



3 April 2017

GPO Box 292
Adelaide SA 5001

Tel: 08 8303 0961
Fax: 08 8303 0963

ABN 11 525 031 744

premierscouncilforwomen@sa.gov.au

officeforwomen.sa.gov.au/premierscouncilforwomen

South Australian Mental Health Commissioner
SA Mental Health Commission
GPO Box 189
Rundle Mall
ADELAIDE SA 5000

Submission – South Australia’s Mental Health Strategic Plan

The South Australian Premier’s Council for Women (the Council) welcomes the opportunity to submit comments on South Australia’s Mental Health Strategic Plan (the Strategic Plan).

The Council is a high-level independent advisory body. We advise the Premier of South Australia and the Minister for the Status of Women on issues relating to women to facilitate a whole of government approach to meeting the needs of women in South Australia. The views expressed in this submission are those of the Council and do not represent those of the South Australian Government.

There are entrenched and persistent gender differences that influence women’s access to and experience within the health system. The Council recommends a gendered approach in the development of the Strategic Plan. It is of great importance that the different ways men and women access and use services are acknowledged in the Strategic Plan and processes are developed which specifically relate to the way women use our health systems. It is well established that difficulties in accessing health services are exacerbated by gender’s intersection with age, sexual orientation, cultural background, ethnicity, disability and location. It should also be recognised that gender plays a role as a risk factor in developing certain mental health disorders.

Using a generic (usually male-based model) is unlikely to create a Strategic Plan that recognises the wide diversity of our community including differences in gender, sexuality, culture, age and ability.

Developing a “gender blind”¹ Strategic Plan is also unlikely to create positive outcomes for either men or women because it cannot generate appropriate policies and programs for women while being based on a generic male norm. Issues affecting only women such as pregnancy, birth, pre and postnatal depression, and menopause can be a catalyst for mental health disorders.² Further to this, women and girls are more likely to suffer from body image and eating disorders.³ A gender blind strategy further means there is no path for the individual development of strategies to specifically address men’s mental health.

¹ UN Gender statistics manual: Integrating a gender perspective into statistics, <http://unstats.un.org/unsd/genderstatmanual/Glossary.ashx> at 7 February 2017

² Duggan, Maria, Investing in Women’s Mental Health: Strengthening the Foundations for Women, Families and the Australian Economy, Australian Health Policy Collaboration

³ Eating Disorders Victoria, Key Research and Statistics, <https://www.eatingdisorders.org.au/key-research-a-statistics> at 7 February 2017

Women and their children are at greater risk of experiencing domestic violence and sexual abuse than men within the community.⁴ Clearly, experiencing this kind of trauma can cause associated mental health problems.⁵ Women who suffer from mental health disorders are also more likely to experience domestic violence and sexual assault across their lifetime.⁶

The Strategic Plan must ensure that women and their children at risk of and/or experiencing domestic violence and sexual assault not only receive appropriate mental health care but also receive support from women's specialist services to ensure the abuse leading to accessing mental health care is also treated. When a mental health service is the first point of contact for a person experiencing domestic violence or sexual assault, plans should be in place for immediate responses that can increase the person's safety.

It should further be acknowledged that the majority of carers in the South Australian community are women.⁷ This Strategic Plan provides an excellent opportunity for the needs of carers to be examined and policies created to ensure carers are receiving appropriate support. Ensuring the health and wellbeing of carers also supports positive outcomes for the people for whom they are caring. We would like to see a mental health system that provides ongoing home support, training and study respite.

While many women will care for a loved one with a mental illness over their lifetime, we should also acknowledge the young women who will care for a parent or sibling from a young age. The Strategic Plan must not only acknowledge appropriate support is in place for them to continue to be the best carers possible, but also support them in their life choices including access to education and respite.

Mental health belongs to all South Australians and we would like to acknowledge the work of the Mental Health Commission in raising this awareness. However, we ask that ongoing commitment to psycho-social support be a necessary requirement of the Strategic Plan.

Thank you for the opportunity to comment on the development of the Strategic Plan. The Council looks forward with interest to seeing the final version.

Yours sincerely



Ms Miriam Silva

Chair

Premier's Council for Women

On behalf of all members of the Premier's Council for Women:

Maria Hagias (Deputy Chair)

Lorna Hallahan

Anna Lee

Leah Marrone

Kay Matthias

Anuradha Mundkur

Evelyn O'Loughlin

Louise Pascale

Nerida Saunders

Jayne Stinson

Vicky Welgraven

⁴ Our Watch, Facts and Figures, <https://www.ourwatch.org.au/Understanding-Violence/Facts-and-figures> at 14 February 2017

⁵ Franzway et al, University of South Australia, *Gendered Violence and Citizenship: the complex effects of intimate partner violence on mental health, housing and employment*, 2015, 8

⁶ Duggan, Maria, *Investing in Women's Mental Health: Strengthening the Foundations for Women, Families and the Australian Economy*, Australian Health Policy Collaboration, 13

⁷ Australian Bureau of Statistics (2015) Survey of Disability, Ageing and Carers