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Department of Premier and Cabinet
1 Treasury Place
Melbourne, Vic 3002

RE: Submission 'Gender equality: have your say'

The Women's Mental Health Network Victoria congratulates the Victorian State Government on the consultation on equality for women and is pleased to contribute this submission.

The Women's Mental Health Network Victoria is an incorporated association established under the Victorian Associations Incorporation Act 1981. In 1988, a small group of concerned women identified crucial gaps in the Victoria's mental health services available to women. They found services were often unsafe where there was little attention paid to the particular needs of female consumers. These early advocates for change included consumers, carers, mental health workers and interested community members. The Network was born of their commitment.

A Committee of Management now manages the Network and a Coordinator executes the Strategic Plan. Its objectives are to:

- Provide information about the prevention and management of women's mental health issues to health professionals, service providers, carers, consumers and the public
- Promote research into women's mental health issues
- Promote opportunities for training and education in women's mental health issues and women-sensitive practice
- Develop partnerships with key mental health and women's organisations to promote responsiveness to women's mental health and to create opportunities for women consumers, carers and service providers to work together in addressing mental health issues, and to share their experiences and information
- Promote systemic change in order to make mental health policies and services more responsive to women's needs

Equality for women constitutes an urgent health priority in Victoria; the Network is particularly concerned that mental illness can greatly reduce equity for women who may or may not access mental health services.

The Network actively collaborates with women with a lived experience so their voice are included in consultations that affect them. This collaboration informs this submission.

We would be pleased to talk with the Department further about our aims to promote a gender lens on mental illness. Please contact us for any further information that you require.

Yours sincerely,

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SECTION ONE

Women still experience potentially harrowing encounters in mental health units, with 85% reporting they felt unsafe, 67% experiencing sexual or other forms of harassment and 45% experiencing sexual assault during an in-patient admission.

(Victorian Mental Illness Awareness Council: Zero Tolerance For Sexual Assault: A Safe Admission For Women 2013)

Introduction

The Women's Mental Health Network Victoria (the Network) is an independent organisation comprised of women consumers, carers, workers and women who have an interest in women's mental health. Members work together to ensure the voice of women consumers of mental health services is promoted and heard.

Mental Health is a **gendered issue**; men are admitted to mental health inpatient units in greater numbers and male rates of suicide require our attention. However, more women experience suicidality thus reflecting the need for resources to be redirected. Women's needs are less likely to be factored into structural and culture reviews by government, which hinders reparation for many inequalities they face on many levels, including the right to access safe and sensitive services. While acknowledging the gender needs of male and LGBTIQ consumers, we are looking specifically at women in this paper.

This submission urges government to invest in a comprehensive strengthening of safety as well as gender sensitive approaches to ensure women's needs are not overlooked as a result of being a minority group. The Network advocates for cultural and structural change to promote safe environments for women. By advancing a systematic change across all indicators of those services that provide support for women (and their children), we can further reduce harm for those women in crisis.

The Network promotes safe and effective mental health services for women by working with services and empowering women to tell their story about their experiences. To be a change agent for safe, gender sensitive and healing environments for all women who experience mental health care, we advocate for women sensitive and safe policy and practice. We believe that embedding a culture of safe gender sensitive practice within the Mental Health System will better enable the human response to women's needs without further disadvantage.

We embrace this opportunity to highlight critical issues relating to how the system currently responds to the recovery of women with mental illness. Our recommendations on how these issues might be addressed focus on the following:

- Acknowledge the lived experiences that women offer on gender equality issues
- Review infrastructures through policy and process review to create safe access
- Expand workforce development to all sectors for gender sensitive and safe practice training
- Consult consumers, carers and workers who are collaborating in order to get their input , their voice

- Support Aboriginal and Torres Strait Islander, CALD and LGBTIQ communities to access services – provide integrated service delivery and increase (cultural) sensitivity and safety
- Strengthen rural and regional responses to gender sensitivity and safety issues
- Participate or partner with research that addresses women's mental health issues
- Partner with the Network, in order for government to be well informed

A focus on Victorian women who experience Mental Illness

Women make up the minority of consumers in acute mental health units in Victoria (approximately 40%)¹. These women are frequently admitted involuntarily (as most inpatients are) and the majority of them have a history of trauma or victimisation as a result of past physical or sexual abuse and assault². A literature review by the Department of Health (2011) indicated that between 49 and 90 percent of women admitted to psychiatric inpatient units have experienced childhood sexual abuse, intimate partner abuse or family violence³. These experiences can increase their vulnerability, especially when their safety and privacy is compromised in mixed-sex environments.

To improve gender equality in our society, women need to feel safe and secure - economically, emotionally and physically. A recent study by Victorian Mental Illness Awareness Council (VMIAC, 2013) highlighted that women consumers are still experiencing potentially harrowing encounters in mental health units. It was reported that 85% felt unsafe during their hospitalisation⁴. Women consumers often feel unsafe in acute mental health units because of the fear of victimisation as a result of witnessing violence in the units or because of their experiences of sexual or physical assault during their admission.

The Network presents the following commentary on women's lived experiences through our activity, focusing on its key strategic elements to achieve gender equality – providing evidence informed examples at a systems level.

SECTION TWO

How should Government partner with the community, corporate sector, non-profit sector and other stakeholders to advance gender equality?

The Network is a **collaboration body that works in partnership** with many community organisations and government agencies, and the improved services we have seen through our joint efforts is encouraging. The Network's campaigns, forums and consultations have graphically highlighted the experiences and needs of women, and we are in a strong position to identify where government can support change.

Case study-women's lived experiences inform partnerships

The Network, an organisation comprised of consumers and mental health workers, has been committed to empowering women since 1988. It has lobbied government to increase women's safety in public psychiatric wards which can, for many, be places of trauma and abuse. The government can partner with an organisation such as the Network to bring about real change to

¹ WMHNV, *Increasing Safety and Gender Sensitivity in Mixed Sex Psychiatric Units* (2009, p. 53).

² DHS, *Tailoring Services to Meet the Needs of Women* (1997, p. 23).

³ Department of Health, *Literature Review for Service Guideline on Gender Sensitivity and Safety* (2011, p. 14).

⁴ Victorian Mental Illness Awareness Council (VMIAC), *Zero Tolerance for Sexual Assault: A Safe Admission for Women* (2013).



policies that cover protocols and standard operating procedures in the running of public psychiatric wards. The Network was instrumental in encouraging the development and implementation of the Chief Psychiatrist's Guideline *'Promoting sexual safety, responding to sexual activity and managing allegations of sexual assault in adult acute inpatient units'* (DH, 2009) and the development and publication of the Department of Health's *'Service guideline on gender-sensitivity and safety, promoting a holistic approach to wellbeing'* (2011).

Funding by the Department of Health ensured the development and the one-off delivery of the 'Building Gender Sensitivity and Safety' training package for acute clinical staff, which has proven to change attitudes towards women and their safety on wards. However no further funding was provided to ensure ongoing workforce development. Sustainable, ongoing funding such training would greatly benefit women consumers and enhance staff practices.

The Network holds the licence to further disseminate the training to the Mental Health Community Services and the Alcohol and Other Drugs sectors. These sectors, however, need government funding to take on this training due to limited financial resources. As culture change is a slow and gradual process, combined with transitioning staff in acute mental health services, it would be prudent to offer this training package to Area Mental Health Services as a whole, thus other components of clinical mental health services.

The Network offers training programs for women such as 'Women Speak Out' and 'Breaking the Silence', both of which seek to empower women to speak publically about their lived experience of mental illness. The programs aim to increase women's confidence to become members of committees and participate in organisations. The Building Gender Sensitivity and Safety training package also alerts staff to specific issues that members of the LGBTIQ and CALD communities may face on psychiatric wards.

The Network is proud of its advocacy for often voiceless women in the mental health sector and it is vital this voice is not lost.

What needs to be done to promote women's health and wellbeing?

The Mental Health sector has a duty of care to support women and create safe and sensitive environments for their healing and recovery at the point of service delivery. Vulnerable women, when acutely ill, are exposed to services which are predominantly designed with men in mind and utilised by men (constituting the majority of patients). Without immediate response to building works development strategy and radical attitude change, those vulnerable women – a minority group- will continue to suffer significant impacts on their health and wellbeing, forcing them deeper into the system where recovery continues to be hindered.

Case study-women's lived experiences inform structural changes

As a key organisation representing women with mental health needs, the Network is gravely concerned that all female consumers have access to safe and gender-sensitive services. Since its establishment 28 years ago, the Network has worked tirelessly to enhance awareness of the care women need to achieve positive health outcomes. Our chief enduring priority is always women's safety, particularly when they are receiving treatment in public inpatient psychiatric units.

Victoria has had a parlous record of sexual, physical and verbal abuse towards women when they are at their most vulnerable. Our research clearly illustrates the need for provision of separate treatment spaces for women in hospital. Since mixed treatment spaces became the norm in the 1960s, many women have resisted hospital admissions for fear of abuse by male consumers⁵.

The majority of inpatient units today provide some separation of the sexes, but too often this is a stop-gap measure rather than a real solution. Passages are sealed off with doors, locks are fitted to bathrooms, and women are provided some ad-hoc leisure areas. Too often, staff are distracted by paperwork, rather than providing visible security for women on the unit. In fact, greater visibility of staff is one of the most effective ways in which a safe environment can be provided.

Gender sensitive care entails much more than recognising a person's sexual orientation. For women, it might include an understanding of living within a patriarchal environment; the impact of social and ethnic mores; access to financial resources; educational opportunities and encouragement to pursue meaningful work. All of these elements help shape the way a woman presents for care in a psychiatric unit and how she responds to treatment. When these elements are integrated into the physical environment and also the care offered on a unit, women will be seen as individuals rather than as a homogeneous whole.

What are the most urgent areas of gender inequality that Victoria should tackle first?

The Network has long lobbied to make public psychiatric wards places of healing for women. It has informed government policy with regards the establishment of women's only corridors in public psychiatric wards. These have proved to benefit women's feelings of safety in these often unsafe environments.

Case study-strengthen accountability in Policy and Statewide mental health practice

Health and wellbeing are paramount, especially when mental illness can make women vulnerable to many forces and open to abuse. Promoting safety and gender sensitivity for women and members of the LGBTIQ community is important. More corridors are needed if not a shift to single sex wards, which we advocate are more beneficial to women consumers.

Government in consort with organisations such as the Network can work towards these goals. To achieve gender sensitivity, steps must be taken to make the physical environment safer backed up by a staff culture of genuine authentic gender sensitivity. The Network is developing a Gender Sensitivity Audit Tool (GSAT) which services can apply to assess their compliance with new gender sensitivity standards in reality. For example, a women's only corridor is ineffective if male patients are allowed to access it. Having locks on bedroom doors does not address female vulnerability at night when the night staff insist on leaving bedroom doors constantly ajar for night checks. Government funding to access this GSAT audit tool for services and its inclusion in accreditation standards would ensure services are operating at current best-practice.

⁵ A recent study by the Victorian Mental Illness Awareness Council reported that '85% of females felt unsafe during hospitalisation, 67% reported experiencing sexual or other forms of harassment ... and 45% of respondents had experienced sexual assault during an in-patient admission' (VMIAC, 2013).



Female consumers are at a definite disadvantage in the acute psychiatric system, constituting lower numbers and being made exposed to male consumer's violence, aggression, and sexual advances/attacks simply by the need to access services for their mental health and wellbeing. We need urgent and continuous interventions throughout the psychiatric system to allow female consumers to feel safe and experience a healing environment when unwell.

How do we encourage women and girls to take up leadership roles?

The Network encourages government and all mental health services across Victoria to ensure consumers, especially women, are not only safe but can rely on a sensitive response to their individual gender needs. Staff training focused on safety and gender sensitivity is key to responding positively to women's individual needs, however ongoing implementation and monitoring are equally important.

Over recent years the Network has been proactive in assisting women to tell their own stories to nurses and other staff and the outcome has been very positive.

Case study-promote women in leadership where their voice can be heard

The Network offers its 'Women Speak Out' and rural focussed 'Breaking the Silence' programs, to women who have a lived experience of mental illness, to give them the tools that empower them to be proactive in their lives. The modules seek to increase women's confidence to speak out about their life worlds, and project a more positive image of living with mental illness. The modules build on women's strengths to foster confidence and self-awareness, and ultimately lead women onto committees and public forums. Public speaking opportunities help women to maintain and develop acquired skills to act as mentors, offering hope to other women in difficult circumstances. Evaluation findings provide solid evidence of the successes of our programs, which are continuously reviewed and adjusted to best meet participants' needs (Goodyear & Fernbacher, 2016).

Funding and promotion to local and state-wide services to encourage women to take on these courses would expand the number of women consumers reached and therefore increase overall numbers of women trained in leadership roles.

The Network seeks to expand these leadership training opportunities; we are well positioned to develop and nurture them due to our strong partnerships with consumers, carers and organisations.

How do we address inequality among the most diverse and disadvantaged groups of women?

Case study – promoting diversity and gender sensitivity in practice

The Network has over the years identified that women have been disadvantaged in psychiatric wards because they are faced with abusive and violent male behaviour which in many cases prevents a healing environment. The same may be said for people who identify as LGBTIQ. This cohort can face abuse and humiliation at the hands of other consumers and sometimes staff as well as insensitive service provision. The Network seeks to address these issues with its Building Gender Sensitivity and Safety training modules. Attitudes of staff can often translate into a good or bad experience of hospital for the consumer. Better trained nurses and clinicians means enhanced awareness of issues women and LGBTIQ consumers face and make for a better hospital experience for them.



CALD women are can be doubly disadvantaged in a system unadapted to the specific cultural needs of different ethnic groups. Muslim women in particular are confronted with challenging circumstances when sharing public facilities with male consumers. The Network has worked in consultation with ADEC (Action on Disabilities in Ethnic Communities) to run our 'Women Speak Out' Program for CALD female consumers. This has helped to empower the CALD women and encouraged them to speak to the wider community and within their own communities on issues faced in the psychiatric system, and dealing with mental health. Evaluation validates the positive outcomes for CALD women participants (Sullivan, 2015). Funding to enable further such programs to be run would help reduce the isolation experienced by many women from CALD backgrounds.