

The Mental Health Gender Gap: Understanding Women's Mental Health In Australia

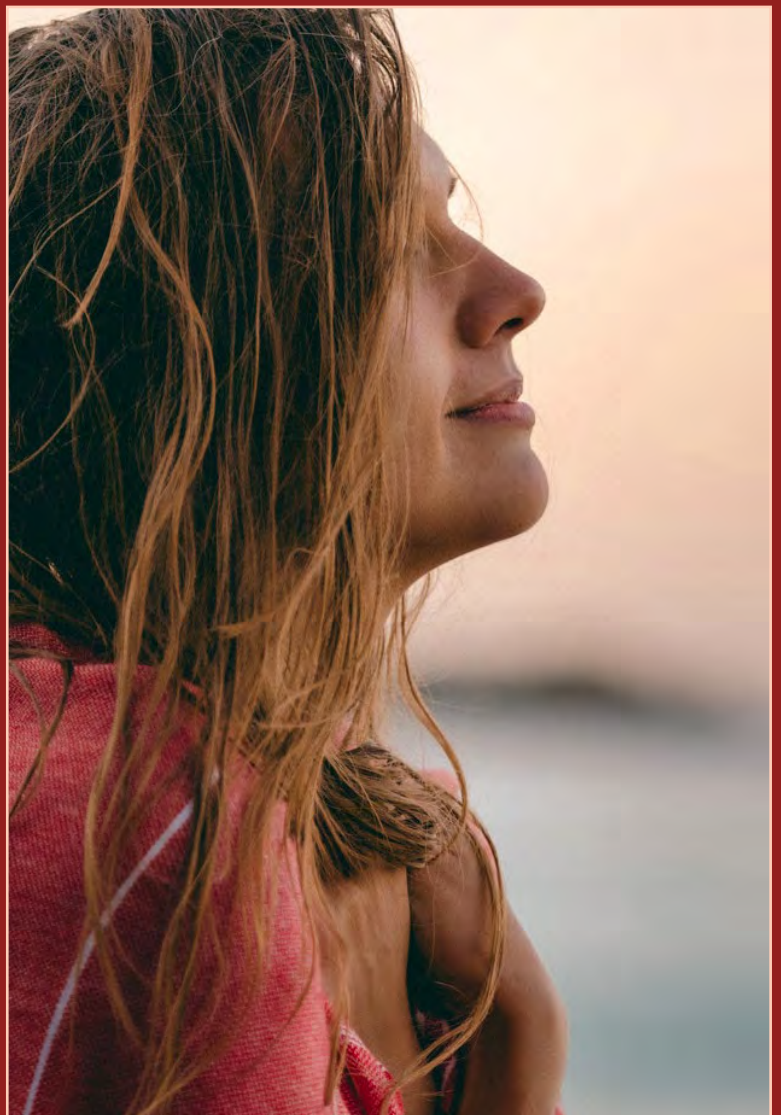
Exploring the mental health issues, triggers and stigma faced by
Australian women, non-binary and female-identifying people in 2022

Findings from the Australian women's
mental health research - July 2022

Proudly funded and produced
by Liptember Foundation

Research completed by

 **Nielsen**





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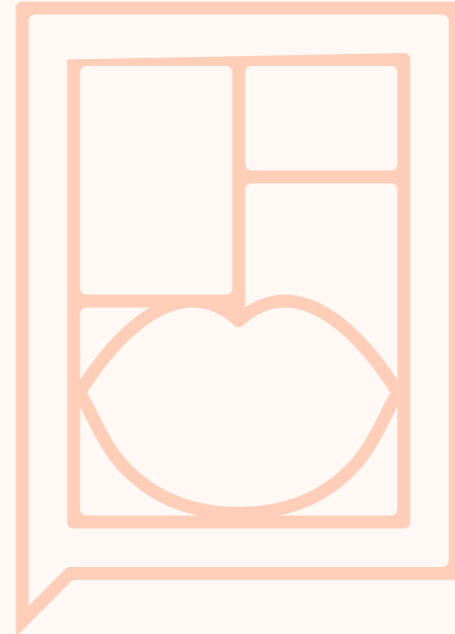
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About the Liptember Foundation

The Liptember Foundation is a trusted source and respected leader when it comes to women's mental health. Working alongside a community of experts, advocates and allies, we raise and distribute funds that support critical women's mental health outcomes, including programs, initiatives, support services, and research.

Since 2010, the Liptember fundraising campaign has raised over \$12 million of vital funding for these outcomes by encouraging people to wear lipstick throughout September as a light-hearted way to raise awareness about women's mental health.

It's our vision for every woman to achieve their optimal mental health.



Executive summary

What is the mental health gender gap – and why does it matter?

There's a clear gap when it comes to women's mental health in Australia. While there's no doubt that mental health is vital for all genders, it's important to look at mental health through a gendered lens—as the experiences of women (including transgender women and non-binary people) are profoundly different to men.

In fact, women are 58% more likely to suffer a mental illness, compared to men (Australian Bureau of Statistics, 2021). However, it's not often that mental health research is conducted with a gendered lens. Typically, research in this space is out-of-date and pulled from mental health studies that analyse all genders. As a result, mental health statistics do not accurately represent the state of women's health across Australia—that is, until now.

This comprehensive research study provides a deep insight into the landscape of women's mental health in Australia. It highlights clear gaps and issues, and the need for more gender-specific programs and initiatives to adequately support women with their mental health.

This research is incredibly important, as it has revealed that mental health issues are steadily on the rise. Alarming, 1 in 2 Australian women are currently experiencing a mental illness—and 50% of these women are facing a severe mental illness.

Concurrently, there are also clear barriers to seeking help, with only 48% of women experiencing mental illness seeking help. Reasons for this include:

- Not realising the importance of mental health support (57%)
- Not having time (28%)
- Cost (22%)
- Stigma, embarrassment and shame (21%)

Concerningly, almost 7 in 10 women (68%) under the age of 39 wish they could take more time to manage their mental health—but feel other priorities must come first.

From our research, we can clearly see that women under 39 are at increased risk of suffering from a moderate-to-severe mental health disorder, with issues like body image, eating disorders and psychological distress becoming more and more prevalent. And although significant progress has been made over the past decade in terms of raising awareness and destigmatising mental health issues, statistics show the next step we need to take is educating the community around complex mental health issues, and the impact they have on women.

Currently, half of all women feel there isn't enough discussion around complex mental illnesses, including psychotic, personality, behavioural and mood disorders, as well as psychological distress. This clearly shows that further investments are needed in this area.

We're also seeing minority groups in need of specific supports to prevent significant mental health issues, as:

- 23% of pregnant women are currently suffering from perinatal depression and anxiety
- 18% of Indigenous Australian women are experiencing substance use disorders
- 25% of women in the LGBTQIA+ community (including female-identifying and non-binary people) are dealing with eating disorders
- 36% of women affected by homelessness and poverty are experiencing psychological distress

This study is the first step in further identifying gaps and areas of need within the Australian mental health sector for women. Although the statistics are concerning, they provide us with insight to create change—and a clear pathway forward to improving women's mental health in Australia, as well as an annual benchmark to measure the impact of the Liptember Foundation.

Recommendations

Mental health is an enormous issue for women in Australia—but thankfully, we can do something about it.

This includes:

1 Raising the profile of gender-specific mental illness

When 1 in 2 women are experiencing mental illness, and less than half (48%) are seeking help, it's clear we need to raise the profile of gender-specific mental illness. National awareness campaigns can assist with eliminating the stigma that still exists around mental illness—particularly for women—and encourage help-seeking by reducing the burden of mental illness recovery, and highlighting the importance of seeking support.

3 Investing in programs and resources for mental health conditions and concerns that appear during different life stages

A woman's life stage can directly impact their likelihood of experiencing mental illness. For example, 1 in 5 women between the ages of 14 and 19 experience eating disorders, as well as self-harm and thoughts of suicide. Insights based on a woman's life stage and age are vital for informing preventative mental illness programs and support services, while keeping potential triggers—and support networks—in mind.

2 Investing in programs and resources targeting mental health conditions and concerns for minority groups

Minority groups can experience additional barriers when it comes to mental health. And while the conditions minority groups experience is varied, the rate and severity of mental illness in minority groups are significantly higher than in the general female population. For example, 18% of Indigenous women are experiencing substance use disorders, compared to 8% of all other women in Australia. This is why a targeted approach is so vital: because even amongst women and female-identifying people, experiences and barriers differ.

4 Continuing to invest in gender-specific mental health research

This report has highlighted an enormous amount of information that can help steer the focus towards areas of need for the female population. This study—and further future studies—can also underpin future funding decisions, and have a huge impact on the well-being and recovery of women with mental illness.



A note from Liptember Foundation's CEO

For far too long, there has been a clear gap in women's mental health—and this lack of research, as well as a lack of programs and gender-specific support services, is something we at the Liptember Foundation are committed to improving.

That's why we set out to launch our very first women's mental health research study. This annual study will help us make funding decisions underpinned by the experiences and needs of diverse Australian women, and adequately fill the gaps in mental health programs, initiatives and support.

For the first time, we now have up-to-date female-specific statistics that accurately reflect the state of women's mental health in Australia. This will also provide a benchmark for us to accurately measure the impact of our work, and the progress we're making in this space.

The statistics are alarming—especially when rates for women with mental illness are on the rise. We're seeing women under the age of 39 at significant risk, and our younger generations are increasingly facing body image issues and psychological distress, exasperated by ever-changing social pressures and standards. It's also clear that minority groups are slipping through the cracks, particularly for things like substance use disorders, eating disorders, self-harm and suicide.

It's time for us to bridge this gap. And with the help of our community of experts, advocates and allies, we aim to improve these statistics and make sure the mental health of all Australian women can be adequately supported.

Luke Morris

LIPTEMBER FOUNDATION CEO

Acknowledgements

The Liptember Foundation would like to thank all participants for their involvement in the National Women's Mental Health Research Study. The information collected is critical to understanding the current issues that affect women's mental health, as well as triggers, barriers, and areas for improvement with future funding.

Research context

Background

Mental health conditions affect men and women differently—but despite this, mental health hasn't traditionally been addressed through a gendered lens. As a result, research into women's mental health is severely lacking.

But placing a gendered lens on mental health research is vital, particularly for underpinning future strategic planning to develop and fund support services to help women with their mental health. There is an urgent need for mental health reform that addresses the specific needs of women—and this research will help the Liptember Foundation to develop strategies that support the early intervention and prevention of mental illness, while increasing the well-being of women already living with mental health conditions.

Objectives

To explore the mental health of Australian women, including:

- What are the most prevalent issues?
- What triggers these issues?
- Do women seek help? If not, why?
- Are there sufficient support systems available?
- To explore the above by looking at how different life stages and being a member of a minority group can impact women's mental health, as well as uncovering gaps and identifying areas of need and change



Research design

Undertaken early-to-mid 2022, this research included qualitative and quantitative phases.

Qualitative phase

The qualitative phase's main purpose is to gather insights on the mental health issues faced by women of different ages, and the reasons why. Projective techniques were used in this phase, which allowed participants to better explain their needs, wants and emotions.

Focus group	Life stage	Age range
1	High school	14-17 years
2	University/first job	18-25 years
3	Younger SINKS/DINKS	26-40 years
4	Young families (oldest child under 12 years)	26-50 years
5	Older families (oldest child over 12 years)	41-65 years
6	Older SINKS/DINKS/empty nest	66-75 years

N=6 online focus groups were conducted from 22-24 February 2022, across the above mentioned dimensions

All respondents

- Females
 - Aged 14-75 years
 - Live in metropolitan, regional and rural areas of Australia's eastern seaboard.
 - Mild to severe mental health disorders on the Kessler Psychological Distress Scale (K10)
- A registered counsellor was present at each session as support for research participants.
- Each focus group was conducted via Zoom for 1.5 hours.
- Respondents were paid a monetary incentive for their time.

Quantitative phase

The quantitative phase consisted of an online 20-minute survey that was conducted from May 23 to June 7 2022. It aimed to obtain profiling and incidence rates of different mental issues impacting women in Australia.

Data was collected through a natural fallout with a sample size of 5728, which consisted of cisgender women, transgender women, non-binary and gender diverse people, aged 14 years and over, located across all states and regions in Australia.

The survey was then taken by a quota-controlled sample* size of 4007 from women (including transgender, non-binary and gender diverse people) who are currently facing a mental health issue, or have faced one in the past. Data was then weighted to be nationally representative of the Australian population.

The sample excluded anyone who works in a mental health institution, or organisations that support the awareness of women's mental health, including Liptember. Social workers, psychologists and counsellors for mental health issues were also excluded.

*Age and location quotas were implemented in order to ensure the sample was representative of the population.

Sample size

Nielsen recommends a sample size of 4,000 females ages 14 years and above. This will provide a sufficient sample for detailed analysis and will deliver high precision for the survey estimates. The precision is measured by the standard error of the estimate: a high standard error implies a large fluctuation of the sample estimation around the true value. Nielsen uses the Relative Standard Error (RSE) for analysis, which is simply the standard error divided by the estimate. Using this statistic, Table 1 below shows the RSE for a range of sample incidence rates and Table 2 indicates the reliability of the survey estimates according to the RSE%.



Table 1 - Sample size: 4,000

Survey incidence rate %	Standard error %	Relative standard error %
50	0.80%	1.60%
40	0.80%	1.90%
30	0.70%	2.40%
20	0.60%	3.20%
15	0.60%	3.80%
10	0.50%	4.70%
5	0.30%	6.90%
1	0.20%	15.70%

Table 2

RSE	Indicator
<5%	Excellent
6% - 30%	Acceptable
31% - 49%	Use with caution
50+%	Unreliable for analysing

Demographic breakdown

Age

	%	n
14-19	10%	327
20-29	20%	692
30-39	21%	832
40-49	15%	635
50-59	15%	637
60+	20%	884
NET	100%	4007

State

	%	n
NSW/ACT	32%	1341
VIC	26%	1043
QLD	20%	804
SA/NT	9%	340
WA	10%	394
TAS	2%	85
NET	100%	4007

Minority groups

	%	n
MG: Non-Australians	20%	803
MG: Non-English speaking	16%	626
MG: Indigenous communities	5%	206
MG: Faced homelessness / poverty	29%	1168
MG: LGBTQIA+	11%	396
MG: Immigrants	13%	536
MG: Pregnant	3%	108
MG: Comorbidity	65%	2640

Metro/regional

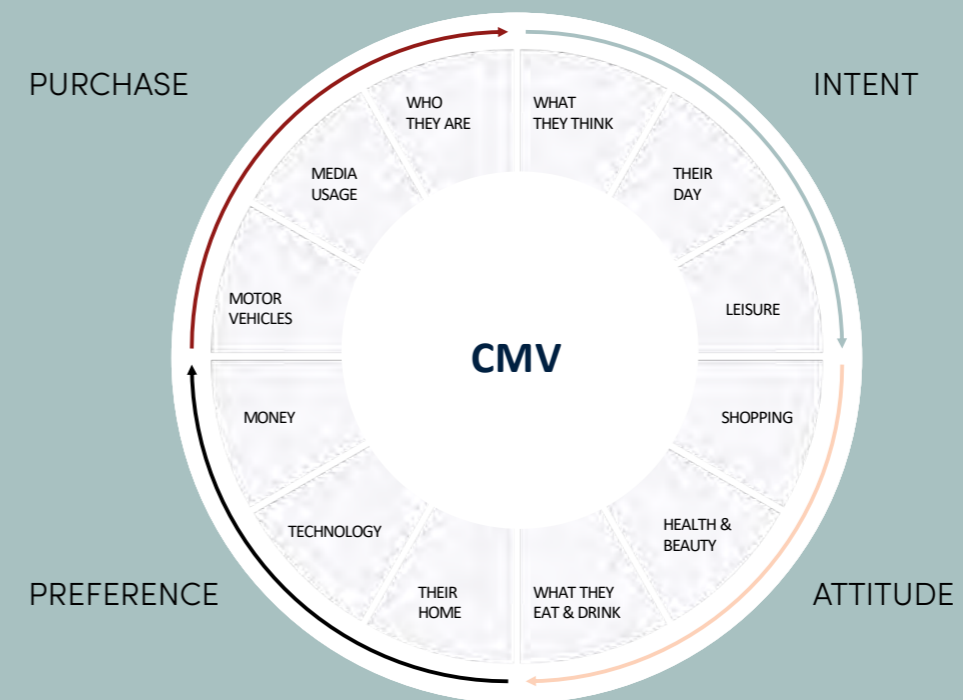
	%	n
Metro	74%	2885
Regional	26%	1122
NET	100%	4007



Supplemental Nielsen data

Nielsen Consumer and Media View

Nielsen's Consumer and Media View (CMV) is a 360-degree consumer profiling, brand usage, attitude, behavioural and media usage study conducted annually with 30,000 consumers. It provides a wide range of demographic and lifestyle data, as well as detailed information on purchasing behaviours and intentions, attitudes, and extensive reporting and comparison on media habits.



100% online
30,000 respondents
14+ nationally

Media currency fusion: TV, radio, and digital to reflect actual usage

10 x updates P/A48 weeks per year

Results weighted using ABS to accurately reflect the Australian 14+ population

In our research, we have included supplemental data and insights, based on Nielsen's CMV data set. This data will set the top-level foundation for the quantitative results, and will cover:

- The percentage of Australian women aged 14+ who think that mental health is an important issue, including trend data focusing on 2018 to 2021
- Who these women are, including their age, location, life stage, education, occupation and income

Why it's important to look at mental health through a gendered lens

Mental illness can impact all genders—but as a result of both biological and gender-related differences, women can suffer from certain mental health conditions at higher rates than men. And in order to address these issues, we must look at them from a gendered lens.

A range of factors can lead to a woman experiencing poor mental health, including psychological, biological and social factors—all of which can change over the course of a woman's life.

Biological factors, like menstruation, menopause, pregnancy and birth, as well as experiences like miscarriage, ovarian or cervical cancer and other health conditions can have a huge impact on women's mental health.

Other factors including navigating different life stages, socioeconomic challenges, as well as cultural and political factors can also have a significant impact on the prevalence of mental illness among women (including transgender women, non-binary and female-identifying people).

“It's a silent burden we carry, the mental load of everything. From the minute we wake up, we're thinking of what to feed the kids for dinner, getting them to sport, and getting up and organised. For men, they're stuck in the routine: they get up, they go to the toilet and go to work.”

(quote from study participant, younger families)

1 Pregnancy and the perinatal period

According to our research, 12% of females between the ages of 20 and 39, and 11% of people in the LGBTQIA+ community are currently facing perinatal depression (including antenatal and post-natal periods). But these rates only increase for Indigenous women (13%).

Surprisingly, the research also uncovered that 23% of pregnant people are currently experiencing perinatal depression or anxiety. Our study found that 38% of those suffering from perinatal depression mentioned the condition itself as the trigger. Other significant triggers for this include:

- Putting too much pressure or being too hard on themselves (24%)
- Low self-esteem or confidence (24%)
- Hormonal fluctuations (20%)
- Financial pressure and stress (17%)
- Unstable family situations, including relationship breakdowns and conflict (16%)
- Society's expectations (15%)

“If you've had a baby, some cultures have that as a communal living and the women band together, or the man has six weeks off, which is a lot longer than the two weeks we had. When my partner went back to work I felt very alone with a two-week-old and slipping mental health standards.”

(quote from study participant, younger families)

Other health factors that can influence the mental health of people with a uterus include:

2 Polycystic ovary syndrome (PCOS)

Of all study participants, 6% are experiencing PCOS—and this can have a significant impact on mental health. According to the study:

- 28% are likely to be well (which is significantly lower than the general population)
- 14% are likely to experience a mild mental illness
- 17% are likely to experience a moderate mental illness
- 40% are likely to have a severe mental illness (which is significantly higher than the general population)

3 Endometriosis

Of all study participants, 6% are experiencing endometriosis, which also can have an enormous impact on mental health—particularly compared to the general population. According to the study:

- 37% are likely to be well (which is significantly lower than the general population)
- 16% are likely to experience a mild mental illness
- 15% are likely to experience a moderate mental illness
- 32% are likely to experience a severe mental illness (which is significantly higher than the general population)

Compared to the overall population, people with endometriosis are also more likely to be dealing with:

- Stress (75%)
- Anxiety (57%)
- Psychological distress (31%)
- Suicide and self-harm (11%)

4 Fertility challenges

Infertility and fertility challenges can also be a major mental health trigger. People experiencing this are significantly more likely to experience psychological distress, perinatal depression, anxiety, personality disorders, as well as self-harm and thoughts of suicide. In fact, 20% of women experiencing fertility challenges are at risk of self-harm and suicidal thoughts.

5 Menopause

Menopause can also have a major impact on mental health. According to the study:

- 82% experience stress
- 50% experience anxiety
- 46% experience body issues
- 33% experience affective or mood disorders
- 33% experience psychological distress
- 9% experience self-harm and thoughts of suicide

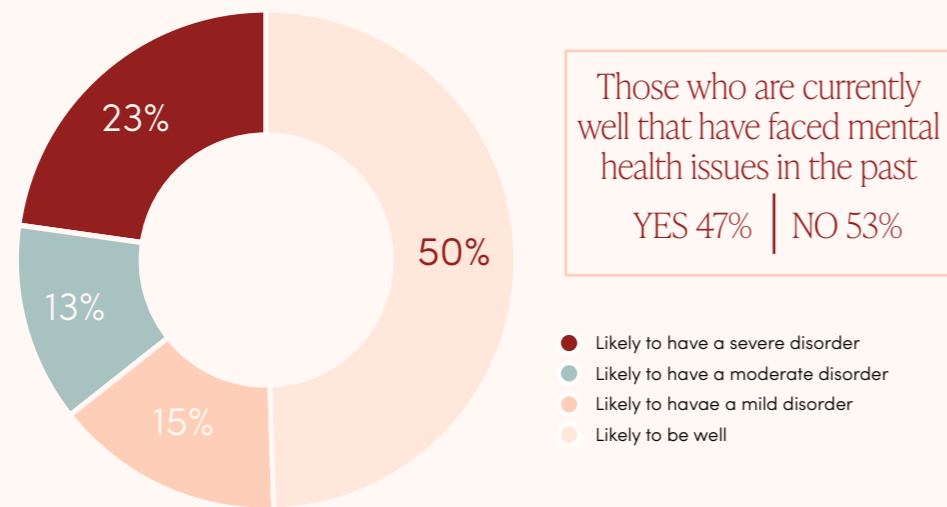
Additional mental health factors impacting people with endometriosis, PCOS, menopause and infertility challenges

Column %	Polycystic Ovarian Syndrome (PCOS)	Endometriosis	Menopause	Infertility/fertility challenges	Net
Stress	79%	82%	82%	75%	77%
Anxiety and anxiety disorders	61%	63%	50%	61%	49%
Body image issues	54%	45%	46%	47%	43%
Affective or mood disorders	38%	33%	33%	37%	30%
Psychological distress	32%	34%	33%	43%	28%
Eating disorders	18%	12%	7%	15%	11%
Substance use disorders	9%	10%	11%	16%	9%
Suicide and self-harm	13%	12%	9%	20%	8%
Behavioural disorders	16%	11%	5%	6%	8%
Perinatal depression and Anxiety	11%	9%	5%	18%	7%
Personality disorders	13%	8%	6%	18%	6%
Psychotic disorders	4%	2%	4%	3%	3%
Others	3%	2%	5%	5%	2%
None	0%	0%	0%	0%	0%
Column n (Number of people currently facing mental health issues)	277	269	270	59	3575

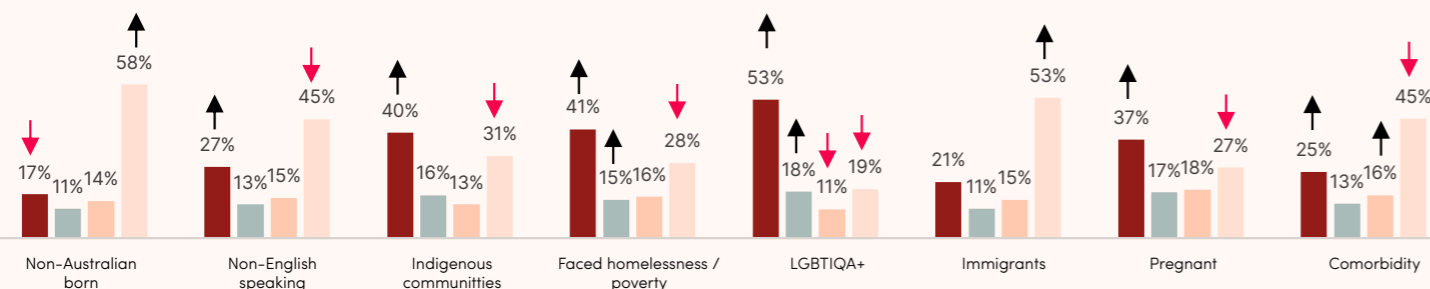
General landscape of women's mental health in Australia

One in two Australian women are currently experiencing mental ill health, with one in four facing a severe form of mental health disorder. A significantly higher proportion of those affected with a moderate or severe disorder are also likely to be under the age of 39. Almost half of those not currently experiencing a mental health concern have been impacted by it in the past.

Incidence rate of women currently facing mental illness.
Based on Kessler Psychological Distress Scale (K10) (Kessler et al. (2003))



	14 to 19 years	20 to 29 years	30 to 39 years	40 to 49 years	50 to 59 years	60+ years	Metro	Regional
Likely to have a severe disorder	39%	↑ 37%	↑ 28%	↑ 23%	17%	↓ 8%	↓ 24%	19%
Likely to have a moderate disorder	17%	↑ 20%	↑ 15%	↑ 12%	12%	6%	↓ 13%	11%
Likely to have a mild disorder	16%	16%	16%	16%	17%	12%	↓ 16%	13%
Likely to be well	28%	↓ 28%	↓ 41%	↓ 48%	54%	↑ 74%	↑ 47%	↓ 56%



↑ Significantly higher results at 95% c.i. ↓ Significantly lower results at 95% c.i.

- Likely to have a severe disorder
- Likely to have a moderate disorder
- Likely to have a mild disorder
- Likely to be well

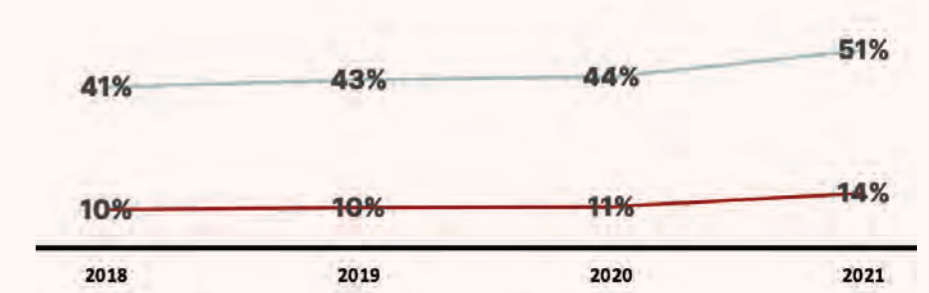
The importance of mental health-yearly trends

After two years of navigating life during the pandemic, more than half of the Australian women surveyed say mental health is one of the top four issues facing Australians. The sentiment around mental health issues being important has also grown at the steep rate of 19% over the past two years.

Women (aged 14+) who perceived mental health as an important social issue

Social issues ranked

1. Mental health
2. Economic growth
3. Interest rates
4. Unemployment
5. Crime
6. Drugs
7. Gambling
8. Health
9. Obesity
10. Ageing population
11. Environment
12. Education



● Among the top 5 important social issues
● Most important social issue

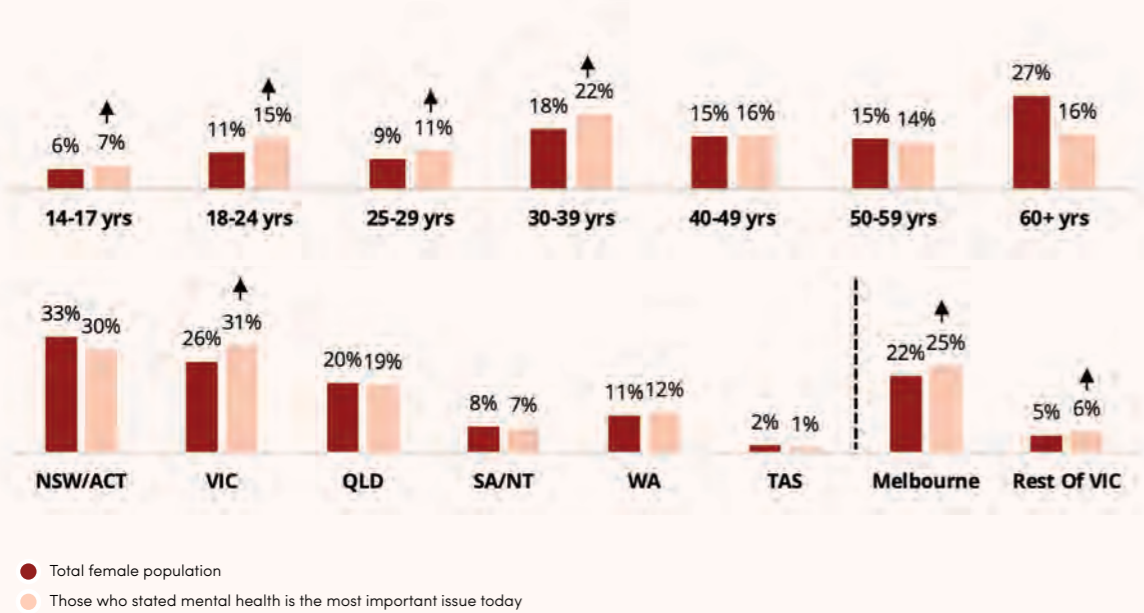
Source: CMV* 2021 S10 National Survey (14+ years Females in AU)
*Nielsen's Consumer & Media View is an ongoing 360 degree consumer profiling, brand usage, attitudes, behavioral and media usage survey done among 30,000 Australians aged 14+ every year



Women who see mental health as the top social issue

They are more likely to be living in Victoria

They are more likely to be under the age of 39 years

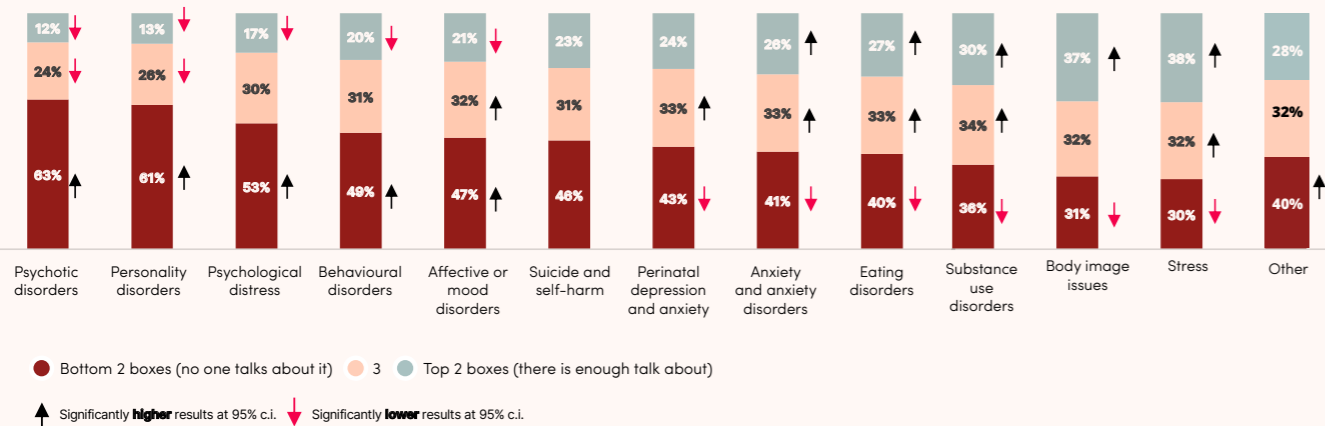


Source: CMV* 2021 S10 National Survey (14+ years Females in AU)
 *Nielsen's Consumer & Media View is an ongoing 360 degree consumer profiling, brand usage, attitudes, behavioral and media usage survey done among 30,000 Australians aged 14+ every year

As compared to the population, the sentiment of mental health being the most important social issue is stronger amongst females who are just starting off their journey as an adult. They are either single, have never been married, are in their first live-in relationship, are recently engaged, or planning to get married. They are also more likely to be young families, who are planning to have a baby, expecting one or recently had one.

Awareness of women's mental health issues

Women believe that while there is some talk about the more mainstream mental health concerns—like stress or body image issues—there is a general lack of awareness about more complex issues, like psychotic disorders, personality disorders, behavioural and mood disorders, and psychological distress.



Attitudes and behaviours towards women's mental health

There are many attitudes and behaviours that impact women's mental health in Australia. This includes:

- Social pressures
- Household responsibilities (including the mental load)
- Work responsibilities (unfair treatment and overworking)
- Financial responsibilities (less pay)
- Gender inequality
- Personal safety when leaving the home
- Politics (government seen as unsympathetic to sexual assault victims)
- Hormonal influences

"We're trying so hard to be perfect. Men don't care, they're just there to get a job done."

(a quote from a study participant, younger families)

"At work there's a culture of overworking, women trying to prove they're on an equal footing with the men. You get emails at 2am."

(a quote from a study participant, younger DINKS)

"Women [can] have things like PMDD [premenstrual dysphoric disorder], which is like severe depression on steroids, so we can have really bad ups and downs compared to men."

(a quote from a study participant, university)

Taboo factors

Many women feel shame about traditionally taboo topics, like menstruation, menopause, infertility, addiction and sexual harassment.

1 Menstruation, premenstrual syndrome, and menopause

"For me [menstruation and PMS is] huge. It impacts how I think about work and connect with my boss. It brings so many more stressors and the sense of shame. I'm trying to take control back and not feel shame about it."

(a quote from a study participant, younger SINKS)

"Menopause: it's the last female taboo. It was overwhelming anxiety that got me during menopause. Now I make a point of telling my younger friends just be aware, read up, talk to your doctor about it."

(a quote from a study participant, older families)

2 Sexual harassment (in the workplace, in public spaces)

3 Infertility and IVF

"It can be very isolating. You can't talk to people who get pregnant easily. You need a community of people who understand. I found an online community that understood the dark and twisty thoughts I was having. That helped my mental health."

(a quote from a study participant, younger families)

4 Drugs, alcohol and addiction

"It's more attributed to men's mental health than women's but it's of equal importance to both."

(a quote from a study participant, first job)

5 Being a member of the LGBTIQ+ community

Societal pressure

Social pressures and expectations can have a huge impact on women's mental health—and social media has played a considerable role in ramping up this pressure, particularly as women reach certain life stages and milestones. This includes:

Social expectations

Pressure to look a certain way

“Social media raises expectations that aren't achievable for women's bodies and faces. A lot of images on social media that celebrities and influencers post are edited, it's not achievable for ordinary people to look like that”

(a quote from a study participant, university)

Pressure to be positive all the time

“People want you to be positive all the time. If you're sick, stay positive, keep your chin up, so sometimes it's hard to share that the situation you're in is really crappy.”

(a quote from a study participant, older families)

Expected rites of passage and timeframes

“Expectations of women: that you get married, you have children, and if you don't want to follow those norms, a lot of people will think differently of you and ask questions.”

(a quote from a study participant, university)

Implications

In order to address these issues, we need to encourage women to open up about their experiences—both positive and negative, without stigma. Limiting social media consumption can also help, as well as reminding that social media is a highlight reel, not reality, and we shouldn't compare our lives through the flawed lens of social media.

Internal pressure

Internal pressures can have just as much of an impact as societal pressures—and often, we can internalise these pressures, without even knowing. Internal pressures can include life goals, high expectations and a lack of self-compassion. Many women also experience insecurities, fear of failure and imposter syndrome.

Some women have a vision of what their lives should look like and feel inadequate if they are unable to achieve it

“We all have our own ideas of how we want our lives to look and what we want to achieve. You beat yourself down for a small mistake.”

(quote from a study participant, younger families)

Others are high achievers striving to be the best

“In year 10, I got into an accelerated program so I went to college a year early. Because of that, there's an expectation that you'll do well. I didn't do well for any of my college years. It felt pretty terrible. It was an arc, I was going really high then really down and I just disappointed everyone.”

(quote from a study participant, university)

Many feel the pressure of picture perfection

“A lot of women's worth is based on body and appearances and we internalise that. We feel like if we don't look good, we're not worthy or good enough.”

(quote from a study participant, university)

Self-doubt in the workplace can lead to imposter syndrome



Triggers for mental health issues

Significantly higher

Low self esteem or confidence	30%
Financial stress / pressures	27%
Pressures created by own self / being too hard on own self	25%
Unrealistic ideals of body image	18%
Too many expectations from society	17%
Media/Social media pressure to be perfect (perfect appearance / career / house / life, etc.)	15%
Ageing	15%
Trying to juggle career & work / work life balance	14%
Own physical illnesses / injuries	13%
Unstable family situation / family breakdown / family conflict / relationship breakdowns	13%
Grief, death and / or loss	12%
Lack of support network	11%
Lack of social acceptance or belonging	11%

Neither high nor low

High pressure / competitive work environment	10%
Menstruation / hormonal fluctuations	9%
Physical or mental illness / injuries of family members	8%

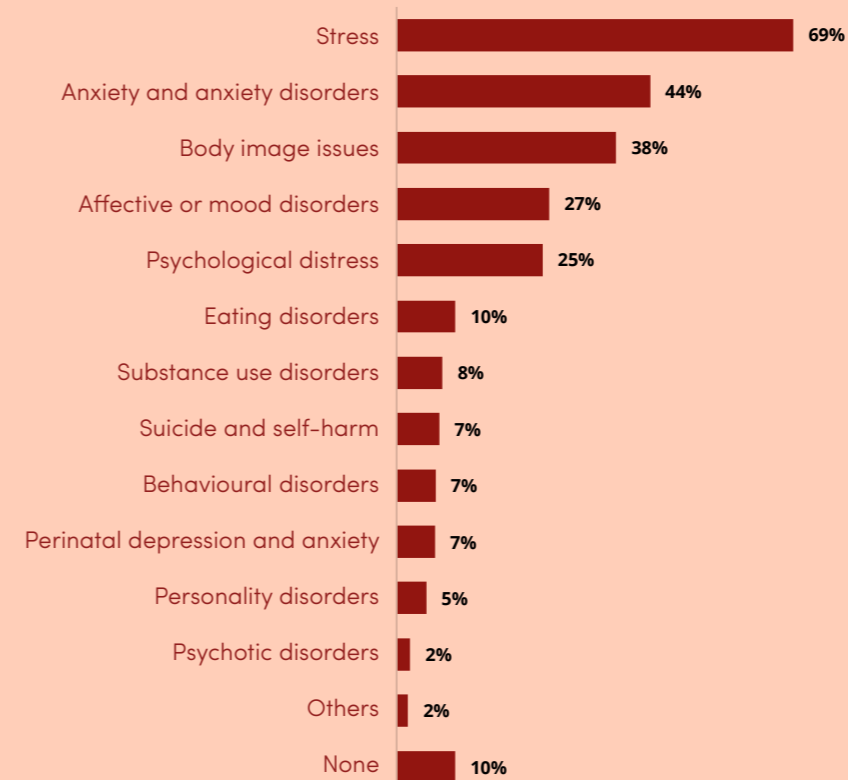
Significantly lower

Bullying / emotional abuse	8%
Childhood abuse and trauma	8%
Financial dependency	7%
Ageing family members	7%
Menopause	7%
Living away from family / friends	7%
I am not sure what caused the mental health issues I am currently facing	6%
Academic pressure	5%
Domestic violence	5%
Single parenting	5%
Pregnancy / childbirth	5%
Living alone / kids leaving home	5%
Retirement / loss of purpose	5%
Strict home environment while growing up	4%
Career sacrifices	4%
Addiction	4%
Moving to a new school, university or city	3%
Sexual harassment / sexual violence	3%
Discrimination (other than gender and racial)	3%
Gender discrimination	2%
Infertility / fertility challenges	2%
Racial discrimination	1%
Others	7%



Exploring the current top mental health issues faced by Australian women

Rates of mental illness are on the rise—so it’s no wonder that a significant amount of women experience mental health issues. Stress, anxiety, body image issues, affective and mood disorders and psychological distress are amongst the top mental health issues faced by Australian women today.



ISSUE 1 Stress (experienced by 69% of women)

Stress is the top mental health issue facing Australian women today. In fact, 1 in 3 women are currently seeking help from stress-related issues. While traditionally stress has been more prevalent for women aged 40 and above, it's women under 29 who are now facing significantly higher levels of stress.

The most common stress triggers are:

- Financial struggles
- Being too hard on oneself
- Low self-esteem and confidence
- Poor work-life balance

Stress triggers also vary, depending on a woman's life stage and whether they are a member of a marginalised group. For example, teenagers often experience stress as a result of academic and societal pressures, as well as body image issues, media pressure and home stresses. These triggers are similar for people in their 20s, but with added pressures from the workplace. Meanwhile, people from culturally and linguistically diverse communities most commonly experience stress as a result of discrimination. Homelessness and poverty is also a significant trigger.

Some groups are also more likely to seek help. Teenagers are likely to talk to their parents, teachers and counsellors, while women in their 20s often don't seek help at all. Concerningly, only 33% of the study participants sought help for their stress, with an enormous 67% not seeking help, largely due to a lack of time and a lack of recognition of its importance.



“I was in an accelerated program, and all that pressure to succeed and do well started piling up.”

(quote from study participant, university)

“I had braces and struggled with severe acne, that was stressful.”

(quote from study participant, university)

Stress triggers

Significantly higher	
Financial stress / pressures	43%
Pressures created by own self / being too hard on own self	27%
Low self esteem or confidence	24%
Trying to juggle career & work / work life balance	23%
High pressure / competitive work environment	16%
Unstable family situation / family breakdown / family conflict / relationship breakdowns	16%
Too many expectations from society	16%
Ageing	14%
Lack of support network	13%
Grief, death and / or loss	13%
Own physical illnesses / injuries	13%
Financial dependency	12%

ISSUE 2 Anxiety and anxiety disorders (experienced by 44% of women)

Around 2 in 5 women are currently experiencing anxiety or related disorders in Australia. This includes generalised anxiety disorder (GAD), obsessive compulsive disorder (OCD), post-traumatic stress disorder (PTSD), as well as social phobia and agoraphobia. Anxiety disorders are faced significantly more by those under 29, as well as those who have experienced homelessness or poverty at some point in their lives, those who are experiencing comorbidities, and those who are in the LGBTQIA+ community.

Common anxiety triggers include:

- Low self-esteem
- Financial stress
- Self-imposed pressures and being too hard on oneself
- Unstable family situations, including relationship breakdowns and conflict

Of those experiencing anxiety and related disorders, 1 in 2 sought help. Main reasons for not seeking help include not prioritising mental health, and not realising the importance of seeking help. However, those who didn't seek help have highlighted gaps in the system for services that aren't tailor-made, as well as issues pertaining to caregivers.

“I had mental health concerns [anxiety] but had no idea what they were. I spent most of high school being confused about life.”

(quote from study participant, younger SINKS)

“Having the words to explain how I was feeling, [like] someone telling me “this is what anxiety feels like” would have helped.”

(quote from study participant, younger SINKS)

Anxiety triggers

Significantly higher	
Low self esteem or confidence	35%
Financial stress / pressures	35%
Pressures created by own self / being too hard on own self	32%
Unstable family situation / family breakdown / family conflict / relationship breakdowns	21%
Too many expectations from society	19%
Grief, death and / or loss	18%
Trying to juggle career & work / work life balance	18%
Lack of support network	16%
Lack of social acceptance or belonging	16%
Own physical illnesses / injuries	16%
Unrealistic ideals of body image	15%
Childhood abuse and trauma	15%
Bullying / emotional abuse	13%



ISSUE 3 Body image issues (experienced by 38% of women)

Almost 2 in 5 women are currently experiencing body image issues—most significantly for those who are under 29, as well as those living in metropolitan areas, those who have faced homelessness and poverty at some point in their lives, and people in the LGBTQIA+ community.

Social media is a major cause of this, as well as unrealistic beauty standards portrayed in the media. Other triggers include:

- Low self-esteem and confidence
- Hormonal fluctuations
- Ageing
- Self-imposed pressures

Body image issues can also cause eating disorders. This can begin from an early age, so early intervention—even beginning in primary school—is vital. Supportive parents are also incredibly important, as children may feel more comfortable confiding in their parents if they feel they can speak openly.

However, only 1 in 5 women dealing with body image issues seek help—which is significantly lower than the top 2 issues facing Australian women. The 77% who didn't seek help reported that they felt embarrassed, ashamed, or found their own strategies to manage, like enacting lifestyle changes. Many study participants also said they didn't realise the importance of dealing with their body image issues.

Body image issues triggers

Significantly higher	
Low self esteem or confidence	45%
Unrealistic ideals of body image	42%
Media / social media pressure to be perfect (perfect appearance / career / house / life, etc.)	33%
Pressures created by own self / being too hard on own self	29%
Too many expectations from society	26%
Ageing	16%
Lack of social acceptance or belonging	14%
Financial stress / pressures	14%
Menstruation / hormonal fluctuations	11%

“A lot of images on social media that celebrities and influencers post are edited. It's not achievable for ordinary people to look like that, but we still place that as the standard, and it shouldn't be.”

(quote from study participant, high school)

“I was quite a chunky kid and was bullied for being overweight. That stuff sticks with you for life. If your clothes aren't fitting well, suddenly you think you're not good enough because you were the fat kid as a child.”

(quote from study participant, younger families)

“I had anorexia when I was a teenager that was triggered by trying to keep up with everyone else [at an all-girls school]. I'd go for days without eating. Maybe it was about control. Having someone to talk to would have been very helpful.”

(quote from study participant, older SINKS)

“I was so conscious of my teeth as a child. I've had a lot of dental work so it's fine now, but I don't think I could have gone to my parents about it. My mum had her own issues and she would have just brought it back to that.”

(quote from study participant, younger families)

My mum would tell me to suck in my tummy and that was something I'd never thought about before. You're so impressionable, anything an adult tells you you're going to take on.”

(quote from study participant, first job)

“I place a lot of my worth on my physical appearance. It's not something I'm proud of. If I don't look good, I won't feel good.”

(quote from study participant, younger, high school)

ISSUE 4 Affective or mood disorders (experienced by 27% of women)

According to the study, 27% of women are experiencing affective or mood disorders. This includes depression, dysthymia, as well as bipolar affective disorder. Mood and affective disorders are currently being faced significantly more by those who have faced homeless or poverty, people in the LGBTQIA+ community, and those experiencing comorbidities.

Common triggers for affective or mood disorders include:

- Low self-esteem and confidence
- Financial stress
- Self-imposed pressures and being too hard on oneself
- Unstable family situations, conflict and relationship breakdowns
- Grief, death and loss

It's a good sign that 58% of women experiencing affective or mood disorders seek help—but there is still a large number who do not seek help. This is largely due to cost, a lack of prioritising mental health, and finding mental health professionals and caregivers to be ineffective when reaching out. Women with mood or affective disorders said they often felt trivialised, and like the caregiver was unable to understand, empathise, or offer a solution. While this is concerning, it also highlights areas where major improvements are needed.

“Relationships, not being able to understand why everyone else is happy and it's not working for me. It feels terrible, you get depressed, you don't want to go out and can't be bothered.”

(quote from study participant, older families)

“People around me recognising that my behaviour was a cry for help rather than that I was just misbehaving.”

(quote from study participant, university)

Affective or mood disorders triggers

Significantly higher	
Low self esteem or confidence	36%
Financial stress / pressures	32%
Pressures created by own self/being too hard on own self	28%
Unstable family situation / family breakdown / family conflict / relationship breakdowns	24%
Grief, death and / or loss	19%
Own physical illnesses / injuries	19%
Lack of support network	17%
Childhood abuse and trauma	16%
Ageing	16%
Lack of social acceptance or belonging	15%
Too many expectations from society	14%
Trying to juggle career & work / work life balance	14%



ISSUE 5 Psychological distress (experienced by 25% of women)

Psychological distress is a general term used to describe a range of unpleasant feelings or emotions that impact a person's level of functioning—and 1 in 4 Australian women are currently experiencing it. Psychological distress is currently being faced more significantly by those who have faced homelessness or poverty, those in the LGBTQIA+ community, and those experiencing comorbidities.

Common triggers for psychological distress include:

- Financial stress and pressures
- Low self-esteem or confidence
- Self-imposed pressures and being too hard on oneself
- Unstable family situations, conflict and relationship break downs
- Other illnesses and injuries

Around 2 in 5 women seek help for psychological distress—but 58% don't. Reasons for this include cost, and feeling like mental health is a lower priority.

“My life at the moment, I've got so much stress: I'm in the middle of selling a house, I've taken time off work to work on the house. The stress of trying to get everything organised. My kids are lazy and don't help. I'm trying to keep everyone happy.”

(quote from study participant, older families)

Psychological distress triggers

Significantly higher	
Financial stress / pressures	38%
Low self esteem or confidence	34%
Pressures created by own self / being too hard on own self	32%
Unstable family situation / family breakdown / family conflict / relationship breakdowns	26%
Own physical illnesses / injuries	22%
Grief, death and / or loss	21%
Lack of support network	19%
Ageing	18%
Trying to juggle career & work / work life balance	17%
Too many expectations from society	17%
Lack of social acceptance or belonging	15%
Physical or mental illness / injuries of family members	15%



Top mental health issues facing minority groups

Experiences of mental illness can be very different for women in minority groups—particularly when it comes to intersectionality. People who are members of one (or more) minority group can experience differing triggers, as well as differing severities and rates of mental illness. That's why it's so important to highlight the experiences of women from minority groups, including Aboriginal women, women from culturally and linguistically diverse communities, people in the LGBTQIA+ community, and those living with other health issues.



Mental health issues currently faced by minority groups



	Non-Australian born	Non-English speaking	Indigenous communities	Faced homelessness/poverty	LGBTQIA+	Immigrant	Pregnant	Comorbidity
Stress	70%	72%	57% ↓	74% ↑	71%	69%	49% ↓	70%
Anxiety and anxiety disorders	34% ↓	35% ↓	40%	53% ↑	61% ↑	32% ↓	35%	47% ↑
Body image issues	31% ↓	38%	37%	42% ↑	52% ↑	33% ↓	32%	38%
Affective or mood disorders	24%	18% ↓	29%	36% ↑	40% ↑	24%	23%	30% ↑
Psychological distress	25%	23%	23%	36% ↑	35% ↑	28%	18%	29% ↑
Eating disorders	7% ↓	11%	12%	14% ↑	25% ↑	8%	9%	11%
Substance use disorders	5% ↓	6% ↓	18% ↑	14% ↑	14% ↑	5% ↓	11%	9% ↑
Suicide and self-harm	5% ↓	9%	14% ↑	12% ↑	21% ↑	6%	12%	8%
Behavioural disorders	5% ↓	8%	12% ↑	10% ↑	19% ↑	7%	6%	8% ↑
Perinatal depression and anxiety	5%	8%	13% ↑	8%	11% ↑	6%	23% ↑	6%
Personality disorders	4%	5%	16% ↑	10% ↑	12% ↑	6%	13% ↑	6% ↑
Psychotic disorders	2%	3%	9% ↑	4% ↑	6% ↑	4%	6% ↑	3%
Others	2%	3%	5% ↑	3% ↑	3%	3%	6% ↑	2%
None	13% ↑	9%	5% ↓	6% ↓	3% ↓	12%	7%	9% ↓

↑ Significantly higher results at 95% c.i. ↓ Significantly lower results at 95% c.i.

Women who weren't born in Australia

Women who weren't born in Australia experience the same top five mental health issues as the overall female population. And while they tend to experience significantly less rates of anxiety, body image issues, substance use disorders, behavioural disorders, self-harm and suicidal thoughts, women who weren't born in Australia are also less likely to seek out help. Only 2 in 5 non-Australian born women are currently seeking help for their mental health. This is because this group is more likely to search online for self-guided learning, tools and resources to cope with their mental health, compared to the overall female population.

Triggers for women who weren't born in Australia include:

- Financial stress
- Low self-esteem or confidence
- Self-imposed pressures and being too hard on oneself
- Ageing
- Living away from friends and family members
- Kids leaving the home
- Racial discrimination

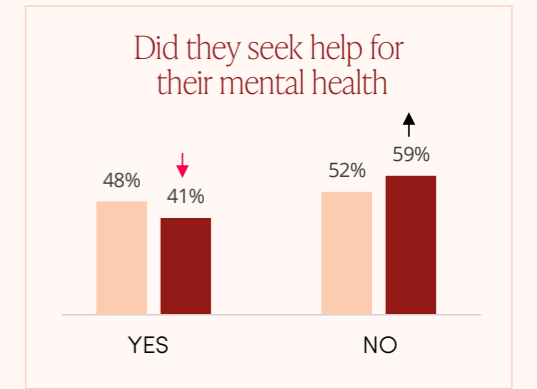
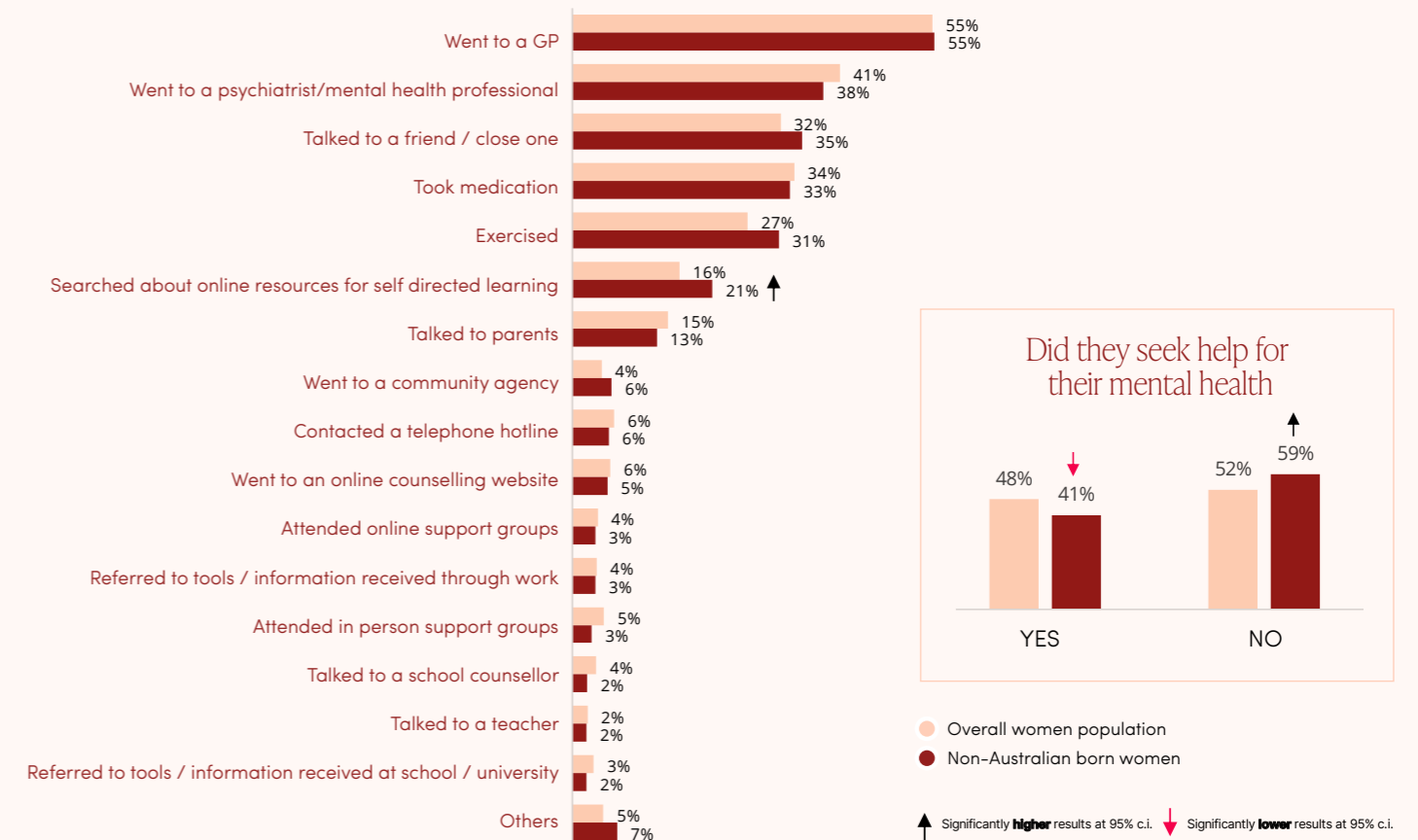
Triggers for mental health issues faced by non-Australian born women	
Financial stress / pressures	28%
Low self esteem or confidence	27%
Pressures created by own self / being too hard on own self	24%
Ageing	21% ↑
Own physical illnesses / injuries	16%
Too many expectations from society	15%
Unrealistic ideals of body image	15%
Trying to juggle career & work / work life balance	14%
Grief, death and / or loss	13%
Unstable family situation / family breakdown / family conflict / relationship breakdowns	13%
Living away from family / friends	11% ↑
Ageing family members	10%
Retirement / loss of purpose	7%
Living alone / kids leaving home	7%
Moving to a new school, university or city	5%
Racial discrimination	3%

⋯ Top triggers for this minority group

↑ Significantly higher trigger as compared to the overall women population

Many of these triggers, like Ageing, are experienced at a significantly higher rate than the overall female population. Women from non-Australian backgrounds are also more likely to be impacted by the challenges of moving to a new place, living alone, and feeling loneliness, as well as a loss of purpose.

How they sought help | non-Australian born women



● Overall women population
● Non-Australian born women
↑ Significantly higher results at 95% c.i. ↓ Significantly lower results at 95% c.i.

Non-English speaking women

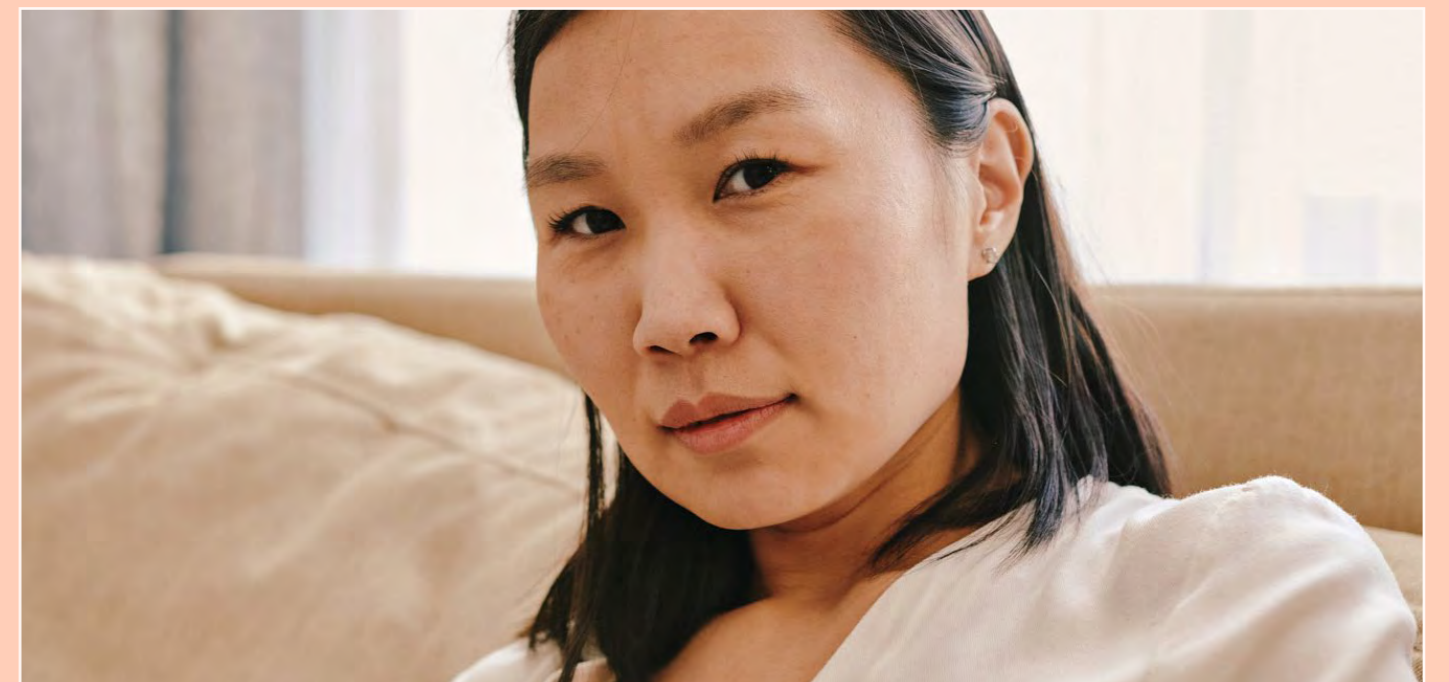
Compared to the overall Australian female population, women who don't speak English are significantly less likely to experience anxiety, substance use disorders, as well as affective or mood disorders. However, they experience significantly higher pressures in many other areas of life, including competitive work environments, academic pressure, discrimination, and challenges of living away from family and friends.

Non-English speaking women are also less likely to seek help for their

mental health, largely due to cultural stigma and taboo. Concerningly, 57% of non-English speaking women will not seek help. They also tend to rely significantly less on professional services, like going to the doctor, seeing mental health professionals, or taking medication, as compared to the overall female population. Instead, they are more likely to rely on non-face-to-face methods, like online resources, telephone hotlines, or talking to a school counsellor for those who are at school or university.

Common triggers for non-English speaking women include:

- Low self-esteem
- Financial pressures
- Self-imposed pressures
- Pressure from society
- Unrealistic ideals of body image



“I came from a culture where I did not speak about it because it would be a stigma. You're brought up in a culture where you don't talk about things. You deal with it and you manage, but it's like a volcano and it erupts.”

(quote from study participant, older families)

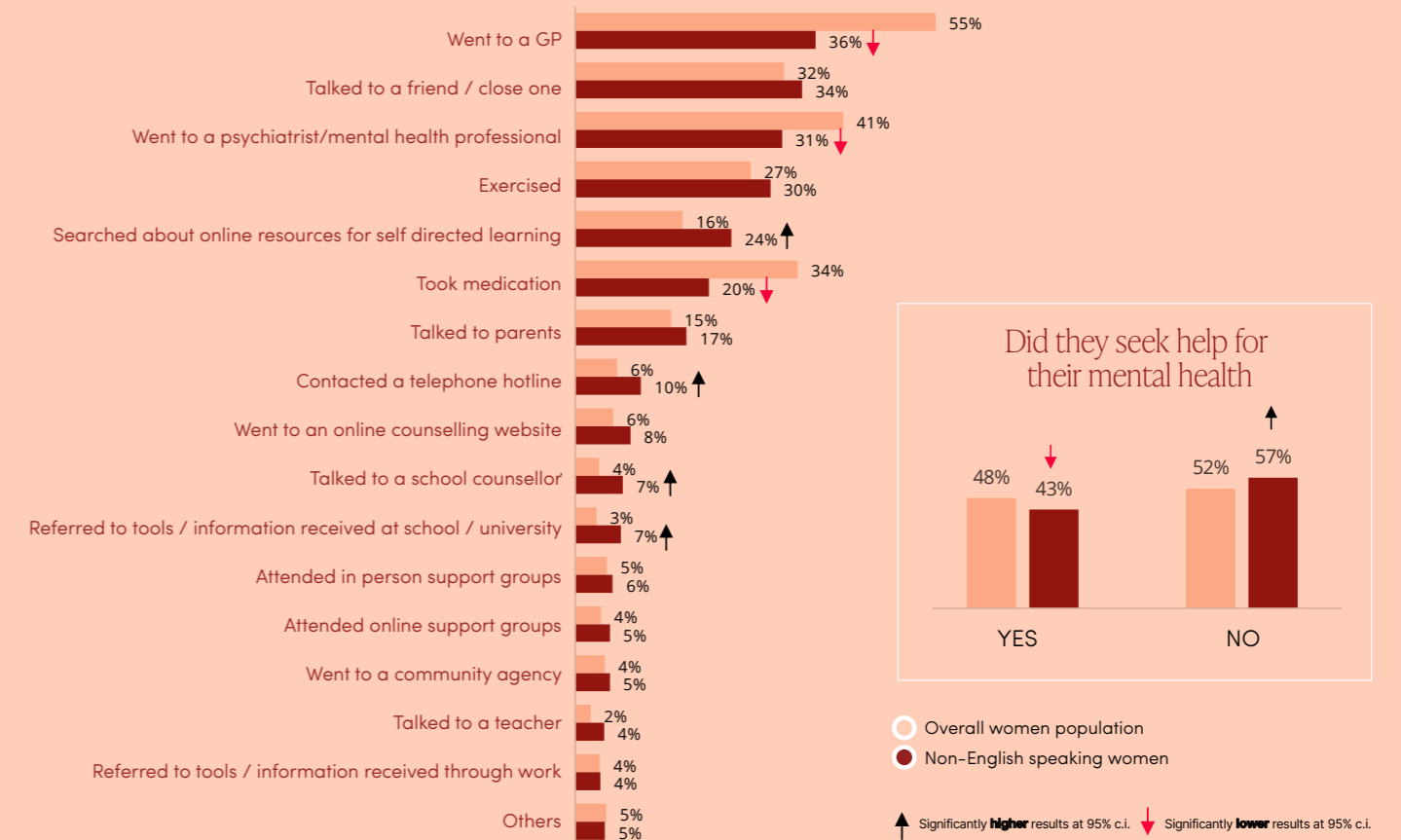
“With some cultures, there's emphasis on 'be strong, be tough', because that's how things have gone on for generations. People are subjected to generational trauma and loss. The only way out was just to get through it, there's no sympathy.”

(quote from study participant, high school)

Triggers for mental health issues currently facing	
Low self esteem or confidence	27%
Financial stress / pressures	25%
Pressures created by own self / being too hard on own self	23%
Too many expectations from society	19%
Unrealistic ideals of body image	18%
Media / Social media pressure to be perfect	18%
Trying to juggle career & work / work life balance	16%
High pressure / competitive work environment	13% ↑
Lack of support network	13%
Unstable family situation / family breakdown / family conflict / relationship breakdowns	13%
Academic pressure	10% ↑
Living away from family / friends	10%
Strict home environment while growing up	6%
Career sacrifices	6%
Discrimination (other than gender and racial)	5%
Gender discrimination	4%
Racial discrimination	4%

Top triggers for this minority group
↑ Significantly higher trigger as compared to the overall women population

How they sought help | non-English speaking women



Indigenous Australian women

Indigenous Australian women face significantly higher rates of many mental health issues, compared to the overall female population. Indigenous Australian women also experience significantly higher rates of sexual harassment and violence.

Concerningly, 18% of Indigenous Australian women are experiencing substance use disorders, compared to 8% of the general female population. They are also more likely to have other mental illnesses, with 16% of Indigenous Australian women experiencing personality disorders, and 9% experiencing psychotic disorders.

Although 7 in 10 Indigenous Australian women seek help for their mental health concerns, they tend to rely more on telephone hotlines, online counselling and online resources, as

well as support groups and school counsellors for those in school or university.

Common triggers for Indigenous Australian women include:

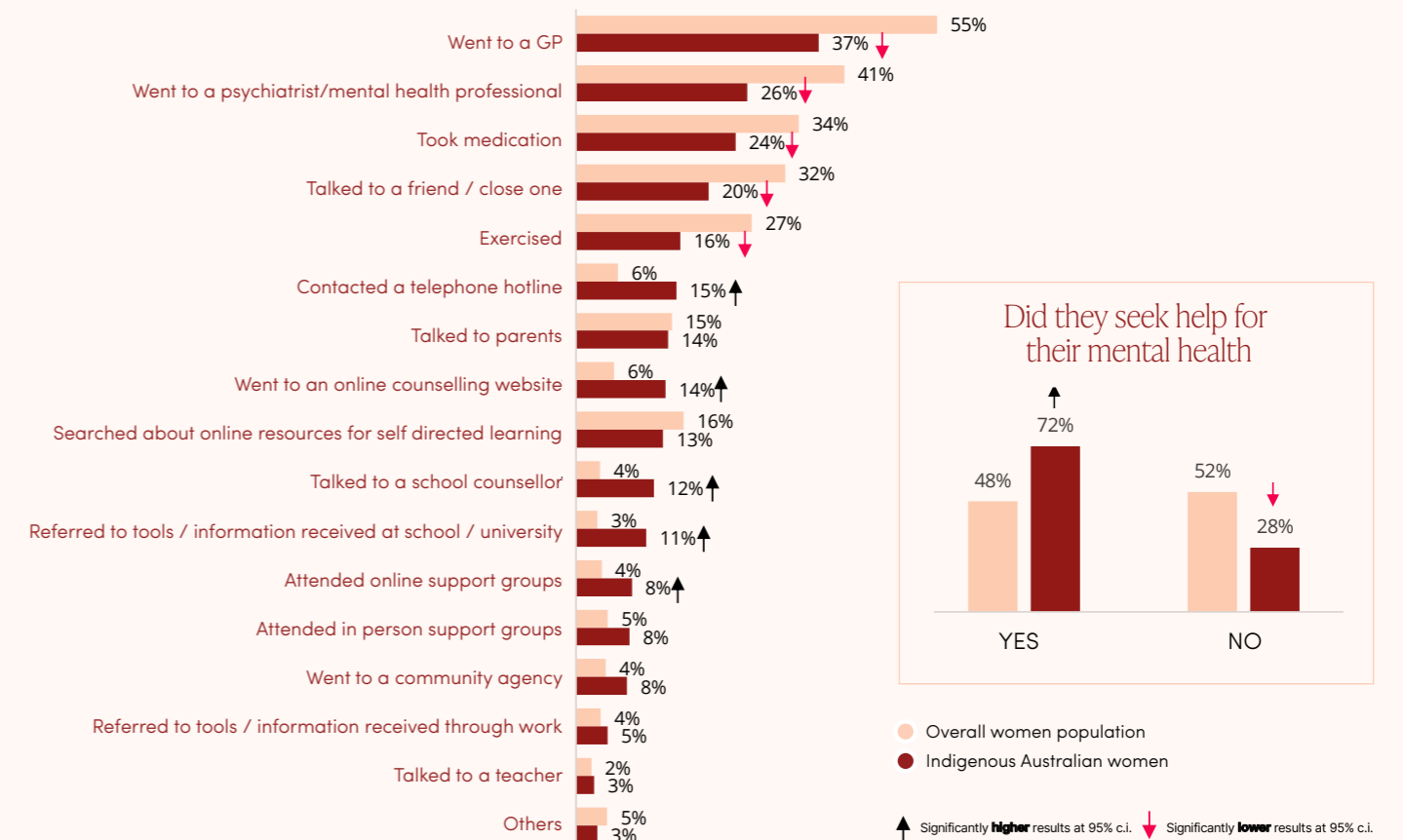
- Financial stress
- Unrealistic ideals of body image
- Self-created pressures
- Too many expectations from society
- Low self-esteem and confidence

Aside from sexual harassment and violence, other triggers can also include living alone, and having kids leave the family home.

Triggers for mental health issues currently facing	
Financial stress / pressures	19%
Unrealistic ideals of body image	18%
Pressures created by own self / being too hard on own self	16%
Too many expectations from society	15%
Low self esteem or confidence	15%
Media / social media pressure to be perfect	13%
Living alone / kids leaving home	8% ↑
Sexual harassment / sexual violence	7% ↑

Top triggers for this minority group
↑ Significantly higher trigger as compared to the overall women population

How they sought help | Indigenous Australian women



Women facing homelessness and poverty

Except for perinatal depression, rates of mental illness are significantly higher for women facing poverty and homelessness. This includes those who have faced homelessness or poverty in the past. According to our research, 36% of women in this group experience affective or mood disorders, 53% experience anxiety disorders and 10% experience personality disorders—which is double the national average.

Women who have experienced homelessness or poverty are more likely to seek help through telephone hotlines, in-person support groups, or community agencies, compared to the overall population—and thankfully, 3 in 5 do seek help when needed.

Common triggers include:

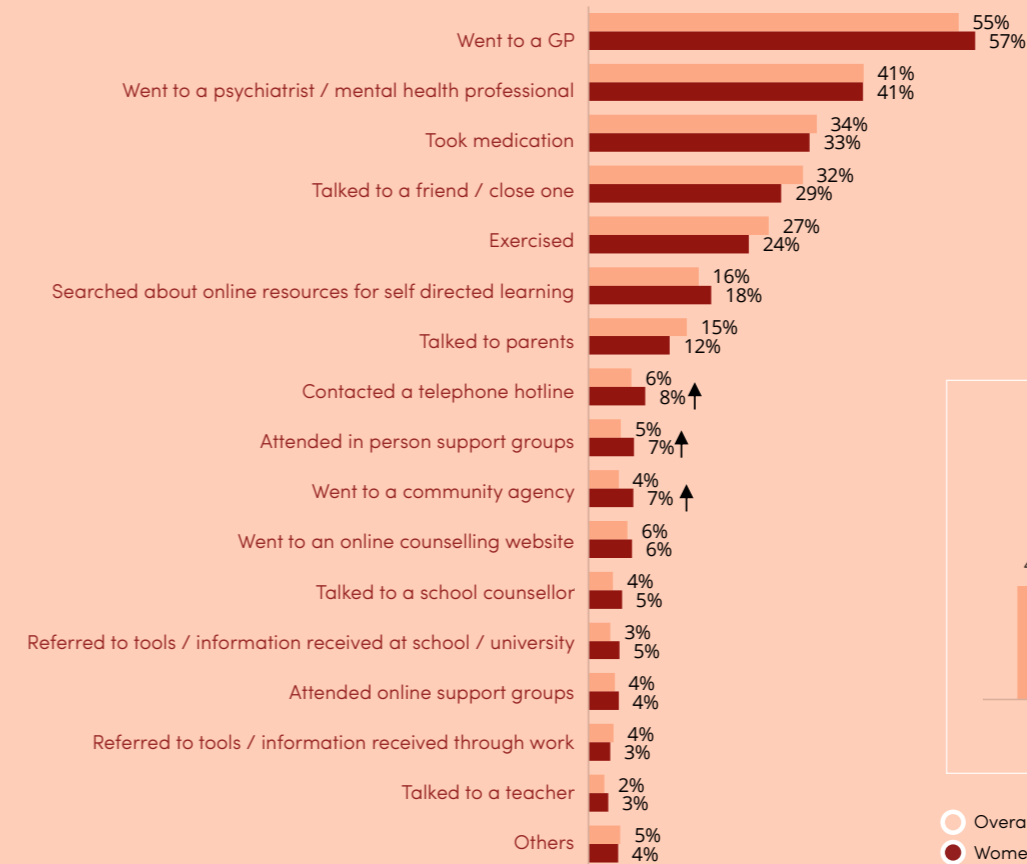
- Financial stress
- Low self-esteem and confidence
- Self-created pressures and being too hard on oneself
- Illness and injury

Women in this group also experience triggers like unstable family situations and relationship breakdowns, a lack of social acceptance, childhood abuse and trauma, bullying and emotional abuse, as well as domestic violence, addiction, and single parenting significantly more than the general population.

Triggers for mental health issues currently facing		
Financial stress / pressures	34%	↑
Low self esteem or confidence	32%	
Pressures created by own self / being too hard on own self	24%	
Own physical illnesses / injuries	19%	↑
Ageing	18%	↑
Unstable family situation / family breakdown / family conflict / relationship breakdowns	18%	↑
Unrealistic ideals of body image	17%	
Grief, death and / or loss	16%	↑
Lack of support network	16%	↑
Lack of social acceptance or belonging	15%	↑
Too many expectations from society	15%	
Childhood abuse and trauma	14%	↑
Bullying / emotional abuse	11%	↑
Physical or mental illness / injuries of family members	11%	
Domestic violence	10%	
Menopause	9%	
Single parenting	8%	
Addiction	7%	
Living alone / kids leaving home	7%	
Strict home environment while growing up	5%	
Sexual harassment / sexual violence	5%	
Discrimination (other than gender and racial)	4%	
Gender discrimination	4%	

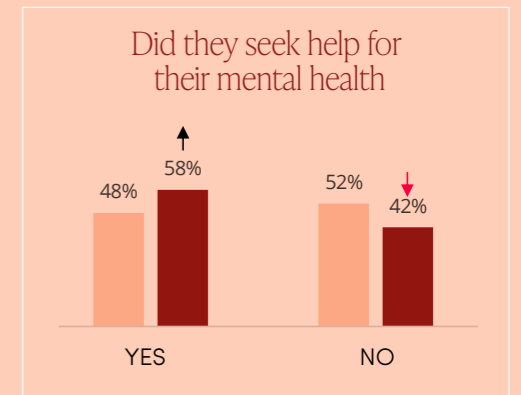
⋯ Top triggers for this minority group ↑ Significantly higher trigger as compared to the overall women population

How they sought help | women who've faced homelessness and poverty



“The kids were at school, then work, then home. I was so tired all the time. I just couldn’t afford to live or survive, it felt like I was drowning all the time. I got really down in my late 30s where I wondered if I really wanted to be around.”

(quote from study participant, older families)



○ Overall women population
● Women who've experienced homelessness/poverty
↑ Significantly higher results at 95% c.i. ↓ Significantly lower results at 95% c.i.

LGBTQIA+ people

Women (including transgender women and non-binary people) in the LGBTQIA+ community experience higher rates of mental health concerns than the general population. Concerningly, 52% of people in the LGBTQIA+ community experience body image issues, which is 1.37 times higher than the average female population, and 1 in 4 have an eating disorder. Rates of self-harm and suicidal thoughts are also highest in this group at a shocking 21%.

While 3 in 5 people from the LGBTQIA+ community seek help when needed, they are less likely to go to a doctor, and more likely to visit a mental health professional, search for online self-help resources, or talk to a counsellor at school or university, compared to the overall population.

Common triggers include:

- Low self-esteem or confidence
- Self-imposed pressures and being too hard on oneself

- Unrealistic ideals of body image
- Too many expectations from society

People in the LGBTQIA+ community highlighted that a lack of social belonging and support networks, as well as childhood abuse and trauma, gender discrimination, addiction and sexual harassment were a major factor for their mental health issues.



“When it comes to queer women, the politics and even at schools. We’ve seen schools where they can discriminate against queer people [referring to Brisbane’s Citipointe Christian College]. It’s a huge stress.”

(quote from study participant, first job)

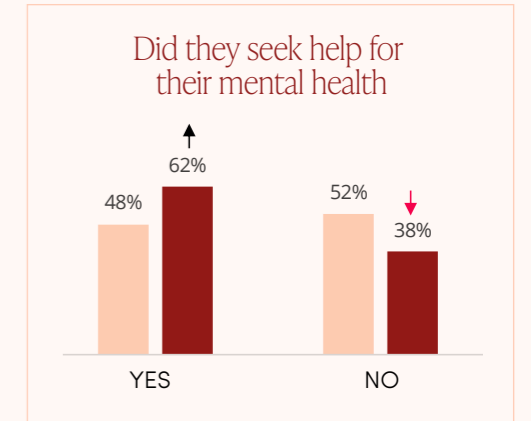
“Covering the different factors that affect our mental health. They might be queer as well and with that there are a lot of ramifications.”

(quote from a study participant, younger DINKS)

Triggers for mental health issues currently facing	
Low self esteem or confidence	32%
Pressures created by own self / being too hard on own self	29%
Unrealistic ideals of body image	28%
Too many expectations from society	26%
Media / Social media pressure to be perfect	23%
Financial stress / pressures	23%
Lack of social acceptance or belonging	20%
Lack of support network	16%
Trying to juggle career & work / work life balance	15%
High pressure / competitive work environment	14%
Academic pressure	12%
Childhood abuse and trauma	12%
Gender discrimination	7%
Strict home environment while growing up	7%
Addiction	6%
Sexual harassment / sexual violence	6%
Moving to a new school, university or city	6%

⋯ Top triggers for this minority group ↑ Significantly higher trigger as compared to the overall women population

How they sought help | LGBTQIA+ people



● Overall women population ● LGBTQIA+ people
 ↑ Significantly higher results at 95% c.i. ↓ Significantly lower results at 95% c.i.

Immigrant women

While immigrant women are less likely to be facing body image issues, anxiety and substance use disorders, 28% of immigrant women in Australia experience psychological distress. Immigrant women are also less likely to seek help from a doctor, and are more likely to search online for self-help resources, or refer to information received from schools or universities, as compared to the general population.

Common triggers include:

- Financial stress
- Low self-esteem or confidence
- Self-imposed pressures and being too hard on oneself
- Ageing

Other significant triggers faced by immigrant women include living away from family and friends, Ageing family members, living alone, kids leaving home, loneliness, career sacrifices, and discrimination.



“Policies against immigrants coming here to study to have a better life, it’s very stressing if the country suddenly doesn’t want you there and doesn’t give you many options. People could get anxious that the next day their freedom or rights could be in danger.”

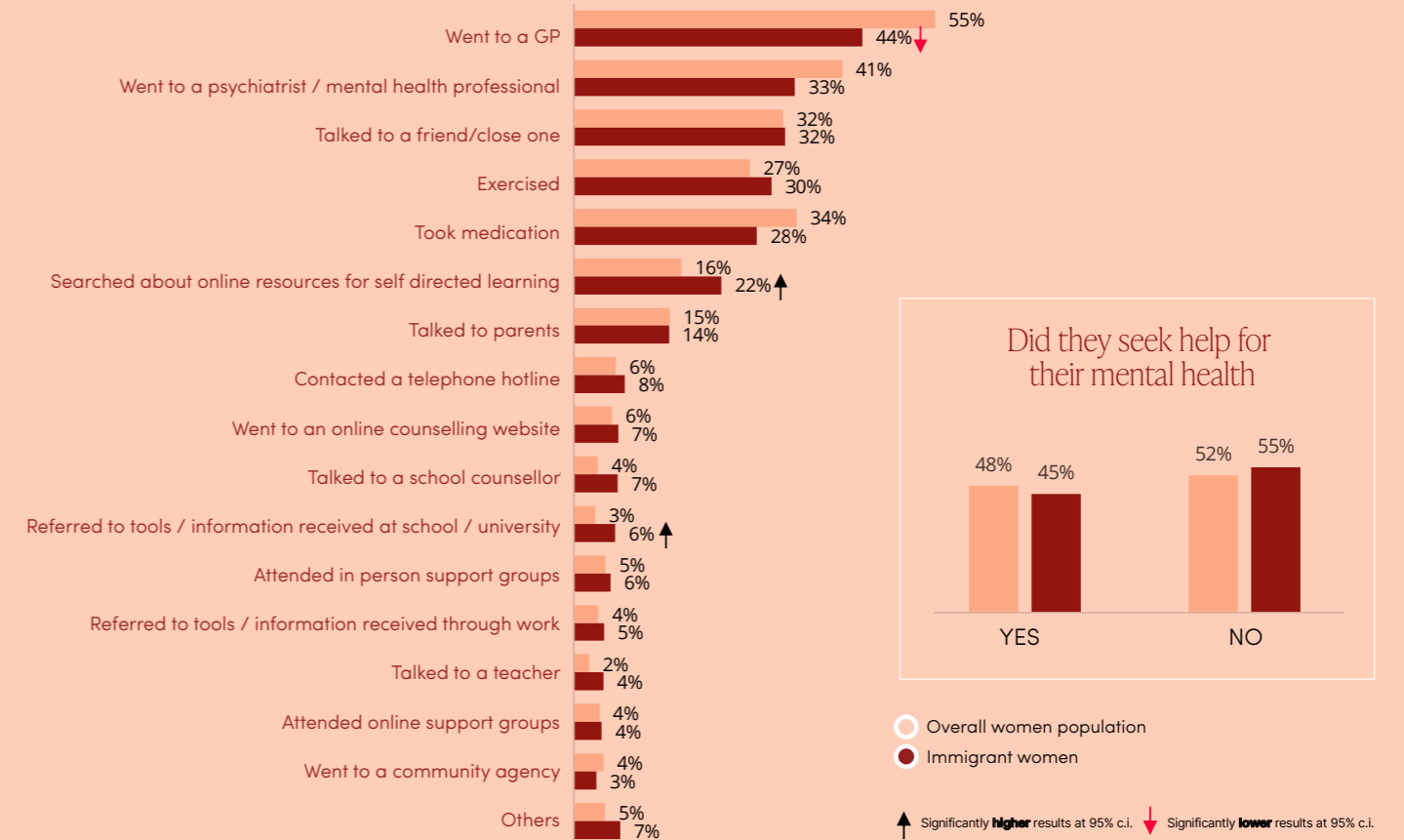
(quote from study participant, first job)

Triggers for mental health issues currently facing	
Financial stress / pressures	28%
Low self esteem or confidence	24%
Pressures created by own self/being too hard on own self	23%
Ageing	19% ↑
Unrealistic ideals of body image	16%
Too many expectations from society	15%
Trying to juggle career & work / work life balance	15%
Lack of support network	14%
Own physical illnesses / injuries	13%
Living away from family / friends	13% ↑
Ageing family members	10% ↑
Living alone / kids leaving home	8%
Career sacrifices	6%
Gender discrimination	5%
Racial discrimination	3%

Top triggers for this minority group

↑ Significantly higher trigger as compared to the overall women population

How they sought help | immigrant women



Pregnant people

While not traditionally considered to be a marginalised group, it’s still important to consider the mental health impacts of pregnancy. Around 23% of pregnant people are currently experiencing perinatal depression and anxiety—and they are also three times more likely to have psychotic disorders, with 13% of pregnant study participants indicating they experience personality disorders.

Positively, 66% of pregnant people reach out for help when faced with mental health issues. They are also more likely to rely on telephone hotlines, in-person support groups, and school counsellors or university resources for younger people.

Common triggers include:

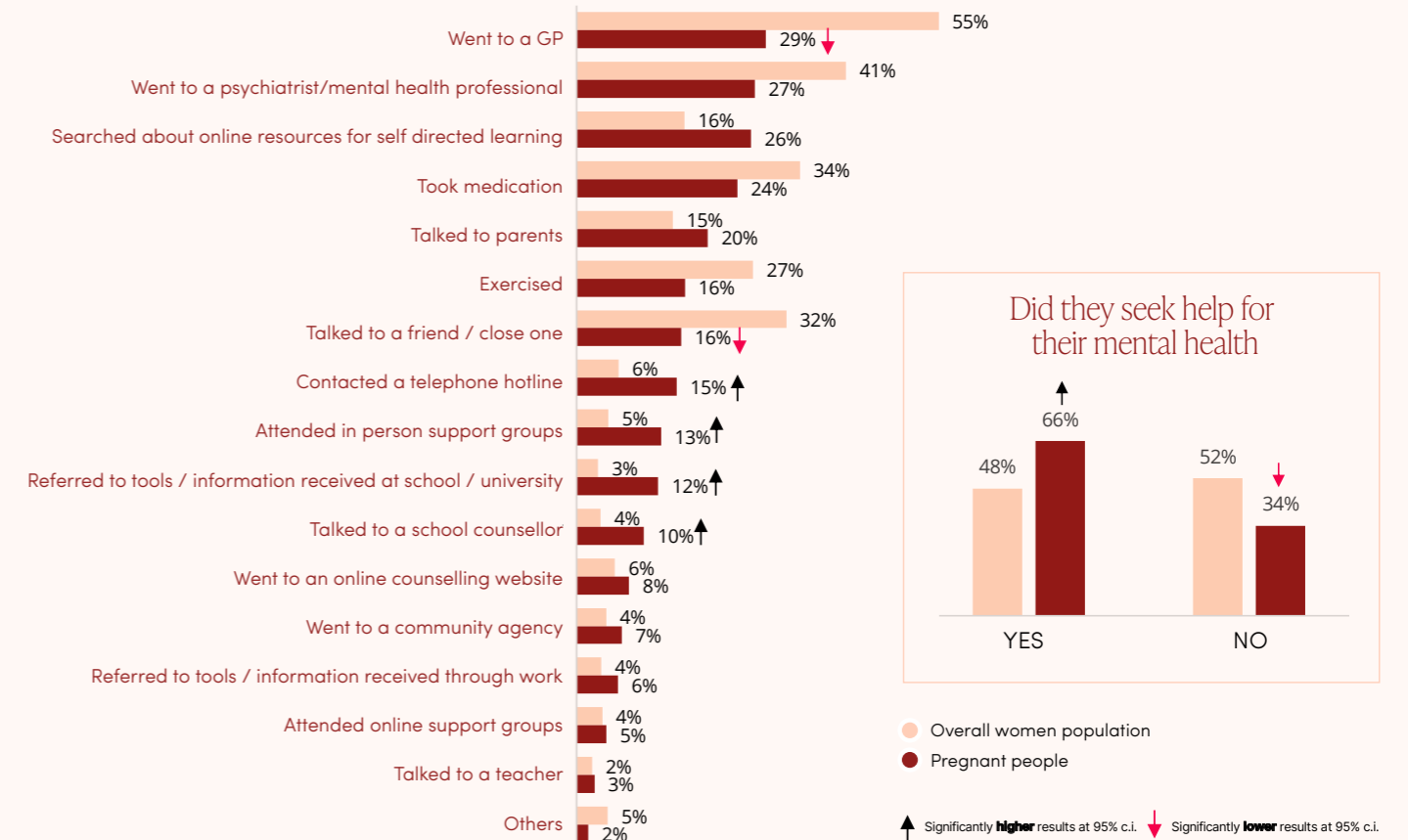
- Financial stress
- Media and social media pressure to be perfect
- Self-created pressures and being too hard on oneself
- Unrealistic expectations of body image

Triggers for mental health issues currently facing	
Pregnancy / childbirth	29% ↑
Financial stress / pressures	20%
Media / Social media pressure to be perfect	16%
Pressures created by own self / being too hard on own self	16%
Unrealistic ideals of body image	15%
Racial discrimination	4% ↑

Top triggers for this minority group

↑ Significantly higher trigger as compared to the overall women population

How they sought help | pregnant people



Comorbidity

Physical and mental health are often intertwined. That's why people experiencing disability and other health issues often experience higher rates of severe mental health issues. In fact, 66% of women who are experiencing some form of physical illness also live with a severe mental illness.

According to our research, 3 in 10 women who experience back problems and pain also live with a severe mental illness, as well as 1 in 4 women who are dealing with asthma. Other conditions that can have an impact on mental health include arthritis, polycystic ovary syndrome, endometriosis, diabetes, and other disabilities and chronic illnesses.

Common triggers include:

- Low self-esteem or confidence
- Financial stress
- Self-created pressures and being too hard on oneself
- Ageing

Women in this group also experience higher rates of financial stress—likely due to the cost of managing other conditions. They are also more likely to be impacted by unstable family situations and conflict, relationship breakdowns, grief, death and loss, as well as lacking support networks. However, women with multiple health issues are also more likely to seek medical help to address their mental health needs.

“I got rheumatoid arthritis when I was 70, I've just gone downhill since then. I have days where I think I'm going to give up.” (quote from study participant, older, empty nest)

“I had knee surgery 10 years ago, which was the impetus for understanding my mental health a lot more. I was no longer able to use my leg. That's when I had a word to talk about my anxiety. That's the first time I was able to understand how my body was affecting my mind.”

(quote from study participant, younger SINKS)

Column %	Likely to have a severe disorder
Back problems	30%
Asthma	24%
Other serious illness / disability that significantly affect the quality of life	19%
Arthritis	16%
Polycystic ovarian syndrome (PCOS)	11%
Diabetes	9%
Endometriosis	9%
Any physical disability	8%
Cardiovascular disease / heart problems	6%
Cancer	3%
Chronic obstructive pulmonary disease	3%
None of these	34%

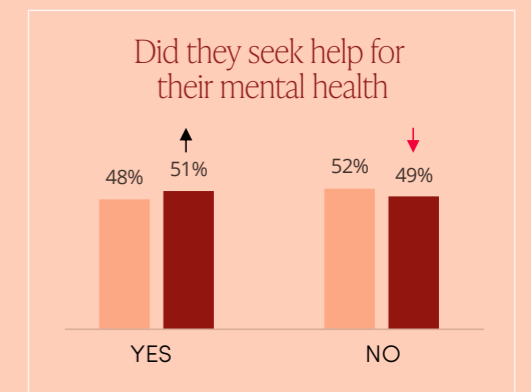
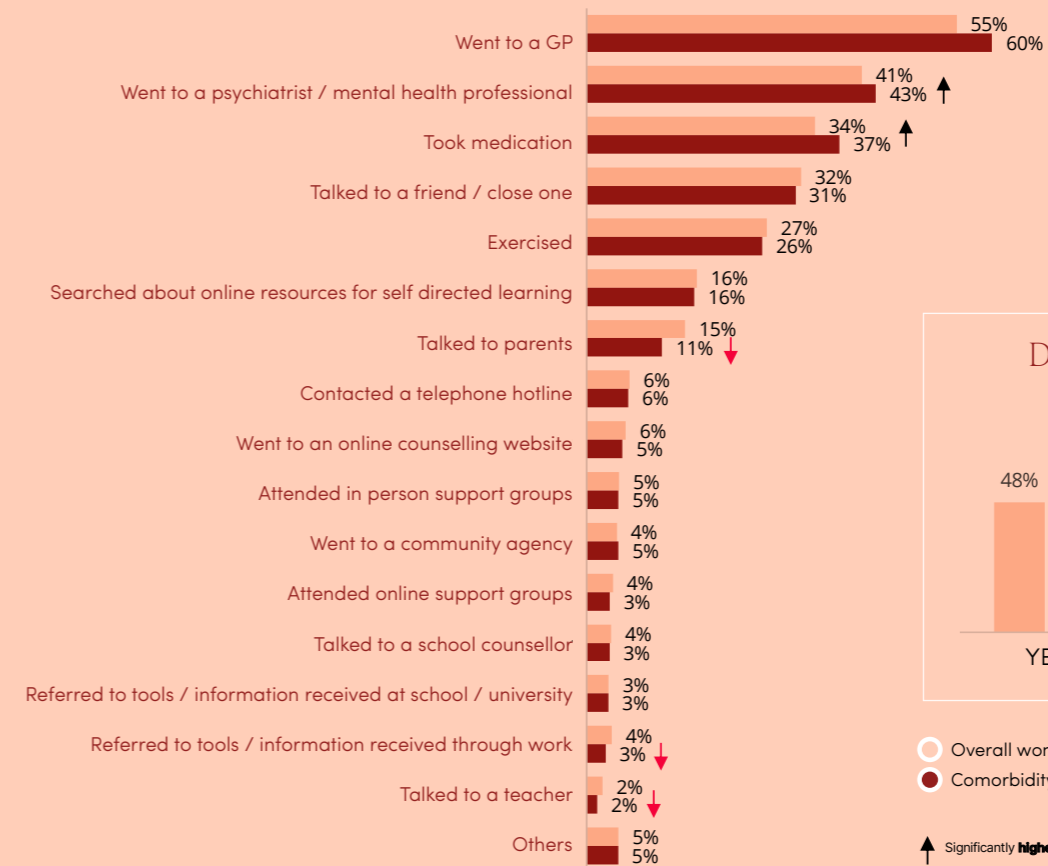


Triggers for mental health issues currently facing		
Low self esteem or confidence	30%	
Financial stress / pressures	29%	↑
Pressures created by own self / being too hard on own self	24%	
Own physical illnesses / injuries	19%	↑
Ageing	19%	↑
Unrealistic ideals of body image	17%	
Too many expectations from society	16%	
Unstable family situation / family breakdown / family conflict / relationship breakdowns	15%	↑
Grief, death and/or loss	15%	↑
Media / social media pressure to be perfect	14%	
Trying to juggle career & work / work life balance	13%	
Lack of support network	13%	↑
Physical or mental illness / injuries of family members	11%	↑
Menstruation / hormonal fluctuations	10%	
Childhood abuse and trauma	9%	
Ageing family members	9%	
Menopause	8%	
Domestic violence	7%	
Living alone / kids leaving home	6%	
Retirement / loss of purpose	6%	
Sexual harassment / sexual violence	4%	

⋯ Top triggers for this minority group

↑ Significantly higher trigger as compared to the overall women population

How they sought help | comorbidity

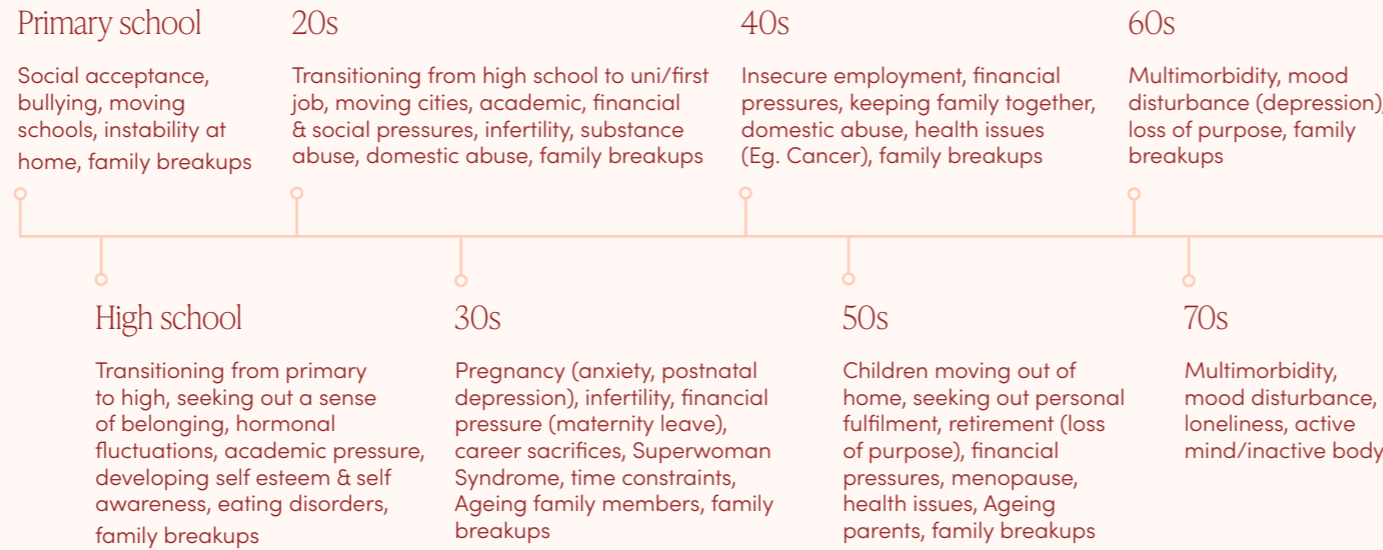


○ Overall women population
● Comorbidity

↑ Significantly higher results at 95% c.i. ↓ Significantly lower results at 95% c.i.

Life stages and their impact on women's mental health

A woman's mental health can also be significantly impacted by their life stage. Each life stage comes with its own responsibilities, challenges and struggles. And concerningly, it's our younger generations that are typically more impacted by issues like stress, anxiety and body image issues. Middle-aged women are also more likely to be facing behavioral and personality disorders, as well as perinatal depression. Older women are more likely to be facing loneliness, a sense of lost purpose, and comorbidities. In order to improve women's mental health, we must highlight and address these key issues.



Mental health issues currently faced by each demographic.

		14 to 19 years	20 to 29 years	30 to 39 years	40 to 49 years	50 to 59 years	60+ years
Stress	69%	76% ↑	77% ↑	66%	74%	68%	58% ↓
Anxiety and anxiety disorders	44%	58% ↑	52% ↑	44%	44%	43%	30% ↓
Body image issues	38%	58% ↑	57% ↑	40%	34%	27% ↓	20% ↓
Affective or mood disorders	27%	26%	28%	25%	27%	30%	25%
Psychological distress	25%	24%	25%	24%	28%	29%	23%
Eating disorders	10%	20% ↑	16% ↑	10%	9%	5% ↓	4% ↓
Substance use disorders	8%	10%	9%	9%	11%	8%	4% ↓
Suicide and self-harm	7%	20% ↑	9%	7%	7%	5% ↓	3% ↓
Behavioural disorders	7%	11% ↑	11% ↑	9% ↑	5%	5%	1% ↓
Perinatal depression and anxiety	7%	9%	11% ↑	13% ↑	3% ↓	2% ↓	0% ↓
Personality disorders	5%	7%	6%	8% ↑	6%	4%	2% ↓
Psychotic disorders	2%	2%	3%	3%	3%	2%	0% ↓
Others	2%	2%	1%	3%	2%	3%	1%
None	10%	4% ↓	4% ↓	8%	7% ↓	11%	23% ↑

↑ Significantly higher results at 95% c.i. ↓ Significantly lower results at 95% c.i.



14 to 19 years

Women in this life stage are facing many challenges. They're likely to be in high school or university, living with parents, or potentially living away from home for the first time. They may also be looking for their first jobs.

It's a stressful time in a young person's life. In fact, 3 in 4 girls and women in this age group are likely to be facing significantly more stress than the overall female population—and almost 6 in 10 are facing anxiety and body image issues. Rates of suicidal thoughts, self-harm and eating disorders are also more than

double the general population, with 1 in 5 impacted. 1 in 10 will also be experiencing behavioural disorders.

There are many triggers during this life stage, like body image issues, low self-esteem, and feeling a lack of social acceptance. There are other pressures like media and social media pressure, academic pressure, and societal expectations. Bullying, moving to a new place, and strict home environments can also be a massive trigger. Women in this age group also mentioned that sexual harassment and gender discrimination is a significantly higher

trigger, compared to the overall population.

Half of teenage girls and women facing mental health issues are currently seeking help, mostly by talking to those around them, including parents, teachers and counselors. They are less likely to go to a doctor to address their mental health concerns.

“My dad was a genius and he had trouble understanding that not everyone else was a genius, especially his own children. We were terrified to go home if we didn't have straight A's.”

(quote from study participant, older DINKS)

“Social media and being bombarded by people showing only the best parts of their life makes you wonder “Why am I not like that?”

(quote from study participant, university)

“Early high school, there was a kid who would call me anorexic. I started getting insecure about being so thin.”

(quote from study participant, younger, university)

“I was bullied, called names, isolated, that contributed to poor self-esteem and self-worth, without a strong social support group.”

(quote from study participant, high school)

“I started a new school, had no friends and had moved to a new country. There wasn't any support with moving.”

(quote from study participant, high school)

“Having a teacher or responsible adult taking time to understand my needs and circumstances would have helped a lot.”

(quote from study participant, high school)



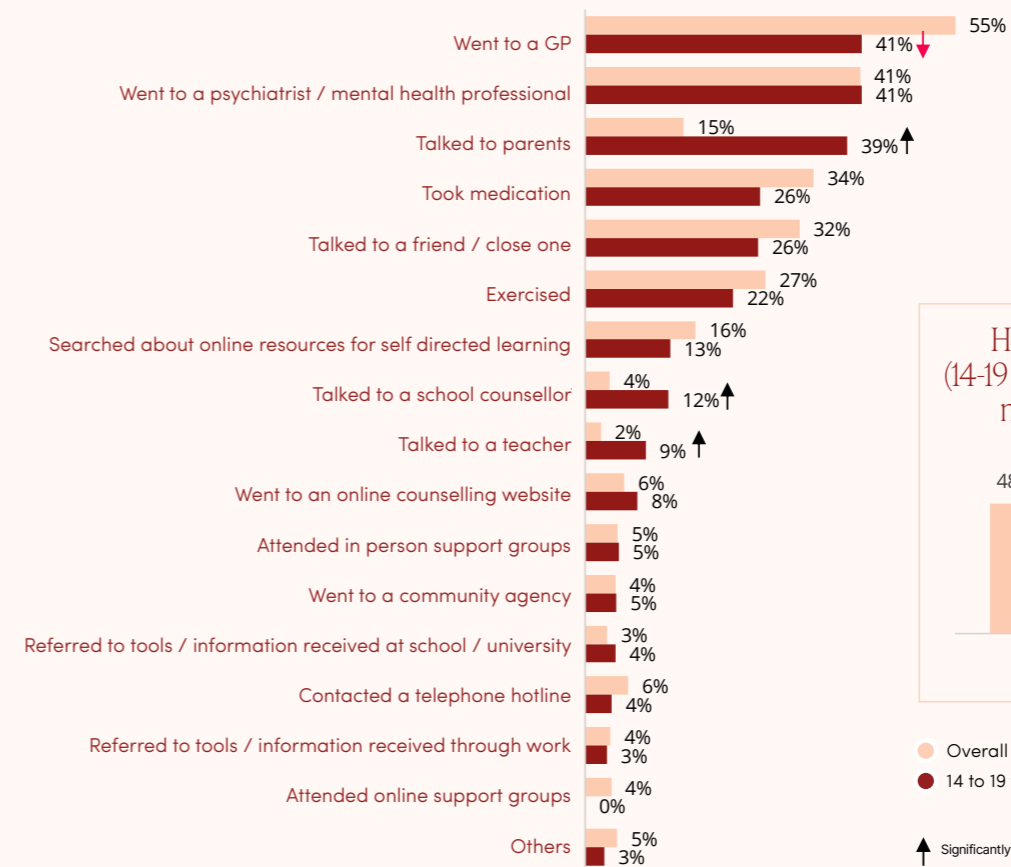
Triggers for mental health issues currently facing

Low self esteem or confidence	37%	↑
Unrealistic ideals of body image	33%	↑
Pressures created by own self / being too hard on own self	31%	
Media / social media pressure to be perfect (perfect appearance / career / house / life, etc.)	28%	↑
Too many expectations from society	27%	↑
Academic pressure	21%	↑
Financial stress / pressures	17%	
Lack of social acceptance or belonging	16%	↑
Unstable family situation / family breakdown / family conflict / relationship breakdowns	14%	
Bullying / emotional abuse	12%	↑
Moving to a new school, university or city	8%	
Strict home environment while growing up	7%	
Sexual harassment / sexual violence	7%	
Gender discrimination	5%	

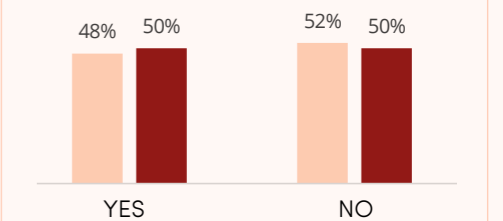
Top triggers for this minority group

↑ Significantly higher trigger as compared to the overall women population

How they sought help | 14 to 19 years



How many of these women (14-19 years) who were experiencing mental illness, sought help



Overall women population

14 to 19 years

↑ Significantly higher results at 95% c.i. ↓ Significantly lower results at 95% c.i.

20 to 29 years

Women in this age bracket are likely to be starting their careers. They might be looking for a full-time job, or recently received a promotion. They might be living with parents, or living out of home for the first time—potentially with a partner. They might be building new relationships, and planning engagements, marriages and pregnancies.

Almost 8 in 10 women in this age group are likely to be dealing with stress, and 1 in 2 are

dealing with anxiety. They are also likely to be facing body image issues and eating disorders at a significantly higher rate. Perinatal depression is also significantly higher in this cohort, compared to the overall population.

Women in this life state are also less likely to go to a doctor or take medication to manage their mental health—but 1 in 2 do seek help when needed. However, they are more likely to be talking to their parents about their struggles.

“Having to move cities to start uni, I was just bombarded with change. A lot of the kids I went to college with were on a ride from their parents, and I was working three jobs to try and eat.”

(quote from study participant, older families)

“When young women move out of home or cities, start new jobs, it’s an at-risk mental health phase. You might make stupid choices, lose your grounding and need to rediscover who you are in the world.”

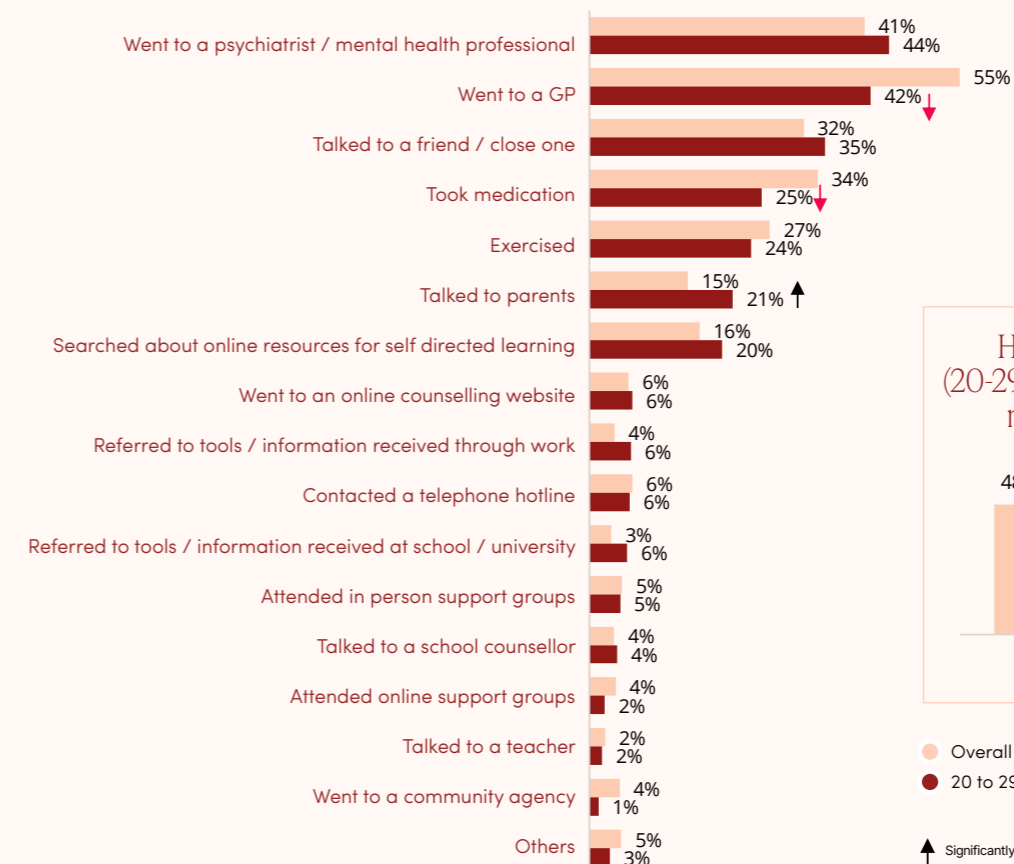
(quote from study participant, younger families)

Triggers for mental health issues currently facing		
Low self esteem or confidence	36%	↑
Pressures created by own self / being too hard on own self	34%	↑
Unrealistic ideals of body image	32%	↑
Media / social media pressure to be perfect	29%	↑
Too many expectations from society	26%	↑
Financial stress / pressures	20%	
Trying to juggle career & work / work life balance	16%	
High pressure / competitive work environment	15%	↑
Lack of social acceptance or belonging	13%	
Academic pressure	10%	↑
Pregnancy childbirth	7%	
Moving to a new school, university or city	5%	

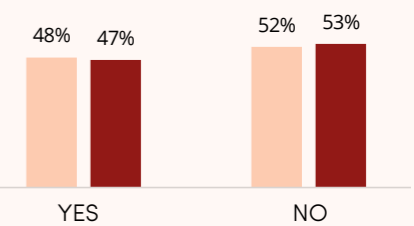
⋯ Top triggers for this minority group ↑ Significantly higher trigger as compared to the overall women population



How they sought help | 20 to 29 years



How many of these women (20-29 years) who were experiencing mental illness, sought help



● Overall women population ● 20 to 29 years
 ↑ Significantly higher results at 95% c.i. ↓ Significantly lower results at 95% c.i.

30 to 39 years

Women in this life stage are likely to be career-focused. They might be looking for a full-time job, or recently had a promotion. They might be building new relationships, living with parents, or be recently married for the first time. They may also potentially be planning engagements and marriages, marrying for the second time, planning to have babies, or have kids who are at school.

Apart from perinatal depression, this cohort is significantly more likely to face behavioural and personality disorders than the overall female population. According to our research, 66% of women in this group experience stress, 44% experience anxiety disorders,

and 40% experience body image issues. Higher than other cohorts, 13% experience perinatal depression, 9% experience behavioural disorders and 8% experience personality disorders.

Women in this group are more likely to be triggered by pregnancy, childbirth, hormonal fluctuations and fertility challenges. Due to potentially having young children, they may also have had to make career sacrifices, which can be a major mental health trigger for some people.

Women in this cohort are less likely to seek help from a doctor, and are more likely to go to a community agency or online support group.

“I was a teacher, I had to give it all up to look after the girls. The idea of leaving them at daycare and going to work was traumatic for me.”

(quote from study participant, older families)

“There was loss and loneliness, you're there looking after your children with just the four walls.”

(quote from study participant, older families)

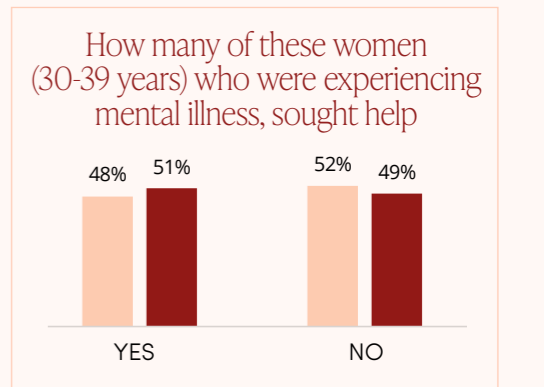
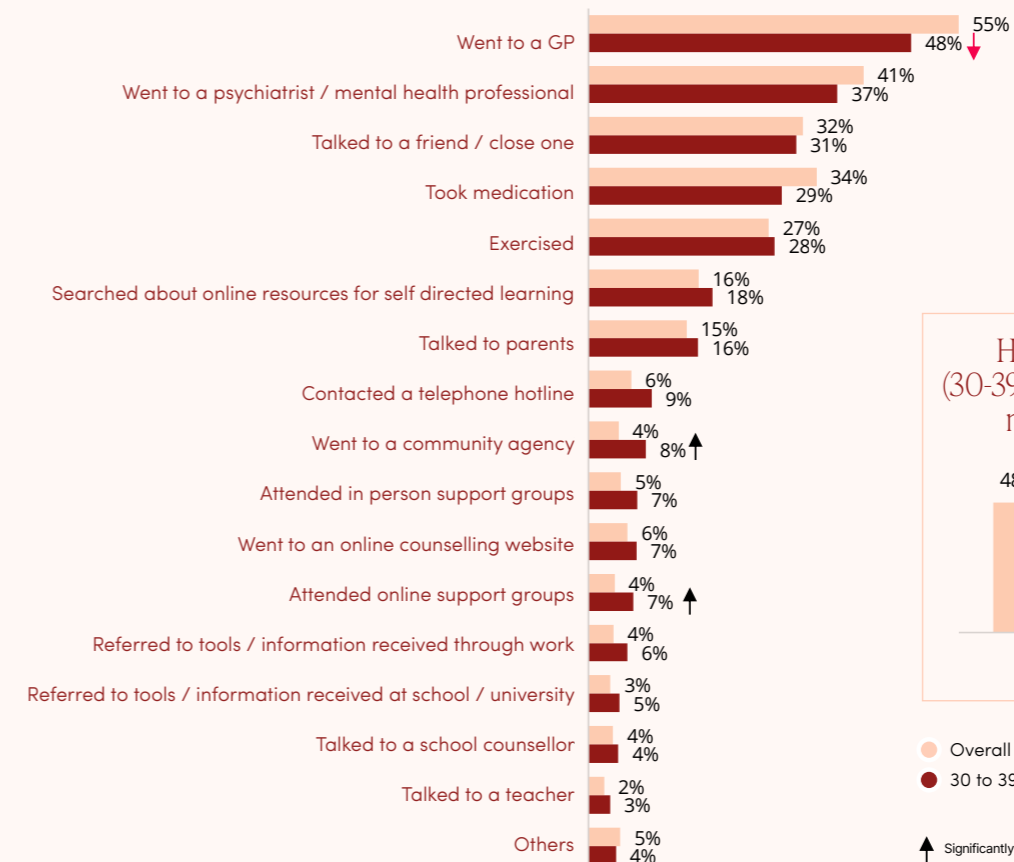
Triggers for mental health issues currently facing	
Low self esteem or confidence	29%
Financial stress / pressures	27%
Pressures created by own self / being too hard on own self	25%
Too many expectations from society	18%
Media / social media pressure to be perfect	17%
Unrealistic ideals of body image	17%
Trying to juggle career & work / work life balance	16%
Lack of support network	13%
Unstable family situation / family breakdown / family conflict / relationship breakdowns	12%
Pregnancy / childbirth	12% ↑
Menstruation / hormonal fluctuations	12% ↑
Lack of social acceptance or belonging	11%
Career sacrifices	7% ↑
Infertility / fertility challenges	3% ↑

⋯ Top triggers for this minority group

↑ Significantly higher trigger as compared to the overall women population



How they sought help | 30 to 39 years



● Overall women population
● 30 to 39 years

↑ Significantly higher results at 95% c.i. ↓ Significantly lower results at 95% c.i.

40 to 49 years

Women in this age group are likely to be focused on parenting. They may have kids at school or high school, and may also be experiencing unstable family situations and relationship breakdowns, potentially leading to broken families and single parenting. They may be struggling with work-life balance and managing responsibilities—and may be experiencing hormonal fluctuations and menopause.

Women in this cohort are significantly less likely to be experiencing perinatal depression.

But according to our research, 74% are experiencing stress, 44% experience anxiety disorders, and 27% experience mood or affective disorders.

However, they are more likely to go to a doctor, with 58% seeking support from their GP and 40% taking medication as required to manage their mental health. They are also more likely to seek support through telephone hotlines and online support sites.

“I often feel overwhelmed with working, running around, the kids, keeping up with the house.”

(quote from study participant, older families)

“At 40, I was on my own. I met my ex-husband when I was 19, half my life was spent with him. I had reactive depression after we broke up, and for a year or so I was teetering on the edge.”

(quote from study participant, older families)

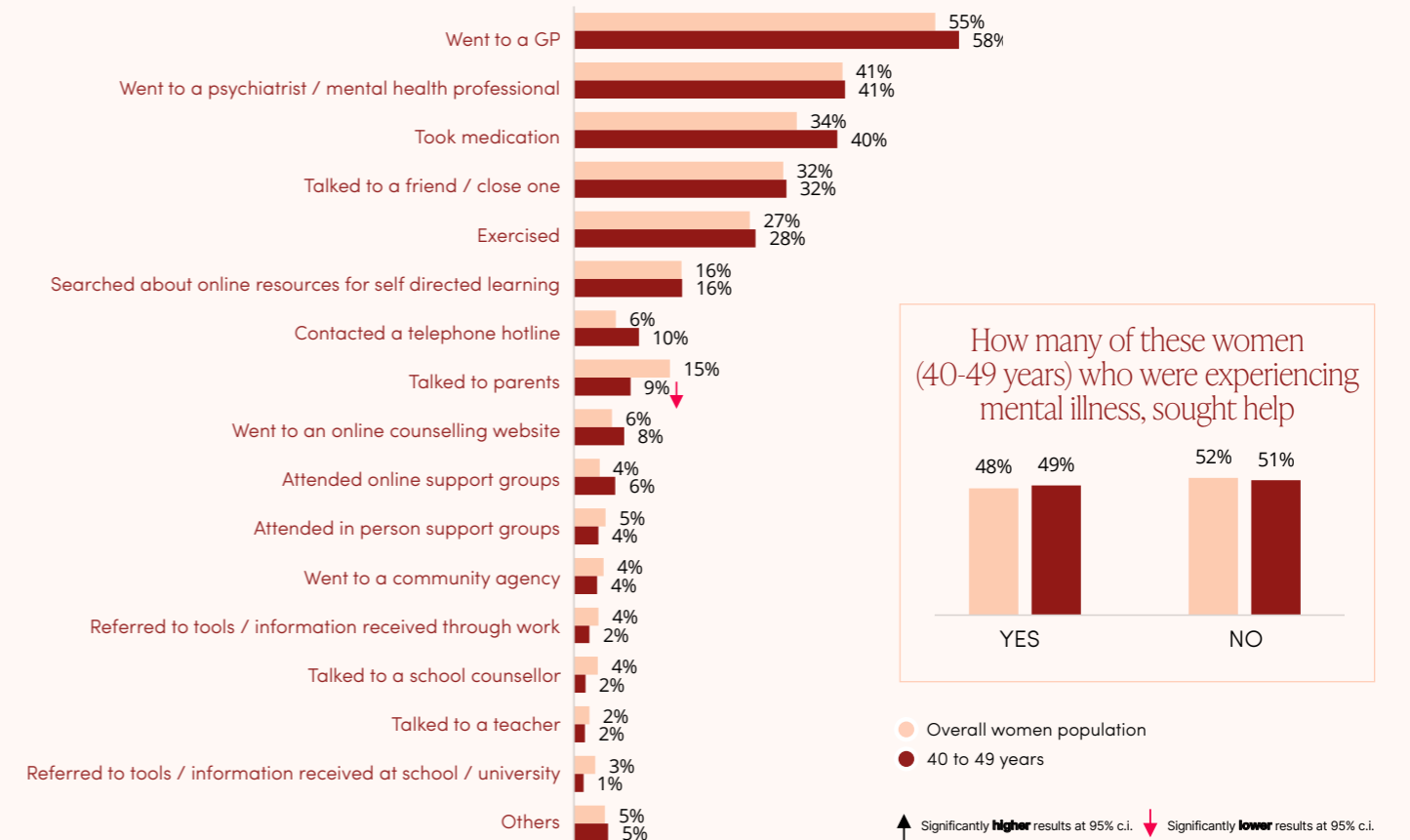
Triggers for mental health issues currently facing	
Financial stress / pressures	31%
Pressures created by own self / being too hard on own self	24%
Low self esteem or confidence	24%
Trying to juggle career & work / work life balance	19% ↑
Unstable family situation / family breakdown / family conflict / relationship breakdowns	17% ↑
Too many expectations from society	15%
Lack of support network	14%
Ageing	14%
Own physical illnesses / injuries	13%
Menstruation / hormonal fluctuations	13% ↑
Grief, death and / or loss	13%
Unrealistic ideals of body image	13%
High pressure / competitive work environment	12%
Single parenting	11% ↑
Menopause	11%

⋯ Top triggers for this minority group

↑ Significantly higher trigger as compared to the overall women population



How they sought help | 40 to 49 years



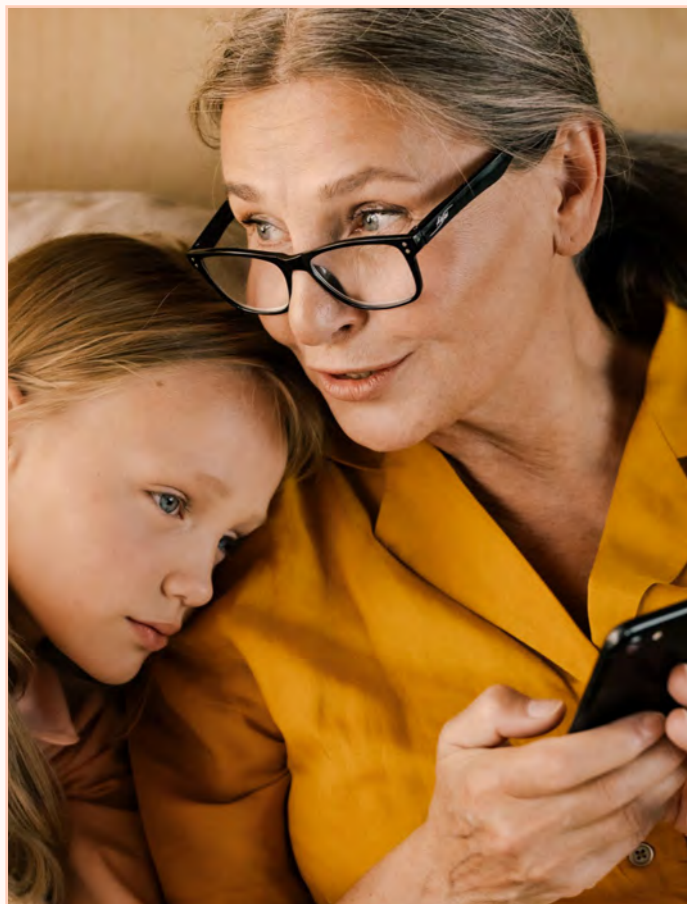
50 to 59 years

Women at this life stage are likely to be parents or single parents, potentially with teenage children who are living at home, or older children who may have left home. They may be experiencing more financial stress than other cohorts, largely due to the cost of Ageing and other health issues, as well as manAgeing responsibilities of being a single parent. They may also be experiencing menopause, which can be an enormous trigger for mental health issues.

Women in this group are less likely to be experiencing body image issues, eating disorders, and thoughts of suicide and self-harm. However, 68% experience stress, and 29% experience psychological distress—the latter of which is higher than many other cohorts.

Most triggers for this age group revolve around Ageing and changing health, as well as the health of family members and loved ones. Other triggers include grief, death and loss, as well as domestic violence.

Women in this age group are more likely to rely on medical help, like going to their GP or taking medication to manage their mental health.



“Three weeks before my 50th birthday I was diagnosed with breast cancer. It caused enormous financial [stress]. There was surgery, chemo, and finding the right medication. After you deal with surviving, you deal with the financial fallout.

A lot of my anxiety and depression came from my chemo treatment. It comes back in waves when our financial burdens become too great and I feel responsible for fixing them:

I’ll do more,

I’ll get another job,

I’ll sell this.

I’m just hanging on.

I wondered if I had made the wrong choice trying to fight [the cancer] because of our financial crisis. We were putting the mortgage on credit. I felt I had burdened my family beyond what was realistic. I should have just left it and let it get me so my family would be financially secure.

During COVID, we didn’t have any work. We got some payments through Centrelink but when you’ve had to increase your mortgage due to the previous crisis, it wasn’t enough. It continued to put the pressure back on me to find more work, not follow my dreams, but exist to make everything right for everyone else.

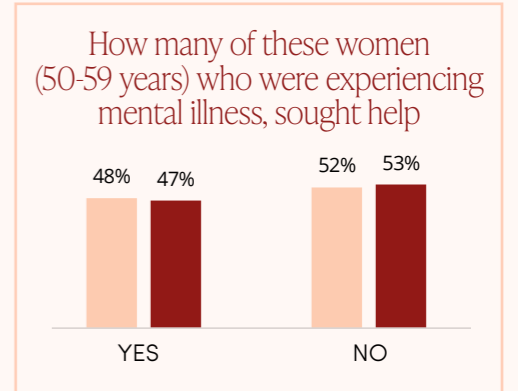
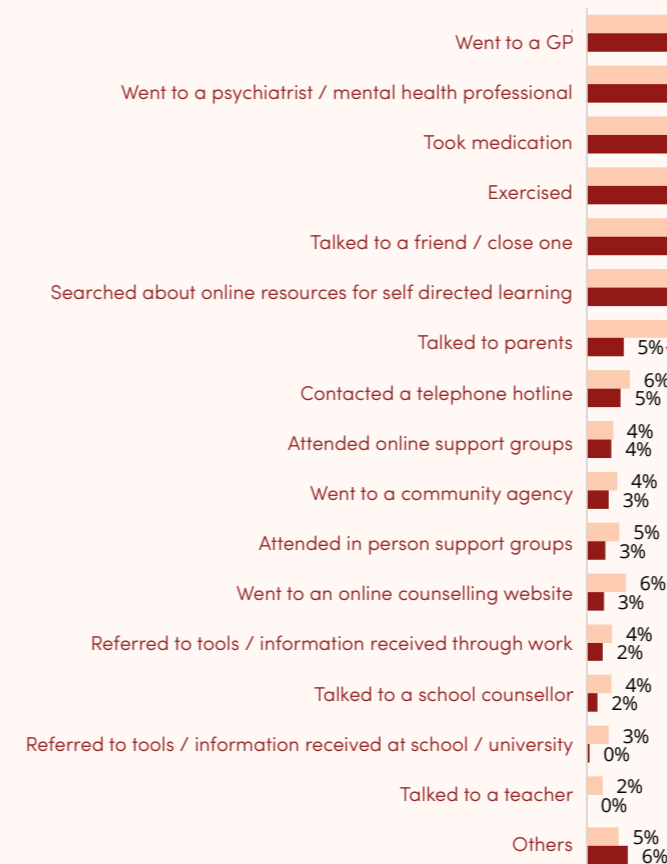
It’s the loss of hope that everything’s going to turn out, because you just don’t know. Am I going to lose my home? What’s going to happen next? Googling real estate to find out where I’m going to end up.”

(quote from study participant, older DINKS)

Triggers for mental health issues currently facing		
Financial stress / pressures	33%	↑
Low self esteem or confidence	29%	
Menopause	25%	↑
Ageing	22%	↑
Own physical illnesses / injuries	21%	↑
Grief, death and / or loss	18%	↑
Pressures created by own self / being too hard on own self	17%	
Unstable family situation / family breakdown / family conflict / relationship breakdowns	13%	
Ageing family members	13%	↑
Trying to juggle career & work / work life balance	12%	
Physical or mental illness / injuries of family members	12%	↑
Lack of support network	12%	
Domestic violence	8%	↑
Single parenting	8%	↑

↑ Significantly higher trigger as compared to the overall women population

How they sought help | 50 to 59 years



↑ Significantly higher results at 95% c.i. ↓ Significantly lower results at 95% c.i.

60+ years

Women in this age group are likely to be grandparents and empty nesters, with children who have left the home. Their children may also still be living with them. Loneliness is a major trigger for women in this age group, as well as issues caused by physical and mental problems that often come with age—including associated financial struggles. They may also be feeling a sense of lost purpose, and be experiencing grief, death and loss.

Aside from affective or mood disorders and psychological distress, this age group tends to experience mental health issues significantly less—including eating

disorders, substance use disorders, behavioural disorders, self-harm and thoughts of suicide. However, according to our research, 58% of this cohort are experiencing stress and 30% are experiencing anxiety. Although these rates are lower than many other cohorts, they are still significant.

Positively, women over the age of 60 are 1.4 times more likely to visit their GP to address their mental health concerns. They are also more likely to be on medication to support their mental health.

“I’m divorced. We all have ideas of how [life] should look. I didn’t think at my age I’d be on my own.”

(quote from study participant, older families)

“All of a sudden, I had no purpose in life and I didn’t feel useful. I wonder what I’m doing here, I don’t have grandkids to worry about, I don’t have work people relying on me. At the same time, I don’t want to have the responsibility, but it would be good to have a purpose.”

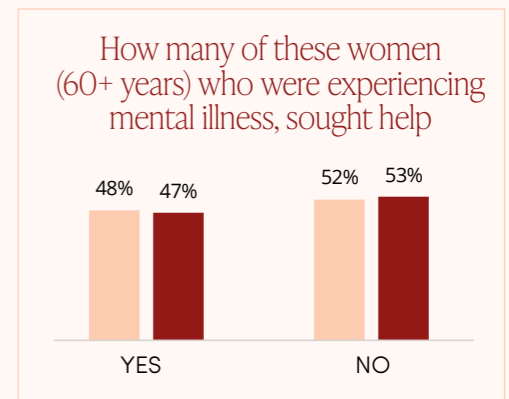
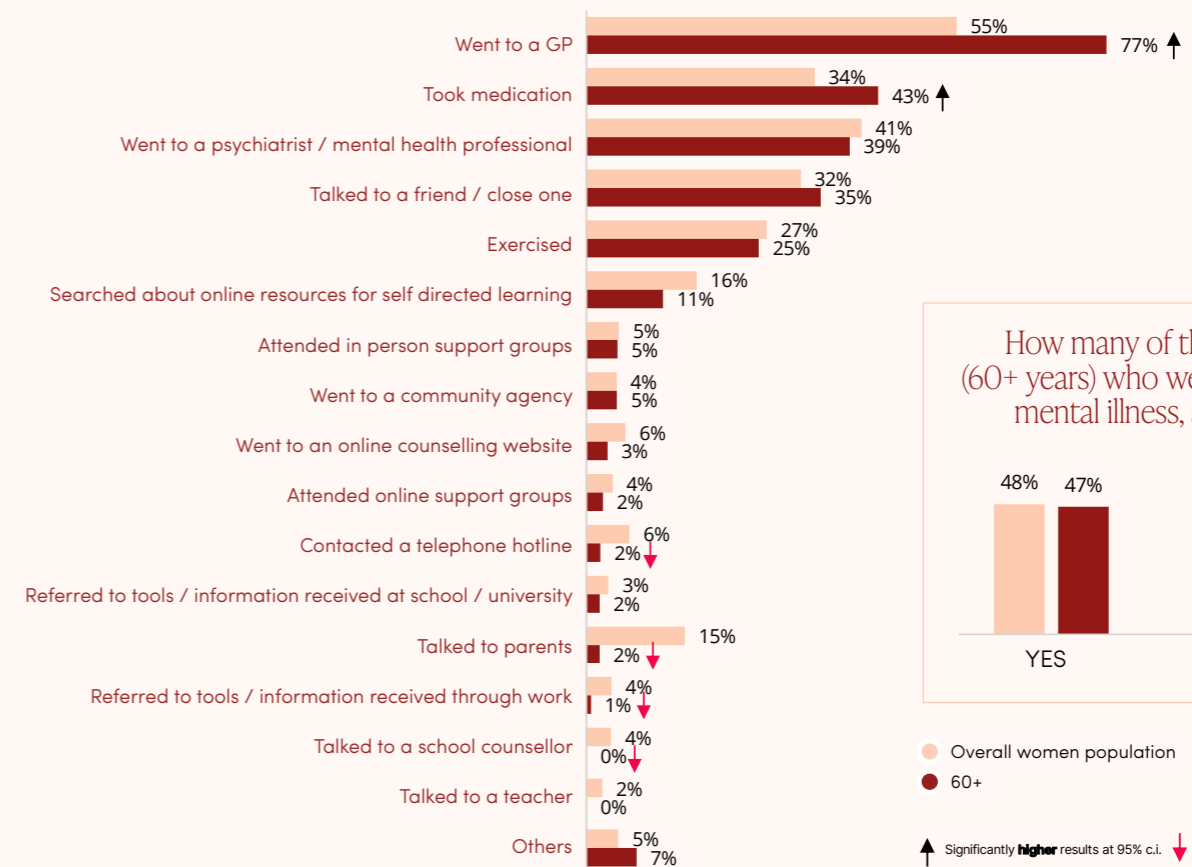
(quote from study participant, older DINKS)

Triggers for mental health issues currently facing		
Ageing	42%	↑
Financial stress / pressures	32%	↑
Own physical illnesses / injuries	28%	↑
Low self esteem or confidence	25%	
Grief, death and / or loss	23%	↑
Retirement / loss of purpose	18%	↑
Ageing family members	17%	↑
Unstable family situation / family breakdown / family conflict / relationship breakdowns	16%	
Pressures created by own self / being too hard on own self	16%	
Physical or mental illness / injuries of family members	14%	↑
Others	12%	↑
Lack of support network	12%	
Living alone / kids leaving home	11%	↑

⋯ Top triggers for this minority group ↑ Significantly higher trigger as compared to the overall women population



How they sought help | 60+



● Overall women population ● 60+
 ↑ Significantly higher results at 95% c.i. ↓ Significantly lower results at 95% c.i.

COVID-19's impact on women's mental health

COVID-19 has had a significant impact on women's mental health, with 47% of study participants reporting their mental health has gotten worse due to the pandemic. Despite this, only a quarter of those affected sought help.

Main reasons for worsening mental health include feeling isolated from friends, family and support networks, feeling uncertain about the future, having less opportunity to do things that make them feel good, missing out on milestones and increased reliance on social media. Other reasons include loss of employment, less access to essential support services, as well as additional household and caring responsibilities.

For women between the ages of 30 and 49, key reasons for deteriorating mental health included additional chores, manAgeing households, and home-schooling children, all while working from home. For women over the age of 50, health concerns were a major trigger.

But again, it was young women who were most impacted by the pandemic—particularly due to isolation, home-schooling, pressure to perform well academically, extended work hours, and a negative impact from additional time on social media.

However, a silver lining from the pandemic is that it has shown that anyone can be impacted by mental health issues. It also clearly highlighted how important it is to look after your mental health. And while challenging, the increased prevalence of anxiety and depression has fostered more understanding and empathy towards these mental health conditions.

“COVID has been disastrous for women.”

(quote from study participant, younger DINKS)

“Women in abusive relationships have been trapped and lockdown has made it even harder to access services.”

(quote from study participant, younger DINKS)

“The first lockdown was terrible because we were cut off from meeting with our friends and interacting with people. The lack of positive things in our life made me go a bit stir-crazy.”

(quote from study participant, university)

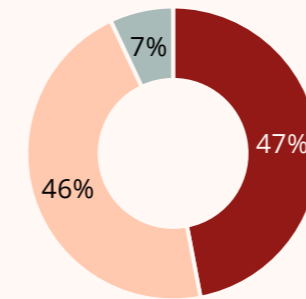
“I spent more time on social media [during lockdown]. When you're not seeing the outside world and you're only seeing the world people put forward to you, it can be very dark and spiralling.”

(quote from study participant, high school)

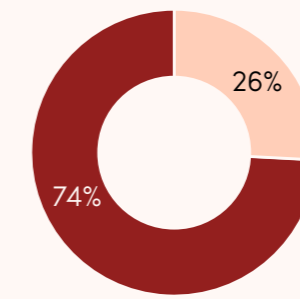
“I've got three granddaughters in Dubai and have only seen the youngest twice. Feeling optimistic because I'll soon be able to see my family whereas before it felt hopeless.”

(quote from study participant, older empty nest)

Did COVID-19 have an impact on mental health?



- My mental health has gotten worse due to the pandemic
- The pandemic had no effect on my mental health
- My mental health has gotten better due to the pandemic



- YES | Sought Help
- NO | Didn't seek help

Less likely to be ...

50+ years
Regional areas
QLD, SA/NT, WA

Their mental health remained unaffected if not improved during the pandemic.

Reasons for deteriorating mental health during the pandemic



Support service gaps and barriers to seeking help

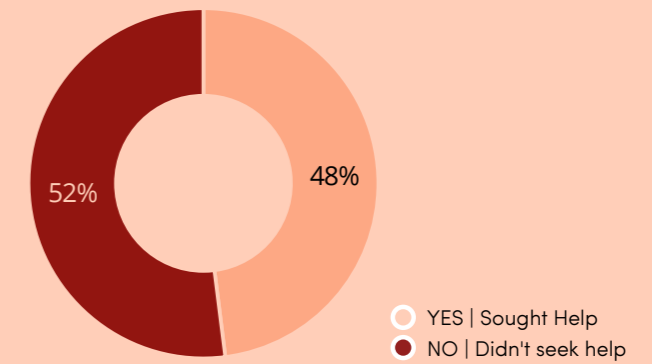
Going to a GP, seeing a mental health professional and taking medication are the most common ways women deal with their mental health. According to our research, 55% of study participants who sought help went to their GP for help, while 41% visited a mental health professional, and 34% took medication. Other ways of dealing with mental health included talking to loved ones (32%) and exercising (27%). Positively, study participants say the effectiveness of these methods has increased, compared to when they might have been used in the past.

However, 52% of women currently experiencing a mental health issue are not seeking help. Those who have sought help and not found it effective have listed unempathetic medical professionals as a key reason, as well as medical professionals not knowing how to help. Non-Australians and women from culturally and linguistically diverse communities are also less likely to seek help with their mental health issues. However, other minority groups are comparatively more open to seeking help, likely due to the constant societal talk about seeking help when needed.

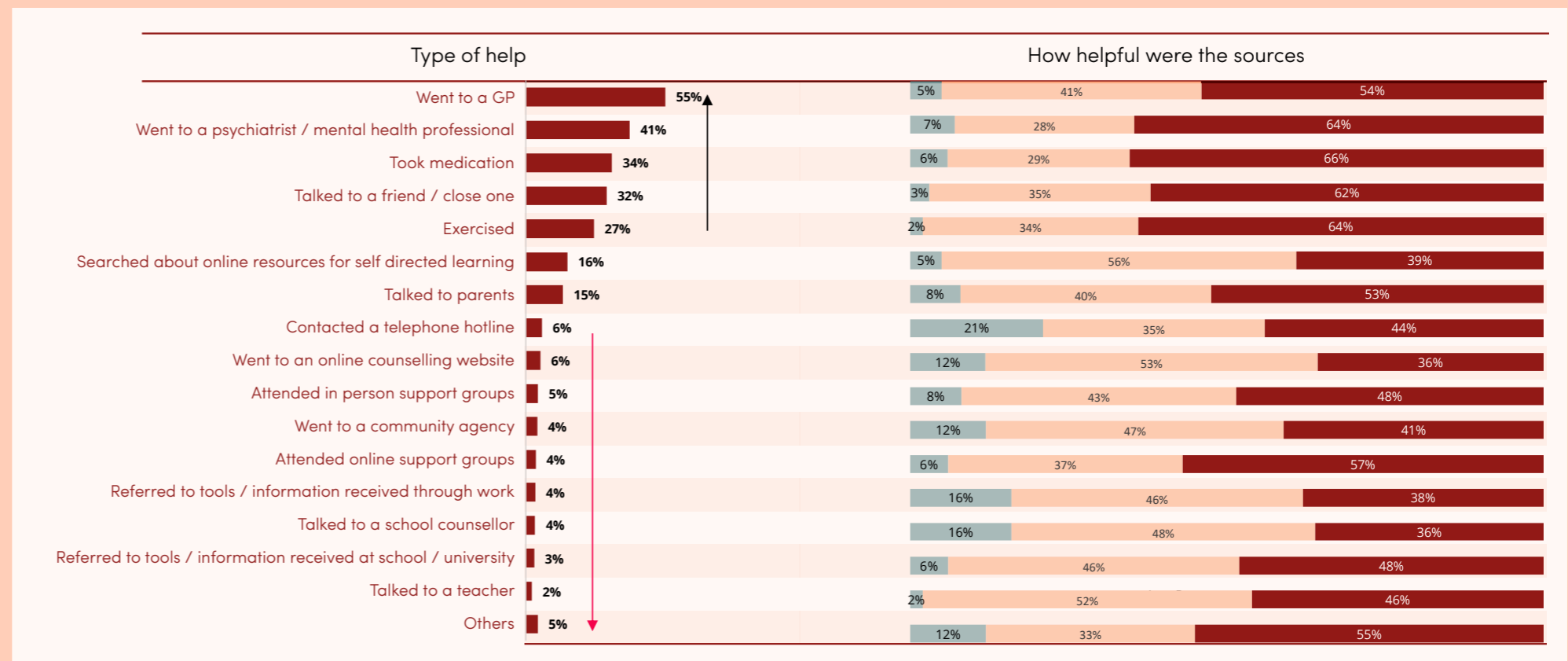


“I had some very bad counselling where I was told ‘you need to get over your dead son’, which didn’t help. Having good friends around me helped. They created a village.”

(quote from study participant, younger single parent)



	Non-Australian born	Non-English speaking	Indigenous communities	Faced homelessness/poverty	LGBTIQIA+	Immigrant	Pregnant	Comorbidity
Yes	41% ↓	43% ↓	72% ↑	58% ↑	62% ↑	45%	66% ↑	51% ↑
No	59% ↑	57% ↑	28% ↓	42% ↓	38% ↓	55%	34% ↓	49% ↓



↑ Significantly higher results at 95% c.i. ↓ Significantly lower results at 95% c.i.

● Not at all helpful
 ● Somewhat helpful
 ● Very helpful

Barriers to seeking help

There are many barriers to seeking mental health support. According to our research, 34% of study participants said they think they can manage their mental health on their own, without support, while 29% reported they didn't think their concerns were serious enough to get help. Cost is also a major barrier, with 22% reporting they are reluctant to seek help due to the financial burden. Other reasons included not prioritising mental health, feeling like other things were more important to focus on, feeling unsure about how effective support would be, and not having the time. However, 13% said they didn't seek help because they felt embarrassed or ashamed.

“We're often mothers who have juggled so many things and everyone wants a piece of us, so we only see mental health issues when we topple off the edge.”

(quote from study participant, older empty nest)

“I hear about other peoples' misfortunes and think 'how dare I feel lonely or down?' I should be fine, I should be 100%, I should shut up and say nothing.”

(quote from study participant, older empty nest)

“If you don't have financial support to meet basic needs, food, rent, that's going to add stress and means they can't afford the counseling or treatments required to get them back on track.”

(quote from study participant, younger families)

“By the time I see the GP, then the psych, I'm \$250-300 down and you don't even know if you're going to click with them.”

(quote from study participant younger SINKS)

Why did they not seek help

I think I can manage my mental health issues on my own without any help	34%
I don't think my mental health issue are serious enough to seek help at this time	29%
I am reluctant to seek help because of the financial burden / I cannot afford it	22%
There are other important things going on in my life right now	20%
I don't think it would be helpful or effective for me	18%
I do not have the time to address my mental health needs	15%
I am embarrassed/ashamed to seek help	13%
I do not think it is important	12%
I am reluctant to seek help because of the fear of being judged	11%
I do not know where to seek help	6%
I do not find it easy to access resources / support services	6%
I do not have support from family / loved ones to seek help	5%
I am reluctant to seek help because it is a taboo / stigma	5%
I tried but am unable to find support / services / treatment needed	4%
The right support services for women is not available	3%
No one I know has ever sought help	3%
Others	7%

Summary of key findings

- 1 in 2 Australian women are currently facing a mental health issue, and almost a quarter of them are facing a severe disorder.
- The top 5 mental health issues facing Australian women today are:
 - Stress
 - Anxiety and anxiety disorders
 - Body image issues
 - Affective or mood disorders
 - Psychological distress
- 25% of people in the LGBTQIA+ community are living with eating disorders.
- 37% of indigenous women are experiencing body image issues.
- 36% of people who have experienced poverty or homelessness are experiencing psychological distress.
- 23% of pregnant people are experiencing perinatal depression and anxiety.
- Younger and middle-aged women are more affected by moderate-to-severe disorders. And while stress was previously something that was more likely to impact older women, stress is now the most concerning health issue facing young girls and women. Younger women are also likely to face eating disorders, behavioural disorders, self-harm and thoughts of suicide, with pressures coming from all areas of life—both internal and external. This cohort is also less likely to seek help, as they don't realise the importance of addressing their mental health concerns: they feel it's a normal part of their everyday life, or something they simply don't have time for.
- While some minority groups—including the Indigenous community, the LGBTQIA+ community, those experiencing comorbidities and those who have faced homelessness and poverty— might be facing a wide range of mental health issues, they usually do reach out for help with their mental health if needed.
- However, women from culturally and linguistically diverse communities, including those who weren't born in Australia, and those who don't speak English, are less likely to seek help.
- Going to a GP, seeing a mental health professional and taking medication are the most common ways to deal with mental health issues—and the effectiveness of these methods have increased over time, with most women rating them as “very helpful”, compared to when they might have been used in the past.
- Major barriers to seeking help include:
 - Medical professionals not being able to empathise, or not knowing how to help
 - Not prioritising mental health or having enough time
 - Not thinking it's important enough to address
 - Not having access to tailor-made programs
 - High financial cost
 - Embarrassment and shame
 - Feeling like mental health issues can be self-managed
- COVID-19 has had an adverse effect on half of all Australian women, and only a quarter sought help.
- Younger women were impacted the most, largely due to home-schooling, pressure to perform well academically, extended work hours and social media pressure.
- The pandemic has also added a lot of additional pressures on young women, changing their lives more significantly than older women.

Conclusion and implications

This research has provided clear insight into the state of women's mental health in Australia. Most notably, we uncovered that an alarming 1 in 2 Australian women are currently experiencing mental illness in 2022.

A lot of work needs to be done to reduce this statistic—but this research now provides a reference point for the Liptember Foundation to annually assess the current status of women's mental health, identify key areas of need, and measure the impact of our investments.

We are committed to making funding decisions based on this research, to ensure we're making the most informed impact possible when it comes to Australian women, and their mental health experiences and needs.

The Liptember Foundation will integrate the gaps identified in this research into a national funding framework that will prioritise support within key areas of need. We will also work alongside a community of experts, advocates and allies to adequately fill the gaps in mental health programs, initiatives, support services and research.

The road ahead

The challenge of improving women's mental health in Australia is significant, but achievable—particularly now that we have a clear understanding of the work required, and what paths we need to take.

With ongoing informed investment and the support of the collective community, these statistics can be improved, delivering real change for Australian women facing mental health issues.



Glossary of terms

This is how the terms were explained to the survey participants:

Psychological distress: a general term used to describe a range of unpleasant feelings or emotions that impact levels of functioning.

Anxiety and anxiety disorders: including post-traumatic stress disorder (PTSD), social phobia, agoraphobia, generalised anxiety disorder (GAD), and obsessive-compulsive disorder (OCD).

Affective or mood disorders: including depression, dysthymia and bipolar affective disorder.

Psychotic disorders: including schizophrenia, psychosis and neurotic disorders.

Personality disorders: including borderline personality disorder and bipolar mania.

Eating disorders: including anorexia nervosa, bulimia nervosa, and binge-eating disorder.

Substance use disorders: drug and alcohol abuse.

Perinatal depression and anxiety: including antenatal and post-natal periods.

Behavioural disorders: including attention deficit disorder.

Other conditions: including dementia and Alzheimer's.

Stress: is the feeling of being overwhelmed or unable to cope with mental or emotional pressure. It is a mental health issue that can cause or exacerbate mental illness, particularly when exposed to prolonged or chronic stress.

Psychological distress: is a general term used to describe a range of unpleasant feelings or emotions that impact levels of functioning.

Body image issues: are the mental and emotional feelings a person associates with their own body. When negative body image or dissatisfaction occurs, it can lead to a variety of mental illnesses such as eating disorders, body dysmorphia, anxiety and depression.

SINKS = single income, no kids

DINKS = double income, no kids

Empty nesters = children have all left home

High school = 14 to 17 years

University/first job = 18 to 25 years

Younger families = 26 to 45 years; oldest child under 12 years

Older families = 40 to 60 years; oldest child over 12 years

References

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