed and offered ongoing face to face and online support.

This project has made a substantial impact in participants lives by addressing social isolation and increasing social connection, confidence and skill development as illustrated by these direct quotes:

“I was frightened, had no interest... now look at me! I could Zoom my Grandchildren, do online gym classes- I can’t live without it. I even showed another lady how to use hers!”

“Sunrise group accepts me, this is the key to well-being...I feel safe and positive. These meetings make me feel alive”

“This group truly makes me feel I’m not alone”
Women’s Health Loddon Mallee

Women’s Health Loddon Mallee engaged two regional health services to partner on the Women’s Health and Wellbeing project, Bendigo Community Health Services and Northern District Community Health, to explore the effects of COVID-19 on women’s mental health and wellbeing across the Loddon Mallee region. This project aims to better understand the gendered impacts and experiences of COVID-19 across Loddon Mallee, and to share the findings with the general public and key stakeholders to amplify the voices and experiences of women. Our hope is that this work can contribute to the growing body of information and research gathered from across the region, to work toward a gender responsive regional recovery.

Another aim of this project is to gather and share local stories of the ways that women have been able to grow and strengthen through the pandemic, while also highlighting the ways that they contributed to the resilience of their communities.

Focus Groups
Eight focus groups in total were held over May 2021. The findings of these focus groups were collated into a summary report. This has been distributed to key stakeholders and shared widely through the region.

Social Media Campaign
A social media campaign has been developed, sharing the stories and insights of the women engaged in the focus groups. The campaign will be run over a month-long period (July-Aug) with a focus on enabling women to thrive as individuals and in their communities, by providing some tools and an accessible framework for wellbeing, particularly during times of lockdown or other socially restrictive measures to prevent the spread of covid.

Digital Storytelling
Five interviews have been filmed with women from across the Loddon Mallee. Each film is focused on one woman (or group of women), their journey around ONE of the 5 Ways to Wellbeing, and how each of them have built individual and community resilience through this challenging time. The launch of the films is due to take place at the end of August 2021.

Women’s Health Grampians: Youth Equality for All

The aim of this project is to advocate and raise awareness of the impacts of COVID-19 on young women’s (18-25) mental health, employment and social connections in the Central Highlands region of the Grampians. Two Youth Equality Advocates from diverse cultural backgrounds were recruited and completed an intensive training and induction program, based on the capacity building and empowerment approach used successfully with Equality Advocates in the Equality for All project. The Youth Equality Advocates developed lived experience stories with the aim of being able to share these experiences with members of the CoRE (Communities of Respect and Equality) Alliance (the Grampians regional primary prevention partnership, led by WHG). This is a co-design project and the Youth Equality Advocates planned and developed a social media campaign and videos for the project.

The Youth Equality Advocates have presented their lived experience stories at a range of forums, including the launch of the CoRE Strategy and the Department of Justice Building Safer Communities Forum in Ballarat. They have also been interviewed for media in the region, and have met with CoRE members.

The following resources have been developed:

- Short video about young women’s experiences of public safety – presented at the Building Safer Communities forum: https://www.youtube.com/watch?v=ppZQ0V-dSBk
- Social media campaign highlighting the impact of COVID 19 on women’s mental health, social connection and employment, centred on:
  - Short video highlighting the impact of COVID 19 on young women’s mental health for use by CoRE members: https://www.youtube.com/watch?v=3jna5UadzKk
  - Short video highlighting the impact of COVID 19 on young women’s employment for use by CoRE members: https://www.youtube.com/watch?v=Y6ZdyI9gJJo
Women’s Health and Wellbeing Barwon South West

As a health promotion organisation Women’s Health and Wellbeing Barwon South West (WHWBSW) take action on the social determinant, or the causes of ill-health and created the following two objectives in line with our ways of working.

**Objective 1. Addressing the social and economic determinants of mental health for Barwon South West women**

WHWBSW developed a tool to support a regional approach to addressing the social and economic determinants of mental health, aligning to the VicHealth Participation for Health Framework (2009) and the Sustainable Development Goals (SDG). This regional approach resulted in the development of an evidence-informed resource, ‘Preventing Mental Illness Before It Occurs: A Gendered Perspective for Local Government’. This document addresses the social determinants of mental health, considers the local context and lists actions that local councils can implement in their municipal public health and wellbeing plans to support the mental health of women and girls across the region.

**Objective 2. Increasing women’s opportunities for public participation and social connectedness**

Increasing opportunities for women to participate in decision-making can have a positive impact on their wellbeing. Through community engagement, women can contribute meaningfully to issues that affect their lives and develop functional capabilities that enable them to participate fully in all aspects of public life. WHWBSW developed a framework that enables local women to participate in advocacy, decision making - and in time – will inform our work. In addition WHWBSW contributed to the Gender Equity Victoria State-wide consultation piece.

Key themes to emerge from the data related to disruptions to both formal and informal supports, including birthing and hospital support and allied health supports post birth. In addition, the anxiety from the uncertainty of the virus and its impact on health was also a common theme, particularly for participants who were pregnant during the beginning of the pandemic. Finally, the concept of the mental load featured strongly throughout the data, with many women commenting on the stress and exhaustion resulting from having to ‘do it all’ and ‘be everything’.

The project demonstrates the importance of social support to women’s recovery, both mentally and physically, and in turn the link to positive mental health outcomes. Women want to tell their stories. For some of the women, participation in the project was the first time they had really spoken about their experience and many reflected on the benefits of facilitating a space for women with similar experiences to come together and share their experiences, highlighting the important role of lived experience in considering policy and practice around perinatal care, particularly during a health crisis.

The Parenting in a Pandemic Project (PiaP) utilized qualitative research methods to capture the lived experience of local women parenting during COVID-19 and the mental health-related impacts of restrictions associated with the pandemic. The intention of the research focus was to build the evidence base around women’s mental health and wellbeing during COVID-19. In addition, the project aimed to support and promote women’s mental health, wellbeing and social connectedness in response to COVID-19 and invited women to put forward suggestions for practice improvements and other supports for parents.

The project was overseen by a steering committee made up of representatives from local organisations including Maternal and Child Health. Consultations were undertaken with members of the committee and additional key stakeholders who work with local women in order to gain an understanding of the mental health issues women may be facing from the perspectives of health professionals. The consultation data was used to inform the data collection with women. The project was carried out in accordance with key ethical principles of the National Statement on Ethical Conduct in Human Research, to ensure transparency, informed consent and the safety of participants. A total of thirteen local women were recruited to the project and each participated in either a focus group discussion (two focus groups were conducted) or individual semi-structured interview. Two of the women participated through sharing their lived experience via a written piece.

Women’s Health East: Parenting in a Pandemic Project

The Parenting in a Pandemic Project (PiaP) utilized qualitative research methods to capture the lived experience of local women parenting during COVID-19 and the mental health-related impacts of restrictions associated with the pandemic. The intention of the research focus was to build the evidence base around women’s mental health and wellbeing during COVID-19. In addition, the project aimed to support and promote women’s mental health, wellbeing and social connectedness in response to COVID-19 and invited women to put forward suggestions for practice improvements and other supports for parents.

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Key themes to emerge from the data related to disruptions to both formal and informal supports, including birthing and hospital support and allied health supports post birth. In addition, the anxiety from the uncertainty of the virus and its impact on health was also a common theme, particularly for participants who were pregnant during the beginning of the pandemic. Finally, the concept of the mental load featured strongly throughout the data, with many women commenting on the stress and exhaustion resulting from having to ‘do it all’ and ‘be everything’.

The project demonstrates the importance of social support to women’s recovery, both mentally and physically, and in turn the link to positive mental health outcomes. Women want to tell their stories. For some of the women, participation in the project was the first time they had really spoken about their experience and many reflected on the benefits of facilitating a space for women with similar experiences to come together and share their experiences, highlighting the important role of lived experience in considering policy and practice around perinatal care, particularly during a health crisis.

The project points to the need for additional research into women’s experiences of parenting during COVID-19, especially the experiences of more marginalised groups such as women with a disability or chronic health condition, single mothers, LGBTIQ+ and gender diverse parents, women from culturally and linguistically diverse backgrounds.
backgrounds and women who birth stillborn babies.

The next stage of the project will involve the facilitation of opportunities for face to face social connection with the participants who have indicated they would like to be involved.

Gippsland Women’s Health: Mental Health and Wellbeing Project

When the project funding was announced GWH was excited for an opportunity to work with the women of Gippsland to increase our knowledge (through stories, journals, groups and data available through local organisations) to giving a strong picture of how they had experienced the pandemic and how the pandemic continued to impact their lives as rural and remote women. As a regional area with many varied challenges, we were in the unique position to also learn from rural and remote women who had experience two states of disaster in less than six months and on the back of a sustained drought.

Our first focus group was powerful with women in the high country. The words and the emotions from Gippsland women really brought home the true impact of COVID and the bushfires. The women were raw, tired, frustrated, scared, hopeful, strong, creative, resourceful...everything that we know women to be. What we heard was we need recognition and we need change. We need real investment in supports for our wellbeing and mental health in rural and remote areas.

As is typical for Gippsland over the last few years, we have been thrown challenge after challenge. Gaining engagement in focus groups when Gippsland women are constantly in crisis or commencing recovery became incredibly difficult, necessitating a pivot of our approach to hearing the stories and experiences. Rather than focus groups we are now engaging around photos that reflect individual journey’s and messages for sharing. We hope to then share these with the Gippsland community and celebrate the strength and resilience of women but with real understanding of the cost that is paid by women to be strong and resilient.

Implementing the Royal Commission into Mental Health: Victorian Women’s Mental Health Alliance

In 2019, the Victorian government announced a Royal Commission into the mental health system in the state. The Premier, the Hon. Daniel Andrews MP, alongside advocates and people with lived experience of the system described it as “broken”. The Commission released its report in February 2021, having heard evidence and conducted analysis of the system for two years. The recommendations, which are extensive and wide-ranging, are being considered through a gendered lens by the Victorian Women’s Mental Health Alliance. This alliance, led by Women’s Health Victoria, comprises 31 member organisations, including GEN VIC, and three Associate Members. While the Alliance welcomes and applauds the Commission for its work, the Alliance remains concerns that the recommendations may not deliver outcomes for those most in need without an intersectional feminist analysis.

“Many of the recommended reforms have the potential to significantly improve the mental health and wellbeing of women, girls and gender diverse people. However, unless the implementation of these reforms is gender-informed, the benefits for women, girls and gender diverse people will not be fully realised.”

GEN VIC is proud to be participating in this Alliance and looks forward to continuing to work together to ensure the mental health of women, girls and gender diverse people is prioritised throughout the roll-out of the Royal Commission’s recommendations.
Recommendations

These recommendations are taken from our analysis of the transcripts of focus groups and interviews conducted by the Women’s Health Services in early 2021 and GEN VIC’s research and analysis during the height of the pandemic, which have not yet been put into effect.

Victoria has experienced many short lockdowns since the start of 2021, and these recommendations should serve as a reminder that this pandemic is far from over, and that much more needs to be done to ensure the mental health and wellbeing of women, girls and gender diverse people throughout the state.

1. Funding for ongoing support for women’s health must be a priority.
2. Loneliness is a big issue, so it is important to address the daily isolation and loneliness that can result from working from home, caring and being responsible for additional household labour.
3. Government support payments must be made accessible to migrant and refugee women to protect women and their children from poverty and serious mental health issues.
4. Funding for Family Violence prevention and response is needed to make sure women and children are able to leave violence safely.
5. Aboriginal and Torres Strait Islander communities should have the rights and funding to self-determine health and welfare needs throughout communities.
6. LGBTIQ/trans/gender identity training needed for health services to ensure appropriate and safe provision of services.
7. Free or subsidised childcare necessary.
8. Access to disability support services must be made more accessible and equitable for women living with disability. Many women with disability struggled to access supports throughout the pandemic, or found their necessary services were deemed non-essential during lockdowns.
9. Ongoing emotional, mental health support and counselling.
10. Waitlists should be revised and adjusted to avoid long wait times.
11. Continued secure housing.
12. Vocational counselling and financial planning to help women ‘pivot’ to new careers or working arrangements after the pandemic.
13. Changes to supports must be clarified and communicated effectively.
14. Information about restrictions, financial aid and supports must be made accessible to all, especially women who speak languages other than English.
15. Definitions and ideas around care work should expand to include community responsibilities.

“Victoria has experienced many short lockdowns since the start of 2021, and these recommendations should serve a reminder that this pandemic is far from over...”
Recommendations from GEN VIC’s 2020 Reports

16. Value the essential services provided by those working in the feminised health, social assistance and education sectors, including by increasing pay equity.

17. Address 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.

18. 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.

19. 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.

20. 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.

21. Support perinatal mental health by expanding access to appropriate, affordable support services for women during pregnancy and after a baby’s birth.

22. 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.

23. Provide specialised and targeted mental health support for those experiencing compound trauma from multiple emergencies/disasters, such as bushfire and drought.

24. Provide additional financial, practical and mental health support for carers.