Mental Health Foundation OF NEW ZEALAND
mauri tū, mauri ora

17 March 2023

Women's Health Strategy
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Tēnā koe

Submission: Women's Health Strategy

Tuia te rangi e tū nei
Tuia te papa e takoto nei
Tuia i te here tāngata
Tihei mauri ora
He hōnore, he korōria ki te atua ki te runga rawa
He whakaaro maha ki a rātou kua haere ki te wāhi ngaro
Rau rangatira mā, anei ngā whakaaro me ngā kōrero nā Te Tūāpapa Hauora Hinengaro

Thank you for the opportunity to comment on the Women's Health Strategy. The Mental Health Foundation of New Zealand (MHF) welcomes the establishment of this strategy to address inequities of health outcomes for women and gender diverse communities.

Our submission focuses on the mental health and wellbeing needs and aspirations of women and gender diverse communities. We identify specific areas of strategic focus and action in the areas of perinatal mental distress, eating disorders, gender-based violence in facilities and mental health concerns faced by gender diverse communities.

Gender diverse communities face unique health and mental health inequities, and we note calls from rainbow advocate groups for a dedicated rainbow mental health strategy. In lieu of a separate health strategy, we recommend the Women's Health Strategy:

a) be renamed so it clearly recognises gender diverse populations, and
b) contains dedicated sections to address the needs of the diversity that exists within gender diverse communities.

We recommend you refer to the Out Loud Report, the The Adhikaar Report, and Te Ngākau Kahukura's submission to the Government's Inquiry into Mental Health and Addiction for a fuller understanding of the mental health and addictions issues facing rainbow communities, and the solutions.

Women's wellbeing, mental distress and illness

At a population level **women experience worse mental health outcomes in comparison to men on multiple measures.** For example:

- Women are significantly more likely to say they have felt stressed to the point that it affects their ability to cope with daily life. They are also significantly more likely to report having felt depressed for a prolonged period of time (Ipsos NZ, 2022).
- More than half of people living alone are women, and over 80 percent of sole parents are women. Compared to other family types, sole parent families have very low net worth, higher rates of loneliness and low levels of life satisfaction (The Treasury, 2022).
- Women were more likely than men to be anxious than happy (a negative net effect), 12.3 percent and 8.6 percent, respectively (Statistics NZ, 2021).
- Women experience higher rates of psychological distress, and higher rates of 'negative' emotions such as sadness and worry (The Treasury, 2022).
- Māori were 1.6 times more likely to experience psychological distress than non-Māori in 2020/21. The ratio between wāhine Māori to non-Māori women was 1.7. Wāhine Māori have higher rates of mental distress due to

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confounding factors such as increased likelihood of living in poverty and higher rates of unemployment. Mental distress such as mood disorders, anxiety and eating disorders effect wāhine Māori significantly (Te Rau Matatini, 2008).

Parents and pregnant people are more at risk of poor mental health outcomes with 12-18% of mothers having depression, anxiety and other mental health conditions (these are also more common for Māori, Pacific and Asian women) (Ministry of Health, 2021). Suicide is the leading cause of death for pregnant women and new mothers in Aotearoa New Zealand. Nationally, each year, around 30 mothers end their lives, with Māori women being at much greater risk (Health Quality & Safety Commission, 2021). Maternal mental distress has far-reaching and life-long consequences for pregnant people and parents, their children, family relationships and whānau. Several reports have identified inadequacies with the way we prevent and respond to those experiencing perinatal mental distress (Walker, 2022; Health and Disability Commission, 2020).

Women are more likely to experience eating disorders than men, with Pasifika and Māori having higher prevalence rates for eating disorders (Oakley Browne, Wells, & Scott, 2006). International research suggests gender diverse people may also have higher prevalence rates (Watson & Saewyc, 2017). Eating disorders have the highest mortality rates of any mental health condition and cause considerable harm and distress for the individual and their whānau. During the nationwide noho rāhui/lock down, there was a 58 percent increase in calls to the Eating Disorder Association of New Zealand, Auckland's Tupu Ora specialist community eating disorder service saw an increase from 100 referrals to 180, and there was also an increase in admissions for those who need hospital care for their eating disorder (Health Quality & Safety Commission, 2022).

Self-harm in young people is growing and affecting young women the most. Stressors such as the lockdowns and self-isolation in response to the COVID-19 pandemic have resulted in a significant rise in hospitalisations from self-harm over the last year (Spence, 2022).

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There is evidence that women (and gender diverse people) are at higher risk of gender-based violence in mental health inpatient units and forensic units.[1] In forensic units men often outnumber women, and tāngata whaiora[2] are living in mixed gender environments which can lead to "unwanted sexual attention, discrimination or re-traumatisation" for women (McCarten & Leddy, 2019). Australian research indicates that 85 percent of women in inpatient units feel unsafe during admissions, with 45 percent experiencing sexual assault during that time (Jenkin, et al., 2022), with research suggesting the increased risk of gender-based violence is due to the effects of strong medication and their mental distress (Judd, Armstrong, & Kulkarni, 2009).

Poor wellbeing, suicide, mental distress and illness for gender diverse communities

It is widely recognised that gender diverse people experience disproportionate rates of negative mental health outcomes compared to gender-normative people (Carmel & Erickson-Schroth, 2016). Gender diverse communities are more likely to experience suicidal behaviour, depression and anxiety, eating disorders, substance misuse and social isolation. Two out of three gender diverse young people have considered suicide, and many do not feel safe at school (Lal, 2022). Transgender people experience very high levels of mental distress with one study showing 72 percent suffering from high or very high levels of mental distress and 65 percent being clinically diagnosed with depression (Tan, Ellis, Schmidt, Byrne, & Veale, 2020).

Gender diverse communities face challenges when seeking and accessing health care and support. General Practitioners may not have the education and skills needed to understand the particular needs of gender diverse communities (O'Connor-Harding, 2022), and they can face challenges in seeking support for certain conditions (e.g. we have heard in the case of endometriosis that specialists

[1] Forensic mental health units are responsible for the care and treatment of special patients and restricted patients within the legislative framework of the Mental Health (Compulsory Assessment and Treatment) Act 1992 (the Mental Health Act) and the Criminal Procedure (Mentally Impaired Persons) Act 2003.
[2] People seeking wellness. This is the preferred term for people with mental health and addiction needs.

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often do not understand their specific needs, they are often excluded from public conversations and their experience of the condition itself can negatively impact their mental health).

Recommendations

Priorities for systems change

We recommend the following principles and approaches to create effective system change for women and gender diverse communities:

- In line with the Pae Ora (Healthy Futures) Act 2022, ensure Te Tiriti o Waitangi is at the heart of the strategy, for example by ensuring it is guided by, and responsive to, the views, values and ways of being for wāhine Māori and takatāpui, and seeks to uphold self-determination and achieve equity of outcomes for these populations.

- Apply an equity lens to guide funding and resource decisions to address the inequities experienced by women, particularly wāhine Māori, Pacific women, women from ethnic minority communities and gender diverse communities. This includes recognising and prioritising the intersectionality of identity and disadvantage.

- Uphold human rights as central to implementing an effective, equitable and balanced future health system. Aotearoa New Zealand has ratified the Convention of Elimination of all forms of Discrimination against Women, which provides the mandate for creating equal access for women, including in the health system (United Nations General Assembly, 1979). Our laws and systems should reflect this.

- Focus on positive and holistic wellbeing rather than a deficits model of mental health. This means taking a public health approach with (1) a focus on preventing ill-health (2) promoting health and wellbeing, as well as (3) providing effective services and supports.

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- Take a whole-of-systems approach to address determinants of health and wellbeing, including domestic and intimate family violence,[3] racism and all aspects of discrimination, transphobia and homophobia.

- Follow a life course approach as there are population-specific factors to address across all ages as well as age-specific issues.

- Uplift and empower the collective or community to walk alongside women and gender diverse communities to support wellbeing.

We recommend the strategy be clear about how it will complement and advance existing aspirations and commitments expressed in *Kia Manawanui Aotearoa*, which are designed to achieve pae ora, and the guidance and expectations for the spectrum of services set by the *Mental Health and Addiction System and Service Framework*, including those targeted at women and gender diverse communities.

Specific areas of focus for mental health and wellbeing within the strategy

We recommendation the strategy prioritise the following areas.

- Invest in research, data and monitoring of the experience of women and gender diverse groups by ensuring data is captured well in key health surveys and supporting researchers (especially gender diverse researchers) to undertake population data analysis.

- Invest in perinatal health and mental health as the most effective and cost-effective way to address intergenerational disadvantage and tackling the high maternal suicide rate. Numerous reports have identified the need to better resource and change how our health system supports pregnant people and new parents and respond early and more effectively to signs of mental distress (Signal, et al., 2016). Investment in perinatal mental health does not only help the mother but supports future generations who can be

[3] Research shows women who experience domestic abuse are three times more likely to suffer from mental distress. Ongoing experience of physical and sexual violence along with psychological abuse can result in significant mental health challenges for women (Faculty of Medical and Health Sciences, 2023).

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significantly affected by the impacts of perinatal mental distress and mental illness (Ministry of Health, 2021).

- Build on recent investments to provide the full spectrum of responses – including in primary care, respite, peer support and specialist care – for eating disorders.
- Invest in kaupapa Māori services and models of care to achieve equitable outcomes for wāhine Māori.
- Address the lack of support and treatment options to accommodate children for women who experience mental distress and substance-related issues (Health and Disability Commission, 2020)
- Increase the availability of safe spaces for women and gender diverse people within specialist services to prevent violence, including sexual assault (Judd, Armstrong, & Kulkarni, 2009).

Specifically, for gender diverse communities, we recommend the strategy:

- Promotes national approaches to increase social acceptance and belonging, and addresses exclusion, discrimination and minority stress.
- Build cultural competence in rainbow issues and ensure safe and inclusive healthcare and social services for gender diverse people.
- Promote access to gender-affirming healthcare and social supports.
- Promote improved and timely access to appropriate, safe and effective mental health and addictions supports.
- Promote investment in gender diverse-specific support groups and organisations to provide structures for peer support and create opportunities for positive connections with other rainbow people.
- Build competence in the issues that gender diverse communities face along with greater utilisation of gender-sensitive trauma informed care.

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Workforce

The entire health workforce, including for mental health, needs to be supported to develop competence and confidence to work with gender diverse people and to be culturally competent. Training in different cultural practices and beliefs is essential to improve relationships between clinicians and tāngata whaiora. Clinical staff also need to have a greater understanding of the unique experiences of takatāpui tāngata whaiora. We recommend an increase in the number of gender diverse and takatāpui individuals being trained as part of the health and mental health workforce at all levels, particularly psychiatric nurses and doctors. There is also a need for more pathways for Māori and Pacific clinicians to enter the workforce at all levels of the sector.

Summary

Thank you for the opportunity to contribute to this important strategy. We welcome the opportunity to review and provide feedback on a draft version of the strategy when it is produced and hope the voice of affected communities continues to inform its development in a central way.

Mauri tū, mauri ora,

Shaun Robinson
Chief Executive

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About the Mental Health Foundation

The MHF's vision is for a society where all people flourish. We take a holistic approach to mental health and wellbeing, promoting what we know makes and keeps people mentally well and flourishing, including the reduction of stigma and discrimination (particularly on the basis of mental-health status).

The MHF is committed to ensuring that Te Tiriti o Waitangi and its Articles are honoured, enacted, upheld and incorporated into our work, including through our Māori Development Strategy. We are proud that Sir Mason Durie is a Foundation patron.

The MHF takes a public health approach to our work, which includes working with communities and professionals to support safe and effective suicide prevention activities, create support and social inclusion for people experiencing distress, and develop positive mental health and wellbeing. Our positive mental health programmes include *Mental Health Awareness Week*, *Farmstrong* (for farmers and growers), *All Sorts* (a national wellbeing promotion programme in response to COVID-19 and other natural disasters) and *Pink Shirt Day* (challenging bullying by developing positive school, workplace and community environments). Our campaigns reach tens of thousands of New Zealanders each week with information to support their wellbeing and help guide them through distress and recovery.

We value the expertise of tāngata whaiora/people with lived experience of mental distress and incorporate these perspectives into all the work we do.

Established in 1977, the MHF is a charitable trust, and our work is funded through donations, grants and contract income, including from government.

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