



Impacts of COVID 19 on women's mental health and recommendations for action - UPDATE

October 2020

Executive summary

This report from the Women's Mental Health Alliance provides an update on the impacts of COVID 19 on women's mental health, incorporating data gathered since the publication of our first policy brief in June 2020.

There is now substantial data to show that the first and second waves of COVID-19 restrictions have had significant impacts on women's mental health. Population survey data shows women are significantly more likely than men to have experienced negative mental health impacts, leading to a substantial increase in demand for mental health support among women in the general community. Mental health services in Victoria have reported a significant increase in women presenting with serious mental health issues during COVID-19, including severe anxiety and depression.

The escalation in mental health issues among women is due, at least in part, to intensification of pre-existing gendered social and economic inequalities including the overrepresentation of women in insecure work and unequal responsibility for unpaid care. The frequency and severity of intimate partner violence has also increased during the pandemic with confinement to the home creating additional risks. Other forms of inequality and discrimination – in particular, racism, ageism and economic inequality – are compounding mental health impacts for women.

COVID-19 has impacted the mental health and wellbeing of Victorian and Australian women and girls in different ways, depending on their social, economic and cultural locations:

ξ Significant numbers of **women without a pre-existing mental health condition** are presenting to mental health services with heightened anxiety, new depression and new Obsessive Compulsive Disorder

ξ Victorian **women with existing mental health conditions** have reported more severe psychological symptoms than men, including suicidal thoughts, suicide attempts or self-harm
ξ One in ten women in a relationship report experiencing **intimate partner violence** during the pandemic, with half reporting an increase in severity

ξ Women have been disproportionately on the **COVID frontline**, exposing them to the dual stressors of high-pressure work environments and potential infection

ξ **Young women** have reported higher levels of mental distress than young men, and are more likely to report strained relationships at home

ξ COVID-19 has created an additional mental health burden for **pregnant women and new mothers**, with services noting heightened anxiety, depression and OCD presentations in pregnant women

Women's Mental Health Alliance, Policy brief: Impacts of COVID 19 on women's mental health and recommendations for action - UPDATE October 2020

1

ξ On top of fear and anxiety about contracting the virus, **older women** are more likely than older men to be isolated due to social distancing measures, and more likely to feel depressed or anxious

ξ **Migrant women and refugee women** face an increased risk of COVID-19 transmission, job loss and major financial stress, social isolation, exposure to racist abuse and discrimination, and increased risk of family violence.

ξ Isolation has been amplified for **women with disabilities** who may have lost critical disability supports for daily living, formal peer support groups or informal supports, as well as potentially facing additional barriers to accessing health information and facilities

ξ **Aboriginal and Torres Strait Islander people** report high levels of psychological distress, and there has been an increase in suicides in the Aboriginal and Torres Strait Islander community ξ By disrupting vital connections to community and peer support, COVID-19 restrictions are likely to reinforce existing mental health inequalities for **LGBTIQ Victorians** who generally experience substantially higher levels of psychological distress, depression or anxiety ξ **Mental health carers** (who are predominantly women) report financial, emotional and relational challenges arising from the withdrawal of many in-person supports and prolonged confinement to the home

ξ The Coronavirus JobSeeker supplement has made a tangible difference for **single mothers**, who face high rates of financial hardship, but compliance obligations and the prospect of returning to the low rate is creating undue stress.

It is evident that COVID-19 has amplified the structural inequalities that drive poor mental health outcomes for women, underlining the importance of using gender impact analysis to inform policy making and budgeting as we emerge from the pandemic.

At the same time, the pandemic has highlighted and intensified existing inequalities and gaps in Australia's social support and mental health systems. It has drawn attention to the need for fundamental reform of these systems to ensure they effectively meet the needs of women and girls, and are resilient to respond to future emergencies, which – like COVID-19 – are likely to disproportionately impact women's mental health.

Immediate action is needed to prepare for and respond to the anticipated further increase in demand for mental health and family violence support services as we emerge from the pandemic.

Governments must also seize the opportunity presented by the COVID-19 recovery, together with the Productivity Commission Inquiry into Mental Health and the Royal

Commission into Victoria's Mental Health System, to address systemic inequalities that detrimentally impact women's mental health.

This report makes a series of recommendations for a gender transformative recovery to support women's mental health across four themes:

1. Creating the infrastructure needed to support planning and decision-making for a gender equal recovery
2. Applying an intersectional gender lens to policy-making and budgeting to address the underlying gendered social and economic inequalities that drive poor mental health outcomes for women and girls
3. Ensuring equitable access to appropriate mental health support for all women and girls
4. Providing other needed supports for women's mental health and safety

Women's Mental Health Alliance, Policy brief: Impacts of COVID 19 on women's mental health and recommendations for action - UPDATE October 2020

2

1. The gendered impacts of the pandemic on mental health

There is now substantial data to show that COVID-19 is having significant impacts on women's mental health, and that this is compounding existing mental health inequalities between women and men. This is because mental health and wellbeing are shaped by the social, economic and physical environments in which women live and work. As these environments vary among different groups of women, so too do the mental health impacts of the pandemic.

Women are more likely to have experienced negative mental health impacts

The ABS Household Impacts of COVID-19 Survey indicates that women are significantly more likely than men to have experienced negative mental health impacts.¹ Australian women were more likely than men to feel: restless or fidgety (44% of women compared with 38% of men); nervous (50% compared with 41%); that everything was an effort (45% compared with 36%). From May to August, the increase in women feeling so depressed that nothing could cheer them up increased from 10% to 16%.² 28% of women have experienced loneliness, compared with 16% of men.³

This has led to a significant increase in demand for mental health support among women without a pre-existing mental health condition. For example, Australia's only dual specialist clinic in women's mental health at the Alfred Hospital has reported a major spike in demand. The service recorded 110 new referrals in one week in late July 2020, compared with an average of 4-5 new referrals per week in 2019, representing a 2100% increase in demand. Clinic Director, Prof Jayashri Kulkarni, reported that these referrals are of women from the general community (rather than women with pre-existing mental health conditions) who are presenting with heightened anxiety, new depression and new Obsessive-Compulsive Disorder.⁴

The escalation in mental health issues among women is due, at least in part,⁵ to intensification of pre existing gendered social and economic inequalities.

Women are overrepresented in insecure work and job loss

For the first time in Australia, women have suffered greater loss of work than men during a recession, with the top three industries to lose jobs being large employers of women (namely, accommodation and food services, retail, and arts and recreation).⁶

Overall, women accounted for 61% of job losses in Victoria between February and July this year.⁷ It has been reported that, in July, the rate of female job loss was almost five times the rate for men in Victoria. The Stage 4 lockdown may also have accelerated this trend.⁸

Job losses have been particularly pronounced for young women; 26% of women aged 18-24 in Victoria reported losing their job compared to 11% of young men.⁹ Migrant and refugee women and Aboriginal and Torres Strait Islander women are also over-represented in the industries most affected by COVID-19.¹⁰

Women perform a disproportionate share of unpaid care and household labour

Women already make up the majority of unpaid carers, and have taken on a greater share of additional care responsibilities for children, other family members and at-risk community members during self isolation.¹¹

The ABS Household Impacts of COVID-19 July survey shows that women were twice as likely as men to report performing most of the unpaid domestic work (80% compared to 39%) and more than three times as likely to report performing most of the unpaid caring responsibilities (38% compared to 11%)

Women's Mental Health Alliance, Policy brief: Impacts of COVID 19 on women's mental health and recommendations for action - UPDATE October 2020

3

in their household.¹² Data from Victoria presents an even starker picture: 76% of Victorian mothers surveyed by VicHealth were primarily responsible for looking after their pre-school aged kids, compared with only 8% of fathers, while 3 in 4 (72%) Victorian mothers spent the most time helping their kids with remote learning, compared with just 1 in 4 fathers (26%).¹³

In a survey of 1500 Victorians conducted on behalf of the Victorian Equal Opportunity and Human Rights Commission (VEOHRC), female participants with caring responsibilities were more likely than male participants to report experiencing stress (52% to 40%), feeling overwhelmed (51% compared to 25%) and exhausted (47% to 26%) as a result of balancing these competing demands.¹⁴ 29% of participants in the VEOHRC survey had felt disadvantaged, treated unfairly or discriminated against due to their parenting or caring responsibilities during COVID-19.¹⁵

ABS data shows men have also taken on more caring responsibilities during COVID-19: The average amount of unpaid work in May-June 2020 increased by over 3.5 hours each day for women and by over 2.5 hours each day for men. Since men spent less time on caring responsibilities before lockdown, the relative increase in care work was greater for men. This reduced the gender gap in childcare, but the gender gap in responsibility for housework generally stayed the same.¹⁶

Women are on the frontline

Women have also been disproportionately on the COVID frontline: the majority of health and aged care workers, social assistance workers, teachers and retail workers are women – exposing them to the dual stressors of high-pressure work environments and potential infection. In the second wave, we have seen high numbers of infections among health workers. It is difficult to obtain sex

disaggregated data on infection rates among Australian health workers, but international data suggests that women account for 70% of infections among healthcare workers.¹⁷ Given women make up 75% of all health professionals and 88% of nurses and midwives in Australia,¹⁸ and that Personal Protective Equipment is reported to be ill-fitting for

women,¹⁹ we can surmise that they are also disproportionately represented in the infections data. The Women’s Mental Health Clinic at the Alfred reports that it is seeing more nurses with anxiety than ever before.²⁰

As Professor Lyn Craig observes,

‘it is striking how many of the jobs that are now seen as essential involve care, and how many of them are female-dominated. Not coincidentally, they also pay well below the level the skills and qualifications would require if they were predominantly done by men.’²¹

Other forms of inequality compound mental health impacts for women

Data from a national survey of nearly 14,000 Australians during the first month of COVID-19 restrictions showed that those most likely to have experienced poor mental health outcomes are those who have lost jobs, lived alone or in poorly-resourced areas, were providing care to dependent family members, were members of marginalised minorities, women or young.²² This is consistent with data from the UK, which suggests that being young, a woman and living with children, particularly preschool age children, has had a particularly strong influence on the extent to which mental distress has increased under the conditions of the pandemic.²³

Other forms of inequality and discrimination – in particular, racism, ageism and economic inequality – are compounding these mental health impacts for women. The frequency and severity of intimate partner violence also increases during and after emergencies,²⁴ with confinement to the home creating additional risks. Recent research undertaken by the Australian Institute of Criminology has

Women’s Mental Health Alliance, Policy brief: Impacts of COVID 19 on women’s mental health and recommendations for action - UPDATE October 2020

4

found that the pandemic has coincided with the onset or escalation of violence and abuse and that many women are experiencing multiple and complex forms of family violence.²⁵ The risk factors compounding poor mental health outcomes for women are explored in more detail below.

Women bear a triple load with inadequate support

It has been observed that women are carrying a ‘triple load’ during the crisis, which includes paid work, care work, and the mental labour of worrying.²⁶ 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.

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.

2. Mental health impacts vary among women

Women with existing mental health conditions

Those with current mental health concerns are especially at risk during emergencies and can experience barriers to accessing the appropriate medical and mental health care they need during the pandemic,²⁷ resulting in decline, relapse or other adverse mental health outcomes.

Data from a survey conducted by Monash Alfred Psychiatry research centre during the first lockdown indicated that women in Australia were reporting more severe psychological symptoms than males:²⁸

ξ 35% of females have moderate to severe levels of depression, compared to 19% of males ξ 27% of females have moderate to severe levels of stress, compared to 10% of males ξ 21% of females have moderate to severe levels of anxiety, compared to 9% of males

ξ 17% of females reported suicidal thoughts, compared to 14% of males. The highest rates of suicidal thoughts were among young women aged 18-24, with 37% of women in this age group reporting suicidal thoughts, compared to 17% of men.

In a survey of mental health consumers run by the Victorian Mental Illness Awareness Council (VMIAC) during the second lockdown in August 2020 (following a previous survey in April 2020), 73% of female respondents reported that their mental health was worse during the second wave.²⁹ Though this was lower than the percentage of male respondents who identified that their mental health was worse during the second wave, VMIAC points out this does not necessarily mean men's mental health was worse than women's during the second wave, because women experienced greater deterioration in their mental health during the first wave, when 79% of female respondents reported that their mental health was worse than before COVID-19, compared to 52% of male respondents.³⁰ Women also reported higher levels of depression and hopelessness during the second wave than men, and the survey found very concerning rates of suicidal ideation during the second wave, with 42% of women respondents and 75% of transgender, gender diverse and non-binary respondents reporting suicidal ideation, compared to 31% of male respondents.

These serious mental health impacts have been reflected in presentations to mental health services and emergency departments, with services in Victoria reporting a significant increase in women presenting with serious mental health issues throughout COVID-19, including severe anxiety, depression and – increasingly – self-harm.³¹

Women's Mental Health Alliance, Policy brief: Impacts of COVID 19 on women's mental health and recommendations for action - UPDATE October 2020

5

Support and advocacy services are reporting that women who had previously been able to manage their mental health issues with medication and psychiatric support are no longer coping. For example, with the second round of stage 3/4 restrictions, the Women's Mental Health Clinic at the Alfred, the Royal Women's Hospital and VMIAC have all reported an increase in anger, compared with the first round of Stage 3 restrictions.³² Anger expressed as self-harm is a common presentation among Victorian women.³³

While additional funding has been provided to frontline information services, such as Beyond Blue and Lifeline, a major service gap remains for those with pre-existing mental health conditions.

Women experiencing family and sexual violence

Recent national research by the Australian Institute of Criminology (AIC) found one in ten women in a relationship said they had experienced intimate partner violence during the pandemic. Half of those women said the abuse had increased in severity since the outbreak of the pandemic in Australia. Of those women experiencing physical or sexual violence, two-thirds reported experiencing violence for the first time or an escalation in

violence. Of those women experiencing coercive control, over half reported that the behaviours started or escalated during the pandemic.³⁴

The AIC findings are reflected in views of specialist family violence practitioners who have reported that the ‘pandemic has led to an increase in the frequency and severity of violence against women alongside an increase in the complexity of women’s needs’.³⁵ This is consistent with existing evidence that suggests that the frequency and severity of family violence – including sexual violence – increases during emergencies.³⁶ It is also now being reflected in crime statistics: the latest crime data shows there were significantly higher than expected volumes of family violence incidents recorded by Victoria Police in May and June 2020.³⁷

Family violence appears to have increased particularly in places with stricter lockdowns; strict lockdowns both place women at greater risk of violence and make it more difficult to access support services.³⁸ COVID-19 stay-at-home restrictions can also mean that LGBTIQ people may be forced to choose between hiding their identity or risk rejection and abuse from families.

Family and sexual violence can have significant negative impacts on women’s mental health, including anxiety and depression, panic attacks, fears and phobias, and hyper vigilance.³⁹ It has been suggested that one reason for the increased volume of calls to support services late at night is because callers are ‘seeking help to deal with trauma, including nightmares, flashbacks and/or sleep disturbances. It is believed the COVID-19 restrictions are exacerbating experiences of trauma as being confined to their homes triggers victim/survivors’ memories of being or feeling trapped.’⁴⁰

During COVID-19, the Women’s Mental Health Clinic at the Alfred has reported an increase in women presenting to mental health services who are at risk of or experiencing family violence, including a notable increase in women experiencing more extreme forms of violence and abuse.⁴¹ There have also been reports in the community of women facing increased pressure regarding dowry payments which may put them at risk of violence.⁴²

Despite welcome funding injections for family violence response services, there is still a lack of affordable, long-term affordable housing options available for victim-survivors. Government support for women and children leaving a perpetrator is also limited to a one-off crisis payment, which can only be accessed within a limited time frame. While the Coronavirus supplement has made a huge

Women’s Mental Health Alliance, Policy brief: Impacts of COVID 19 on women’s mental health and recommendations for action - UPDATE October 2020

6

difference to women’s safety at this time, there are concerns that, as it is rolled back, many women will be placed at greater risk.⁴³

Young women

Survey data shows young women are reporting higher levels of mental distress than young men (24% compared to 21%).⁴⁴ Concerningly, there was a 33% increase in presentations at hospital for self-harm among children and young people in Victoria in the six weeks to August, compared to the previous year.⁴⁵ Though sex-disaggregated data is not publicly available, we know that women are over represented in hospital presentations for self-harm overall.⁴⁶

Young women were also more likely than young men to report that relationships were strained at home (30% compared to 19%) and were significantly more likely to report difficulties staying in contact with friends and family during the first lockdown (41% compared to a state average of 30%).⁴⁷

In Victoria, a survey of 2000 people found women aged 18-24 were 2.5 times more likely to have lost their job during the first lockdown, compared to their male counterparts (26% compared to 11%).⁴⁸ A national survey showed that the employment rate of young women had dropped 7% below that of young men and had not caught up by September.⁴⁹ These larger effects are attributed to young women's greater representation in the industries directly affected by COVID-19, and increased caring responsibilities during the pandemic.⁵⁰

Pregnant women and new mothers

It is becoming evident that COVID-19 has created an additional mental health burden for pregnant women and new mothers. The perinatal period is a time when social support and connectedness is pivotal for maternal and infant emotional wellbeing. Yet the very means of managing COVID-19 in the community (i.e. with social isolation and physical distancing) is disrupting the normal maternal experience. If unaddressed, this could have longer term psychosocial repercussions for the woman, her children and family.

The Royal Women's Hospital's (the Women's) perinatal outpatient clinics have seen pregnant women with noticeably heightened anxiety and depression. The distress experienced by pregnant women during the first lockdown is now becoming more chronic, manifesting as anger, grief and heightened uncertainty, leading to exhaustion, helplessness and despair as the rates of COVID-19 infections and mortality climbed during the second lockdown. There has also been a worsening in