

# MENTAL HEALTH AND WELLBEING

## NORTHERN METROPOLITAN REGION 2023

**All people have the right to mental health and wellbeing across the life course.**

This fact sheet details the mental health of the women and gender-diverse people who call the northern metropolitan region (NMR) of Melbourne home.

The NMR includes the local government areas (LGAs) of Banyule, Darebin, Hume, Merri-bek, Nillumbik, Whittlesea and Yarra.



### WHO DEFINITION OF MENTAL HEALTH

**The World Health Organization defines mental health as a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well, work well and contribute to their community.**

Mental health is an integral component of health and wellbeing that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. It is an essential human right and is crucial to personal, community and socioeconomic development. Mental health is more than the absence of disease and rather exists on a complex continuum which is experienced differently by everyone.<sup>2</sup>

### CONTENT WARNING

**This fact sheet addresses self-harm, suicide and family violence.**

If you or someone you know needs mental health support, help is available. See the last page of this resource for helpline information.

### DEMOGRAPHICS

**The NMR is home to 1,072,469 people, of which 544,519 are females (51%).** There are 8426 people who are Aboriginal or Torres Strait Islander (0.8%). There are 399,308 people born overseas (37%), and 152,033 households that speak a non-English language at home (35%).<sup>1</sup>



Women's Health In the North acknowledges Victorian Aboriginal people as the Traditional Owners of the land on which we provide our services.

## A NOTE ON GENDER

WHIN works to eliminate gender inequities and improve outcomes in women and gender-diverse people's health, safety and wellbeing. We acknowledge that there are data limitations that have restricted the inclusivity of this resource. This includes a lack of data on gender-diverse people in Australia, as well as mental health data being segregated by sex. We are continuing to advocate for data representation for the LGBTQIA+ community.

### Research report Private Lives 3<sup>3</sup> provides insight into the mental health and wellbeing of LGBTQ+ people in Victoria, with findings including:

Over **one-quarter of Private Lives 3 participants in Victoria reported experiencing very high levels of psychological distress**, which is over five times higher than among the general Victorian population.

72.2% of trans men, 68.3% of trans women and 73.3% of non-binary participants reported experiencing high or very high levels of psychological distress compared to 54.3% of cisgender women and 42.3% of cisgender men. This **demonstrates clear differences in mental health and wellbeing between transgender and gender-diverse people within LGBTQIA+ communities, and their cisgender peers.**

## MENTAL HEALTH CONDITIONS

In the 2021 Census, 570,949 Victorians reported ever being diagnosed with a mental health condition lasting 6 months or more. **This total comprises 61.7% women and 38.3% men.**

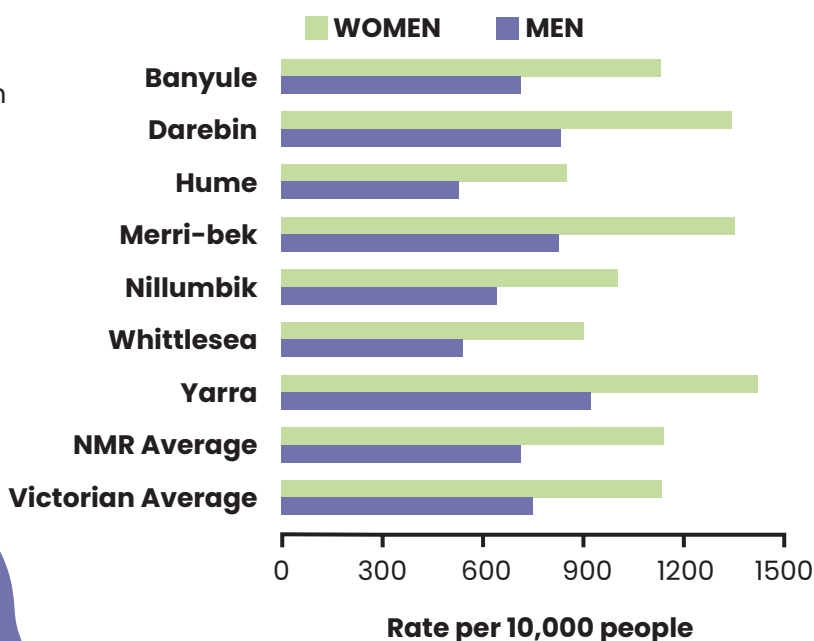
The NMR average rate per 10,000 people measured at 934 compared to the Victorian average at 949 per 10,000 people.<sup>4</sup>

**41.9% of Private Lives 3 participants reported that they had considered attempting suicide in the previous 12 months, almost twenty times higher than the 2.3% reported among the general population.** 74.8% reported considering attempting suicide at some point during their lives, which is more than five times higher than the general population. Within the participant cohort, these rates were higher among trans and gender-diverse participants compared to cisgender participants.<sup>3</sup>

This data presented is at a state-wide level, however we do not currently have access to data at an LGA level. We will continue to advocate for data specific to the LGBTQIA+ communities in our region.



### MENTAL HEALTH CONDITIONS EVER DIAGNOSED RATE PER 10,000 PEOPLE 2021<sup>4</sup>



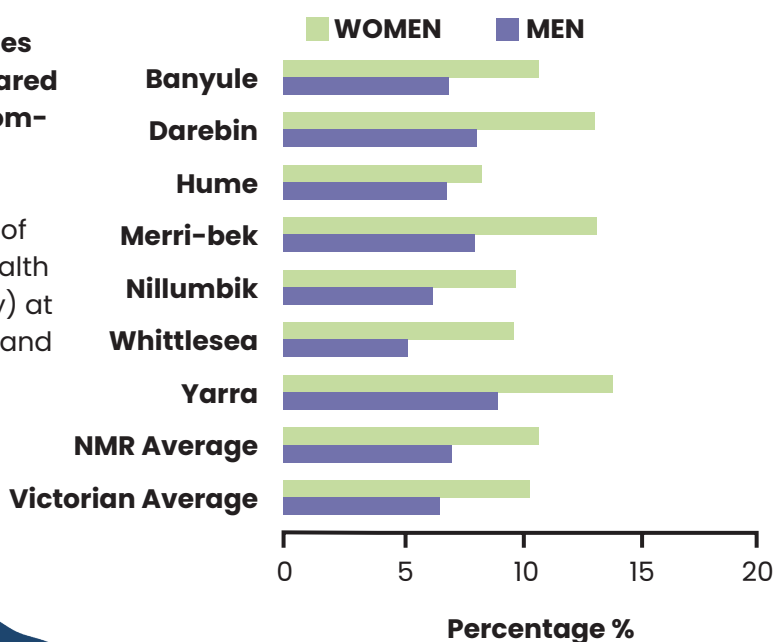
## ANXIETY AND DEPRESSION

Anxiety and depression are the most common mental health disorders. In 2020–21, the National Study of Mental Health and Wellbeing reported that one in four women (24.6%) had a 12-month mental health disorder compared with men (18.0%). **Women also experienced higher rates than men of anxiety disorders (21.0% compared with 12.4%) and affective disorders (8.5% compared with 6.2%).**<sup>5</sup>

In the NMR, Yarra had the highest proportion of women who responded to having mental health conditions (including depression and anxiety) at a rate of 14.3%, followed by Merri-bek (13.6%) and Darebin (13.5%).<sup>4</sup>



### % MENTAL HEALTH CONDITIONS INCLUDING DEPRESSION AND ANXIETY 2021<sup>4</sup>



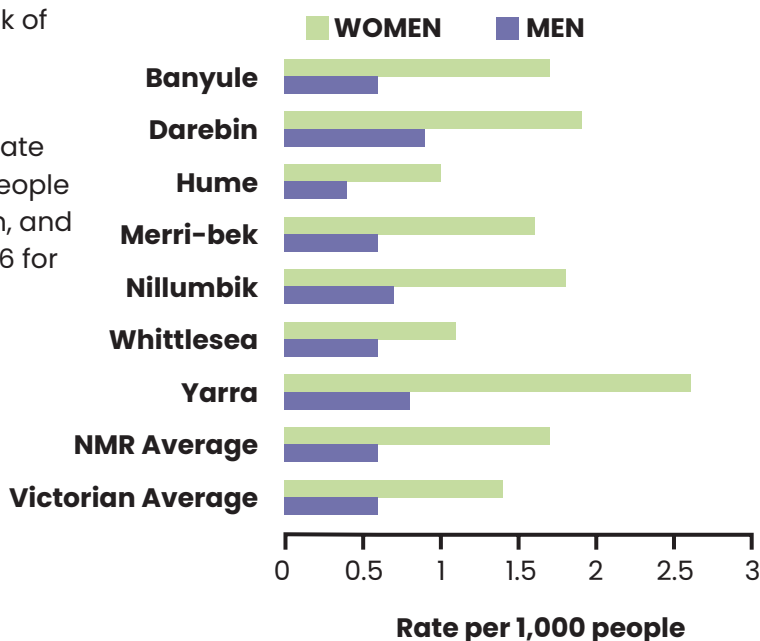
## SELF-HARM

Self-harm is the act of deliberately hurting one's own body and is linked to increased risk of suicidal behaviour and suicide.

**Women represent two thirds of self-harm hospital admissions in Victoria.** In 2021 the rate of self-harm hospital admissions per 1,000 people in Victoria was 1.4 for women and 0.6 for men, and this was reflected in the respective rates of 1.6 for women and 0.6 for men in the NMR.

For women, self-harm often begins in adolescence, and young women make up a significant proportion of self-harm-related hospitalisations.<sup>4</sup>

### SELF-HARM HOSPITAL ADMISSIONS RATE PER 1,000 PEOPLE 2021<sup>4</sup>



**If you or someone you know needs mental health support, see the last page of this resource for helpline information.**

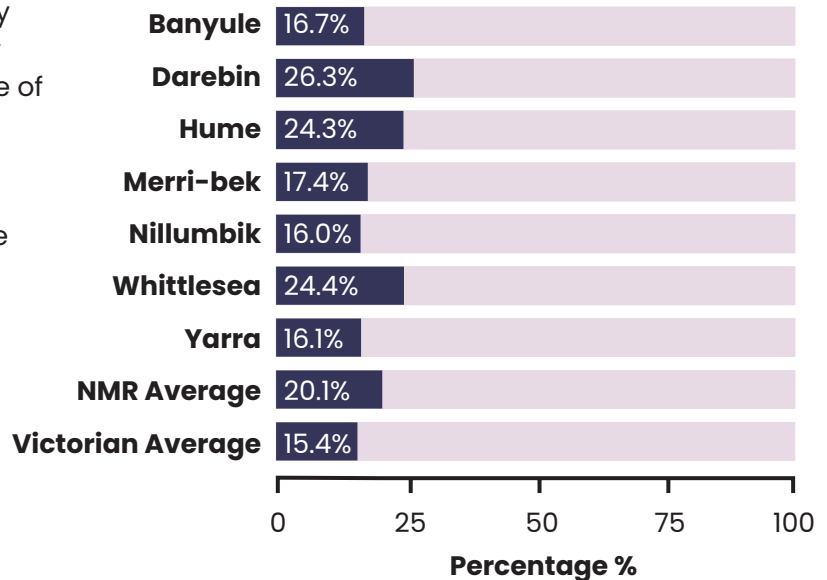
# PSYCHOLOGICAL DISTRESS

**According to the Victorian Women's Health Atlas, a greater proportion of women have high or very high psychological distress compared to men in all age groups.**

In 2017, Victoria's average rate of people who reported experiencing psychological distress was 15.4%, whereas in the NMR, high or very high psychological stress was reported by 20.1% women and 11.0% men. Women in five of the seven LGAs in the NMR experience a higher rate of psychological distress compared with the state average, with Darebin having the highest rate across the NMR.<sup>4</sup>



## % WOMEN REPORTING HIGH OR VERY HIGH PSYCHOLOGICAL DISTRESS 2017<sup>4</sup>



## IMPACT OF GENDER AND OTHER FACTORS ON THE SOCIAL DETERMINANTS OF MENTAL HEALTH

### SOCIAL DETERMINANTS OF MENTAL HEALTH

- social inclusion
- freedom from violence and discrimination
- economic participation.<sup>6</sup>

Mental health affects all of us and contributes to the burden of disease. Across all three of the determinants of mental health, women are disproportionately affected due to gender and other multiple forms of disadvantages and systematic barriers. Globally, and in Australia, women are nearly twice as likely as men to suffer from a mental illness.<sup>7</sup>

Gender inequalities such as women representing higher numbers in precarious casual and part-time employment, social assumptions about gendered caring responsibilities and domestic work, all contribute to making women prone to experiencing mental ill-health.

The literature also describes how mental health outcomes for First Nations and migrant and refugee women, women with disabilities, and LGBTQIA+ women and trans and gender-diverse people reflect the compounding forms of marginalisation and racism, colonisation, homophobia, transphobia, ableism, and ageism. These factors are not equally experienced across the population.

**There is a complex intersection between gender-based violence and mental health. Mental ill-health can be an outcome of gender-based violence, a barrier to accessing support and a tool used by perpetrators of gender-based violence. Mental ill-health is a compounding factor, especially for women and gender-diverse people who experience other forms of discrimination and stigma, which can be exacerbated through experiences with the justice system.<sup>8</sup>**

## CLOSE-KNIT COMMUNITY

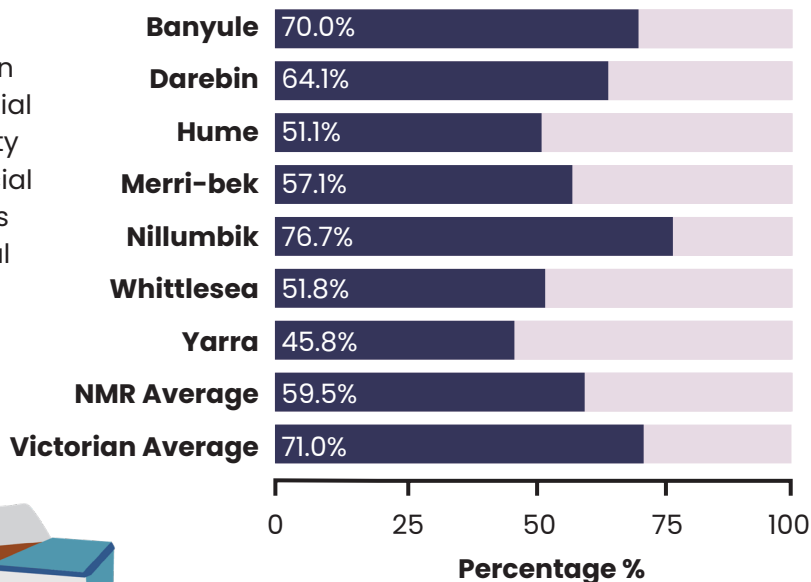
**As of 2015, all but one of the NMR LGAs report a lower than state average sense of a close-knit community than the state average for women.**

The percentage of women with self-reported agreement with living in a close-knit community in the NMR was 59.6%, compared to the Victorian women average of 71.0%.<sup>4</sup>

This indicates that 40.4% of women living in the NMR missed out on the health and social benefits of being in a close-knit community including reduced isolation, increased social participation, a sense of belonging, access to support when needed, improved mental wellbeing, and reduced mortality.



### % WOMEN REPORTING SENSE OF CLOSE-KNIT COMMUNITY 2015<sup>4</sup>



## IMPACT OF COVID-19 ON THE DETERMINANTS OF MENTAL HEALTH

During the COVID-19 pandemic, the determinants of mental health were prevalent – showcasing gender inequity and the need of a systemic approach to support migrant and refugee women.

**The lockdowns demonstrated what was already known: women experience higher levels of depression due to isolation, and their mental health is challenged by unstable financial conditions due to low paid jobs, casual employment and lack of work.**

At the Alfred Hospital alone, in just one month during the pandemic lockdowns, the demand at the Women's Mental Health Service rose by 2800% indicating the difficult mental health conditions that women were facing. Furthermore, women were more likely to access their superannuation emergency COVID funds, and depleted their funds at a much higher rate than men. During lockdowns, women were also more likely to feel nervous, that everything was an effort, and lonely.<sup>9</sup>

In periods of crisis the rise of gender-based violence is common. Despite the limited amount of data available, reports from China, the UK and the USA suggest an increase in incidents of gender-based violence incidents.<sup>10</sup>

The impact that the pandemic had on migrant and refugee women was exacerbated even further as these women experience additional difficulties of employment disadvantage, separation from support networks and poorer access to government payments.





## HELPLINES

If you or someone you know needs mental health support, help is available.

	Phone number	Website
<b>BEYOND BLUE</b>	1300 22 4636	<a href="http://www.beyondblue.org.au">www.beyondblue.org.au</a>
<b>LIFELINE</b>	13 11 14	<a href="http://www.lifeline.org.au">www.lifeline.org.au</a>
<b>SUICIDE CALL BACK SERVICE</b>	1300 659 467	<a href="http://www.suicidecallbackservice.org.au">www.suicidecallbackservice.org.au</a>
<b>HEAD TO HEALTH</b>	1800 595 212	<a href="http://www.headtohealth.gov.au">www.headtohealth.gov.au</a>
<b>FRIENDLINE</b>	1800 424 287	<a href="http://www.FriendLine.org.au">www.FriendLine.org.au</a>
<b>QLIFE</b>	1800 184 527	<a href="http://www.qlife.org.au">www.qlife.org.au</a>
<b>PANDA</b>	1300 726 306	<a href="http://www.panda.org.au">www.panda.org.au</a>
<b>SAFE STEPS</b>	1800 015 188	<a href="http://www.safesteps.org.au">www.safesteps.org.au</a>
<b>1800RESPECT</b>	1800 737 732	<a href="http://www.1800respect.org.au">www.1800respect.org.au</a>

## REFERENCES

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