Ministry for Women's input into the inquiry into mental health and addiction

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Ministry for Women's views

The Ministry for Women (the Ministry) is the government's principal advisor on achieving better outcomes for women and girls in all their diversity. One of our priorities is the prevention of violence. The Ministry considers violence prevention to be of central importance in preventing mental health and addiction issues. Family and sexual violence disproportionately affects women and as such we consider mental health and addiction to be a gendered issue. Below we provide key information on the gendered nature of mental health and addiction.

Impact of violence against women

Issues

Violence has significant impacts on the physical and mental health of women. The health system includes activity to prevent, identify and treat family and sexual violence, which women experience at disproportionately higher rates than men.

Services

The Health Promotion Agency undertakes health promotion activities that seek to address risk and protective factors for violence, including information and campaigns around alcohol (a risk factor) and improving mental wellbeing (a protective factor). Women 16 years and over are universally screened for family violence in the following DHB community and hospital services: mental health, alcohol and other drug, paediatrics, maternity, sexual health and emergency departments.

Children under 16 years are screened in child health services and emergency departments, based on signs and symptoms. This is part of the Violence Intervention Programme, a systems approach to enquiry, risk assessment and referral for family violence in all DHBs.

In response to new research and societal changes in the last decade, in 2015 MOE revised its Sexuality Education: Guide for principals, boards of trustees and teachers. Core sexuality education classroom resources are also being refreshed to ensure they are engaging and align to the current New Zealand Curriculum (2007).

Maternal mental health

Maternal mental health is recognised as a significant issue for women. We expect the Ministry for Health will be covering this in their submission.

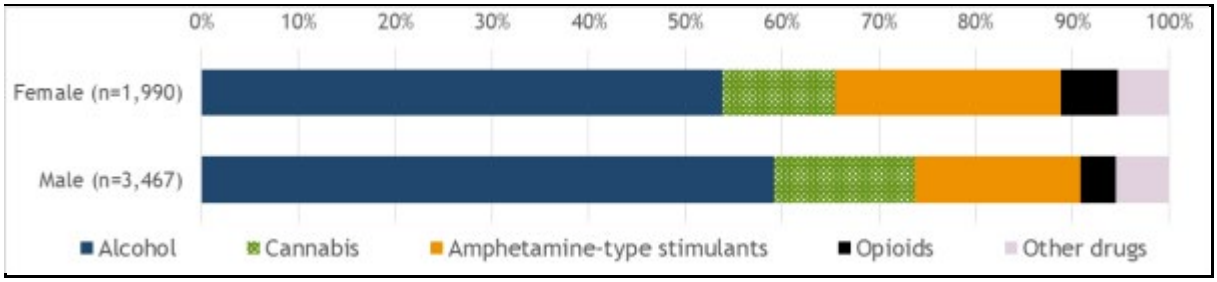
Women and addiction

Issues

Māori women and Pasifika women continue to suffer high rates of drug and alcohol abuse, both of which significantly impact on mental health.

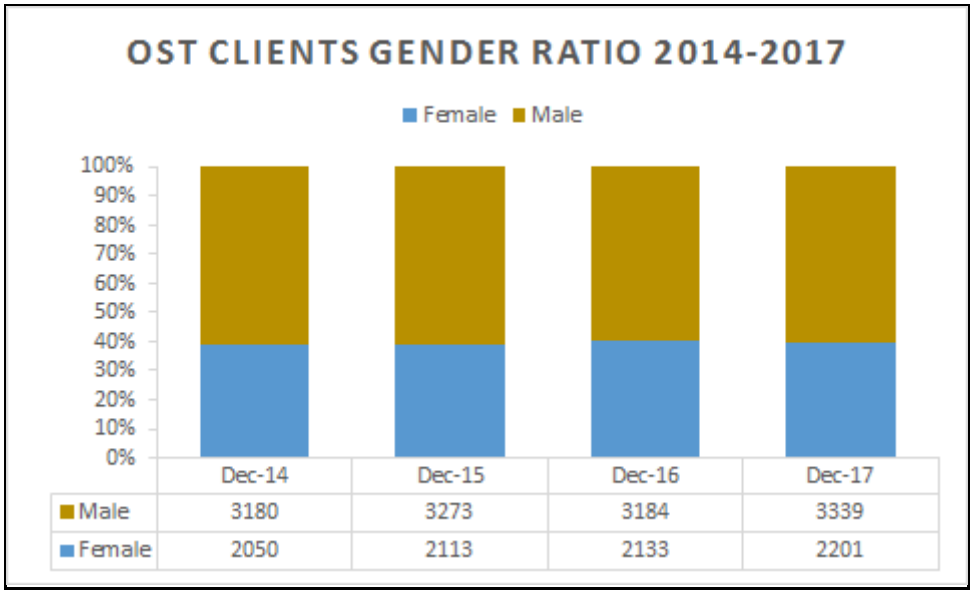
Alcohol and methamphetamine are the two substances reported through ADOM that women have the biggest concern about in their lives (www.tepou.co.nz/uploads/files/initiative-assets/ADOM_report_dec%202017.pdf).

The profile of women's addiction is not identical to that of men. For example, reported rates of usage of opioids and amphetamines and higher for women.



The role of women as mothers needs to be taken into account when reviewing services to mental health. Of calls to a dedicated methamphetamine helpline, traditionally about 40% of people calling about their own issues are women, but about 60% of callers concerned about someone else's use are women. The service reports that this is often mothers of adult children.

Access to opioid substitution treatment (OST) for those with an opiate dependency is widely available within New Zealand. The proportion of women service users to males has remained relatively static over the past few years.



Year	Total OST clients	Female	Male	%female
Dec-14	5230	2050	3180	39.2%
Dec-15	5386	2113	3273	39.2%
Dec-16	5317	2133	3184	40.1%
Dec-17	5540	2201	3339	39.7%

Services

Waitematā District Health provides a regional addiction treatment service across the metro-Auckland region (population estimated to be 1.6 million people). The service has created and developed a Pregnancy and Parenting Support service for women with addiction issues that has been running for about 13 years. The service was set up and funded by the DHB itself to meet a particular need. The service works with women who are not engaged with services, and may be struggling to cope with their addiction issues and to raise children.

Over the years, the MOH supplemented the budget so the service could expand over the metro-Auckland region. MOH was successful in Budget 2016 in securing total funding of $12m over four years to extend the Waitematā model to three other DHBs - Northland, Hawkes Bay, and Tairawhiti. Services have now been established in those areas and early indications are they are well received by women, and are working well. The services will be evaluated after 3 years and the evaluation will inform recommendations as to whether to continue those services. In the meantime, the Waitematā service continues to operate with funding entirely from the Waitematā DHB.

Women in the corrections system

Prison staff and inmates are at risk because of a lack of mental health services in prison.

As the prison population is three times more likely to require mental health services than the general public, expectations that these services are of sufficient quality and easily accessible are warranted. There are notable limitations for in-patient services for women.

The female prison population has increased by 82% since 2005.

Women prisoners have a higher prevalence than men of diagnosed mental health problems (including substance abuse, anxiety, mood disorders (in 2016, 75% vs 61%).

In their lifetime 57% had an anxiety disorder, 40% a mood disorder and 81% a substance disorder.

Women are also more likely to have a co-morbidity (two or more at once) of mental health and substance abuse issues than men (34% vs 20%).

There are high rates of trauma in the women's prison population: 52%of women have experienced PTSD (22% for men).

Women prisoners have experienced high rates of family and sexual violence including a higher concentration of violence. For example, 61% have experienced intimate partner violence (10% for men) and 53% have experienced sexual violence (15% for men). We can therefore assume that women prisoners with mental health disorder, also have higher rates of family and sexual violence background than men. Services therefore need to differ in systematic ways.

The child victimisation model implies that the most effective treatment for women with co-occurring disorders will be those that provide women (with child-abuse histories) with strong skills for coping with previous childhood victimization.

Women prisoners need programmes that are targeted at the things that keep them offending – relationships, AOD, grief, anger, poverty, and these need to be addressed in interrelated ways.

Women need access to violence/general programmes that are targeted at perpetrators.

Support to manage the continuing effects of trauma on their lives and offending patterns is useful – this should be factored into the type and sequence of programmes and services they receive.

Women need to be managed in prison and community in in gender-sensitive ways.

Further down the road employment assistance and a wider range of work/training/study opportunities for women in prison needs to occur.

Impacts of metal health in wider social and economic wellbeing

We also recognise the impact that mental health diagnosis and treatment records can have on other areas of women's lives such as employment outcomes. For example, some occupations such as law require an absence of mental health issues, in employment decisions. To the extent this occurs this hampers participation in work, and promotion to management and leadership roles. This is a particular concern given women's unequal position in the labour market.