



Inquiry into COVID-19 Response

This submission is made on behalf of the Centre for Women's Health Research (CWHR). This submission focuses on findings from the Australian Longitudinal Study on Women's Health (ALSWH), a long-established national study that takes a comprehensive view of health, and the factors that affect health, across a woman's lifespan.

Since 1996, ALSWH has collected data from over 57,000 women in four age cohorts using regular surveys and individual record linkage to administrative health databases, including Medicare (MBS, PBS), hospitals, and perinatal data. ALSWH provides evidence to inform policy development and the provision of health services, and to support new and revised clinical guidelines for health professionals. From April to October 2020, ALSWH collected data fortnightly from women aged 25-31, 42-47, and 69-74, capturing information about women's experiences of the COVID-19 pandemic and the impacts of associated public health measures and restrictions.

Submission summary

This submission outlines findings from the Australian Longitudinal Study on Women's Health data collected during the COVID-19 pandemic in relation to women's:

- Mental health
- Safety
- Access to services

Recommendations for policy development to address the impacts of the pandemic on women's health and to improve future pandemic responses are also presented.

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Women's mental health and the COVID-19 pandemic in 2020

- High levels of psychological distress were reported by women during the COVID-19 pandemic in 2020. Younger women were more likely to report high levels of psychological distress during the pandemic than older women [1]:
 - 36% of women aged 25-31 reported high to very high psychological distress.
 - 18% of women aged 42-47 reported high to very high psychological distress.
 - 5% of women aged 69-74 reported high to very high psychological distress.
- Women were most likely to report high levels of psychological distress if they had reported the following prior to the pandemic in 2020: poor mental health; high stress; experiences of violence; poor general health; and financial difficulty [1].
- Women were less likely to report high levels of psychological distress if they indicated that they had the following during the pandemic: social support; optimism; and resilience, compared with women who did not have these attributes [1].

Women's safety during the COVID-19 pandemic in 2020

- Interpersonal abuse during the pandemic in 2020 was experienced by [1]:
 - 12% of women aged 25-31;
 - 10% of women aged 42-47; and
 - 3% of women aged 69-74.
- Women also indicated vulnerability to abuse during the COVID-19 pandemic in 2020 [2]:
 - 13% of women reported feeling uncomfortable with someone they were close to.
 - 1% of women reported being afraid of someone they were close to.
- Women who had experienced violence prior to the pandemic were more likely than those who had not, to report high levels of psychological distress during the pandemic in 2020 (40% versus 23% of women aged 25-31, 21% versus 10% of women aged 42-47, and 8% versus 3% of women aged 69-74) [1].

Women's access to services during the COVID-19 pandemic in 2020

- Despite needing or intending to access health services since COVID-19 restrictions began, women reported delaying access to health services [3]:
 - 63% of women reported that they had needed to or had been scheduled to access health services since COVID-19 restrictions began.
 - 46% of women reported that they had delayed access to at least one health service since COVID-19 restrictions began.
- Women aged 25-31 were more likely to delay seeing a GP, mental health professional, or allied health professional than women aged 42-47 and 69-74 [3, 4].
- Women reported delaying screening tests due to the COVID-19 pandemic in 2020 [5]:
 - 8% of women reported that they had to delay a skin check;
 - 5% reported having to delay cervical cancer screening; and
 - 3% reported having to delay a mammogram.
- Qualitative findings revealed the shortfalls of perinatal health care during the COVID-19 pandemic. Pregnant women and new mothers described having routine appointments cancelled, feeling unsupported by health professionals and loved ones (i.e. due to visitor number restrictions), and feeling unprepared for pregnancy and motherhood [6].

Recommendations

- Women aged 25-31 were particularly vulnerable to mental health issues during the COVID-19 pandemic in 2020. Further research is warranted to understand the ongoing mental health impact of the pandemic for this age group. In addition, future responses to pandemics and, more broadly, national emergencies should consider the vulnerability of the mental health of young women and develop policy and programs specific to this age group.
- Future responses to national emergencies should consider the protective effect of social support on mental health and identify those most at risk of minimal social connectedness (e.g. those who live alone). The development of initiatives and programs to foster social networks in lockdown conditions should be explored.
- Several risk factors were associated with poorer mental health among women during the COVID-19 pandemic. For future responses to national emergencies, it is recommended that

past research be used to identify women who are at increased risk of poor mental health (e.g. women with a history of violence, poor mental health, high stress, poor general health, and financial difficulty) and provide support specifically designed for these women.

- Restrictions imposed during the COVID-19 pandemic may have increased experiences of violence for those women who were in lockdown with a perpetrator, and also limited women's ability to safely leave violent situations. There is a need to understand how these situations could be prevented and addressed during national emergencies.
- Women delayed access to health care services and routine screening during the pandemic. Further research is needed to continue examining service use trends and determine the short-term and long-term impacts of such delays. The development of a public health campaign to encourage catching up on preventive screening activities should be considered.
- Pregnant women and new mothers felt neglected during the COVID-19 pandemic. Future pandemic responses should focus on improved systemic support so that the perinatal health workforce can increase outreach for pregnant women and new mothers via the health system.
- An extensive range of data have been collected from Australians during the COVID-19 pandemic. Future pandemic response plans should draw on existing datasets and studies, such as the Australian Longitudinal Study on Women's Health, to inform strategies and improve pandemic and national emergency preparedness.

References

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