National Mental Health Commission
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National Mental Health Commission

A national approach to women and children's mental health and wellbeing

The intersection between mental health and family, domestic and sexual violence is significant. National responses, and specifically the next National Plan to reduce violence against women and their children, need to address mental health and wellbeing as part of a cross-sector and whole-of-government approach to violence.

Recommendation

The National Mental Health Commission (the Commission) recommends the next National Plan to Reduce Violence Against Women and their Children (National Plan) includes a priority action for development of a National Mental Health and Wellbeing Strategy for Women and their Children experiencing Domestic Violence. This work could be led by the Commission, in collaboration with key stakeholders including women and children with lived experience of domestic violence and mental ill-health.

Introduction

Despite clear evidence of the intersection of mental health and domestic violence, there has been limited coordinated effort or approaches at the national level in addressing the mental health and wellbeing needs of women and children experiencing domestic and family violence. Greater consideration of mental health and wellbeing across domestic violence, including its short, medium and long term impacts, is vital. As such, the National Mental Health Commission recommends the next National Plan includes a priority action for the Commission to develop a National Mental Health and Wellbeing Strategy for Women and their Children experiencing Domestic Violence.

About the National Mental Health Commission

The Commission was established in 2012 and is an executive agency in the Australian Government Health Portfolio. The Commission is a listed entity under the Public Governance, Performance and Accountability Act 2013 with the Commission's purpose set out in clause 15 of Schedule 1 of the *Public Governance, Performance and Accountability Act* 2014.

The Commission's purpose is to monitor and report on investment in mental health and suicide prevention initiatives; provide evidence-based policy advice to Government; disseminate information on ways to continuously improve Australia's mental health and suicide prevention systems; and act as a catalyst for change to achieve those improvements. This includes increasing accountability and transparency in mental health through the provision of independent reports and advice to the Australian Government and the community.

In May 2020, National Cabinet endorsed the National Mental Health and Wellbeing Pandemic Response Plan (Pandemic Response Plan), developed by the Commission in collaboration with states and territories. Working with the Office for Women, the Commission identified people experiencing family, domestic and sexual violence as a priority population and included response actions and recovery considerations to ensure the mental health and wellbeing of these people were a priority in the pandemic response. The Commission is responsible for monitoring implementation of the Pandemic Response Plan as well as actions and programs that address the immediate actions and priority areas of the plan.

In July 2020, the Commission made a submission to the House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into Family, Domestic and Sexual Violence (FDSV) outlining an approach that encourages greater coordination and partnership between the mental health and FDSV systems and sectors at the national level. The underpinning of a trauma-informed lens is pertinent to this whole-of-government, whole-of-life, cross-sector approach. A copy of the submission is available on the Inquiry webpage (submission reference number 28).In this submission, the Commission will use the term domestic violence as an umbrella term to broadly refer to a range of types

of violence commonly used against women and children including domestic, family, and sexual violence. This term is not used where it would misrepresent the data source cited. The Commission notes that intimate partner violence is another commonly used term to describe violence used by current or ex-partners in an intimate relationship. In addition, the Commission acknowledges that family violence is the preferred terminology for Aboriginal and Torres Strait Islander people.[1]

The intersection between women and their children's mental health and domestic violence

Domestic violence is a significant issue in relation to the safety of women and children in Australia and globally. Domestic violence can have significant and long-lasting impacts on mental health and wellbeing. While domestic violence can happen to anyone, this kind of violence is experienced primarily by women, in the home and perpetrated by someone they know (likely a current or ex-partner).[2] Global prevalence studies have indicated that women who have experienced intimate partner violence are almost twice as likely to experience depression and women who have experienced non-partner sexual violence are 2.6 times as likely to experience depression and anxiety.[3]

Partner violence is a major health risk factor for women. In 2015, for women aged 15 and over, mental health conditions were the largest contributor to the disease burden due to domestic violence; these conditions included depressive disorders (43%), followed by anxiety disorders (30%) and suicide and self-inflicted injuries (19%).[4] Women who have experienced domestic violence are four and-a-half times more likely to die by suicide.[5] Aboriginal and Torres Strait Islander communities also experience domestic at significantly higher rates than the general population.[4] Additionally, children who are exposed to domestic and family violence are at an increased risk of developing mental health issues as well as developmental, behavioural and learning difficulties.[6]

Women in the Australian Longitudinal Study on Women's Health survey who experienced domestic violence have reported consistently poorer mental health compared to women who had never experienced domestic violence. Poorer mental health persisted even after the abuse ceased. A consistent risk of income stress was also found.[7]

The impact of the COVID-19 pandemic

The COVID-19 pandemic has impacted the mental health of women, particularly those who are vulnerable to, or are experiencing violence. In 2020, the Commission engaged the Centre for Women's Health Research at the University of Newcastle to provide a report on women's mental health during the pandemic. The research on which the report is based was conducted as part of the Australian Longitudinal Study on Women's Health (ALSWH) at the University of Newcastle and the University of Queensland.

Initial findings have included:

- Poor mental health, poor general health, high stress, income management difficulty, and history of violence prior to the pandemic were risk factors for experiencing psychological distress during the pandemic in 2020. Optimism, social support, and resilience were factors that protected against psychological distress.
- The data confirms COVID-19 acted like most other stressors in exacerbating existing or previous issues in terms of mental health outcomes.
- The COVID-19 surveys found the 25-31-year-old cohort was most impacted by COVID-19. Women in this cohort were significantly more likely to report higher levels of stress and psychological distress, experiences of economic insecurity (extreme financial distress, critical money shortages) and interpersonal abuse than women aged 42-47 or 69-74. There is a concern for this age group regarding perinatal mental health, given this cohort represents an age at which women start having families in greater numbers.

- Women who had experienced historical violence were more likely to report high or very high psychological distress during 2020, compared to those who had not reported violence (40% versus 23% of women aged 25-31, 21% versus 10% of women aged 42-47, and 8% versus 3% of women aged 69-74).

- Women who had experienced recent violence were also more likely to report high or very high psychological distress during 2020, compared to those who had not reported violence (33% more likely for women aged 25-31 and 28% more likely for women aged 42-47).

- For a proportion of women, the pandemic created situations where they were vulnerable to abuse and violence from family, intimate partners and the general public, in places where they live, work and learn. This was particularly true for women with a history of experiencing violence, and essential workers.

- While the data suggests telehealth is beneficial for some women, there were barriers to its use and the use of other services by women who lived with abuse. Based on these findings, it appears that the provision of telehealth is helpful for some women, but may also be seen as a barrier or undesirable option by other women, depending on their circumstances and requirements.

These findings demonstrate the importance of mental health and wellbeing as a key consideration in the development of the next National Plan, especially given the context of the ongoing COVID-19 pandemic and measures to address it such as lockdowns. For further details on the impact of the COVID-19 pandemic refer to the Commission's submission to the Senate Inquiry into family, domestic and sexual violence and the Commission's Pandemic Response Plan.

Limited consideration of the mental health and wellbeing intersection in policy, planning and service delivery

Despite clear evidence of the intersection between mental health and domestic violence, there has been limited coordinated effort or approach at the national level in addressing this intersect. Known issues include a lack of coordination between the domestic violence and mental health and suicide prevention sectors; and lack of evaluation and data on prevalence of co-occurring domestic violence and mental illness or distress. While partnerships or collaborations between domestic violence and mental health sectors may be occurring within pockets at the jurisdictional level, at the national level efforts are unclear and inconsistent.

Recent reform activities in the mental health and suicide prevention sector, notably the *Productivity Commission's Inquiry into mental health*, the *Royal Commission into Victoria's mental health system*, the *National Suicide Prevention Adviser's Final Advice* and *Vision 2030*, have collectively identified the need for a whole-of-government approach to mental health and suicide prevention that takes a person-centred approach and encompasses the social determinants of health.

The Productivity Commission specifically called out domestic and family violence as a risk factor for mental ill-health over the life course as well as the link between domestic violence, homelessness, and mental health.[8] The Commission views encompassing the impact of domestic violence on mental health as a vital part of this whole-of-government approach and the broader reform agenda.

Currently, issues or priority areas of mental health and women's safety (in particular violence against women) are often addressed individually or as separate priority areas within national strategies (see for example the National Women's Health Strategy 2020-2030). At the service level this translates into:

- limited capability across mental health and domestic violence services to effectively respond to both issues i.e. issues are addressed in isolation of each other sometimes across multiple different services. This highlights the need for creating pathways to care and integrating services across sectors, including drug and alcohol, homelessness, unemployment, disability support, education and family welfare (as highlighted in the Pandemic Response Plan).

- a limited contextual understanding and trauma-informed response when issues are addressed in isolation of one another (refer to the Commission's Submission to the Senate Inquiry into family, domestic and sexual violence for more details). For example, psychosocial and behavioural symptoms in children as a result of trauma, are often misdiagnosed as behavioural symptoms of other childhood conditions such as ADHD and ADD in the absence of knowledge of exposure to violence. This can be harmful when children are prescribed medications for these disorders that exacerbate existing symptoms.[9]

There is growing consensus across sectors related to women's safety and mental health (both directly and indirectly) that to address a range of issues such as mental ill-health; drug and alcohol use; housing and economic security; and violence against women, a cross-sector, whole-of-society response is required. This approach acknowledges that these issues are inter-related and cannot be addressed in their entirety by a single sector, system, or government department alone.

The 2021 Senate Inquiry into family, domestic and sexual violence found the *National Plan to Reduce Violence Against Women and their Children 2010-2022* has not achieved its objective of a significant and sustained reduction in violence against women and their children. The inquiry concluded that governments cannot eliminate family, domestic and sexual violence alone and that a whole-of-society response is vital.

The inquiry acknowledged that despite developing the foundations for a bipartisan, cross-jurisdictional approach, cross-jurisdictional efforts need to be improved and strengthened to address gaps and harness opportunities for improvement. It has also noted that there is much that can be strengthened to provide increased coordination and consistency in working towards a national approach.

While the current National Plan works towards coordination and accountability across levels of government, it does not detail best practice for collaboration beyond the government sector such as non-government, community managed organisations and businesses who play a vital role in responding to domestic violence. Nor does it detail how partnerships across these levels could be best leveraged.

A National Mental Health and Wellbeing Strategy for Women and their Children experiencing Domestic Violence

Consideration of mental health and wellbeing across all aspects of domestic violence is vital, yet limited coordination efforts thus far have not been effective in achieving greater collaboration or consideration of mental health and wellbeing across sectors that intersect with domestic violence. This is evidenced in the siloed nature of approaches in both policy (strategies and plans) and service delivery. The current National Plan is silent on the intersect between domestic violence and mental ill-health.

A critical opportunity exists for governments to consider how cross-sector collaboration, and greater consideration of mental health and wellbeing across all touchpoints of domestic violence and related responses, could work towards greater health and wellbeing outcomes for women and their children in the context of domestic violence. Mental health and wellbeing can no longer be considered a separate issue to domestic violence and a mental health and wellbeing lens needs to be applied throughout the next National Plan.

Acknowledging the need for a coordinated and national approach to mental health and domestic violence, the Commission recommends the next National Plan includes the development of a National Mental Health and Wellbeing Strategy for Women and their Children experiencing Domestic Violence (the Strategy). The Strategy should consider existing jurisdictional plans and approaches to mental health and wellbeing in the domestic violence and related sectors. It should also analyse current gaps in jurisdictional and national approaches, including the longer term impacts on children. This will provide the framework to enable identification, integration and coordination of responses across the mental health, domestic violence and related sectors and ensure the consistent prioritisation of the mental health and wellbeing of women and their children. There is substantial work being undertaken in mental health and suicide prevention reform that the Strategy would need to align with to ensure the impact of domestic violence on mental health

is connected to the whole-of-government approach and the broader reform agenda. The Strategy should be an immediate priority action under the next National Plan and the Commission is well placed to lead this work in collaboration with key stakeholders including women and children with lived experience of domestic violence and mental ill-health.

The development of this national strategy is vital in ensuring that individuals receive coordinated, trauma-informed care no matter which system they access – whether it is through social services, mental health, disability, or housing for example. Coordinated care ensures that when a person does access supports outside of mental health, the workforce is equipped to provide warm referrals to appropriate mental health services, and ensures responses and supports within non-mental health services are trauma-informed. This will also support greater long-term recovery of women and their children.

The mental health system itself also has a way to go in appropriately responding to the impact of violence and trauma, with interim findings from the Victorian Royal Commission into Mental Health citing the need for a common understanding of trauma and violence informed care.[10] The Strategy would also work to strengthen a common understanding and appropriate response within the mental health and suicide prevention systems.

If tasked to develop the Strategy, the Commission would work with key stakeholders to deliver a final Strategy to the Minister for Health and Aged Care, Minister for Women, Minister for Families and Social Services/Minister for Women's Safety, within the first twelve months of implementation of the next National Plan. The Strategy would then be able to inform priority areas and recommendations for implementation in subsequent Action Plans.

Should you wish to discuss this submission in further detail, please contact Sacha Edema, Executive Director, Policy at sacha.edema@mentalhealthcommission.gov.au.

References

[1] Australian Institute of Health and Welfare. Family, domestic and sexual violence in Australia: Continuing the national story. 2019.
[2] Australian Government. The National Plan to Reduce Violence against Women and Their Children 2010–2022.
[3] World Health Organization. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. World Health Organization; 2013.
[4] Australian Institute of Health and Welfare. Family, domestic and sexual violence in Australia: Continuing the national story. 2019
[5] STOP MALE SUICIDE. Parliamentary inquiry into a better family law system to support and protect those affected by family violence. 3 May 2017; VIC.
[6] Campo M. Children's exposure to domestic and family violence: Key issues and responses. Journal of the Home Economics Institute of Australia. 2015;22(3):33.
[7] Mishra G, Byles J, Dobson A, Chan H-W, Tooth L, Hockey R, Townsend N & Loxton D. Report prepared for the Australian Government Department of Health, February 2019.
[8] Productivity Commission. Mental health: inquiry report, no. 95. Canberra: Productivity Commission; 2020. Available from: https://www.pc.gov.au/inquiries/ completed/mental-health/report
[9] Margolin G, Vickerman KA. Posttraumatic stress in children and adolescents exposed to family violence: I. Overview and issues. 2011.
[10] Royal Commission into Victoria's Mental Health System. Interim report. Royal Commission; 2019.