

VALUING VICTORIA'S WOMEN

VICTORIAN WOMEN'S
Health and Wellbeing
STRATEGY

POLICY STATEMENT AND
IMPLEMENTATION FRAMEWORK
2002–2006

Enquiries about this publication

By Mail

Women's Health and Wellbeing Strategy
Policy and Strategic Projects Division
Department of Human Services
Level 5, 555 Collins Street
Melbourne VIC 3000

By Telephone

(03) 9616 8611

By Fax

(03) 96168899

This paper is also available on www.women.vic.gov.au
Victorian Government Department of Human Services,
Melbourne, Victoria.

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FOREWORD

The Minister for Health, Hon John Thwaites MP



I am very pleased to present the Victorian Women's Health and Wellbeing Strategy, a commitment under *Valuing Victoria's Women: Forward Plan 2000–2003*.

The Strategy contributes to the Government's broad vision for the future as outlined in *Growing Victoria Together*. A number of important issues highlighted for action in that vision have been reflected in consultations on women's health and wellbeing: high quality, accessible health and community services; safe streets, homes and workplaces; building cohesive communities and reducing inequalities, promoting rights and respecting diversity; and Government that listens and leads.

The Bracks Government values the contribution made by women in every aspect of our community – towards our rich cultural diversity, as workers, as carers, in country Victoria and in metropolitan areas. This Government is committed to implementing policies and programs that are responsive to the needs of all women.

Whilst there has been extensive work in the area of women's health and wellbeing in Victoria, the development of this Policy Statement and Implementation Framework heralds the recognition by this Government of the importance of a consistent overarching framework to drive the work undertaken by both Government and non-government sectors.

The continued improvement of the health and wellbeing of Victorian women, particularly those most disadvantaged, is an important policy goal, with benefits for the whole community.

The Government is committed to continuing to address inequalities in the health and wellbeing of Victorian women and recognises that there are population groups of women who experience significant disadvantage. The Strategy provides the framework for this commitment in recognising that the particular needs of population groups such as women of culturally and linguistically diverse backgrounds, Aboriginal women, women in rural Victoria and women with disabilities must be addressed.

The Women's Health and Wellbeing Strategy is grounded in extensive consultation with Victorian women. The Strategy articulates a policy direction and – to make this a reality – makes a commitment to annual action plans informed by planning and regular review with stakeholders.

The development of the Strategy owes much to the Ministerial Advisory Committee, chaired by Hon Caroline Hogg. At every stage, Committee members have provided me with valuable advice, reflecting the diversity of Victorian women's interests and concerns. I have greatly appreciated their important contribution.

A handwritten signature in cursive script, reading "John Thwaites".

Hon John Thwaites MP

Hon Caroline Hogg



It has been a privilege to chair the Women's Health and Wellbeing Ministerial Advisory Committee. So many perspectives on women's health and wellbeing have been brought together. Our discussions ranged across current issues for specific population groups in Victoria and key directions needed to address identified health and wellbeing inequities.

Since November 2000, Committee members have demonstrated a high level of commitment to the development of the Strategy.

I thank these women for their important contribution:

Ms Jacinta Allan MP
Member for Bendigo East

Dr Jill Astbury
Key Centre for Women's Health

Ms Marilyn Beaumont
Women's Health Victoria

Ms Elizabeth Crowther
Mental Illness Fellowship Victoria

Ms Kate Davison
Melbourne University Student Union

Ms Catherine Gow
Women's Housing Ltd

Dr Sonia Grover
Women's and Children's Hospital

Ms Marion Hansen
Aboriginal and Torres Strait Islander Commission

Dr Kelsey Hegarty
Department for General Practice and Public Health

Ms Keran Howe
Royal Women's Hospital

Ms Melva Johnson
Tumbukka Regional Council

Ms Ellen Kleimaker
Victorian Trades Hall

Ms Lyn McInnes
Victorian Aboriginal Community Controlled Health Organisation

Ms Janet Michelmore AO
Jean Hailes Foundation

Dr Adele Murdolo
Working Women's Health

Ms Anne Oakley
Carer's Vic

Ms Marie O'Dea
Victorian Farmers Federation

Dr Belinda Schoeffel
Bairnsdale Medical Practice

Ms Kath Thomas
Council for Senior Victorians

Ms Gai Wilson
Centre for the Development and Innovation in Health

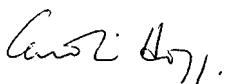
Ms Daphne Yarram
Binjirru Regional Council

Ms Sue Hamilton - Observer
Director of the Office of Women's Policy

Ms Debbie King - Observer
Former Director of the Office of Women's Policy

Ministerial Advisory Committee members played a vital role in ensuring that the voices of Victorian women were heard. Over 1,100 women from around Victoria contributed their time and expertise in the 2-stage consultation process undertaken between June 2001 and February 2002. The final Strategy is very much a product of these contributions.

Looking to the way ahead, the annual action plan approach is a key part of the Strategy. I am confident that this focus on action and review will ensure that the spotlight is kept on women's health and wellbeing and that real progress is made. To do this, partnerships between women, service providers and Government are vital. I encourage you to be part of this significant process to improve the health and wellbeing of Victorian women.



Hon Caroline Hogg
Chair of the Ministerial Advisory Committee on Women's Health and Wellbeing

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PURPOSE

The Victorian Women's Health and Wellbeing Strategy has a four-year outlook and outlines the Government's key strategic directions for improving the health and wellbeing of Victorian women, particularly those who are most disadvantaged. The Strategy is one aspect of a broader Victorian Government approach – *Valuing Victoria's Women* – to addressing the key needs of women and promoting their full participation in the community.

The Strategy will guide policy and program development across the Department of Human Services to ensure that the range of services provided by the Department promotes the health and wellbeing of Victorian women. The Strategy deliberately adopts a gendered perspective with the object of promoting consistent recognition and increased understanding of the needs of women.

The Strategy includes a clear focus on the wellbeing component of health and recognises the multiple roles and diverse circumstances of women in our community. The Strategy encompasses the broad spectrum of the Department's responsibilities in health, aged care, disability, housing, and family and community services. All are relevant to the health and wellbeing of women.

Service providers will be active partners in this Strategy, through an annual cycle of planning, action and review.

The Women's Health and Wellbeing Strategy builds on previous advances in policy development and service provision. It provides a platform to continue to move forward through:

- a *Policy Statement*, which articulates a policy goal, principles and action areas,
- an *Implementation Framework*, which incorporates an annual action plan, regular monitoring, and annual review by the Department and key stakeholders.

POLICY GOAL AND PRINCIPLES

Policy Goal

The Victorian Women's Health and Wellbeing Policy aims to:

- Continue to improve the health and wellbeing of Victorian women, particularly those who are most disadvantaged.

Principles to Guide Policy and Program Development

The following principles will inform the development of policy and programs to promote and maintain the health and wellbeing of women¹.

Equity

A social model of women's health and wellbeing must inform action to reduce inequalities. Health and wellbeing are determined by a broad range of social, economic, cultural, biological and environmental factors. Gender is a key social determinant of health and wellbeing, together with other factors such as age, socio-economic status, ethnicity, disability, sexual identity, location and environment.

Diversity

Women are diverse. Their multiplicity of experiences and needs relates to factors such as cultural background, religion, age, ability, sexual identity, socio-economic status, and participation in paid and unpaid work. The roles undertaken by women in the community are multifaceted and encompass issues throughout the lifespan.

Access

Women have a right as health care consumers to access appropriate services and information in environments that recognise their needs, and provide privacy, informed consent and confidentiality.

Early Intervention and Prevention

Together with high quality treatment services, a focus on prevention, early intervention and active health promotion are critical in improving women's health and wellbeing outcomes.

Consultation and Participation

Consultation with and participation by women in the planning, delivery and review of services is essential to providing a high quality, equitable and responsive service system. To participate fully, women require access to relevant and accurate information.

Evidence and Knowledge

Effective service responses for women must be based on accurate data, and on research and evaluation that acknowledges the diversity of women's experience.

Partnership

Partnerships between women, service providers, the Department of Human Services, other Government agencies, and researchers will strengthen the planning and delivery of services that promote women's health and wellbeing.

¹ These principles have been derived from work undertaken at a National and State level since 1987, and reinforced with contemporary input from Victorian consultations.

POLICY CONTEXT

The Women's Health and Wellbeing Strategy is a component of broader Government policy directions and sits alongside a number of complementary initiatives.

Growing Victoria Together

The Government released *Growing Victoria Together* in November 2001, a statement outlining its priorities for the next 10 years. This statement expresses the Government's broad vision for the future and balances economic, social and environmental goals.

To make this vision a reality the Government has identified priority action areas that are important to Victorians. The Women's Health and Wellbeing Strategy will contribute to action in a number of key areas:

- High quality accessible health and community services
- Safe streets, homes and workplaces
- Building cohesive communities and reducing inequalities
- Promoting rights and respecting diversity
- Government that listens and leads

Valuing Victoria's Women

The Victorian Government is committed to continuing to improve the lives of Victorian women. *Valuing Victoria's Women: Policy Statement 2000–2003*, outlines four themes through which this commitment will be addressed. These four areas are:

- Representation and equity
- Education, work and economic independence
- Health, wellbeing and community strengthening
- Justice and safety

The development of the Women's Health and Wellbeing Strategy is a key component of the *health, wellbeing and community strengthening* theme.

The Victorian Government's *Valuing Victoria's Women: Forward Plan 2000–2003* is a whole of government initiative that details over 150 strategies undertaken across Government under each of the four themes described above. The Forward Plan outlines the Government area responsible for each project or program initiative, and details timelines for implementation. An annual report is published outlining key achievements and outcomes, and provides detail of further strategies.

Other Relevant Policy Initiatives

The Women's Health and Wellbeing Strategy complements and strengthens other Victorian Government policy initiatives which are acknowledged as particularly relevant to women's health and wellbeing. These include:

- Women's Safety Strategy
- Work / Life Strategy
- Indigenous Family Violence Strategy

- BEST START Initiative
- Primary Care Partnerships
- Community Building Initiative
- State Disability Plan
- Women's Housing Policy
- Victorian Homelessness Strategy

The Women's Health and Wellbeing Strategy aims to build on and strengthen the significant progress that has been made in Victoria. In the health sector, more women have joined the medical profession, women's health centres and family planning clinics have opened, women's health research is occurring, and today's women grow up with the expectation that they will have access to appropriate health services and information.

The Victorian Women's Health Program (VWHP) was established following the Victorian consultation *Why Women's Health?*² in 1987. The VWHP was developed to provide services 'by women for women'. The National Women's Health Policy was launched two years later in 1989 and endorsed by all Australian Health Ministers. Its implementation was instrumental in building on the established service system in Victoria.

The dual strategy of delivering gender-specific health services whilst working to improve mainstream services was a key component of this work undertaken at both a state and national level, and remains a key aspect of women's health policy and program development in Victoria.

² Victorian Ministerial Advisory Committee Working Group. *Why Women's Health? Victorian Women Respond*. Melbourne: Victorian Ministerial Advisory Committee Working Group, August 1987.

THE VICTORIAN SERVICE SYSTEM

There have been significant developments in Victoria since the Women's Health Program was established. Achievements include the development of statewide and regional women's health services, including services specialising in immigrant women's health; family planning; obstetric and gynaecological services, and programs for women with disabilities. In addition, a number of other statewide and regional women's services are provided. These include sexual assault and family violence services, women's information and referral services, and housing support services for women.

Alongside the development of specialist services addressing particular needs of women, a number of broad programs have been implemented that will continue to enhance the mainstream service sector's response to women. Key achievements include:

- the Maternity Services Program, which aims to improve the quality and continuity of care Victorian women receive during pregnancy, birthing and the early postnatal period;
- the Koori Maternity Services Program, which aims to increase access to culturally appropriate support to Koori women during pregnancy, birth and the postnatal period;
- the Review of Counselling Services in Community Health, which aims to improve the Department's capacity to plan for and fund high quality counselling services in community health services across Victoria;
- the development of a Breast Disease Service Redevelopment Strategy, which aims to improve treatment and provide equity of access to high quality services for women;
- the BreastScreen Program, which aims to achieve significant reduction in the levels of morbidity and mortality for breast cancer, and high standards of program management, service delivery, monitoring and evaluation and accountability; and
- the Family and Domestic Violence Crisis Protection Framework, which aims to provide a framework for enhancing service delivery responses to women, and women with children, experiencing family and domestic violence.

Other services relevant to women's health and wellbeing relate to women's diverse needs as individuals, parents and carers. These include maternal and child health services; community health services; neighbourhood houses; housing services; family and children's services; and mental health and disability services.

THE HEALTH AND WELLBEING OF VICTORIAN WOMEN

The Social Model of Health and Wellbeing

The health and wellbeing of women is related to the social context in which they live. Health and wellbeing is influenced by economic position, access to employment and education, housing and transport; and other critical factors including gender, culture, age, race, disability, and geographical location.

Key socio-economic characteristics highlight the social context within which women's health and wellbeing is shaped³. These include:

Income

- Women earn 67 per cent of men's total earnings.
- In 2001, 51.4 per cent of women reported that their gross weekly income was less than \$299, or they had nil/negative income⁴.

Family and Household

- Almost one in five (19.4 per cent) Victorian families with children under 15 are headed by lone mothers.
- 70 per cent of primary carers in Australia are women.

Labour Force

- In Victoria in March 2002 women's labour force participation rate was 71.5 per cent for those aged 20-54 years.
- 54.1 per cent of all employed women in Victoria work full time and 45.9 per cent work part time; women make up 72 per cent of all part time workers.
- Women of retirement age have less than one half of the superannuation assets of men.

Education

- Females account for 52 per cent of all year 11 and 12 students, 48 per cent of all Vocational Education Training (VET) students and 54 per cent of all higher education students.

The Role of Gender in Health and Wellbeing Outcomes

Gender is a significant factor affecting health and wellbeing. The impact of gender can result in different social, economic and political opportunities for women and men; affects access to resources and use of the health system, and can lead to different exposure to particular risk factors. The differences between men and women also affect the causes of illness and disease, and therefore determine the nature of interventions.

Important changes in Australian society have brought about fundamental shifts in the lives and roles of women. These include:

- the increase in women's involvement in paid work;
- improved education and training for women;
- improved earnings relative to men (although a sizeable income gap still persists);
- smaller family sizes;
- lower fertility rates;
- the increase in later child bearing;
- higher divorce rates; and
- the demands on women as carers – of parents, partners and children – are greater and changing with successive generations and the ageing of the population.

3 Information is based on Australian Bureau of Statistics data if not otherwise cited, and has been utilised to provide a snapshot. For more detailed information refer to sources listed in the bibliography.

4 Males and females aged 15+, excludes 'not stated' responses and overseas visitors.

The Current Health and Wellbeing Status of Victorian Women

A range of data is available that provides insight into the health and wellbeing issues of significance for women. As data collection and analysis is increasingly sensitised to the impact of gender, the capacity to address health and wellbeing inequities increases, leading to the development of more responsive policies and programs. A snapshot of current data is provided below.

Life expectancy for Victorian women at birth is 82.9 years (ABS 2002). This figure varies for different regions and for different population groups across Victoria: for example the life expectancy for Aboriginal women is up to 18 years shorter than the Victorian average (DHS 1999).

As described in the Victorian Burden of Disease Study (DHS 1999), the leading causes of death of women in Victoria are ischaemic heart disease, stroke, breast cancer, lung cancer and bowel cancer. The leading causes of disability are depression, dementia, osteoarthritis, asthma, and diabetes mellitus.

Trends in the disease burden in Victoria have been predicted to 2016. Whilst large health gains are expected, especially in all cardiovascular diseases, adverse trends for women include the increased burden from neurological and sense disorders (especially dementia), due to the ageing of the population and increasing life expectancy. There will also be a continuing growth in the burden of disease due to lung cancer for another five to ten years, due to the increasing uptake of smoking by women in the 1970's and 1980's.

According to the World Health Organization, depression is the leading cause of disease burden for women in both developing and developed countries. This pattern has been confirmed through the Victorian Burden of Disease Study (DHS 1999). An emerging emotional and mental health issue is the growing incidence of dementia, and of those Victorians affected by dementia, 60% are women (DHS 1999). Looking ahead, it is projected that by 2016 dementia may take over from ischaemic heart disease, (heart attack), as the greatest cause of ill health in Victoria for women.

There is evidence that violence against women is much higher than crime statistics indicate. In Victoria almost 12,000 violent offences against women were reported to police in 2000/2001⁵, and police attended over 21,000 incidences of family violence. However the survey conducted by the Australian Bureau of Statistics – the Women's Safety Survey – showed that the extent of violence against women is much greater than these figures indicate, and estimated that over 80 per cent of violence against women is not reported to the police or revealed to other services (ABS 1996). National data indicates that 35 per cent of women have experienced violence (Lee 2001).

Women's Diverse Needs

While significant progress has been made in identifying and responding to the needs of particular groups of women, the Government, through the Department of Human Services, is committed to continuing to reduce inequalities.

Whilst it is important to emphasise that women and their experiences cannot be neatly categorised, the following examples illustrate the need for ongoing action.

Aboriginal Women

Aboriginal women have the poorest health status of all women in the community and experience high levels of unemployment, a greater lack of formal education and high levels of violence (McLennan and Madden 1999, DHS 2001f). Deficiencies in the identification of Indigenous women in health data make it difficult to measure the importance of individual causes of ill health. However Indigenous women suffer higher rates of cardiovascular diseases,

⁵ This figure is based on a total number of offences reported to police where the victim was female for the offences *Rape, Sex (non-rape), Assault and Robbery* (source: Victorian Police provisional crime statistics 2000-2001). Figures for stalking, which is included in the category of harassment, were not provided in the 2000/2001 provisional statistics.

diabetes, substance abuse related ill health, and they represent 30% of all maternal deaths nationally (Donovan 1996).

Women in Rural and Remote Areas

Smaller and more remote communities tend to have higher rates of unemployment, lower education levels, fewer resources and lower incomes, all of which increase the risk of poor health and wellbeing. These communities typically have less access to doctors, dentists and other health and support services (DHS 2001a). These factors, amongst others, create additional barriers for many women seeking support.

Women of Culturally and Linguistically Diverse Backgrounds

23 per cent of Victorian women were not born in Australia. Whilst women from a culturally and linguistically diverse background (C&LD) generally arrive in Australia in good health, their health deteriorates after 5 years of living and working in Australia (Donovan et al 1992). They have a distinctive pattern of illness, which includes higher rates of work-related illnesses and injuries, and a greater incidence of poor mental and emotional health relative to Anglo-Australian women. C&LD women's health outcomes are linked to their disadvantage within the health, employment, social and economic systems (Alcorso and Schofield 1991; Chang 2000; Naksook 2000).

Women with Disabilities

Despite a growing awareness of health issues for women, little Australian research has been conducted examining the health needs of women with disabilities. What is known is that women with disabilities have significantly poorer access to education, employment and income security than women in general or men with disabilities. This lack of social and economic opportunities along with social isolation, high levels of violence against women with disabilities and a lack of access to health information and services in general is likely to have a significant impact on the health of women with disabilities (Swift 1998, DHS 2001e).

Women as Carers

In the broad range of caring relationships in our community, the focus is often on those being cared for rather than on the carer. Overwhelmingly, women are the majority of carers, including providing support to children, older generations and family members with a disability (ABS 2001). The caring role for many women is added to many others, including paid employment and other family and domestic responsibilities. The *National Survey of Carer Health and Wellbeing* (1999) found that carers experience low levels of physical health and energy levels due to the constant pressure of caring, stress, and disturbed and lost sleep.

Women and Prison

Whilst women make up a small but growing proportion of Victoria's total prison population (7 per cent, or about 250 women), their health needs whilst in prison and afterwards are often great, reflecting what has usually been a background and life of extreme social and economic disadvantage. Australian and other studies indicate that their health status is generally lower than that of women in the general community, and that it is also lower than that of male prisoners (Report of the Independent Investigation into the Management and Operation of Victoria's Private Prisons 2000, Victorian Prisoner Health Status Study (Draft) July 2002).

Lesbians

Lesbians are as diverse as women generally. Lesbians belong to different racial, cultural and religious backgrounds, family and work situations, geographical locations and institutions. Social, political and lifestyle factors may expose lesbians to different health risks at different times in their lives, and factors such as discrimination, quality of service access and response, inadequate information about risk factors, have been described as having an impact on the health status of lesbians (WHWS DHS 2001b; MACGLH, DHS, 2002).

AREAS FOR ACTION

Five key areas for action have been developed for the Women's Health and Wellbeing Strategy. These areas have been consistently highlighted by women as requiring ongoing attention. They are based on consultations undertaken by the Department of Human Services in 2001-02, and have been reinforced through Victorian consultations over the past decade.

The Action Areas, in conjunction with the policy goal and principles, will provide a focus for the work across the Department of Human Services. Annual Action Plans will be developed, comprising initiatives under each of the five areas of action, with a particular emphasis on the most disadvantaged women.

To maximise the capacity of Government to achieve its objectives for women, initiatives undertaken by DHS will complement and work in collaboration with other initiatives across Government, such as the *Women's Safety Strategy*.

1 Increase women's participation and leadership

Women have consistently reported the desire to participate actively in the development of programs and services, as both consumers and members of the community, and to take on leadership and decision-making roles in planning and policy development. Many women need opportunities to develop skills and confidence in order to participate fully in this manner.

"Members of boards of governance have changed to professionals – how can women participate in such things – how do we address these issues?"

(DHS WHWS consultations 2001)

"Women participate in their communities in many different ways. Years ago I started to get involved in my local community, going to classes and groups. I have been on the Board of the Community Health Centre for the last 3 years. It took me a while to understand all the conversations, but now I think I am making a fairly useful contribution. I couldn't have done this without the confidence I built up in those other groups."

(DHS WHWS consultations 2001)

2 Increase access that embraces diversity

Women are a diverse group. Recognition of their diverse circumstances and needs is essential if health and wellbeing inequalities are to be addressed. Services and programs enhance women's health and wellbeing when they provide a welcoming and knowledgeable environment for a range of women, taking into account factors such as age, background, culture, disability and sexuality.

"As a woman with a physical disability, the experience of going to a doctor's surgery for a routine check up, like a pap smear, is always stressful, and sometimes quite traumatic. It has been suggested to me by some doctors that I probably don't need to go through this. Why? Is it because it is too difficult to work with me, or am I seen as 'asexual' and not in need of a regular test? If there was adequate equipment, and doctors who view me as a woman first and the disability second, we would all get along much better." (DHS WHWS consultations 2001)

"Coming out can be quite a different experience for lesbians from a culturally and linguistically diverse backgrounds (C&LD) than it is for Anglo-Australian lesbians. Some C&LD lesbians negotiate homophobia from the wider Anglo-Australian community, as well as a different manifestation of it in their own ethnic/cultural communities. Even though C&LD communities are often stereotyped as being more conservative and homophobic than other communities, this is often not the case in the experience of this [focus] group. Coming out in the workplace, for example, where all other workers are Anglo-Australian, can be just as unsafe and difficult as coming out in their communities." (DHS WHWS consultations 2001)

3 Enhance women's safety and security

Violence against women is a human rights issue. All women have a right to be valued and to be treated with respect and dignity. Actual or threatened violence, and fear of violence and harassment have a devastating effect on the health and wellbeing of women, and undermine their capacity to participate fully in the community. Preventing violence against women is the responsibility of the whole community, requiring a shared understanding across all sectors of the community that violence against women in all its forms is unacceptable.

"First year I sewed for a factory...when I couldn't finish the work on time he [the owner] shouted at me and pushed me and said that I had to pay for the order. I had to finish. I remember I had no sleeping for two nights and asked my friends to help as well" (Seamstress: Report from Working Women's Health 2000).

"The wife and children of a violent husband have either to spend time with friends, thus risking involving the friends in the violent situation, or have someone (in our case the Bush Nurse) to try to arrange transport at all hours of the night to the nearest emergency housing/crisis centre, possible again 2 hours away. This then meant children will have their schooling disrupted as well as the trauma of leaving schoolfriends, who could be of assistance to them at this frightening time."

(DHS WHWS consultations 2001)

4 Improve women's mental and emotional health

Women's experience of mental and emotional health is on a continuum that is influenced by life stage and experience. Particular patterns apply to women. For instance, most population studies show that women are twice as likely as men to experience major depression (Astbury and Cabral, 2000). Although depression may affect a wide cross section of women in a number of ways, it is more common when significant stress is experienced, and where support is inadequate. Strategies such as promotion of freedom from discrimination, fostering social connectedness and facilitating economic and community participation are invaluable alongside quality mental health, clinical and psychiatric disability support services.

"I was caring for my partner on a full time basis before he died. Following the death I lost my home and was left with debts - the carers allowance was taken away. I was distressed and grieving and the only thing they offered was one session of counselling - I just wanted acknowledgement and not to be written off as depressed. I was not depressed - I was grieving. I am now on Newstart and looking for a job - at 47 years - it is hard as I have been caring full time for 4 years and have had to put my life on hold" (DHS WHWS consultations 2001)

"It [discrimination] happens here too, in [country town]. In the caravan park, one black face went in and couldn't get a caravan. Within five minutes, T, who's "white-as" went in and got one. It happens with real estate agents. It is always the same story - one person is told there is nothing to rent, and another gets a whole list of places". (DHS WHWS consultations 2001)

"I never thought it would happen to me. I have been to University, held down a very demanding job until I took maternity leave, went to all the right birthing classes, and read all the right baby books. And then "Molly" was born, and so was this unbelievable sense of loss. She's great, don't get me wrong - I love her to death, but the cost has been more than I ever thought possible. I felt I had lost my peer group, my sense of contributing to a stimulating and vibrant community out there. Every day felt like I was looking out through a dark cloud. I didn't want to get up, and even if I did, I felt that no one would notice me - I was invisible and insignificant. (DHS WHWS consultations 2001)

5 Extend knowledge of women's health and wellbeing and promote ongoing improvements

Constant attention needs to be given to improvements in research and further understanding about health and wellbeing outcomes. However, this research needs to be viewed through a 'gender lens', and with attention to other factors that intersect to affect women's lives and their differing health and wellbeing outcomes. Improved knowledge will enhance the capacity of the Department of Human Services to target services to specific needs of women in the community.

"Surveys are only useful to a certain extent – there needs to be better data gathering mechanisms to capture 'real' evidence. What are seen as good outcomes by the Department are often different than what the clients might identify – they are not measuring what really makes a difference. (DHS WHWS consultations 2001)

"We need more information about the side effects of psychiatric medication, such as weight gain – it has an enormous impact on yourself esteem and relationships – let alone on the need for new clothes which I can't really afford. Workers should talk more with women about these changes and how to deal with them". (DHS WHWS consultations 2001)

KEEPING THE SPOTLIGHT ON WOMEN'S HEALTH AND WELLBEING: IMPLEMENTATION FRAMEWORK

The Women's Health and Wellbeing Strategy will be implemented through an annual planning, monitoring, review and reporting cycle. This framework is founded on principles of collaboration, continuous improvement, and capacity building.

At a statewide level, a key feature of this process will be an annual Women's Health and Wellbeing Forum, involving a range of key stakeholders. The Forum will be developed in conjunction with the Office of Women's Policy, as a mechanism to review the outcomes of the previous years work, and highlight new and emerging issues. The Forum will bring together women, community groups, service providers, DHS staff, other State Government Departments, researchers and other relevant advisers.

Planning and Review

Each year, a range of initiatives from across the Department of Human Services will be identified under each of the five Areas for Action and published in an Annual Action Plan Statement at the beginning of the financial year. The selection of initiatives will be informed by a review of actions from the previous year; feedback from the Annual Forum and broader Government consultative mechanisms; and an analysis of emerging issues.

In order to capture information at a local level as well as on a statewide basis, flexible approaches to review at a regional level will be developed and implemented in partnership with the DHS Regional staff and local service providers.

In addition to the annual Forum, an advisory body made up of relevant external stakeholders and senior Departmental staff will coordinate on an annual basis to review progress and achievement.

Monitoring and Reporting

The Policy and Strategic Projects Division, within the Department of Human Services, will undertake regular monitoring of the progress of initiatives against key targets, and prepare an annual report on the progress of the Strategy.

Within the Department of Human Services an executive officer steering group has been established to assist monitoring and encourage an integrated approach to program and policy development. These monitoring and reporting processes will work alongside the identified review and planning mechanisms.

BIBLIOGRAPHY

- Alcorso, C. and Schofield, T. 1991, *The National Non English Speaking Background Women's Health Strategy*, Australian Government Publishing Service, Canberra
- Astbury, J. and Cabral, M. 2000, *Women's Mental Health — an Evidence-Based Review*, World Health Organisation, Switzerland Review, World Health Organisation, Switzerland
- Australian Bureau of Statistics 2002, *Labour Force Selected Summary Tables* (ABS cat. no. 6291.0.40.001)
- Australian Bureau of Statistics 1996, *Women's Safety Australia*, Commonwealth of Australia, Canberra
- Australian Bureau of Statistics 2000, *Australian Social Trends 2000*, Catalogue No 4102.0, Commonwealth of Australia, Canberra
- Australian Bureau of Statistics 2001, *Australian Social Trends 2001*, Commonwealth of Australia, Canberra
- Australian Bureau of Statistics 2002: *Australian Social Trends 2002* (ABS cat. no 4102.0), Commonwealth of Australia, Canberra
- Australian Bureau of Statistics (ABS Catalogue Nos. 6203.0, 6202.2), Commonwealth of Australia, Canberra
- Campbell, S. 2000, *From Her to Maternity*, Department of Human Services, Melbourne
- Carers Association of Australia 2000, *Warning – Caring is a Health Hazard*, Results of the 1999 National Survey of Carer Health and Wellbeing, Carers Association of Australia, Canberra
- Chang, S. 2000, *Seamstress: A report of health issues of women workers in the TCF industries*, Working Women's Health, Melbourne,
- Commonwealth Department of Community Services and Health (1989), *National Women's Health Policy: Advancing Women's Health in Australia*, Australian Government Publishing Service, Canberra
- Department of Human Services (Victoria) 1998, *Consultations 1998* (unpublished)
- Department of Human Services (Victoria) 1999, *The Victorian Burden of Disease Study: Morbidity*, Melbourne
- Department of Human Services (Victoria) 1999, *The Victorian Burden of Disease Study: Mortality*, Melbourne
- Department of Human Services (Victoria) 2001a, *Departmental Plan 2001–2002*, Melbourne
- Department of Human Services (Victoria) 2001b, *The Health and Wellbeing of Lesbians*, short research paper to promote consultation, DHS, Melbourne
- Department of Human Services (Victoria) 2001c, *The Health and Wellbeing of Women in and Post Prison*, short research paper to promote consultation, DHS, Melbourne
- Department of Human Services (Victoria) 2001d, *The Health and Wellbeing of Women, Employed and Unemployed*, short research paper to promote consultation, DHS, Melbourne
- Department of Human Services (Victoria) 2001e, *The Health and Wellbeing of Women with Disabilities*, short research paper to promote consultation, DHS, Melbourne
- Department of Human Services (Victoria) 2001f, *The Health and Wellbeing of Koori Women*, short research paper to promote consultation, DHS, Melbourne
- Department of Human Services (Victoria) 2001 & 2002, *Victorian Women's Health and Wellbeing Strategy consultations* (unpublished), DHS, Melbourne
- Department of Human Services (Victoria) 2002, *Ministerial Advisory Committee on Gay and Lesbian Health: Issues Papers*, Melbourne
- Department of Immigration and Multicultural and Indigenous Affairs (DIMIA), *Settler Arrivals by Selected Countries of Birth by Migration Stream for Financial Year 1999-00* (www.immi.gov.au)
- Department of Justice (Victoria) 2000, *Report of the Independent Investigation into the Management and Operation of Victoria's Private Prison*, Melbourne
- Department of Infrastructure (Victoria) 2000 *Victoria in Future – Natural Increase: Fertility and Mortality in Victoria*, Melbourne
- Department of Premier and Cabinet (Victoria) 2001, *Growing Victoria Together*, Melbourne
- Donovan, J, D'Espaignet, Merton, and Van Ommeren, (eds). 1992, *Immigrants in Australia: A Health Profile*, Australian Government Publishing Service — Australian Institute of Health and Welfare: Ethnic Health Series No. 1
- Donovan, J, et al. 1996, *Australia's Health 1996*. Australian Government Printing Service, Canberra.
- Frohman C. *Violence against women with disabilities: a report from the National Women With Disabilities and Violence Workshop*, Melbourne, February 1999. Dickson, Australian Capital Territory: Women with Disabilities Australia, 1999
- Graham, H. 2000, 'Socio-economic change and inequalities in men and women's health in the UK', in Annandale, E. and Hunt, K. (eds), *Gender Inequalities in Health*, Open University Press, Buckingham

- Jones, F. 1984, Income Inequality, in Broom, D.H. (ed.) *Unfinished Business: Social Justice for Women in Australia*, George Allen and Unwin, Sydney
- Lee, C. 2001, *Women's Health Australia: What do we know? What do we need to know?* Progress on the Australian Longitudinal Study of Women's Health 1995–2000, The Women's Health Australia Research Team, Australian Academic Press
- Mazza, D. Dennerstein, L. Garamszegi, C.V. et al. 2001, 'The physical, sexual and emotional violence history of middle-aged women: a community-based prevalence study', *Medical Journal of Australia* 175: 199–201
- McKendrick, J. and Thorpe, M. 1999, unpublished research available at the Resource Unit for Indigenous Mental Health Education and Research (RUIMHER), University of Melbourne
- McLennan, W. & Madden, R. 1999, *The Health and Well Being of Australia's Aboriginal and Torres Strait Islander Peoples*, Australian Bureau of Statistics, Canberra
- Murray, C.J.M. and Lopez, A.D. (eds) 1996, *The Global Burden of Disease: a comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020*, Harvard University Press, Cambridge, Massachusetts
- Naksook, C. 2000, *Knowing Her Better: A research report about NESB women's sexual and reproductive health*, Working Women's Health, Melbourne, May 2000
- Office of the Correctional Services Commissioner, Department of Justice (Victoria) 2002, *Victorian Prisoner Health Status Study* (Draft) July 2002.
- Office of Women's Policy (Victoria) 2000, *Valuing Victoria's Women: Forward Plan 2000–2003*, Melbourne
- Swift, K. 1998, Women With Disabilities and Domestic Violence: Women with Disabilities Australia's Response, *WWDA News*, Issue 15, December 1998
- Thorpe, L. and Sutherland, N. 2001, *Koori Women's Health and Wellbeing*, Resource Unit for Indigenous Mental Health Education and Research (RUIMHER), Melbourne
- VicHealth 1999, *Mental Health Promotion Plan, Foundation Document 1999–2002*, Victorian Health Promotion Foundation, Melbourne
- Victorian Ministerial Advisory Committee Working Group 1987, *Why Women's Health? Victorian Women Respond*, Melbourne, Victorian Ministerial Advisory Committee Working Group, August 1987
- Wilkinson, R. and Marmot, M. 1998, *Social Determinants of Health: The Solid Facts*, World Health Organization, Geneva
- Working Women's Health 2001, 'Non-English-background women in the Victorian labour force', *Working Well*, July, pp. 8–9
- World Health Organization 1998, *Gender and Health: Technical Paper*, Women's Health and Development, Geneva

