



UNPACKING THE DETERMINANTS: MIGRANT AND REFUGEE WOMEN'S MENTAL HEALTH

NOVEMBER 2022



**WOMEN'S HEALTH
IN THE NORTH**
voice • choice • power

ACKNOWLEDGEMENT

Women's Health In the North acknowledges Victorian Aboriginal people as the Traditional Owners of the land on which we provide our services – the Wurundjeri Woiwurrung people of the Kulin nation – and pay our respect to their Elders past, present and future. WHIN acknowledges that Aboriginal sovereignty was never given up and that we stand on stolen land. We are committed to Aboriginal self-determination and to supporting Treaty and truth-telling processes.

We recognise the ongoing leadership role of the Aboriginal community on gender equality and the health, safety and wellbeing of women and gender-diverse people. As First Peoples, Aboriginal Victorians are best placed to determine a culturally appropriate path to these in their communities.

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ACRONYMS

CALD	Culturally and linguistically diverse
GEN VIC	Gender Equity Victoria
NMR	Northern metropolitan region
WHIN	Women's Health In the North

ABOUT WOMEN'S HEALTH IN THE NORTH

As the regional women's health promotion and advocacy organisation for the northern metropolitan region of Melbourne (NMR), Women's Health In the North (WHIN) seeks to eliminate gender inequalities and improve the health, safety and wellbeing of women and gender diverse people.

WHIN's vision is that women and gender diverse people in the north have voice, choice and power in all aspects of their health, safety and wellbeing.

The principles that form the basis of WHIN's work include: human rights and social justice, feminism, collaborative leadership, intersectionality, inclusivity, and environment and place.

INTRODUCTION AND CONTEXT

Globally, five to ten million people cross an international border each year to take up residence in a different country with almost half being women (UNGA, 2016). There are many reasons why people leave their homes including work or study opportunities, seeking a better future for their children, or escaping persecution or violence (UNGA, 2016). Evidence suggests that women migrate to seek family reunification, educational opportunities, as well as escaping from gender-based discrimination or violence (Delara, 2016).

Approximately four million women or 15% of the Australian population were born overseas (ABS, 2020). In the northern metropolitan region (NMR) of Victoria, 37% of people were born overseas and 35% of households speak a non-English language at home (ABS, 2021). Migrant and refugee women are at risk for a variety of health concerns compared with Australian-born women, including infectious diseases that are prevalent in overcrowded refugee camps, malnutrition and undiagnosed chronic diseases (Cordes, 2021). Migrant and refugee poor health is linked to lack of cultural competency in healthcare, acculturation stress and social isolation (Cordes, 2021). The mental health of migrant and refugee women is impacted by these factors as well as other complex interactions with trauma and displacement distress (Sheath et al., 2020), which leads to high levels of anxiety, depression and post-traumatic stress disorder (PTSD) in this population (Mwunri et al., 2022). While the psychological trauma of migration has been well documented, emerging evidence indicates that psychological distress continues after migration and can result in chronic and severe mental health conditions (Sheath et al., 2020).

The VicHealth Mental Health Promotion Framework identifies three key determinants of mental health: social connectedness, freedom from discrimination and violence, and economic participation (Rychetnik & Todd, 2004). For migrant and refugee women, these social determinants are compounded by their experiences pre-migration and the additional barriers they face in a new country. While there are many benefits of immigration for women, adapting to a new social setting presents enormous challenges for them and their children (Sheath et al., 2020). Migrant and refugee women are required to navigate unfamiliar social systems and health systems, as well as adapting to government bureaucracy, new cultural practices and languages. Additionally, they must establish themselves and their children with adequate employment, schooling, housing, day-to-day resources and healthcare. Even after the initial resettlement period, they continue to encounter various challenges in their adopted country such as family separation, social isolation, inability to visit their home countries, financial difficulties, employment constraints, discrimination and racism (Mwunri et al., 2022). These challenges impact both the mental and physical health of migrant and refugee women over time (Mwunri et al., 2022).

The COVID-19 pandemic has presented additional challenges for women, especially migrant and refugee women, as evidenced by research from The Women's Mental Health Alliance (Women's Mental Health Alliance, 2019). This evidence indicates that COVID-19 had considerable impact on migrant and refugee women's mental health, intensifying existing mental health inequalities of this population. GEN VIC's 'This Conversation Is Not Over' report indicated that impacts on women's mental health during 2020 were severe and wide ranging and will continue into the years to come (GEN VIC, 2021). The 'Left Behind' study reported that 40% of migrant and refugee women lost their job, had their hours cut or were unemployed during the pandemic (GEN VIC & MCWH, 2021). This not only exacerbated financial inequalities, but also contributed to increased anxiety, depression and suicidal thoughts (GEN VIC & MCWH, 2021; GEN VIC, 2021). During the pandemic, GEN VIC reported that there was 2800% increase in demand at the women's mental health clinic at Alfred Hospital (GEN VIC, 2020).

Additionally, while facing decreased employment, 60% of migrant and refugee women reported an increase in unpaid caring work in addition to home-schooling (GEN VIC & MCWH, 2021). Due to changes in childcare and new working arrangements, 64% of respondents reported relying solely on parent only care, compared to 30% before the pandemic (Australian Institute of Family Studies, 2020).

During the pandemic, women withdrew from their superannuation at higher rates than men (GEN VIC, 2021), which will have a significant impact on women's retirement future financial position, since women already retire with 40 per cent less superannuation than men, on average (Riach et al., 2018). Evidence has shown that financial insecurity and dependency are predictors of women staying in abusive relationships, indicating that migrant and refugee women could be at greater risk of facing violence (GEN VIC & MCWH, 2021). Additionally, the frequency and severity of intimate partner violence also increases during and after emergencies and natural disasters (Parkinson & Zara, 2013). Other forms of inequality and discrimination such as racism, ageism and economic inequality are compounding these mental health impacts for migrant and refugee women.

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 (GEN VIC & MCWH, 2021). 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 (GEN VIC, 2021).



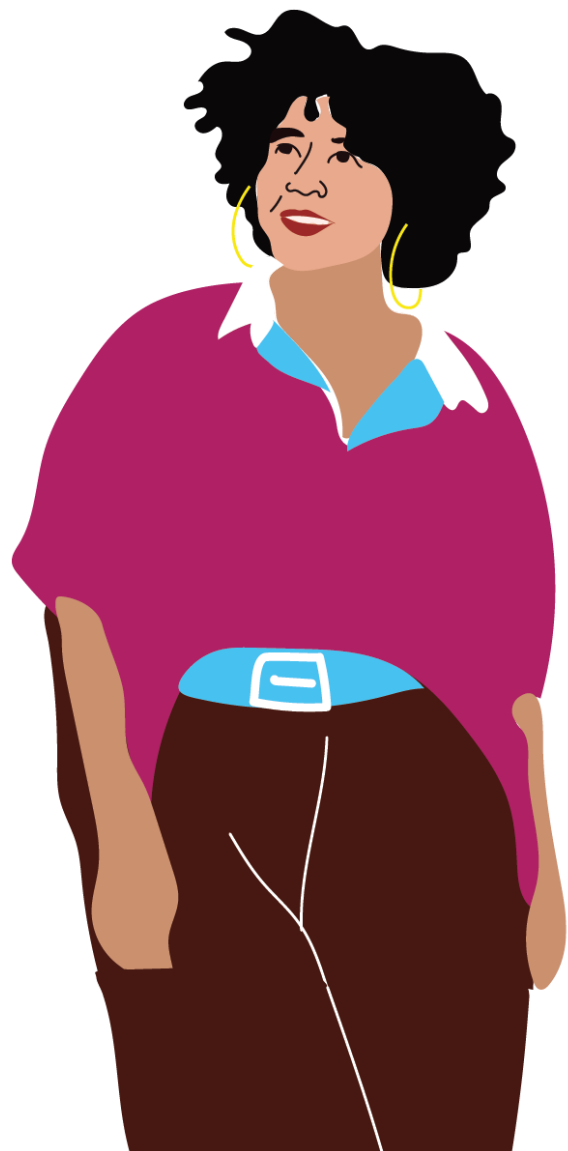
BACKGROUND TO THIS PROJECT

In 2021, Women's Health In the North (WHIN) was a partner in the WOMHEN project, a joint initiative of the Multicultural Centre for Women's Health (MCWH), Gender Equity Victoria (GEN VIC) and the regional women's health services. The project focused on building regional health promotion and education capacity to meet the needs of migrant and refugee women in the context of COVID-19. This work, combined with reports from WHIN's Family and Reproductive Rights Education Program (FARREP) worker during the same period, highlighted that migrant and refugee women in Melbourne's north are experiencing escalating challenges to their mental health.

This project used the VicHealth Mental Health Promotion Framework to guide the work. This Framework describes three key determinants for mental health: Social Inclusion, Freedom from Discrimination and Violence and Access to Economic Resources (Rychetnik & Todd, 2004). These determinants were identified as challenges for migrant and refugee women in the WOMHEN project.

This project explored how and where these determinants were being experienced by migrant and refugee women in Melbourne's north, and in so doing presents opportunities for developing effective prevention initiatives tailored to migrant and refugee women. Building on these relationships and working with her WHIN colleagues from the WOMHEN project, the project worker explored how community and institutional norms, practices and structures have impacted on social inclusion, freedom from discrimination and violence and access to economic resources for migrant and refugee women in the northern metropolitan region.

The outcome of this project is a series of recommendations to guide effective community health promotion action that is driven from the lived experiences of migrant and refugee women.



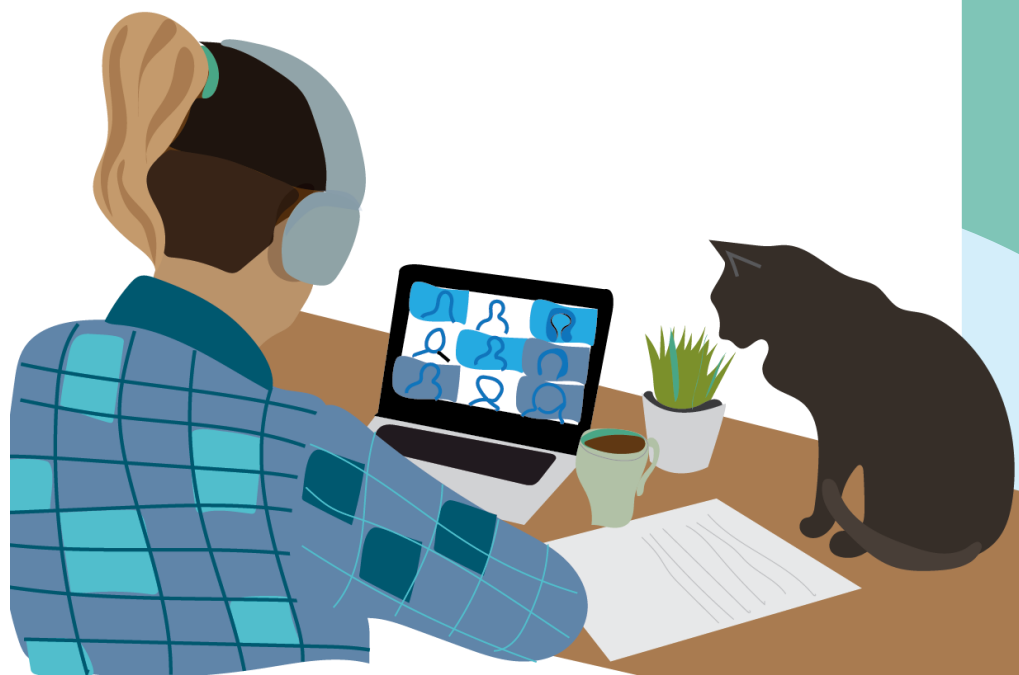
METHODOLOGY

WHIN surveyed and interviewed migrant and refugee women from the NMR of Melbourne, specifically exploring themes of social connectedness, economic participation and freedom from discrimination and violence. Participants were asked to reflect upon factors which might negatively impact their mental health as well as protective factors promoting mental health and wellbeing.

Steps involved in this project included:

- participant recruitment through trusted existing relationships with migrant and refugee women that WHIN had worked with in other programs
- discussion outline development for focus groups and one-on-one interviews
- development of a project brief, consent form, and referral list for mental health services to be provided to participants
- targeted communication with participants to ensure understanding of the project's purpose and activities, to provide support with technology and to gain informed written consent for their participation
- focus group facilitation: 13 migrant and refugee women across three focus group sessions, each lasting 1.5 hours. Participant backgrounds included: Eritrean, Ethiopian, Egyptian, Indian, Somali, Macedonian. Sessions were recorded and transcribed for use in this report
- thematic analysis of focus group discussions.

These reports of lived experience have been compiled into this project report which explores the mental health challenges for migrant and refugee women in the context of COVID-19, and the factors which determine these challenges. This report contains recommendations informed by focus group discussions and is intended to inform the development of future projects and programs supporting migrant and refugee women's mental health.



DETERMINANTS OF MENTAL HEALTH: FINDINGS AND THEMES

Key themes raised in focus group discussions mirrored the three key determinants for mental health in Vic Health's Mental Health Promotion framework: Social Inclusion, Freedom from Discrimination and Violence, and Access to Economic Resources. Examples of challenges reported by migrant and refugee women included navigating unfamiliar health and education systems, experiences of racism in the workplace, family violence, and managing intergenerational cultural differences. For newly arrived migrants and refugees in particular, these challenges were exacerbated by COVID-19 restrictions, which limited their ability to navigate and adapt to a new language, a new culture and new systems. These will be explored in more depth in following paragraphs.

WHAT DO YOU THINK IS BEHIND DIFFERENCES IN MENTAL HEALTH OUTCOMES?

Participants of the focus groups reported that they believe that migrant and refugee women suffer poorer mental health than women born in Australia. Participants were asked what factors contributed to this, with answers consistently containing themes about being born in Australia and having a secure, high income. Participants reflected that these factors impact the ability to find stable housing, and the ability to navigate health and education systems.

"Especially Muslim women, find it hard to find job even if she has the skills and the qualification. [This] is affecting my mental health because I will always be stressed and busy looking for job and a process of instability and research for job and decent life for me and my family. I feel there are some people in Australia have an opportunity to live healthier than others."

- Participant



EMPLOYMENT AND FINANCIAL STRESS

Unemployment and financial insecurity were cited as key determinants contributing to high levels of stress, anxiety, and depression among migrant and refugee women. Many women reported incongruence between their skills and qualifications, and the employment they have been able to access since arriving in Australia. They expressed frustration about gaining skilled visas to migrate to Australia, only to arrive and find employment opportunities are limited.

"They are expected to do jobs which are not aligned to their skills, and not even aligned to their physical and mental capacity."

- Participant

"How much have you gained and how much have you lost by being in a job that doesn't even align to your skills?"

- Participant

The lack of recognition for qualifications gained in other countries, was compounded by the inaccessibility of further study or work experience in Australia. The expenses and time commitment needed to upskill to Australian requirements were a significant barrier to women pursuing study or entering the workforce.

"If I want to do a teaching course here, how much money do I have to pay? I can't afford it. So that highly paid, whatever, education courses... I cannot afford right now and to get that, to get admission in that course I would have to again get my IELTSs, or English literacy, which is again a business in itself. They don't clear you on your first attempt. They will tell you 'Please join these teaching courses', which is additional money. The English literacy test is additional money."

- Participant

Those who had employment experiences in Australia, reported instances of racial discrimination and bias from employers and colleagues. While perhaps not intentionally malicious, the pile-on of microaggressions and backhanded compliments had detrimental impacts on the mental health of migrant and refugee women. To prevent these experiences, one participant suggested workplace education on how to accommodate and respect migrant and refugee women's capabilities.

"When I do my job perfectly and suggest great ideas, I see expressions of astonishment on their faces. They do not believe that we are smart, have knowledge or have the skills to complete the job. That is why they are not employing us and I have witnessed it with family members and people who I know."

- Participant

RACISM AND DISCRIMINATION

Participants reported encountering racism when attempting to find study or work as well as in the workplace. Opportunities are limited due to racial bias and assumptions which not only impact women's ability to find suitable employment, but also their mental health. Experiences of racism were not limited to the women interviewed, with many recounting that racial discrimination had been directed at their families and reflected on the difficulty in explaining these instances to children when the experiences are so hurtful.

Additionally, participants spoke about the challenges of finding a balance between calling out racism, and protective behaviours to preserve their own mental health and wellbeing. A participant suggested that workplaces need to be educated in how to accommodate and respect migrant and refugee women capabilities in workplace.

"Because [racism]'s embedded within that person or within the structure, and you can't challenge everything, every time, everyone. You will end up spending more energy and end up feeling more stressed, and it will not even reach the person intended."

- Participant

"A young lady educator from the university, you know, when she saw the document she says, 'Oh you can't work as a teacher here, because there's not enough pay and it's very hard to be a teacher here because of your accent.' And I was surprised at the people who were talking about discrimination regarding people with accents and people without accents."

- Participant

"My sister, when she was young, started a job at vegie shop. She was quick [to] learn. When the manager noticed she is a quick learner he trained her to do pay roll and she did a great job. The manger was impressed. However, the sad side of the story was that the manager said to my sister, 'I'm sorry but I thought black people are idiots and dumb. I am surprised that you are doing excellent job and I am very happy with you doing the pay roll.'"

- Participant

"I used to live in Perth 4 years and the big shock to the system for me I am not saying I didn't think there was racism in Australia. Moving from working in Melbourne to working in Perth was a whole shock system: the racism was in your face. I worked in transport which is very male dominated not female and I had a role where I did safety for the employees. I would turn up to show them a video of an incident in one of the warehouses just for awareness for their own safety. I'll be standing in front of the room and they'll make comments like "who are we waiting for" "whose going to do the session" and they know it's me but just to make me feel little. I'm black, Muslim and hijabi, you know, just everything in their face. It's very white dominant and the boss used to ask "how come you don't get upset" and I said why would I be upset? Being upset will make them happy and give them what they wanted. It didn't affect to where I would leave my job I let my bosses know and put it in writing. I didn't even care. I used to make sure I know my rights but it was a big shock to the system. Like, not expecting, you know, living in Melbourne all my life which is very multicultural. You see people like me everywhere. So yeah it was very different – it was a bit of a wakeup call, just the blunt racism."

- Participant

"I am sorry to say that but if you [are] a CALD person and you work with white people they cover and support each other against you, and you end up as a loser."

- Participant



INTERGENERATIONAL CULTURAL DIFFERENCES

In addition to external cultural differences, participants also noted intergenerational cultural differences within their family. This typically occurred when the parents were raised and born overseas but their children were born and raised in Australia. This created cultural clashes within the family, and participants noted the tension between wanting to maintain their culture and giving their children more cultural freedom.

"Also, children and you need to raise them in a society different to where they come from, how their parents raised them. This is all very... it affects them mentally because their children are raised in a different community. Some immigrant people, they try to make the home the same way as back in their country, and the children refuse that and become... you know, there's a clash between societies. This is a big issue also."

- Participant

INDEPENDENCE

Participants noted the importance of independence and autonomy as protective factors for their mental health and highlighted the negative effects when they are absent. The ability to drive and have work related skills were noted as essential to achieve independence. However, participants mental health was negatively impacted due to the systemic barriers around acquiring the skills.

"Another thing is having no driving license, Australian driving license, and for some people it is very hard to... I'm talking from my own experience... For me it was very hard to learn how to drive so I didn't have any driving license back in my country, Macedonia. It was really hard to learn how to drive here in Australia. Different rules, different streets. Lots of traffic which makes me feel stressed. That affects me really in a negative way on my mental health."

- Participant

"I think okay some people are not educated and that's fine because of their situation but you should still give full support in anyway the person needs to get a skill level where they can become independent and have work related skills and the better-quality life that we all came for."

- Participant

EARNING YOUR PLACE ATTITUDE

Participants who migrated several decades ago expressed an expectation that new migrants and refugees should accept the same challenges that they underwent.

"We, the community groups who have stayed here for 25 or 30 years and who have experienced the same sort of thing then, might have that opinion that the ones who come now will also have to go through the same drill to get there because there's no easy way upwards."

- Participant

FLEXIBILITY

Participants noted the lack of flexibility in several systems such as work, welfare and childcare. This not only added to financial stressors, but also contributed to poor mental health as many women felt like they were forced to choose between independence and financial security. This highlights the intersection between women's economic inequality and the assumed role of child carer due to gendered roles.

"Workplaces need to offer flexible hours for mums with little children, work should be available 9:30 am – 3:00 pm, Centrelink should give more hours of financial supported childcare."

- Participant

"Why should I work if all my earning goes to childcare, however, staying home all day with the children and do housework affecting my mental health I always feel depressed and stress."

- Participant

POWER

Throughout the discussions with participants, many voiced concerns about the lack of power they had to advocate for themselves, particularly in relation to racism and discrimination. Calling out racism could jeopardise the woman's job as well as financial security for her family. This power imbalance was also present when interacting with government systems to access financial support.

"How I am I supposed to record a conversation with my boss?..."

- Participant

PEER SUPPORT

Participants noted the importance of peer support as a protective factor for their mental health. Many women expressed that being able to share their experiences with people from similar backgrounds helped them feel seen, understood and supported. Additionally, the participants noted that being isolated from social networks can also lead to missing out on government programs and community led initiatives.

"I don't know who to go to with my problems in my community. But now because of this program I know that if I have issues with mental health and wellbeing, I can contact you. But before this I would only have my doctor to go to. But what would have been better and make me feel more comfortable is if instead I had someone in the community to talk to... the side-by-side program is educating us on services and places to go if we need assistance with health advice... what we need is some kind of group chat involving other migrant woman to help with health support."

- Participant

"They're sharing their story and I talk to them, and I feel like it changes my mental health and also how I look at things."

- Participant

PROTECTIVE FACTORS

Participants expressed the importance of small moments of joy as protective factors for their mental health, particularly pursuing hobbies, making time for social connections and self-care.

"Doing what I love to do in whatever time I have, that has helped me mentally. And also financially because there is some support of course."

- Participant

"My hair appointment, sometimes it took like 3 hours which is sometimes, you know can be exhausting, but it is relaxing when you have the perfect hairdresser."

- Participant

ADDITIONAL CHALLENGES FOR NEWLY ARRIVED MIGRANTS

COVID-19 presented new migrants and refugees with additional challenges that exacerbated their existing struggles with migration. Many women noted the difficulty of learning new systems, and then suddenly finding that everything had changed. Participants reported that restrictions associated with COVID-19 limited their ability to stay connected with family and friends when they need them for support, such as first-time mothers. Many women rely on family support after having a child, and the lack of access to this support significantly contributes to their social isolation and poor mental health.

"First time mum, after six months we are going in to lockdown. I felt lonely and depressed that was very hard I couldn't enjoy my child, I couldn't share first mum experience with people who I love for example being new mum, I felt roped in my first-time mum experience."

- Participant



"When COVID happened, that was the second year from my coming in this country. So I think it was early for the language. We still had language barrier, my kids and I. and sometimes we were struggling to understand some of the homework. And there was lots of Google search, lots of Google translate."

- Participant

"[For] the new arrived people it's more because everything is new for them and the health system and things are very affected. "

- Participant

FAMILY OVERSEAS AND LACK OF CONTROL

Participants highlighted the anxiety associated with being separated from their families, as well as not being able to contact them. Many women felt they had no control over what is happening in the world which created ongoing anxiety.

"They have lost their family members. They couldn't see them, they couldn't say goodbye. They suffer from anxiety episodes."

- Participant

FAMILY VIOLENCE

Family violence was a concern for participants, who perceived it as both an expression of poor mental health as well as a contributor to poor mental health.

"There was a lot of family violence, and also not just with the partner but with their kids. Their kids, like a lot of teenagers... I heard a lot of stories of very bad mental health situation. Even not just new migrant, even people who have lived here for a long time. They end up in hospital, the mental health hospital."

- Participant

DISABILITY

A participant discussed the intersection of migration and disability, noting the difficulty and complexity of navigating the NDIS. Accessing support for those without a formal diagnosis in place was a considerable barrier. Additionally, the NDIS classification of disabilities that qualify for support is very rigid, and excludes many people.

"I'm sensitive to the disability things because my son has a disability. Especially when you put your child somewhere, because you know he's not diagnosed yet, but there are things he needs. And they tell me 'Okay, we need to report that.' But no, that's the way he learns or the way he sees things. But they say no, you need to fill out an application and you do that. But then you come back again and you find that he didn't get any support. They don't let him join the group as a normal child, but at the same time they got the application to get support and he doesn't really get it. This has happened a lot. I see a lot of this."

- Participant

DISCUSSION

There were several limitations in conducting this project. The most notable challenge was recruiting a sufficient number of migrant and refugee women to participate in the focus groups. Given the sensitive nature of content in this project, we decided to limit recruitment to women already connected with WHIN, with whom there were existing relationships and trust. While this may have promoted openness in focus groups, it also may have skewed the sample to include women who were more aware of services and supports available to them through involvement in WHIN's past projects and community programs.

Another limitation is that this project represents migrant and refugee women as a homogenous group. While there are shared experiences and common themes among participant responses, we must emphasise the diversity among migrant and refugee populations based on language groups, countries of origin, migration experiences and length of time since their arrival in Australia. It was beyond the scope of this project to analyse participant responses through more discrete categories, but we recognise the need for further research that delves into the unique experiences between these groups.

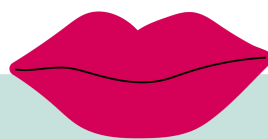
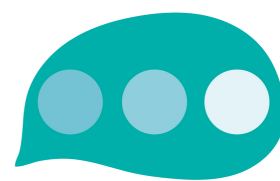
Though participant numbers were relatively low, the data we were able to gather is a valuable start in being able to explore the specific challenges that impact on the mental health of migrant and refugee women in Melbourne's north. Key themes raised in focus group discussions mirrored the three key determinants for mental health in Vic Health's Mental Health Promotion framework: Social Inclusion, Freedom from Discrimination and Violence, and Access to Economic Resources.

Participants reported specific challenges including navigating unfamiliar health and education systems, experiences of racism in the workplace, family violence, and managing intergenerational cultural differences. These challenges were exacerbated by COVID-19 restrictions for newly arrived migrant and refugee women in particular, which limited their ability to navigate and adapt to a new language, a new culture and new systems.



Participant responses clearly reflected the compounding impacts of sexism and racism, highlighting the specific challenges they face as women from migrant or refugee backgrounds. Examples of this included isolation as a first-time mother in a new country, racial bias and gendered assumptions in the workplace, and shouldering the responsibility of navigating unfamiliar education, welfare and childcare systems, including responsibility for home-schooling. Health promotion interventions must address the interaction of race and gender for migrant and refugee women, while simultaneously accounting for the wider range of structural factors that impact health outcomes.

While a significant portion of focus group discussion centred on the challenges to migrant and refugee women's mental health, participants also highlighted protective factors to their mental health. The importance of community connection was a strong theme throughout conversation, and peer support programs were mentioned as opportunities to share their experiences with people from similar backgrounds to help them feel seen, understood and supported.



RECOMMENDATIONS

Recommendations for future work to promote the mental health of migrant and refugee women in the north include:

- focusing on addressing the social determinants of mental health among migrant and refugee women (including social connectedness, economic participation and freedom from discrimination and violence, migration experience and racism)
- funding tailored programs supporting newly arrived migrant and refugee women to navigate and adapt to a new language, a new culture and new systems
- investing in further research examining migrant and refugee women's mental health, involving a larger and more representative cohort of women, and exploring nuances by language group, country of birth and time since arrival alongside other experiences of discrimination or disadvantage
- partnering with multilingual and ethno-specific organisations to facilitate tailored, intersectional mental health promotion programs that are gender equitable, accessible and culturally responsive
- building cultural competency in organisations and communities to redress the norms and stereotypes which negatively affect migrant and refugee women's mental health.

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