



VICTORIAN WOMEN'S TRUST

Our background

Since its inception in 1985, the Victorian Women's Trust (VWT) has been a lead advocate for Victorian women and girls to ensure that they are empowered to take up all of the opportunities without discrimination or harm. Our work makes us uniquely attuned to the lived experiences of women and girls through our grant-making, activism and projects. One of our key harm prevention projects *Rosie* was created in 2014 from what we saw as a clear need for a resource, free from commercial interests, that allows young women to access information to the complex range of issues faced in their everyday lives to ensure they are informed, safe and healthy.

Through *Rosie* we are well placed to make a number of insightful observations about the mental health of teenage girls and young women. *Rosie* is a website without peer in Australia which introduces us and has us in dialogue and exchange with thousands of teenage girls and young women in Victoria and across Australia every month. We see this submission as an opportunity for young girls and women to have a much needed voice in the Commission process.

Rosie

Rosie is a unique online space where young women can connect with the best web resources out there, helping them to navigate life's tricky situations.

Now around 5 years old, our *Rosie* website (<https://rosie.org.au/>) has attracted over 2.3 million website visitors (an average of 2000-4000 visits per month) and hosts hundreds of articles as well as 180 blogs written weekly by the *Rosie* team. We regularly interact with our community through Facebook, Instagram, our Write Like A Girl teen writers program, our student intern program, weekly volunteers, our monthly email newsletter as well as surveys and petitions. A year ago we launched *Rosie in The Classroom* for Victorian teachers of students years 7-10 which contains downloadable lesson plans on topics such as respectful relationships, sexting and mental health to assist teachers in talking about these difficult but important topics.¹

***Rosie* and mental health**

In 2017 Mission Australia and the Black Dog Institute launched a Five Year Mental Health Report which revealed that nearly 1 in 4 Australian teenagers met the criteria for having a 'probable serious mental illness' and that girls are 'twice as likely as boys to meet the criteria for having a probable serious mental illness.'² The report also suggested that more and more teens are turning to the internet for guidance. Knowing this, Mission Australia chief Catherine Yeomans suggested that 'what we need to make sure is that when young people go to the internet they actually find evidence-based, self-help tools and ways to refer to help and get the support they need.'³ This is where *Rosie* steps in.



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Our submission will largely draw on blog posts written by teenagers through our Write Like A Girl program, Write Like A Girl pitch ideas and responses to surveys from the *Rosie* teenage audience. We have published 26 blogs by teenage girls and young woman (including one teen boy).⁴ We believe that sharing of their experiences can not only empower teenagers and expand their communication and writing skills, it can be a dynamic method of education and awareness-raising for their peers and their community.

Write Like a Girl

Every month we have a teenage writer contribute to the *Rosie* Blog on a topic of their choice. In the past year we've had teenage writers, between the ages of 15 and 18, contribute articles on topics including gender stereotypes, women in science, chronic illness, menstrual activism and growing up black in Australia. Through the teen writers program we give young women a platform to use their voice, so they can speak to their peers about issues they care about. The original quality of their writing is awe-inspiring, reinforcing our belief that teenage girls are passionate about social justice and need to be heard.

Our analysis of Write Like A Girl blog pitches found that the most popular topic that the *Rosie* audience of (mostly) young women aged 12-18 wanted to write about was mental health, followed by school (stress or bullying), friendship, feminism and eating disorders/body image.

In an age of consumerism and increased connectivity, it is imperative that young women have access to online resources which reinforces their self-worth and resilience, while increasing their knowledge and understanding of their bodies, minds, relationships, work and the world.



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What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

Recommendations:

Provide universal mental health prevention and intervention programs in all schools

Education programs in schools are crucial sites for cultural change, prevention and early intervention.

Primary schools are especially crucial sites for early intervention so should also be targeted to increase their mental health literacy, prevention and response.

Rosie teenagers told us that eliminating mental health stigma was importance and of the lack of education they receive in school:

"I think there needs to be so much more about mental health and how to help people around us and most importantly ourselves. (Are you ok day just isn't cutting it)"

"The experience of students in school who deal with anxiety, stress and overall mental health and how Australian schools fail to support students."

"Adolescent depression occurring for unknown reasons and continuing due to complex relationships and lack of self-knowledge."

Programs would need to be accompanied by increased resourcing within schools to improve their ability to promote effective mental health prevention, intervention and education. For example, resources to train all teachers in mental illness, mental health stigma and discrimination; resourcing to hire wellbeing staff, including counsellors, youth workers and nurses; as well as resourcing GPs to regularly visit schools to support students.

Education programs on the prevalence of different forms of mental illness aimed at reducing stigma and early intervention

Understanding the prevalence of your illness can be an important part of self-acceptance for young people, encourage early intervention and reduce feelings of stigma and shame. Further, early intervention can mean that self-medicating with drugs, alcohol and risk-taking behaviour can be avoided.

One of our *Rosie* blog writers reflected on her experience of living with anxiety and coming to terms with her condition:



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“Sometimes I wish that I’d been able to avoid self-medicating with drugs, alcohol and other risk-taking behaviour...but those times were also excellent fun, so I’ll let anxiety win that argument. It’s taken me over a year to shake the shame of my affliction. Now I wear it without loss of dignity (the knowledge that up to 3-8% of the population are also friends with anxiety helps in this regard).”⁵

Expand support resources for young people, their family, friends and the broader community about mental illness, stigma and discrimination including empathetic responses to peers

These resources should include practical information and tools on where to get help. Mission Australia and the Black Dog Institute have outlined the crucial relationships to young people who are experiencing mental illness, ‘Young people continue to turn to their family and friends in a time of need, including those young people with a probable serious mental illness. We must therefore ensure these young people have the information and skills needed to provide the support young people require and link them to other sources of support.’⁶ The *Rosie* website features an easily accessed list of support services on the landing page on the website so visitors can find out where to get the help that they need.

Many young women pitched ideas around blogs on the importance of supportive friends, peers and loved ones who can help themselves or others receive mental health support:

“My story will show people that you can never really know what is going on in someone’s life.”

“My family and the network of friends I trusted with my ‘secret’ helped me to see that I had nothing to be ashamed of and gave me ongoing and unwavering support which I have relied on over and over and over again.”

“I’d like to write something mental health based to let teens now that it is okay to get help and your life now does not define your life in the future.”

“I would like to invite others around those with injuries and/ or illnesses to try and understand what it is like and what they can do to help.”

“I would like to talk about mental illness and how my ongoing experiences have affected me and the people I love, hopefully to help other teens realise help is around and its okay to ask for it.”



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“My idea for a blog piece is to talk about how many teenagers go through experiences like this [parents’ divorce] and feel they need to bottle everything up, and about how this is a largely unhealthy way of coping with things.”

“How to help someone who has a mental illness - this post will discuss what NOT to say to someone with anxiety or depression, and what you can do to help them.”

Increased education on issues faced by young people whose parent/s and/or carer/s and/or intimate partners are experiencing mental illness

There needs to be education and awareness raising on the issues faced by young people whose parent/s and/or carer and/or intimate partners are experiencing mental illness, something that the young person may also be experiencing. Young people need to be supported to care for themselves and possibly for their parent/carer. Mission Australia has noted, ‘Parents and friends also have a responsibility to learn more about mental health problems in our young people – to increase their health literacy and to learn to know what to do if confronted with a young person seeking help.’⁷

Rosie teens had a strong desire to share their stories of having loved ones living with a mental illness and stressed the importance of mental health support and asking for help:

“‘How I Learnt to Grow Up in a Day’. Personal piece about what I learnt following my father's attempted suicide including the harmfulness of toxic masculinity and the importance of independence. Most of all, a chance to share my story and encourage young women or men in similar positions that it is okay to not be okay, and that they are not alone.”

“I'd like to write about being in a relationship, romantically or friendly, with someone who has mental health issues. How to handle their anxiety attacks or 'bad days', approaching issues surrounding asking for help etc. Also about making sure that you're looking after yourself as well.”

Universal and adequately resourced community education and awareness about the mental health issues faced by young Australians

This should include public campaigns that dispel myths about “millennials” or younger Australians lacking resilience and being entitled. Often, visibility of individuals with mental illness is a powerful way to dispel mental health stigma and to educate others.

Many blog pitches that we received were on the issue of “not being taken seriously as a young person” where individuals feel like they are not being listened to because of their age or gender or experiences.



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Increased education and awareness in schools and in the community on disordered eating and anorexia and their connection to the pressure of modern “beauty standards” felt by young women

Our *Rosie* blog contributors are very concerned with the effect that eating disorders and anorexia are having on themselves and their peers. Mission Australia has noted ‘The prevalence of young women indicating concern around body image has been attributed to the pervasive influence of how the media portrays a particular standard of beauty for young women’.⁸

Teenage girls are eager to explore the complex issues surround eating disorders and anorexia and how they feel judged by others due to gendered expectations surrounding their behaviour, how they look and what they eat:

“In particular eating disorders because I strongly believe this is a sector overlooked in our society and not talked about as much as it should be. More awareness needs to be promoted, and stories will be a great way of showing this.”

“Eating disorders and the stigma around them as well as my experiences as a person with complete disregard for them, a supporter of a loved one with an eating disorder and a sufferer myself.”

“I want to write a piece about my experiences with eating disorders and how I see those behaviours normalised every day as a result of patriarchal culture.”

“I have recently been working on an article called "Stop Commenting On How Much She Eats". It's focused on the thinly-veiled judgmental attitude - projected by both men and women - directed towards girls who simply want to eat all of what's on their plate. It refers to both personal experience and societal pressures, as well as exploring the gendered nature and vilification of certain foods. Essentially, it's a response to the question: "Are you really going to eat all that?"”

The following key quotes, published on *Rosie* blogs, identify a number of crucial factors for the Commission to consider, especially the pervasive and destructive power of advertising and marketing and the pressure these force place on young women and girls’ appearance. It is heartening to see how determined young women and girls are to quarantine themselves from these negative influences and to remain resilient and healthy:

“As part of my recovery [from an eating disorder] I started to read and read: about the way women are portrayed in the media; about how 95% of women we see have the body type of 5% of women in society; about how our brains automatically think that what we see the most is normal; about how if you’re starving, your brain is programmed to think about food until you get it; that being called fat is not an insult; that skinny doesn’t equate to healthy; and about how to practise self-compassion. I suddenly, by default, became a pretty well-informed feminist (a word that I had been mocked for identifying with in my teenage years,



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so had previously distanced myself from). I made the choice to surround myself with images of real-sized women, which means women of *all* sizes, to reinforce that variety is what's normal. Through this process I have become more aware and empowered. I'm a stronger human."⁹

"To treat those who suffer from eating disorders as though their illness is absurd and unfounded is to ignore the very culture we live in, the culture that creates and perpetuates eating disorders. Every magazine, movie, and Instagram model is telling us that what we look like is not enough, so that we buy their e-book or workout program or waist trainer or flat tummy tea. We must step outside of this never-ending cycle, think critically and realise that this market counts on our self-hatred. These people do not want us to be happy, because it's pretty hard to sell useless products to someone who is at peace with who they are and the life they lead."¹⁰

"Kim Kardashian's comments [thanking her sisters for saying she "looks anorexic"] really hit home for me, along with many others, and I don't know if it's because I spent most of three years and counting battling anorexia nervosa and almost losing my life to it. Maybe I am biased because when I was looking 'anorexic' and 'when I wasn't eating' I was attached to a heart rate monitor, wheelchair-bound and being fed through my nose. However, I'm not the only one whose desire to be thin and to control my food almost ruined my life. What angers me is that many people have similar stories and the people we look up to are praising this unhealthy lifestyle and even laughing about it."¹¹

Despite young women and girls' awareness of these issues and determination not to be negatively impacted by them, they cannot do it alone. It is imperative that the recommendations from this Commission consider a proactive strategy to ensure that broader society can ensure young women and girls are able to have positive relationships with both their bodies and their minds.

Improved service coordination to support individuals with an eating disorder

One of our blog writers Julia wrote about how helpful a holistic and coordinated response to her eating disorder was in her recovery, '[My wonderful therapist recommended I see her in conjunction with a dietitian that specialised in eating disorders, as well as a fantastic GP.](#)'¹²

Individuals must be supported to get varied specialist help, to ensure that they are able to effectively manage their eating disorder and feel supported in that journey.

Investment in technological responses to mental illness

A growing proportion of young Australians use tech-based support like helplines and there are exciting opportunities for support to be given through technological means such as mobile phone apps.¹³ This could be for individuals with mental health issues or who are



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seeking more information but could also be supports for friend or carers of individuals with mental illness.

Anya, who wrote a blog for *Rosie*, said a positive response to her diagnosis of bipolar disorder was app based:

“I got myself a mood tracker app on my phone. This gave me a chance to check in on a daily basis, see the stats on what was triggering my mood changes and use fun emoticons to display my progress. It made me realise that yep, some days are going to be terrible, but with a bit of sleep, things are usually better and it makes me focus more on the current moment, rather than what might happen in the future.”

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

What can be done better:

The mental health system in Australia needs to be streamlined and standardised to ensure that individuals who need it can be guaranteed affordable, accessible and quality mental health services when they need it.

“Perhaps the root of the problem is the fact that Australia has a scatty system when it comes to mental health, a kind of ‘luck of the draw’ and a non-defined way of managing mental health disorders?”¹⁴

The Mission Australia Youth Survey Report 2018 noted similarly, ‘the service system is difficult to navigate. At best the support offered is patchy, especially outside of metro areas, and often not tailored to the needs of young people and their help- seeking preferences. This has to be tackled as a priority.’¹⁵

It is unacceptable that individuals must rely on “luck” in order to get appropriate information, help, treatment and care for their conditions. An individual should be guaranteed of quality service wherever they are in Victoria, whenever and for as long as they need it.

Support for multiple referrals and recommendations for people who are looking for mental health support

For *Rosie* blog ‘More Than a Diagnosis’, writer Anya detailed her journey before and after her bipolar diagnosis:

“I...Got a second opinion. Well, if I look back on my history I would say it was a fourth opinion as I had seen psychologists before and they said it was post-traumatic stress and other stuff but when it came down to it, what was happening at the time of the big fall



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showed a situation where the people were not helping – so I sought a different opinion, through recommendations.”¹⁶

Support to seek multiple referrals and alternate opinions is crucial for ensuring that people's mental health issues are adequately diagnosed and responded to.

What is already working well and what can be done better to prevent suicide?

What can be done better:

Education around rates of young female suicide and self-harm

Suicide and self-harm are incredibly concerning given that intentional suicide and self-harm is the leading cause of death for young people aged 15-24.¹⁷ The general understanding in the community is that men are the main cohort who commit and attempt suicide. However, 32.9% of deaths among 15-19 year old females and 30.6% of deaths among 20-24 year old females in 2017 are a result of suicide which is still unacceptable and needs to be addressed.¹⁸

“I'd like to address the current stigma around mental health and the way suicidal thoughts are silenced rather than heard and how this has a detrimental effect rather than a positive one.”

Education and nuanced conversations on the different cohorts that are self-harming and suiciding is crucial to reduce stigma around suicide to ensure that voices are heard within our communities and the right help is provided to those who are doing themselves harm.

Education in schools about what you can do for friends and peers who may need support for suicidal ideation and self-harm

We established the importance that friends, family, carers or loved one played in young women seeking help for mental illness, and this applies equally to early intervention, treatment and support for young women who are experiencing suicide ideation and attempting self-harm.

We published a *Rosie* blog written by a teen Rachel who had attempted suicide showing our crucial these relationships were to her in her recovery:

‘Recovery isn't as simple as making the choice to fight or give up, it's a slow, hard and confronting process. My recovery started soon after my suicide attempt when I made a choice to tell a few select friends and ask for their help and support.’¹⁹



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What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

Young women should feel as if they are respected, safe and encouraged to thrive in our society. However, this is not always the case and this has a detrimental impact on young women's psychological wellbeing. This is perfectly summed up by the following statement by one young woman from the *Rosie* community:

"I am a woman. This is fact. I am often not taken seriously by men and boys. This is fact. My identity as a human being should not be hindered due to my gender. This is fact. My ideas are valid and exciting and my gender should not affect my ability to flourish as a teenage girl."

Exposure to gendered violence and harassment whether in public or online needs to be addressed to ensure that young women and girls reach their full potential. The negative effect that social media, advertising, photoshop and the accompanying pressure to look 'perfect' is also having a pervasive and negative effect on young women's psychological wellbeing. Equally, menstrual stigma and shame continues to hold young women back and distracts them from their goals and hinders their opportunities. We consider each of these drivers in turn:

High levels of street harassment and not feeling safe in public

Co-design programs between government and young women on ways to make cities safer and more inviting

Public community campaign on the psychological harms of catcalling and street harassment

Young women and girls must be able to safely walk the streets on their own cities without being subject to street harassment and threatening behaviour which compromises both their physical and psychological wellbeing.

The work of Plan International Australia has been illuminating in understanding the psychological effect that street harassment is having on young girls and women in Australia, as well as its unacceptably high prevalence:

'Five years ago, when Plan International set out to better understand street harassment as part of our global Safer Cities for Girls program, we soon learned that in all societies, street harassment is far more common than we imagine...we have evidence that it can have serious and lasting effects on the wellbeing of girls and women. We know that the more a girl or young woman experiences it, the more detrimental it is for her mental health.'

-Susana Legena, CEO, Plan International Australia.²⁰



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This survey of young women and girls found that almost 1 in 4 young women experience street harassment at least once a month or more in Sydney and that 4 out of 5 girls said they experienced harassment when they were under 18.²¹

Women and girls must be consulted and involved in the designing of our cities, towns and public spaces so that they can feel as if their safety and wellbeing is a priority and so, more importantly, so that they can thrive in our communities.

Menstrual stigma and shame

Recommendations:

National health education and promotion programs focused on menstrual wellbeing

The provision of menstrual products as standard practice, alongside other amenities like toilet paper and soap

Supporting girls and non-binary students who menstruate is a key component in supporting both their mental and physical wellbeing.

In 2013 we surveyed over 3000 women and girls about their experiences and attitudes towards menstruation and menopause. The experience of menstruation is often marred by negativity, which then carries on throughout so many women's lives and which insidiously affects their sense of self, their confidence, awareness of their physical bodies and emotional realms, their sexual decision-making, and the management of their relationships at home and in workplaces.²²

Our research found that seven in ten girls aged 12- 18 years had negative feelings about their periods – four out of ten disliked everything about their periods, three in ten saw their periods as good and bad but were still 'mostly bad'.²³ Below are some of the things we heard from survey participants:

As a teenager I suffered in silence for too long with period pain. I still went to school when I had it but wasn't really listening or learning anything because I was so distracted I was too shy to discuss it with my mum or GP (General Practitioner).

At school it was awful to have a heavy period. I remember getting blood on my school dress and sitting in the bathroom for hours painting whiteout over the stains. High school is a scary and judgemental place if something goes wrong.

It took me many years to be relaxed about periods. I felt very ashamed of bleeding as a teenager.

Even going to an all girls' school, the notion that someone had their period was made out by other girls to be disgusting. Although every girl in the year obviously had to go through the same thing, it would be absolutely horrifying to have to ask your friend if you could borrow a



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tampon or pad. It made me feel embarrassed about having it and obsessed about maintaining secrecy.

I'm so glad someone is finally taking a stand to end the stigma. I know so many girls (including myself) who thought they were sick or injured, completely unaware of what was going on. This needs to change.

We also asked women about how they feel about their period. We found that across all age groups over forty per cent expressed predominantly negative sentiments, including seventeen per cent disliking everything about it. Twenty-two per cent were ambivalent as to whether periods are good or bad. One in four felt predominantly positive, while a little over one in ten liked everything about it.²⁴

Education is crucial to reducing menstrual stigma and shame within our communities. The standard provision of menstrual products in all bathrooms alongside toilet paper is a powerful way to increase health outcomes, fight period poverty and normalise menstruation.

Impacts of social media, advertising and photoshop on young girls and women's feelings of self-worth, self-objectification and coping

Recommendations:

More research surrounding the impacts of social media, advertising and photoshop on young girls and women's feelings of self-worth, self-objectification and coping strategies being tied to their physical appearance

Media literacy training for all young people in schools around photoshop and image manipulation and unattainable beauty standards for women

According to the Mission Australia Youth Survey Report 2018, the top four issues of personal concern for young people in Australia also have strong links to mental health: coping with stress, school or study problems, mental health and body image.²⁵

Our *Rosie* writers also consider these issues and want to talk about the effect that all of these pressures are having on young women's self-esteem, feelings of self-worth and mental health. *Rosie* teen writers have written powerful blog pieces about the insidious and negative effects that social media, advertising and photoshop have on themselves, and other girls and women in their lives:

"I have a younger sister who is 12 years old, and isn't even on Instagram yet and this is a direct quote from her: "Do my ears stand out when I wear this dress, they are so big I hate them so much". I was absolutely gobsmacked, I don't know what you were doing



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when you were 12 years old, but I bet it most definitely wasn't feeling insecure about the size of your ears. To me, this one quote is the tip of the iceberg, what's looming underneath is far worse."²⁶

"I am tired of seeing photoshop on women, in magazines and on social media. It makes me so sad, the fact that these beautiful girls and women are being photoshopped, to look like completely different versions of themselves. These major companies only want one particular body type, which leads the rest of us to constantly worry and start to hate our own bodies because we do not fit into these, 'so called' ideal figures."²⁷

"Every facet of our culture is saturated with objectifying, monotonous imagery of thin, predominantly white models; the only women in the world who are seemingly happy, loved, successful. Young women and girls are conditioned to admire and look up to these models, purely based on their appearance...*I did not make these connections by myself. There is nothing random, isolated, or 'insane' about eating disorders; they are careful, calculated responses to a world that teaches young people, particularly girls, that beauty is their responsibility, that it is something they owe the rest of society. In the words of Erin McKean, it is the 'rent you pay to exist in the world as a woman.'*"²⁸

"Our bodies have become currency, something indicative of our worth and how deserving of respect we are. 'Fat' and 'ugly' are the first insults hurled at women online, because to be unattractive is to lose your right to be treated like a human being."²⁹

"Body image...the torment that goes through people's minds, particularly teenage girls."

"A letter to my future daughter. Telling her about the problems I faced (and am facing) in youth, and that I understand what she may be going through! Mentioning pressures from media, school, friends, and families. And just letting her know that I will always be there for her, and no matter what-- she is beautiful."

"Body shame, humiliation and comparison is a paramount concern in today's society."

There is a huge need to support young women and girls to counter the negative effects of these forces without blaming them or expecting individuals to manage these influences themselves. There must be a broader push in our society to be educated and informed in order to support young women and girls live in communities which prioritise their psychological and physical wellbeing.



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Cyberbullying and online abuse faced by young women

Recommendations:

Ensure the Office of the eSafety Commissioner is adequately resourced to reach as many Australians as possible including evaluation and assessment of e-reporting tools for online bullying and harassment

Universal school education around respectful online behaviour, consent and importance of bystander intervention and help seeking (primary schools included)

Women and girls experience an unacceptably high level of cyberbullying and online abuse which is detrimental to their mental wellbeing. Melbourne based academics Nicola Henry and Anastasia Powell have commented that, 'research suggests that women are disproportionately the targets of harassment and hate speech in cyberspace' compared to men.³⁰ Similarly, The Australia Institute surveyed 1557 Australians about their experiences of online harassment and cyberhate to calculate its economic costs.

The research found the following:

- women were more likely to say they had been harassed online (44%) than men (34%).
- 32% of women experienced "abusive language directed at [them]", compared with 23% of men.
- 24% of women were "sent unwanted sexual messages or unwanted nude pictures", much higher than 11% of men.
- Women were generally more likely to experience:
 - threats of violence or death threats (10% women, 7% men)
 - threats of being followed or stalked (6% women, 4% men)
 - threats of sexual assault or rape (4% women, 2% men).³¹

The more hours an individual spent online, the more online harassment and cyberhate³² they received meaning younger individuals received more abuse.³³

Respondents who had experienced online harassment were asked if it "has ever reached a point that it negatively affects your physical or mental wellbeing?" of which a third (34%) of respondents said yes.³⁴ The research found that negative impacts were more commonly reported more by people who spent more time online, which is usually younger people.³⁵

Schools and online reporting are both crucial sites of support and early intervention to ensure that young people and their peers are embedding norms for internet use into their daily life which are centred around respect and consent.



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What are the needs of family members and carers and what can be done better to support them?

Support for family members and carers with children who have a mental illness needs to be explored

"I would like to write a piece about the effects of growing up with a mentally ill parent. On top of struggling with one's own mental illness."

Family members and carers who have a mental illness and have children need to be supported to care for their children while also managing their own mental health. This includes support for families who have intergenerational mental health issues.

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

According to the Workplace Gender Equality Agency, the health care and social assistance industry has a workforce that is 80 per cent female, the highest of any industry in Australia and there is a 16.1% total remuneration pay gap for full-time employees.³⁶ With understanding of the historical undervaluation of female-dominated industries in Australia³⁷, we make our recommendations below.

Recommendations:

Mental health system workers are remunerated adequately and recognised for the crucial work and contribution that they make in society without passing on all costs to clients who access services

Workers need job security to retain skills and organisational knowledge within the sector, this may include protections against short contracts and access to flexible work within the sector

Workers must be provided consistent and quality mental health supports in order to minimise vicarious trauma and support debriefing and to avoid burnout and poor mental health outcomes.

The Centre for Mental Health Workforce Learning and Development needs to be adequately resourced to ensure that there is a coordinated and consistent approach to mental health workforce development as envisioned in the Mental Health Workforce Strategy as a part of Victoria's 2016 10-year Mental Health Plan.³⁸

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Endnotes:

¹ See: <https://rosie.org.au/rosie-in-the-classroom/>

² Mission Australia and Black Dog Institute 2017, 'The Five-Year Youth Mental Health Report has launched', media release, accessed 3 July 2019, <https://www.missionaustralia.com.au/news-blog/blog/the-five-year-youth-mental-health-report-has-launched>

³ Ford M 2017, 'Nearly 1 in 4 teens meet criteria for 'probable serious mental illness': Mission Australia report', ABC News, 19 April, viewed 3 July 2019, <https://www.abc.net.au/news/2017-04-19/teenage-mental-health-depression-abuse-black-dog-institute/8451736>

⁴ See: <https://rosie.org.au/home/blog/write-like-girl/>

⁵ See: <https://rosie.org.au/body-mind/mental-health/shook-living-anxiety/>

⁶ Mission Australia and Black Dog Institute 2016, *Youth mental health report: Youth survey 2012-2016*, 3.

⁷ *Ibid.*, 3.

⁸ Carlisle, E., Fildes, J., Hall, S., Hicking, V., Perrens, B. and Plummer, J. 2018, *Youth Survey Report 2018*, Mission Australia, 10.

⁹ See: <https://rosie.org.au/body-mind/mental-health/recovering-eating-disorder/>

¹⁰ *Ibid.*

¹¹ See: <https://rosie.org.au/blog/why-kim-ks-anorexia-comments-are-so-offensive/>

¹² See: <https://rosie.org.au/body-mind/mental-health/recovering-eating-disorder/>

¹³ See: David Lawrence Sarah Johnson Jennifer Hafekost Katrina Boterhoven de Haan Michael Sawyer John Ainley Stephen R. Zubrick 2015, 'The Mental Health of Children and Adolescents Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing', August, 77, viewed online 24 June 2018,

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¹⁴ See: <https://rosie.org.au/blog/more-than-a-diagnosisworldbipolarday/>

¹⁵ Carlisle, E., Fildes, J., Hall, S., Hicking, V., Perrens, B. and Plummer, J. 2018, *Youth Survey Report 2018*, Mission Australia, 2.

¹⁶ See: <https://rosie.org.au/blog/more-than-a-diagnosisworldbipolarday/>

¹⁷ Mission Australia and Black Dog Institute 2016, *Youth mental health report: Youth survey 2012-2016*, 7.

¹⁸ Life in Mind 2019, 'Suicide facts and stats: Children and youth suicide data', accessed 3 July 2019,

<https://www.lifeinmindaustralia.com.au/about-suicide/suicide-data/suicide-facts-and-stats>

¹⁹ See: <https://rosie.org.au/body-mind/mental-health/like-rachels-story/>

²⁰ Plan International Australia, 'Sexism in the city', 2, viewed online 2 July 2019 <https://www.plan.org.au/-/media/plan/documents/reports/sexism-in-the-city-plan-international-australia-embargoed-copy.pdf>

²¹ Plan International Australia, 'Sexism in the city', 4, viewed online 2 July 2019 <https://www.plan.org.au/-/media/plan/documents/reports/sexism-in-the-city-plan-international-australia-embargoed-copy.pdf>

²² Pickering K & Bennett J 2019, *About Bloody Time: The Menstrual Revolution We Have to Have*, Victorian Womens' Trust, 25.

²³ *Ibid.*, 25.

²⁴ *Ibid.*, 27.

²⁵ Carlisle, E., Fildes, J., Hall, S., Hicking, V., Perrens, B. and Plummer, J. 2018, *Youth Survey Report 2018*, Mission Australia, 2.

²⁶ See: <https://rosie.org.au/blog/perfectly-imperfect/>

²⁷ *Ibid.*

²⁸ See: <https://rosie.org.au/blog/real-life-effects-media-consumed-world/>

²⁹ *Ibid.*



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³⁰ Henry N & Powell A 2015, 'Embodied Harms: Gender, Shame, and Technology-Facilitated Sexual Violence', *Violence Against Women*, vol. 21 no. 6, 759.

³¹ Swann T 2019, 'Trolls and polls- the economic costs of online harassment and cyberhate', The Australia Institute, January, 2, viewed online 3 July 2018 <http://www.tai.org.au/content/trolls-and-polls-economic-costs-online-harassment-and-cyberhate>

³² Respondents were presented with a specific definition for "cyberhate": "repeated, sustained threats or attacks on an individual through the use of electronic devices, which result in real-life harm to the target. These harms may be physical and/or psychological. The attacks may be perpetrated by one or more individuals".

³³ Ibid., 3,4, 8.

³⁴ Ibid., 6.

³⁵ Ibid., 6.

³⁶ WGEA 2019, 'Overview: Health Care and Social Assistance', viewed 2 July 2019, <https://data.wgea.gov.au/overview>

³⁷ In a 2009 report for the International Labour Organization (ILO) *The Unpaid Care Work/Paid Care Work Connection* by macroeconomic policy adviser Rania Antonopoulos noted, 'The occupations and sectors that are dominated by women are generally seen as being less important, requiring lower skills, and, thus, deserving of lower earnings than the occupations and sectors dominated by men. Men working in such occupations and sectors are also penalised in terms of pay.' Source: Antonopoulos R 2009, 'The Unpaid Care Work/Paid Care Work Connection', Working Paper No. 86, Policy Integration and Statistics Department, *International Labour Organisation: Geneva, 17*, viewed 5 June 2018, http://www.ilo.org/wcmsp5/groups/public/---dgreports/integration/documents/publication/wcms_119142.pdf

³⁸ State of Victoria, Department of Health and Human Services 2016, 'Victoria's 2016 10-year Mental Health Plan: Mental Health Workforce Strategy July, accessed 2 July 2019, www.mentalhealthplan.vic.gov.au