Women's Health Vic

Issues Paper 18

Promising practices in gender-responsive mental health care

Insights from the Victorian sector

December 2025

Acknowledgement of Country

Women's Health Victoria acknowledges the Traditional Owners of the land we work on. We pay our respects to their Elders past and present and acknowledge their continued custodianship of these lands and waters.

We recognise that sovereignty was never ceded and that we are the beneficiaries of stolen land and dispossession, which began more than 230 years ago and continues today.

Women's Health Victoria 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 to the community and empowering health information. We share evidence and recommendations to challenge bias in the health system. We build capacity in the health sector to achieve equitable health outcomes.

Our commitment to gender diversity

Women's Health Victoria's focus is women (cis and trans inclusive) and gender diverse people. We address gendered health issues and are committed to supporting all people impacted by gender inequity who can benefit from our work.

As a proud intersectional feminist organisation, Women's Health Victoria is working towards meaningful inclusivity, guided by and supporting people who identify as women, trans, intersex and gender diverse. We will seek and value feedback and be accountable to our partners and stakeholders from diverse communities.

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Glossary

Table A Core gender-responsive principles in mental health

Principles	Definition	What does this mean for gender-responsive mental health care?
Address the social determinants of health	Understand how factors such as housing, employment, discrimination, and social connections influence health and wellbeing.	Attention to how these determinants interact with gendered patterns of labour, caring roles, exclusion, and stigma.
Adopt a life course approach	Recognise that health needs change over time and that interventions should be responsive to experiences across the lifespan.	Understand how gender shapes risk, roles, and access to support at different life stages and the impact on mental health and wellbeing.
Lived and living experience and expertise	Ensure that those most affected by health challenges have a meaningful voice in shaping policies, programs, and practices.	Elevate voices of those whose mental health and experiences of mental health care are most impacted by gendered inequities.
Person-centred care	Health care providers place the individual's safety, dignity, and personal agency at the forefront of every interaction, ensuring that each person's unique needs, values, and preferences guide all aspects of support.	Recognise how gender norms and power dynamics shape people's autonomy, help seeking, and experiences of mental health care.
Trauma- and violence-informed care	Health care providers recognise and acknowledge the effects of trauma and violence and create an environment that fosters an atmosphere of empathy, awareness, and emotional and physical safety for those seeking support.	Acknowledge the disproportionate and patterned forms of violence affecting the mental health and wellbeing of women, and that healing cannot begin until the violence ends.

Executive summary

Purpose of the paper

This paper explores the ongoing reform of Victoria's mental health system, placing particular emphasis on the experiences of women and gender-diverse people. By doing so, the aim is to promote mental health care that is equitable, inclusive, and sustainable for all individuals, regardless of gender identity. Central to the paper is a call for policymakers, health services, and sector stakeholders to make gender-responsive principles a foundational element of mental health system reform.

Methodology

The paper draws on sector-nominated case studies and a 2024 desktop review of relevant literature to give context and highlight evidence gaps. A roundtable held in September 2025 brought together 23 people from 14 mental health organisations in Victoria to confirm the findings and consider the policy implications of these promising practices.

Summary of key insights and recommendations

Key insights

- Address systemic and structural barriers
- Recognise and address intersectionality and representation
- Involve lived and living experience and expertise
- Extend prevention and promotion across social, community and economic interventions
- Service delivery models play a key role in achieving better patient outcomes
- System reform is needed to maintain progress

Recommendations

1. Embed intersectional gender-responsive principles in all mental health policies, programs, and services.
2. Centre lived and living experience and expertise in co-design, leadership, and evaluation.
3. Strengthen and adequately resource community-based, culturally safe, and accessible services for priority populations.
4. Address structural and systemic drivers of poor mental health, including poverty, housing, discrimination, and gender-based violence.
5. Advance system-level reform through gender impact assessments, leadership accountability, and cross-sector partnerships.

Key insights

The key insights identified in this paper highlight the importance of addressing structural barriers, valuing lived and living experience and expertise, and ensuring intersectional, gender-responsive approaches throughout the mental health system.

- **Address structural and systemic barriers:** Factors like poverty, insecure housing, discrimination, and gender-based violence are associated with mental health difficulties. Tackling these issues is crucial for achieving substantial improvements in mental health reform.
- **Recognise and address intersectionality and representation:** Programs must respond to diverse and compounding barriers across age, culture, sexuality, disability, and migration status.
- **Involve lived and living experience and expertise:** Genuine co-design with people who have lived and living experience and expertise is vital. Their expertise should inform all aspects of policy, planning, and practice, moving beyond tokenistic involvement to meaningful leadership and accountability.
- **Extend prevention and promotion across social, community and economic interventions:** Health promotion initiatives must extend beyond formal mental health programs to include social, community, and economic interventions. Promising practices include culturally responsive education, size-inclusive approaches, and anti-racism initiatives.
- **Service delivery models play a crucial role in achieving better patient outcomes:** Person-centred, trauma- and violence-informed, and choice-based models improve care experiences and outcomes. Expanding and resourcing public, community-based, and low- or no-cost services is crucial for accessibility, especially for those facing financial hardship.
- **System reform is needed to maintain progress:** Achieving effective structural change requires robust policy development, rigorous gender impact assessments, and multi-sector collaboration. Without structural change at the policy, governance, workforce, and funding levels, gains achieved through programs and services risk being fragmented or unsustained.

Recommendations

Recommendation 1: Embed intersectional gender-responsive principles in all mental health policies, programs, and services.

- **1.1 For policy makers:** Ensure that legislation, funding frameworks, and strategic plans require gender-responsive and intersectional approaches across the mental health system, and foster coordinated efforts across relevant sectors to address complex challenges.
- **1.2 For health service leaders:** Integrate these principles into service design, delivery, and evaluation at the organisational level.

Recommendation 2: Centre lived and living experience and expertise in co-design, leadership, and evaluation.

- **2.1 For health service leaders:** Establish co-design processes and leadership roles for people with lived and living experience and expertise, ensuring their expertise shapes all aspects of service planning and delivery.
- **2.2 For community organisations:** Partner with people with lived and living experience and expertise to co-design and deliver programs, and ensure their voices are central in evaluation and advocacy.

Recommendation 3: Strengthen and adequately resource community-based, culturally safe, and accessible services for priority populations.

- **3.1 For policy makers:** Ensure adequate funding and resourcing for mental health services that are specifically designed to meet the diverse needs of local communities.
- **3.2 For health service leaders:** Expand and adapt services to meet the needs of priority populations, including Aboriginal and Torres Strait Islander peoples, people with disabilities, and those from migrant and refugee communities.
- **3.3 For community organisations:** Develop and deliver programs that are tailored to the unique needs of local communities, prioritising cultural safety and accessibility.

Recommendation 4: Address structural and systemic drivers of poor mental health, including poverty, housing, discrimination, and gender-based violence.

- **4.1 For policy makers:** Develop and implement cross-sector policies that tackle the root causes of mental ill-health.
- **4.2 For community organisations:** Advocate for and participate in initiatives that address the broader determinants of mental health at the community level.

Recommendation 5: Advance system-level reform through gender impact assessments, leadership accountability, and cross-sector partnerships.

- **5.1 For policy makers:** Mandate the use of gender impact assessments in all mental health initiatives and establish mechanisms for leadership accountability and collaboration across government and sectors.

1. Background: exploring gender-responsive experiences in mental health

In 2024, Women's Health Victoria published the second edition of '*Towards a gendered understanding of women's experiences of mental health and the mental health system*' (Barr et al. 2024). This issues paper outlined the structural, cultural and service-level barriers that prevent women and gender-diverse people from receiving safe, equitable and effective mental health care. It highlighted how gender-blind systems can perpetuate harm, ignore experiences of violence and trauma, and fail to address the social determinants of women's mental health. The paper concluded with a commitment to explore what mental health and wellbeing could look like in the absence of these barriers.

This Issues Paper aims to illustrate what gender-responsive mental health care looks like in practice and to highlight approaches that can inform system-wide reform. The paper showcases initiatives that place lived and living experience and expertise at the centre, embed intersectional approaches, and address the diverse needs of women and gender-diverse people. It seeks to demonstrate how gender-responsive frameworks can enhance the design, delivery, and outcomes of mental health programs and services. In addition, the paper encourages policymakers, health services, and sector stakeholders to adopt gender-responsive principles as a core component of mental health system reform, ensuring that policies and programs are equitable, inclusive, and sustainable.

Core principles of gender-responsive mental health care

Central to best-practice gender-responsive mental health care are several core principles described by Barr et al. (2024).

Firstly, addressing the social determinants of health by understanding how factors such as housing, employment, discrimination, and social connections all play a significant role in shaping people's health and wellbeing (Australian Institute of Health and Welfare 2024). This requires attention to how these determinants interact with gendered patterns of labour, caring roles, exclusion, and stigma.

Second, a life course approach is central, recognising that health needs change over time and that interventions should be responsive to experiences across the lifespan (Barr et al. 2024). For gender-responsive mental health care, this involves understanding how gender shapes risk, roles, and access to support at different life stages and the impact on mental health and wellbeing.

Third, services are co-designed with people with lived and living experience, ensuring that those most affected by health challenges have a meaningful voice in shaping policies, programs, and practices (Byrne et al. 2021). This includes engaging lived and living experience leaders, collectively referred to in this paper as 'lived and living experience and expertise', who can guide service design and delivery in ways that advance lived experience perspectives and contribute to system and organisational reform (Victoria.

Department of Health 2025a). This means elevating voices of those whose mental health and experiences of mental health care are most impacted by gendered inequities.

Fourth, person-centred care means that health care providers place the individual's safety, dignity, and personal agency at the forefront of every interaction, ensuring that each person's unique needs, values, and preferences guide all aspects of support (Coulter & Oldham 2016). In gender-responsive mental health care this includes recognising how gender norms and power dynamics shape people's autonomy, help seeking, and experiences of mental health care.

Finally, trauma- and violence-informed care ensures that health care providers recognise and acknowledge the impacts of trauma and violence, and create an environment that fosters an atmosphere of empathy, awareness, and emotional and physical safety for those seeking support (Hegarty et al. 2017). In gendered contexts, this requires acknowledging the disproportionate and patterned forms of violence affecting women and gender-diverse people, and that healing cannot begin until the violence ends.

Together, these principles define what is meant by gender-responsive care in this paper and underscore their importance in delivering equitable, effective, and sustainable mental health care (refer **Glossary Table A** for summary of principles).

Exploring gender-responsive approaches across Victoria

This paper was developed through the collection of case studies nominated by the sector and complemented by a desktop review of existing literature and reports in 2024. While the desktop review did not yield substantial new material, it helped situate the examples within the broader knowledge base. A roundtable was then held with mental health sector representatives in September 2025 to validate the case studies and discuss policy and practice implications. A total of 44 sector organisations were invited, with 23 participants from 14 organisations across Victoria attending the session.

To capture the different levels at which gender-responsive mental health care can occur, the analysis was grouped into three categories: mental health promotion, service delivery and system reform. Priority was given to case studies that specifically address the needs of women and gender-diverse people facing multiple, intersecting forms of disadvantage. The paper highlights examples that offer valuable insights or innovative models with potential to guide future reforms in the mental health system.

Methodology and interpretation

This paper provides an overview of gender-responsive mental healthcare initiatives, rather than an exhaustive evaluation of all programs across Victoria. The case studies included are limited to those nominated by the sector and may not capture emerging or less visible initiatives. Similarly, the desktop review was constrained by the availability of publicly accessible information, meaning that some effective practices may not have been documented, reported, or published in peer-reviewed literature. As a result, there are relatively few references cited.

The analysis assumes that the examples selected are broadly representative of the types of interventions being implemented. While efforts were made to validate findings through sector consultation, the perspectives of participants may reflect specific organisational contexts or priorities and not the full diversity of experiences across the state. A summary of key observations on Victoria's mental health reform should be read in this context (refer **Box 1**). Additionally, consideration was given to the involvement of people with lived and living experience and expertise, First Nations cultural safety, cultural appropriateness, and the potential for scalability, but these aspects may be under-reported. Readers should interpret the findings as indicative of trends and potential approaches, rather than definitive evidence of impact.

Box 1: Observations on Victoria's mental health reform

Since the conclusion of the Royal Commission into Victoria's Mental Health System in March 2021, the Victorian government has pursued an ambitious reform agenda. The aim has been to implement all 65 recommendations and embed lived and living experience and expertise throughout the mental health system. The Royal Commission set a 10-year timeline for implementation, with reforms planned for roll-out in stages to ensure comprehensive transformation.

Sector participants at the roundtable have observed a shift in energy around the ongoing reform. This change is largely due to the sheer scale of the reforms and the fragmented way in which they are being implemented. Notably, participants highlighted that the reform process has not consistently adopted a gender-responsive approach, resulting in gaps in addressing the specific needs of women and gender-diverse people. At a macro level, changes have often occurred in silos, with limited overarching policy foundations to guide the process. This siloed approach has made it difficult for the sector to anticipate the direction of reform and to coordinate efforts effectively.

Without strong policy foundations, the risk is that reforms may remain disconnected and fail to address the broader needs of the system. As new and emerging issues arise, a narrow focus on implementing only the Royal Commission's recommendations may lead to missed opportunities to adapt and respond to new and emerging challenges. In the context of an economic downturn, there is a clear opportunity to strategically strengthen policy foundations. Doing so would reinforce system stability and ensure that reforms are flexible and responsive to the needs of women and gender-diverse people throughout the implementation timeline.

2. Health promotion and prevention: promoting wellbeing at every stage of life

Section summary

These case studies demonstrate how health promotion can move beyond awareness-raising or individualistic health literacy programs to actively strengthen community capacity. By embedding intersectional approaches that prioritise gender equality, partnering with bilingual health workers, and incorporating lived and living experience in programs, health promotion initiatives can strengthen communities and reshape how services are delivered. The overlap between health promotion initiatives and service delivery not only strengthens community capacity but also ensures that women and gender-diverse people can more readily access timely, responsive mental health care. This integrated approach is essential for building a more equitable and effective mental health system.

Effective mental health promotion refers to efforts that support wellbeing, reduce risk and address the social determinants of mental health. From a gender-responsive perspective, this means tackling structural and cultural drivers of ill-health and distress such as gender inequality, racism, migration-related inequities, financial insecurity and social isolation, while promoting protective factors like social connection and inclusion. Gender-responsive health promotion initiatives are preventative rather than reactive, and grounded in principles such as lived and living experience and expertise, co-design, trauma- and violence-informed care, intersectionality, and cultural safety. Importantly, they create environments where people can thrive by shifting community norms, embedding gender and racial equity into everyday spaces, and addressing structural barriers in the health system.

The importance of representation and funding

Participants at the roundtable highlighted the critical importance of ensuring that mental health initiatives are inclusive of people from a wide variety of backgrounds. Equitable outcomes depend on the active representation of individuals across all ages, cultures, genders, sexualities, disabilities, and migration experiences. This diversity in representation is essential to designing and delivering mental health supports that are responsive to the unique needs of different communities.

Significant challenges were noted at the roundtable for people living in rural and remote areas. These populations often face additional barriers such as limited availability of services, increased travel distances to access care, and greater risks of social isolation. These factors can make it significantly more difficult for individuals in these communities to obtain timely and appropriate mental health support.

Furthermore, roundtable participants identified the sustainability of community-based mental health initiatives as a recurring challenge. Many such programs are vulnerable to inconsistent or insufficient funding, which threatens their ongoing operation. When community initiatives are forced to close due to funding shortfalls, significant service gaps can emerge. These gaps disproportionately affect communities already experiencing disadvantage or marginalisation, having a lasting and profound impact on their overall wellbeing.

Our research found that there are still significant gaps in access to culturally safe and gender-responsive programs, especially those designed for priority populations such as Aboriginal and Torres Strait Islander people. This finding directly connects to the broader discussion in the following section, which highlights the importance of strengthening community knowledge and connections as a catalyst for more equitable and effective mental health outcomes.

Intersecting factors shape wellbeing

Intersecting factors such as gender, culture, and migration status, play a critical role in influencing wellbeing and should be central considerations in the design and delivery of mental health initiatives, and in all government policy making. Intersecting identities and experiences interact with social, economic, cultural, environmental and structural determinants across the life course. These determinants include, but are not limited to, stable housing, food security, employment, and exposure to climate change and disasters. Together, they can shape mental health and wellbeing by either offering protective support or compounding vulnerability.

Exposure to climate change and disasters is increasingly recognised as a significant determinant of mental wellbeing (Hayes et al. 2018). Such events can disrupt housing, employment, and food security, while also intensifying stress and vulnerability, particularly for women and gender-diverse people who may already face systemic disadvantage.

Challenges encountered early in life, such as economic deprivation or insecure housing, can accumulate upon each other and enhance risk for adverse mental health in later adulthood and older age (Kirkbride et al. 2024). Insecure housing is increasingly recognised as a risk factor for women across all stages of life, not just in childhood, with homelessness posing significant threats to their safety and wellbeing. There is a critical need for stronger integration between mental health promotion and economic policy, particularly through greater investment in affordable housing for women at every life stage. Supporting women's access to secure housing could play a preventative role, reducing the likelihood that they will need to enter the mental health system in the first place.

It is important to recognise that policies related to economic participation are intertwined with broader social structures and expectations. Without a gender-responsive lens, government initiatives (such as job seeker programs that encourage women into employment) can inadvertently intensify mental health challenges for women. Many families still operate within rigid gender roles, meaning that household chores and caregiving responsibilities are not shared equally. When women are expected to fulfil both

paid work obligations and unpaid domestic duties, the resulting pressures can significantly increase stress and negatively impact their mental wellbeing.

Participants at the roundtable highlighted the absence of programs targeting gender-related economic insecurity in mental health. To address these issues, extensive upstream work is needed, to foster understanding and commitment to gender equality within households. This involves educational initiatives that highlight the importance of sharing domestic responsibilities and supporting gender equal parenting practices. By equipping parents and caregivers to raise boys and young men who are prepared to actively participate in gender equal households, these efforts can lay the groundwork for more effective and equitable policy outcomes that support women's mental health and wellbeing. In Victoria, programs such as the Respectful Relationships curriculum (Victoria. Department of Education and Training 2025) and organisations such as Respect Victoria are advancing gender equality (Respect Victoria 2025).

Taking a life course perspective enables policymakers and practitioners to address these interconnected determinants of health, preventing cumulative disadvantage and maximising long-term wellbeing (Alegría et al. 2018). At the roundtable, participants emphasised the importance of adopting a life course approach to mental health promotion and prevention. Programs do not need to be explicitly labelled as "mental health" initiatives to deliver meaningful outcomes; for instance, parenting classes, cultural circles, and menopause support groups can strengthen wellbeing by fostering connection and validation. By including case studies that are not formally classified as mental health programs, this paper captures intersecting initiatives that all impact mental health, including primary prevention of violence, health promotion initiatives, as well as gender equality advocacy and capacity building.

Strengthening community knowledge and connections

This section highlights how strengthening community knowledge and connections can serve as a catalyst for more equitable and effective mental health outcomes.

The Building Bridges research and advocacy project by the Multicultural Centre for Women's Health (MCWH) illustrates these principles in practice (refer **Case study 1**). Drawing on an intersectional feminist approach, MCWH documented the mental health experiences of migrant and refugee women and gender-diverse people, uncovering barriers and enablers to support. The project engaged 99 participants from 21 cultural groups through bilingual share circles, provider interviews and communities of practice forums. Key findings highlighted how migration experiences, systemic inequities, and gender norms intersect to shape mental health outcomes. In response to the project findings, MCWH developed culturally appropriate training modules, translated resources such as "Where do I go for mental health support?", and delivered bilingual education sessions that build trust, strengthen community knowledge, and improve navigation of the mental health system. This work is now scaled nationally through the "Health in My Language" program which demonstrates how culturally responsive, co-designed initiatives can promote wellbeing, embed equity and strengthen prevention at scale.

Another example of prevention in action is the Baby Makes 3 program which addresses gender inequality in the transition to parenthood (refer **Case study 2**). Developed and delivered in partnership with local government, the program works with new parents to challenge rigid gender roles, promote respectful relationships, and support equitable parenting practices. While not a mental health program in name, Baby Makes 3 fosters protective factors such as stronger relationships, reduced stress and greater social connection; all of which are critical for women's and families' mental health and wellbeing. Like Building Bridges, it demonstrates how prevention-focused, gender-responsive initiatives in community settings can lay the groundwork for healthier relationships resulting in better mental health and wellbeing. Additional upstream examples include the Size-Inclusive Practice by Women's Health in the South East and The Taking Action to Combat Racism Research project by Women's Health East (refer **Case study 3** and **Case study 4**).

Key recommendations

Recommendation 1: Embed gender-responsive principles and intersectionality in all mental health policies, programs, and services.

- **1.1 For policy makers:** Ensure that legislation, funding frameworks, and strategic plans require gender-responsive and intersectional approaches across the mental health system, and foster coordinated efforts across relevant sectors to address complex challenges.
- **1.2 For health service leaders:** Integrate these principles into service design, delivery, and evaluation at the organisational level.

Recommendation 2: Centre lived and living experience and expertise in co-design, leadership, and evaluation.

- **2.1 For health service leaders:** Establish co-design processes and leadership roles for people with lived and living experience and expertise, ensuring their expertise shapes all aspects of service planning and delivery.
- **2.2 For community organisations:** Partner with people with lived and living experience and expertise to co-design and deliver programs, and ensure their voices are central in evaluation and advocacy.

Case study 1: Building Bridges project

Organisation: Multicultural Centre for Women's Health (MCWH)
Location: Victoria (expanded nationally in 2025)
Timeline: 2022-2023

The Multicultural Centre for Women's Health undertakes research on migrant and refugee women's mental health and wellbeing to generate evidence on their experiences and needs. Drawing on insights from the Building Bridges research and advocacy project, MCWH developed mental health training modules and resources that are culturally appropriate and tailored to the needs of the community. The tailored mental health education sessions are delivered to migrant and refugee women and communities through MCWH's Bilingual Health Education team.

The response

The project was conducted in three phases including nine bilingual share circles (focus groups) from 21 cultural groups across Victoria, eight interviews with key mental health and community service providers, and two Communities of Practice forums to explore intersectional approaches and discuss the emerging findings.

Based on the evidence of this project, MCWH continues to develop mental health training modules and resources that are culturally appropriate and tailored to the needs of the community. The resource "Where do I go for mental health support" was translated into community languages. Through the Bilingual Health Education team, the mental health education sessions are then run in the relevant communities.

From 2025, under the *Health in My Language Program*, MCWH has begun delivering mental health education sessions nationally. This work continues to promote gender and racial equality, support navigation of the mental health system and strengthen community understanding of mental health.

Enablers and impact

- **Embeds intersectionality:** A promising mental health and wellbeing practice needs to focus on addressing the multiple forms of disadvantage and barriers to accessing mental health services experienced by migrant and refugee families
- **Community engagement:** Building trust and strong relationships with migrant and refugee communities to encourage them to participate in the research and share their experiences actively.
- **Culturally and linguistically responsive support:** Bilingual and bicultural health workers play an important role in delivering health education sessions successfully to the communities.

Reference: Multicultural Centre for Women's Health (2023) Building Bridges: promoting mental health and wellbeing for migrant and refugee women. MCWH, Melbourne.

Case study 2: Baby Makes 3 program

Organisation: Whitehorse Community Health Service (now known as healthAbility)
Location: Victoria
Timeline: 2011 (ongoing)

The transition to parenthood is a significant milestone for many couples, often anticipated with joy and excitement. However, it can also introduce challenges, including increased relationship tensions and, in some cases, the escalation of men's violence. Recognising this, the Baby Makes 3 project was established to support first-time parents by promoting mutual respect and equality in relationships. The program aims to prevent violence against women by fostering equal and healthy relationships between women and men during the transition to parenthood.

The response

Baby Makes 3 is a community-based, group program targeting first-time parents with children under 12 months of age.

- Delivered over three 2-hour evening or weekend sessions with male and female co-facilitators
- The program is designed to be culturally sensitive and inclusive, offering adaptations for Aboriginal and Torres Strait Islander, LGBTQIA+, migrant and refugee, and regional communities.
- Couples are typically recruited from local Maternal and Child Health (MCH) new parent groups.

Enablers and impact

- **Trained co-facilitators:** Sessions are led by trained male and female facilitators, enhancing engagement and participation.
- **Positive attitudinal shifts:** Couples report meaningful changes in parenting roles, increased understanding, respect, equality, and improved communication.
- **Shared parenting and reduced stress:** Engaging both parents promotes shared responsibilities and helps reduce relationship-related stress.

Reference: Flynn D (2011) Baby Makes 3: project report. Whitehorse Community Health Service Ltd. and VicHealth. Box Hill, Vic.

Case study 3: Size-inclusive practice webinar

Organisation: Women's Health in the South East (WHISE)
Location: Victoria
Timeline: 2023

Sizeism is a pervasive barrier to accessing healthcare, disproportionately affecting women and gender-diverse people. People with larger body sizes often face stigma, discrimination, and exclusion in health and community services, which can negatively impact physical and mental wellbeing. WHISE identified gaps in existing health promotion approaches, where size-related bias was unaddressed, and opportunities to embed inclusive, gender-responsive practices were limited.

The response

WHISE adopted a size-inclusive approach across its health promotion programs, including sexual and reproductive health initiatives, menopause support groups, and community engagement activities.

- In December 2023, WHISE conducted a "Size Inclusive Practice 101" webinar for service providers. The webinar focused on applying an intersectional, gender-transformative, and size-inclusive lens to improve women's health and wellbeing
- The program was led by WHISE staff and informed by lived and living experience insights, ensuring practical, inclusive strategies for participants
- WHISE also engages in advocacy with local councils to integrate size-inclusive principles into active living programs.

Enablers and impact

- **Committed leadership:** Strong leadership within WHISE ensures ongoing focus on gender-responsive and inclusive practice.
- **Community and service relationships:** Established connections with community members and local service providers strengthen engagement and program relevance.
- **Advocacy channels:** Collaboration with local councils supports influence over program design and broader community initiatives.
- **Increased sector awareness:** Service providers report improved understanding of how sizeism disproportionately affects women's health outcomes and greater awareness of the links between gender-responsive practice and mental wellbeing.

Reference: Women's Health in the South East (2023) Evaluation report: size inclusive practice 101. WHISE, Moorabbin, Vic.

Case study 4: The Taking Action to Combat Racism Research project

Organisation: Women's Health East
Location: Victoria
Timeline: 2022-2024

During the COVID-19 pandemic, there was a marked increase in reports of racism targeting Chinese Australian communities, ranging from overt verbal attacks to more subtle discrimination. These incidents had significant effects on mental health, social inclusion and access to essential services.

In 2022, Women's Health East received funding from Manningham City Council to deliver the Taking Action to Combat Racism Project. Developed in response to rising anti-Chinese racism during the COVID-19 pandemic, the two-year initiative applied a gender lens to address the specific experiences of Chinese women.

The response

The Taking Action to Combat Racism project aimed to understand Chinese women's experiences of racism and promote community resilience and inclusion. Major components of the project included:

- Research, using focus groups and survey methods (conducted in Mandarin) to gather community experiences.
- Information sessions, providing education and raising awareness of racism and supports.
- Co-design of a campaign for community engagement to reduce discrimination and build resilience.
- A Mandarin-speaking bilingual community worker facilitated a safe sharing of experiences in the focus groups.

Enablers and impact

- **Trusted communication channels:** Use of community-specific platforms such as WeChat, facilitated by bilingual and bicultural workers, enhances engagement.
- **Local support and participation:** Strong backing from Manningham City Council and active involvement of the local Chinese community strengthen program relevance.
- **Cultural safety:** Delivering sessions in Mandarin and ensuring facilitation aligns with community values fosters a safe and inclusive environment.
- **Community connection:** A community-based approach promotes belonging and social connection among Chinese women, supporting emotional wellbeing.

Reference: Women's Health East (2024) Taking Action to Combat Racism Research Report. Melbourne, Australia.

3. Service delivery: making mental health services safe and accessible

Section summary

Together, these examples demonstrate the breadth of person-centred, choice-based, and trauma- and violence-informed approaches that underpin gender-responsive mental health care. They show how focusing on safety, choice, and recovery, while recognising the specific needs of women and gender-diverse people, can shape more effective services.

However, our research highlights gaps in peer-led and community-based mental health services. There is a clear need for gender-responsive, community-driven alternatives beyond hospitals to improve access for women and gender-diverse people, as such efforts not only fill important service gaps but also lay the foundation for long-term wellbeing by fostering trust, agency, and social connection within community settings.

Service delivery refers to both the design and implementation of care programs, and how care is ultimately provided. It includes the structure of services, therapeutic environments, interpersonal relationships between clinicians and patients, and outcomes across clinical, community and hospital-based mental health settings. Gender-responsive service delivery embeds person-centred, choice-based, and trauma- and violence-informed care. It recognises that people experience mental ill-health and distress, barriers to care, and requirements for support in diverse ways that are influenced by experiences of gender inequality. These approaches are grounded in lived and living experience and expertise, and intersectionality, supporting safety, dignity, and agency at every stage of care.

Putting people at the centre of care

Centring people's experiences and choices can transform mental health care for women and gender-diverse people. The Women's Recovery Network (Wren), a public-private partnership between Alfred Health, Goulburn Valley Health, Ramsay Mental Health, and the Victorian Government, demonstrates how co-designed, recovery-oriented services can work in practice (refer **Case study 5**). Wren is being delivered across both metropolitan Melbourne and regional Shepparton. The model features a central 'hub' providing specialised care and oversight, with a connected 'spoke' service extending access to regional Victoria. It is the first public-private specialist women's mental health facility and provides inclusive care for anyone identifying as a woman through inpatient programs and hospital-in-the-home support. Participants engage in collaborative recovery planning, daily mutual help meetings, and group programs co-designed with the multidisciplinary team. People with infants are supported to keep their baby with them or use the nursery, recognising the intersection of caring responsibilities and mental health. Early feedback indicates that Wren increases choice and flexibility and fosters a safe and inclusive therapeutic environment.

Similarly, the Cabrini Women's Mental Health Hospital in Elsternwick provides a private, women-only inpatient service designed around gender-specific needs (refer **Case study 6**). Women receive personalised psychiatric assessment within 24 hours and participate in structured programs such as Empowerment Feminist Therapy, Self-Management and Recovery Training and Dialectical Behaviour Therapy. Feedback from participants highlight feelings of safety, support, and empowerment. Cabrini's model demonstrates how prioritising privacy, tailored care, and women-centred environments build trust, supports recovery, and fosters positive therapeutic outcomes, while also emphasising the importance of workforce engagement and continuity of care. It is important to recognise that private hospital services require substantial out-of-pocket costs, which can create significant barriers for women and gender-diverse people from low-income backgrounds, those on government benefits, migrants, refugees, or anyone experiencing financial hardship. This financial inaccessibility can exacerbate existing health inequities, as those who are already marginalised may be unable to access the specialist care and tailored support they need.

As such, the availability and quality of public, community-based, and low- or no-cost services are crucial for ensuring equitable mental health care. Expanding access to gender-responsive care within the public health system, such as through initiatives like Wren and Springvale Women's Prevention and Recovery Care (discussed below), helps to bridge these gaps. Such services offer inclusive, trauma-informed, and person-centred support without the prohibitive costs associated with private care, making them a vital resource for improving mental health outcomes across diverse communities.

The Springvale Women's Prevention and Recovery Care (SWPARC) service provides another example of a public, women-only inpatient program, complementing the models offered by WREN and Cabrini (refer **Case study 7**). SWPARC is designed to support women experiencing non-acute and sub-acute mental health needs, including those with complex trauma histories. The service provides short-term, intensive recovery-focused care that is co-designed with consumers and guided by trauma- and violence-informed principles. Programs include individual and group therapy, wellness planning, and parenting support for women with infants. The service emphasises safety and inclusivity, ensuring that women feel that they are collaborators in, and supported throughout, their path to recovery. Early evaluations indicate that through providing gender-responsive care, SWPARC have seen improved patient engagement with treatment, and an increase in self-reported confidence in managing mental health after discharge.

Prioritising trauma- and violence-informed care in mental health services

Domestic, family, and sexual violence (DFSV) are major contributors to mental ill-health for many women and gender-diverse people. Yet, mental health services have historically received limited training in addressing situations where both mental ill-health and experience of DFSV are involved (Hegarty et al. 2017). This gap in training and awareness means that DFSV survivors may not always receive the appropriate support they need when accessing mental health care.

Retraumatisation happens when individuals who have already experienced trauma, such as abuse or discrimination, are exposed to situations or interactions that remind them of, or intensify, their previous trauma. Within mental health settings, encountering insensitive or harmful behaviours, attitudes, or practices that echo the context of past trauma can lead to retraumatisation. This can undermine their sense of safety and trust, triggering stress responses and survival mechanisms. As a result, people may feel threatened, powerless, or emotionally overwhelmed, sometimes experiencing intense emotional flooding or numbness (Scholes et al. 2022).

Significant shifts in service delivery are essential for enhancing safety and minimising the risk of people being traumatised again when seeking help. This includes removing the use of seclusion and restraint and other coercive practices (Scholes et al. 2022), introducing single-gender wards (Britt-Thomas et al. 2023), and using an Open Dialogue approach (Maude et al. 2024). It is essential that people feel and are safe at every stage of interaction and care. This means not only preventing harm but actively fostering environments where emotional and physical safety are prioritised. These measures not only address immediate risks but also help to build trust with those accessing care and to support their long-term mental health recovery.

Moreover, women seeking mental health care may face the risk of their mental health needs being weaponised against them, such as being labelled 'unstable' or 'not a fit mother' which can serve to further entrench psychological abuse and reinforce power imbalances. This highlights the need for trauma- and violence-informed mental health interventions. Achieving the benefits of trauma- and violence-informed care requires sustained investment, decisive leadership, and supportive environments at every level of the health system (refer **Section 4 Table B** for further details). By adopting gender-responsive approaches, services can foster environments that make people feel safe and supported as they work towards recovery.

Supporting priority populations in mental health care

Ensuring equitable access to mental health care means acknowledging and responding to the specific challenges faced by groups who are often marginalised or underserved within the system. Each group may require tailored approaches that address intersecting barriers, such as cultural safety, trauma- and violence- informed care, and targeted outreach programs, to ensure that mental health services are responsive to their unique experiences and needs.

For Aboriginal and Torres Strait Islander peoples, acknowledging and actively addressing the ongoing impacts of colonisation and racism is fundamental to creating culturally safe mental health services. Embedding Aboriginal and Torres Strait Islander-led approaches, including involvement in the design and delivery of care, ensures that services are respectful, and responsive to the unique needs, traditions, and perspectives of First Nations communities.

Accessibility is another critical aspect of equitable care. As emphasised by Women with Disabilities Victoria at the roundtable, safe and inclusive environments must be prioritised

for women and people with disabilities. This includes providing Easy Read or Plain English materials to facilitate understanding, offering longer appointment times to accommodate diverse communication and support requirements, and employing staff with robust disability awareness and training. Additionally, physical access to facilities, availability of assistive technologies, and flexible service delivery models such as telehealth or outreach should be considered to remove practical barriers to participation.

Further, mental health services should engage in ongoing, meaningful consultation with priority populations to identify emerging needs and co-design solutions. Training for staff on cultural competence, disability inclusion, and trauma-informed approaches must be routine and supported by organisational policies. Multidisciplinary teams and adaptable models of care are essential to respond to the complexity of lived and living experiences, ensuring that services remain person-centred and flexible.

Key recommendations

Recommendation 3: Strengthen and adequately resource community-based, culturally safe, and accessible services for priority populations.

- **3.1 For policy makers:** Ensure adequate funding and resourcing for mental health services that are specifically designed to meet the diverse needs of local communities.
- **3.2 For health service leaders:** Expand and adapt services to meet the needs of priority populations, including Aboriginal and Torres Strait Islander peoples, people with disabilities, and those from migrant and refugee communities.
- **3.3 For community organisations:** Develop and deliver programs that are tailored to the unique needs of local communities, prioritising cultural safety and accessibility.

Case study 5: Women's Recovery Network (Wren)

Organisation: Alfred Health, Goulburn Valley Health, and Ramsay Mental Health
Location: Victoria
Timeline: 2023 - ongoing

The Women's Recovery Network (Wren) is the first public-private specialist women's mental health service in Australia. It was established in response to *The Royal Commission into Victoria's Mental Health System*, which found that many women experienced systemic gender-based harm and abuse within mainstream mental health services.

The response

Wren provides specialised, inclusive care for anyone who identifies as a woman (18 years or older), regardless of sex assigned at birth. Services are delivered through inpatient programs and hospital-in-the-home support.

- Participants and Wren team members come together based on mutual respect, shared expectations, and recovery-focused care.
- Parents with infants are supported, with options for the baby to stay in the parent's room or be cared for in the nursery.
- Daily 'Mutual Help' meetings allow participants to request or offer support within the group.
- Group programs are co-designed with participants and facilitated by a multidisciplinary team.
- Participants may engage in activities including therapy groups, shared meals, creative programs, and peer connection. Attendance at therapy groups is voluntary but strongly encouraged.
- Recovery planning is collaborative e.g. staff handovers actively involve participants, centring their preferences and needs.

Enablers and impact

- **Hub and Spoke model:** WREN is delivered across both metropolitan Melbourne and regional Shepparton. The model features a central 'hub' providing specialised care and oversight, with a connected 'spoke' service extending access to regional areas.
- **Public-private partnership:** A collaborative initiative between Alfred Health, Ramsay Health, Goulburn Valley Health and the Victoria Government.
- **Multidisciplinary workforce:** Comprising clinicians, occupational therapists, psychologists, dieticians, music and art therapists, and psychiatrists
- **Early feedback:** Participants, families, and carers report that Wren has enhanced choice and flexibility through inpatient and in-home options. It has also helped families and carers to gain a deeper understanding of the recovery process and how to better support women on their journey.

Reference: Women's Recovery Network (2025) About Wren [Webpage]. WREN, Melbourne.

Case study 6: Cabrini Women's Mental Health hospital

Organisation: Lisa Thurin Women's Health Centre
Location: Victoria
Timeline: 2021-ongoing

The Cabrini Women's Mental Health Hospital is Australia's first women-only private hospital providing intensive psychological treatment in a safe, gender-specific setting. Established in 2021, it was designed to address gaps in mainstream mental health services by offering care tailored to women's unique needs and experiences. Its model of care is grounded in the principle that women benefit from treatment programs that are specifically designed to respond to their circumstances, priorities, and recovery needs.

The response

The service primarily supports women aged 18 to 65 experiencing mood and anxiety disorders, including anxiety, depression, bipolar disorder, and premenstrual dysphoric disorder.

- Inpatient admissions are typically 7 to 10 days, with private, modern rooms and access to shared living and dining areas.
- Within 24 hours, women are assessed by a private psychiatrist who provides a comprehensive assessment and treatment plan.
- Structured group programs are provided during inpatient stays, including Empowerment Feminist Therapy (EFT), Self-Management and Recovery Training (SMART) and Dialectical Behaviour Therapy (DBT)
- Day programs are also offered as part of stepped-care options.

Enablers and impact

- **Engaged nursing and allied health staff:** Staff actively support the women-centred model, fostering a therapeutic and inclusive environment.
- **Consumer satisfaction:** Feedback from participants highlights feelings of safety, support, and empowerment throughout their care.
- **Demonstrated recovery journeys:** Cabrini has published client stories on its official website, illustrating positive experiences and recovery outcomes.

Reference: Cabrini Health (2025) Cabrini Women's Mental Health [Webpage]. Cabrini Health, Elsternwick, Vic.

Case study 7: Springvale Women's Prevention and Recovery Care

Organisation: Wellways, Monash Health, and Ermha (initial establishment)
Location: Victoria
Timeline: 2014 - ongoing

Prevention and Recovery Care (PARC) services provide individualised, recovery-focused short-term residential care. Springvale Women's PARC (SWPARC) was established as the first women-only PARC facility in Victoria, providing a safe, supportive environment for women who do not require acute inpatient care but need additional support to manage their mental health.

The response

SWPARC is a short-term, voluntary residential mental health service designed specifically for women experiencing mental health challenges.

- Accommodates up to 10 women at a time.
- Average duration of stay is 14 days.
- Support offerings include 24/7 residential care, individualised recovery-focused programs, and access to clinical support from Monash Health.

The service remains a vital component of Victoria's mental health system, offering a gender-specific alternative to traditional inpatient care.

Enablers and impact

- **Structured daily routine:** Predictable daily schedules create stability and a therapeutic environment.
- **Peer support and meaningful activities:** Engagement in group programs and activities enhances wellbeing and promotes social connection.
- **Gender-specific care:** Dedicated women-only programming addresses unique mental health needs and fosters a sense of safety and empowerment.
- **Supportive staff interactions:** Staff provide both one-on-one and group support, fostering safety and trust.
- **System-level investment:** The Victorian Government has supported expansion of Women's PARC facilities across the north-west and south-east of Melbourne, recognising the importance of gender-responsive short-term care.

Reference: Dixon KJ, Boase A, Fossey EM, Petrakis M (2018) Somewhere to be safe: women's experiences of a women-only prevention and recovery care service. *New Paradigm.* 2017/18 (Summer); 45-48.

4. System reform: embedding gender equity across the mental health system

Section summary

Our research found that gender-responsive mental health system reform remains underdeveloped. Without system-level change at the policy, governance, workforce, and funding levels, gains achieved through programs and services risk being fragmented or unsustained. Embedding gender-responsive principles at the structural level ensures that improvements in promotion and service delivery are reinforced by durable, system-wide change.

System reform refers to policy-level, governance, workforce, funding or structural changes that enable and embed health care at scale. Unlike health promotion and service delivery, which occur within specific programs or services, system reform involves shifting the conditions that shape how health care is designed, funded, and governed. These changes typically occur at the level of governments, health departments, or peak bodies and create the conditions for gender equity to become embedded across the mental health system.

Our analysis found that gender-responsive mental health system reform remains underdeveloped. Compared with mental health promotion and service delivery, there are few examples of good practice. Roundtable participants reinforced this perspective, noting that the lack of strong, long-term examples is itself significant. We have followed their advice and not included case studies in this section, as their absence highlights the significant gap in structural reform needed to advance gender equity. Without system-level change, gains achieved through programs and services risk being fragmented or unsustained. Strengthening the evidence base will require supporting smaller organisations and services to rigorously evaluate and share their outcomes, helping to bridge the gap in usable case studies. By investing in resourcing and capacity building for evaluation and knowledge-sharing, the sector can ensure that promising approaches are recognised, replicated, and adapted more broadly.

Using gender impact assessments to strengthen reform

In this context, the use of gender impact assessments plays a vital role in supporting and advancing system reform. Gender impact assessments help examine the potential effects of policies, programs, or funding decisions on women, gender-diverse people, and those experiencing intersecting forms of disadvantage. Participants at the roundtable highlighted opportunities to strengthen reform through more effective use of these processes. When applied across the full life cycle of a project, from planning through to implementation and post-funding evaluation, gender impact assessments have potential to provide accountability and ensure that gender equity is actively embedded, rather than treated as an optional consideration. Strengthening these processes could enable gender-responsive

reform to move beyond tokenistic acknowledgment toward measurable, system-wide change. A range of resources are available to support organisations in undertaking gender impact assessments, including guidelines and toolkits (Victoria. Commission for Gender Equality in the Public Sector 2025).

Embedding gender-responsive principles across the system

System reform is essential for moving beyond isolated programs, establishing gender equity as a foundational principle that shapes governance, funding, and service design across the mental health system. The following table summarises the paper's key findings, highlighting the benefits of gender-responsive principles throughout the mental health system. This table closely aligns with Victoria's Mental Health and Wellbeing Outcomes Performance Framework (Victoria. Department of Health 2024). Readers may wish to consider both together, as the framework focuses on the impacts for people accessing the mental health system.

Table B Key areas for a gender-responsive mental health system

Area	Description
Gender-sensitive data collection	Regularly collect, analyse, and publish data broken down by gender, location and other intersecting factors. This helps identify service gaps, track outcomes, and support evidence-based policy and planning.
Inclusion of lived and living experiences and expertise	Establish mechanisms such as advisory groups and co-design processes that centre the voices of women and gender-diverse people and priority populations. Ensuring meaningful co-design at all stages of design, delivery and evaluation will ensure their insights directly shape system reform and service improvement.
Leadership commitment	Health service leaders play a key role in championing gender-responsive care by setting organisational priorities, and advocating for policy changes. Actively fostering a culture of equality and inclusion throughout the organisation helps create a supportive environment for all.
Monitoring and reporting on progress	Clear benchmarks and regular outcome assessments can help show progress and identify areas for improvement as outlined in Victoria's Mental Health and Wellbeing Outcomes Performance Framework (Victoria. Department of Health 2024)
Partnerships	Health services should collaborate with community organisations, advocacy groups, and stakeholders to strengthen responsiveness and improve health outcomes.

Area	Description
Policy development	Governments can develop frameworks and reforms that explicitly name gender equity as a guiding principle, with measurable targets and integration across sectors such as housing, family violence prevention, and other support systems to ensure coordinated, person-centred care.
Resource allocation	Achieving sustainable change requires funding and accountability measures that prioritise gender equity. This may involve dedicated funding streams for women and gender-diverse people, requirements for services to be co-designed, and evaluation frameworks that measure gendered outcomes.
Workforce development and training	Provide comprehensive, ongoing training for health professionals to deliver care that is gender-responsive, person-centred, and informed by trauma and violence. While women make up the majority of the health and community sector, gendered inequities remain an issue, particularly in terms of leadership representation and equal pay. Services must increase female representation in leadership positions, reduce the gender pay gap, and develop gender equity champions among men in the health sector to work with male colleagues to support broader cultural change. Furthermore, creating trauma-informed and safe working environments is vital, not only to support staff wellbeing but also to ensure the delivery of compassionate, high-quality care for all service users.

Key recommendations

Recommendation 4: Address structural and systemic drivers of poor mental health, including poverty, housing, discrimination, and violence.

- **4.1 For policy makers:** Develop and implement cross-sector policies that tackle the root causes of mental ill-health.
- **4.2 For community organisations:** Advocate for and participate in initiatives that address the broader determinants of mental health at the community level.

Recommendation 5: Advance system-level reform through gender impact assessments, leadership accountability, and cross-sector partnerships.

- **5.1 For policy makers:** Mandate the use of gender impact assessments in all mental health initiatives and establish mechanisms for leadership accountability and collaboration across government and sectors.

Conclusion

Meeting the mental health needs of women and gender-diverse people requires a system that is fundamentally shaped by lived and living experience and expertise, where policies, programs, and services are designed with users at the centre. Embedding gender-responsive approaches across all levels of the mental health care sector is essential to ensure initiatives are meaningful, effective, and equitable. Programs and services must also prioritise intersectionality, reflecting the diverse experiences and identities of women and gender-diverse people across the life course, including differences in age, culture, sexuality, and disability, so that every voice is recognised and valued.

Improving service delivery and reducing barriers

The lessons drawn from this work highlight that services are where impact is most directly felt. Delays in access, experiences of stigma and discrimination, particularly in regional areas, and limited flexibility to meet gendered requirements such as caring responsibilities, remain persistent challenges, but promising practice exists that demonstrate how these barriers can be addressed. Trauma- and violence-informed care and person-centred approaches show that responsive, flexible, and safe services can significantly improve engagement and outcomes.

At the same time, mental health promotion efforts must look beyond formal programs to broader initiatives that enhance wellbeing across daily life, families, workplaces, and communities, recognising that mental health is shaped across the life course. Importantly, these efforts also need to address gendered social determinants of health that impact a person's mental wellbeing, such as gender-based violence, discrimination, and unequal access to resources and opportunities. By tackling these underlying factors, health promotion initiatives can become more effective and equitable for all.

Embedding gender equity through system reform

A critical insight from this work is the central role of system reform. Without structural change at the policy, governance, workforce, and funding levels, gains achieved through programs and services risk being fragmented or unsustained. Embedding gender-responsive principles at the structural level ensures that improvements in promotion and service delivery are reinforced by durable, system-wide change.

Tools such as gender impact assessments can strengthen reform by identifying potential inequalities, considering unintended consequences, and embedding accountability across the planning, implementation, and evaluation of policies, programs, and funding decisions. However, current use of gender impact assessments remains limited, and more work is needed to ensure they are consistently applied, rigorously monitored, and integrated into decision-making processes.

By creating the conditions for gender equity to be foundational rather than optional, system reform shifts the mental health sector from isolated interventions toward

sustainable, equitable outcomes. Importantly, system reform must be understood as a whole-of-government responsibility, not just the remit of health departments. Actions need to be allocated across departments and agencies at both state and federal levels. This was exemplified in the Victorian Suicide Prevention Strategy 2024-2034, which introduced an Accountability Framework assigning clear responsibilities throughout government (Victoria. Department of Health 2025b). Siloing mental health within health portfolios alone is insufficient, as factors such as housing, social security, safety from violence, and other social determinants are all vital contributors to mental health and wellbeing. To achieve truly equitable and effective outcomes, it is not just the mental health system that requires reform. Every part of health care must recognise the interconnected nature of mental health and wellbeing and embed gender-responsive approaches across policy and service delivery.

Translating lessons into action

Looking forward, the insights presented in this paper provide a platform to influence policy, strengthen collaboration across sectors, and maintain sustained attention on women and gender-diverse people's mental health. Translating these lessons into action will require shared commitment, ongoing evaluation, and advocacy for approaches that are flexible, inclusive, and responsive to diverse needs. By keeping lived and living experience and expertise, diversity, and equity at the centre, the mental health system can evolve to be more effective, more compassionate, and ultimately more impactful for all.

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