

Women's Health Symposium

UNIVERSITY HOUSE, ANU, CANBERRA | 22-23 OCTOBER 2019

Mental Health Priority

What is happening that can be built on?

- Initiatives providing evidence-based mental health support could be adapted or expanded to specifically meet the mental health needs of women and girls, such as:
 - Youth Aware of Mental Health, Be You, Shooting Stars Foundation and the Raise Foundation providing school education and youth mentoring
 - Mental Health First Aid training for adults – adapt for older school students and health care providers
 - The innovative NZ SPARX initiative, designed to reach young people through gaming, or online e-mental health resources, support and training such as eMHPrac
- The MRFF Million Minds Mission indigenous research
- DVA Mental Health and Wellbeing Strategy for veterans
- NW Melbourne PHN Place-Based Suicide Prevention Trial
 - Focusing on identified at-risk population groups, including CALD, refugees and asylum seekers, homeless people and LGBTIQ people

What can't be done without collaboration?

- Workforce capacity and support for health care providers
 - mental health training and support for GPs, allied health professionals, specialists, pharmacists and nurses in rural and remote areas
 - funding to support GP access to residential aged care facilities
 - greater support for the rural generalist pathway
- Greater access to data
 - Engage with AIHW on women's mental health data and demographics (for example, older women and homeless women)
 - Australian Health Study – link with gender specifics
- Work with housing and social services sector to ensure housing strategies include parity for women to improve access and equity across the priority populations

What actions can we take now?

- Address access to mental health diagnoses and care for older women, including in residential aged care facilities
 - often deteriorating mental health is overlooked as dementia or cognitive decline
- Address social isolation for women within aged care facilities and in the broader community
 - address causes of depression in older women and develop programs to increase connection
- Identify how best to target young women and girls with mental health issues
 - for example, [Doctors in schools](#) program or [adolescent health checks](#)
- Adapt the Centre of Perinatal Excellence (COPE) perinatal mental health initiatives for other areas of women's mental health care
- Link with migrant and multi-cultural populations and faith-based organisations to support mental health education for women
 - for example, through mosques and temples
- Through the Alliance, evaluate existing programs to determine what works

Who else needs to be involved?

- Primary health networks – [place-based solutions](#) and [mental health mapping](#)
- Aboriginal Medical Services and ACCHOs/NACCHO
- National Mental Health Commission ([Vision 2030](#))
- AIHW and relevant studies/CREs
- Alcohol and other drugs sector (and other co-morbidities)
- Crisis services
- Consumer organisations (such as [Leading Age](#) for older MH)
- Women and girls with lived experience, their families and carers

Mental Health – strong messages from the Symposium Session

- Mental health is a life course issue requiring prevention and intervention in the early years of life through to old age
 - Biology matters and provides insights into risk factors and responses
 - Psychosocial and environmental factors are equally important, particularly for specific groups of women
 - Mental health and wellbeing is part of other health priority areas for women and strongly influenced by environment, culture and resources
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