Submission: emerging mental health curriculum framework for undergraduate health degrees

30 April 2025

Women's Health Victoria

Women's Health Victoria's submission to the *Public consultation on an emerging mental health curriculum framework for undergraduate health degrees*

Women's Health Victoria (WHV) thanks The Department of Health and Aged Care (the Department) for the opportunity to consult on the development and implementation of a mental health framework for undergraduate health degrees.

WHV is a statewide, feminist, not-for-profit leading the pursuit of gender equity in health. We work with government, the health sector and the community to create better health outcomes for women (cis and trans inclusive) and gender diverse people. We deliver vital support services and empowering health information to the community, share evidence and recommendations to challenge bias in the health system, and build capacity in the health sector to achieve equitable health outcomes.

We share the Department's view that building the wider healthcare workforce's capability to identify, respond to, refer or support the mental health of people in their care is an urgent priority, and commend the Department for commissioning this work.

We have accepted Deloitte's invitation to provide our response via email by 30 April 2025 rather than completing the online survey. Our comments are organised by the online survey questions.

Question 1. What activities would be needed to support the development of any mental health curriculum framework?

Recommendation 1: Embed a gender-responsive approach in the development of a mental health curriculum framework in undergraduate health degrees.

Gender disparities in mental health are significant. Cisgender women are almost twice as likely as cisgender men to experience mental ill-health and distress due to a mix of physiology and gender-based social inequity (Yu, 2018), while rates of mental ill-health and distress are even higher among trans and gender diverse people (Hill et al., 2021). Women and gender diverse people also have differing experiences of the mental health system when compared to cisgender men, attributed to insufficient medical research, medical misogyny and other gender-based social inequity that pose barriers to service access.

Despite this, meaningful inclusion of mental health lived experience is missing from mental health research, education and services, and the needs and experiences of women and gender diverse people experiencing mental ill-health and distress continue to be undervalued.

Therefore, it is vital that a gender-responsive approach is embedded in the development of a mental health curriculum framework in undergraduate health degrees.

To achieve this, WHV recommends the bodies responsible for developing the framework:

- undertake extensive community engagement with women and gender diverse people who have lived and living experience of mental ill-health and distress, with a particular focus on drawing on experiences of mental health service use

- co-design and co-produce the curriculum framework with women and gender diverse people within the mental health peer/lived experience workforce, who are trained and supported to draw on their mental health lived and living experience to inform education design and development (Roper, Grey & Cadogan, 2018)

- understand and embed into the curriculum framework intersectional feminist and anti-oppressive frameworks. This includes building understanding of the barriers that marginalised individuals and communities face to mental health service engagement and access (e.g. stigma, bias and pathologisation of people experiencing mental ill-health and distress, financial inaccessibility of services, systemic and attitudinal transphobia and homophobia, gender inequality, systemic and attitudinal racism, settler colonialism, economic or educational disadvantage)

- understand and embed into the curriculum the *Life Course Health Development Framework* (Halfon & Hochstein, 2002), which illustrates how people's long-term health outcomes are the product of cumulative risk factors, protective factors and life experiences.

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Question 2. What types of mental health-related competencies should be included in any mental health curriculum framework (noting these should apply to all health professions in scope)?

Recommendation 2: Increase healthcare worker competencies in:

- **understanding intersectional social determinants of health across the life course**
- **working with and alongside the mental health lived experience workforce**
- **responding to experiences of mental ill-health and distress**
- **applying trauma-informed frameworks when responding to healthcare service users experiencing mental ill-health and distress.**

A gender-responsive approach involves understanding how both physiology and gender inequality can impact and influence mental health and experiences of mental health care and using this knowledge to improve services and support. The biomedical model, which emphasises physiological reasons for mental ill-health, remains dominant within Australia's health system. This means there is poor understanding of the impact of gender inequality on mental health among health professionals and support services. In particular, the complex relationship between gendered violence, trauma and mental ill-health is poorly understood and addressed (VMIAC, 2020). This influences service and practitioner responses to women and gender diverse people presenting with mental ill-health or distress.

The mental health curriculum framework must increase healthcare worker competencies in understanding and addressing:

- the influence of social determinants of health including gender inequality and gender-based violence and how these influence mental health and wellbeing and access to mental health supports

- the varied and compounding experiences and needs of people experiencing mental ill-health and distress across the life course (see, e.g., the *Life Course Health Development Framework* referred to in response to Question 1)

- the intersectional and compounding impacts of racism, colonisation, transphobia, homophobia and ableism on mental health

- understanding the importance of championing and working alongside the mental health lived experience workforce in the provision of multidisciplinary healthcare for people experiencing mental ill-health or distress within healthcare settings.

In addition, the curriculum needs to develop healthcare worker skills and confidence to:

- appropriately respond to experiences of mental ill-health and distress

- connect health service users with mental health support or services

- apply anti-oppressive and trauma-informed frameworks when responding to healthcare service users experiencing mental ill-health and distress (Victorian Department of Families, Fairness and Housing, 2022).

Question 3. What are some effective ways to teach mental health-related competencies in undergraduate education and training settings?

Recommendation 3: Prioritise understanding of the impact of social determinants and structural factors on mental health and access to care as a foundational skill.

Inequities in social determinant outcomes contribute to the increased levels of mental ill-health and distress experienced by women and gender diverse people. Social determinants of mental health include a person's level of access to stable housing, employment, income, education, and health and community services. Social determinants of health can also include early life experiences, social inclusion or exclusion, social support, experiences of addiction, level of food security and access to transport. Social determinants can impact a person's mental health and levels of distress, and conversely, inequities in social determinant outcomes tend to overwhelmingly affect people who experience mental ill-health (VMIAC, 2021).

WHV's capacity building work is focused on strengthening the workforce's ability to deliver gender-responsive health care by deepening understanding of the gendered drivers of mental ill-health and distress and the gender-based experiences of women and gender diverse people that may result in mental ill-health and distress. When delivering WHV training and capacity building projects to healthcare workers, our focus is on reflecting how social and structural factors influence health inequity, and the impact of social inequity on health and mental health outcomes for individuals and communities.

WHV recommends that training be integrated into undergraduate health degrees on:

- how social determinants and systems influence inequity, and
- the resulting impact on health and mental health for individuals and communities.

Building healthcare worker understanding of the social determinants of health and how these relate to mental ill-health and distress is vital to providing anti-oppressive and person-centred healthcare that is responsive to people experiencing mental ill-health or distress. Embedding knowledge of social determinants and structural inequity as

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foundational skills allows for students to dedicate time to understanding the social determinants of health and apply the principles alongside other mental health competencies within the curriculum.

Question 4. Do you have any considerations in relation to interdisciplinary training or practice that could have implications for this piece of work?

Recommendation 4: Review specialist training initiatives for health workforces across the country that develop skills and practice in areas addressing the intersection of gender-based inequity and mental ill-health and distress, including in:

- **family and sexual violence-informed practice**
- **trauma-informed practice**
- **culturally responsive practice**
- **LGBTIQA+ inclusive and affirming practice**

A biopsychosocial approach to mental ill-health means moving away from a biomedical model to a broader view of women's and gender diverse people's mental ill-health and distress that recognises and addresses social harms and inequities. This creates practice opportunities that extend beyond treating 'dysfunction' and 'symptoms'.

An important component of undergraduate training that addresses mental ill-health among women and gender diverse people is the integration of collaborative approaches across sectors, including collaboration with and referrals to the family violence and sexual assault response, housing and homelessness, and alcohol and other drug sectors.

This requires interdisciplinary training to include opportunities for cross-sector placements – for example, between mental health and family violence services or mental health and disability services – to support workers across different sectors to be able to provide or facilitate more holistic and integrated care.

Engaging students with existing standardised evidence-based programs that build interdisciplinary knowledge and skills will enable the wider health workforce to best support healthcare service users experiencing mental ill-health or distress.

WHV recommends a review be undertaken of specialist training initiatives for health workforces across the country:

- to identify promising initiatives that warrant further investment and roll-out into undergraduate health degrees,

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- to ensure that all health workforces receive appropriate training in providing person-centred care to people within healthcare and community health settings.
- WHV recommends particular focus is placed on training to develop skills and practice in areas addressing gender-based inequity strongly correlated with mental ill-health and distress.

Family and sexual violence-informed practice

WHV recommends a review be undertaken of family violence training initiatives for health workforces, to ensure that all health workforces receive appropriate training in responding to people who may have experienced or be experiencing family or sexual violence.

People who have experienced or are experiencing family or sexual violence are more likely to be experiencing mental ill-health or distress resulting from their experience of violence and bring these experiences with them when they engage with the healthcare system and community health settings. As such, a foundational understanding of family and sexual violence is imperative to supporting women and gender diverse people in healthcare and community settings.

Some examples of existing training include:

- Safe + Equal provide nationally accredited *Recognise and respond* training designed to build the understanding, knowledge and skills required to identify and respond to the needs of people who may be experiencing family violence. Link:

- Safe + Equal provide training to build practitioner understanding of the MARAM Framework in Victoria, and their role in recognising and responding to disclosures of family violence in health settings such as hospitals and general practice.

- The RACGP provide resources and professional development programs on family violence for general practitioners

Trauma-informed practice

WHV recommends a review be undertaken of trauma-informed practice resources and training initiatives.

The experience of trauma often affects if and how women and gender diverse people seek help and support within healthcare systems and community settings. Positive experiences of relationships are central to trauma recovery. The integration of trauma-informed practice into a mental health curriculum framework for undergraduate health students would support positive relationship building between patients and healthcare providers, resulting in women and gender diverse people feeling safe and building trust with their healthcare providers, accessing support for distress and mental ill health as needed, and ultimately supporting trauma recovery.

An example includes:

- [Blue Knot](#) provide training programs and courses focussed on trauma-informed practice and complex trauma for individuals.

Culturally responsive practice

WHV recommends a review be undertaken of culturally responsive practice resources and training initiatives, with a focus on understanding the intersections of culture, ethnicity, race and gender to better supporting migrant and refugee women's health and wellbeing.

Some examples include:

- [Multicultural Centre for Women's Health](#) provide training focused on increasing understanding on the intersections of culture, ethnicity, race and gender.
- The [Centre for Culture, Ethnicity and Health](#) provide training designed to enhance cross-cultural communication when working with migrant and refugee communities.

LGBTIQA+ inclusive and affirming practice

WHV recommends a review be undertaken of LGBTIQA+ inclusive and affirming practice resources and training initiatives, with a focus on supporting LGBTIQA+ people within health and mental health settings.

Sexuality, sex and gender diverse (LGBTIQA+) people are more likely to experience mental ill-health and distress when compared to cisgender heterosexual communities. Any mental health curriculum framework developed for undergraduate health students must therefore be responsive to the needs and experiences of LGBTIQA+ people.

Some examples include:

- [Rainbow Health Australia](#) provide general LGBTIQA+ affirmative interpersonal skills training focussed on increasing knowledge and confidence in working with sexuality, sex and gender diverse individuals and communities.
- [Switchboard Victoria](#) provide training focussed on the mental health experiences of LGBTIQA+ individuals and communities, targeted at workers within health and community settings.
- [Thorne Harbour Health](#) provide training focussed on LGBTIQA+ affirming practice, targeted at workers within health and community settings.

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Question 5. What activities would be needed to support the implementation of any mental health curriculum framework?

Recommendation 5: Ensure the mental health curriculum framework includes standardised training and practice guidance, and consideration of how these skills might interface with organisational policies and practices, to support healthcare workers to provide consistent gender-responsive care.

Learning frameworks are only valuable if the knowledge and skills can be properly implemented. This requires:

- **Standardised training** for healthcare workers in the capabilities outlined in Questions 3 and 4, with support to apply skills considering their role within the health system.

- **Practice guidance** to support implementation of new ways of working, consistent practice and supervision.

- **Organisational leadership** to ensure organisational policies and practice create an enabling environment for improved ways of working to be implemented.

- **Resourcing** to enable staff to implement gender-responsive practice.

Capability building also needs to be responsive to emerging needs and issues within the sector. For example, the increasing reliance on telehealth requires health workforces to receive training on screening remotely for mental ill-health and family violence (WMHA 2021a).

There currently exist training programs that can be integrated into the proposed mental health curriculum for undergraduate health students, which support standardisation of training. For example:

- WHV's online learning module *Gender responsive mental health care* designed to develop foundational knowledge of how sex and gender shapes mental health experiences, treatment, and outcomes (WHV, 2025). The course provides an overview of the differences between biomedical and social models of mental health, with a focus on gender's role in shaping diagnosis and care.

- LivingWorks offers evidence-based programs designed to span a continuum of mental health safety skills, incorporating common language, philosophy and approaches to mental health support (LivingWorks, 2025). These programs also help learners to understand their role in providing mental health support, and in creating mental health safety networks within services, communities and workplaces.

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WHV is available to provide consultation and content development to build knowledge of the key principles of gender-responsive practice, including trauma-informed care, the importance of mental health lived experience, and skills in applying an intersectional approach to practice.

Question 6. What else might be happening in your sector/area of expertise that could have implications for this piece of work?

Recommendation 6: Engage experts with demonstrated experience in implementing gender-responsive mental health capacity building initiatives across state, not-for-profit and community-controlled organisation levels.

In Victoria, there has been significant reform work to build a better mental health and wellbeing system based on the recommendations of the Royal Commission into Victoria's Mental Health System. Recommendations 57 & 58 focus on addressing challenges in the mental health workforce and led to the development of *Victoria's Mental Health and Wellbeing Workforce Strategy 2021-24* (Victoria. Department of Health 2021). Action area 2b of the strategy highlights the importance of 'embedding a system-wide capability focus' to promote consistency across disciplines and services to deliver cohesive multidisciplinary care, including whole-of-workforce skills and skills specific to disciplines and service settings.

At WHV, and in our role as convenors of the Women's Mental Health Alliance (WHMA), we have published work that can guide mental health specialists and non-specialists in applying a gender lens to their work. This content can inform the development of the mental health curriculum framework and is relevant for all professions learning skills to provide mental health support.

Relevant work that we have published includes:

- [Towards a gendered understanding of women's experiences of mental health and the mental health system](#) (Barr M et al., 2023)

- [Victorian Mental Health and Wellbeing Workforce Strategy Forum: summary report: response from the Women's Mental Health Alliance](#) (Women's Mental Health Alliance, 2021c)

- [Gender analysis of recommendations from the Royal Commission into Victoria's Mental Health System](#) (Women's Mental Health Alliance, 2021a)

- [Towards gender transformative change: a guide for practitioners](#) (Varley & Rich, 2019)

In addition, WHV offers an introductory online course *Gender responsive mental health care* (referenced in the response to Question 5), which can support undergraduate health students in the application of gender-responsive mental health skills. This online course could be embedded within new or existing curriculum frameworks at universities to support gender-responsive mental health care.

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