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Women's Health Queensland's (WHQ) submission to the Inquiry into the Queensland (Qld) Government's health response to Covid-19.

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WHQ is a state-wide non-for-profit organisation whose purpose is to advance the health and wellbeing of all Queensland women.

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1.0 Abstract

Health response regarding management of COVID-19 has on a whole has been successful. However, the pandemic has and will continue to have a higher impact on the health of women in Queensland. Research from past pandemics supports the idea that a gendered analysis is required to ensure the equity of the health response to a pandemic.¹ There are direct and indirect gendered implications that need to be considered.

Thus far infection numbers globally have been quite similar between men and women across the world.² However, this does not show the whole picture regarding the higher impacts on women:

- Globally women make up most of the older population, which increases over the age of 80 and therefore make up a larger portion of potential patients. However, they also generally have less access to health services than men.³
- Women also make up 70% of health and social workers globally, making women most likely to be on the front lines of the pandemic.⁴
- Several countries that have experienced pandemics in the past reduced access and provision of sexual and reproductive health services such as: antenatal and postnatal care, access to contraception and safe abortions, to redirect funds to emergency services.⁵
- In Australia women's personal finances are weaker than men's and their position in the workforce tends to be less secure. They also are more likely to be single care givers who will be hit harder by the economic downturn.⁶ Increasing the need for easy and free to access good health care for women and children.

¹ Clare Wenham, Julia Smith, Rosemary Morgan, 'COVID-19: the gendered impacts of the outbreak' (2020) 395(10227) *The Lancet* 846, 847.

² Wenham, Smith, Morgan (n 1) 846.

³ Ann Linde, Arancha Gonzalez Laya, 'What the COVID-19 pandemic tells us about gender equality', *World Economic Forum* (Article, 09 May 2020) <<https://www.weforum.org/agenda/2020/05/what-the-covid-19-pandemic-tells-us-about-gender-equality/>>.

⁴ Linde, Gonzalez Laya (n 3).

⁵ Linde, Gonzalez Laya (n 3).

⁶ Ioana Ramia, Louise Chappell, Rae Cooper, Abigail Powell, Siobhan Austen, 'Webinar Twenty Eight: The gendered effects of COVID-19', Centre for Social Impact (Webinar, 28 May 2020) <<https://www.youtube.com/watch?v=iwiyUkzpMjs&feature=youtu.be>>.



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The Covid-19 pandemic has also highlighted the inequality in access to health across Queensland, as our health services often do not reach women in rural or remote areas, Aboriginal or Torres Strait Islander women, and/ or Culturally and Linguistically Diverse women.

The COVID-19 pandemic has made clear vulnerability and inequity of the structures and services provided to care for the health of women. This has left some of Queensland's most vulnerable women without support during Covid-19.

2.0 Summary of Issues and Recommendations.

Issue 1: Limited access to women-centred health information has been highlighted by Covid-19.

Recommendation 1: Increase availability of free women-centred health information and continuity of care support services accessible via telephone and video platforms for all women, particularly those who are isolated, at risk of chronic disease or show low engagement with current health services.

Issue 2: Cessation of and changes to antenatal and postnatal public services during Covid-19 created a gap in service with a gendered effect and highlighted lack of access for women in rural and remote areas.

Recommendation 2: Increase funding for the provision of free interactive online and telephone-based antenatal and postnatal services for all women across Queensland.

Issue 3: The gendered-effect of Covid-19 increased the number of women requiring counselling or mental health support.

Recommendation 3: Increase funding for women-centred free to access counselling services to support women across Queensland.

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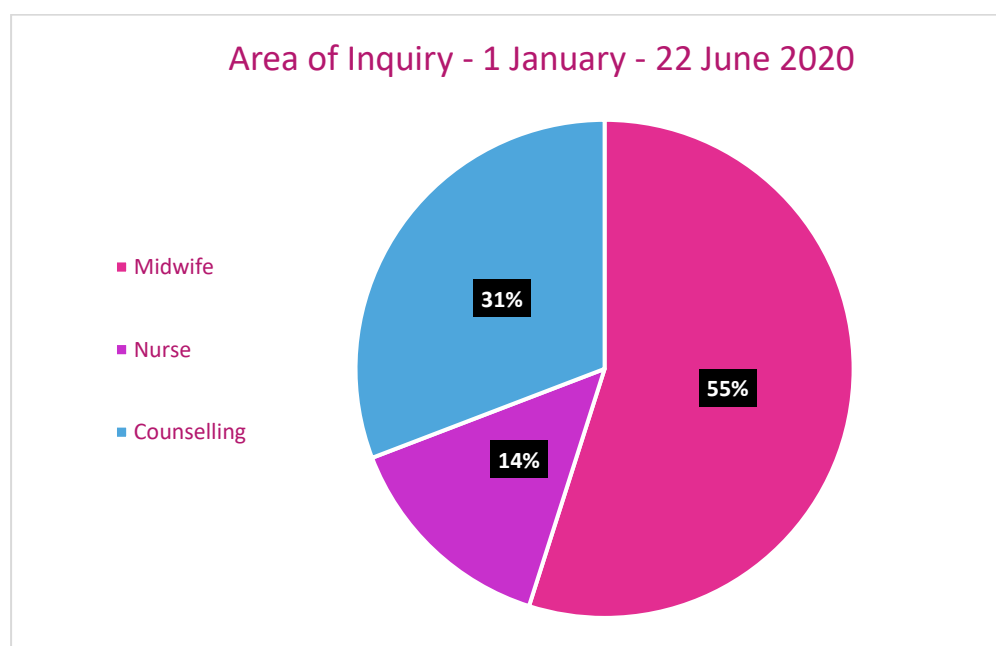
3.0 Issue 1: Limited access to women-centred health information has been highlighted by Covid-19.

Since January 2020, the percentage of instances of women calling our service to access female specific health information has increased steadily. (See Figure 1.) Research of past pandemics has demonstrated that reduction of health services for women such as sexual and reproductive services is a common phenomenon during pandemics.⁷ This was demonstrated in Queensland during the first half of 2020 because of COVID-19.

Case Study 1 is of a woman who faced difficulties accessing a termination and methods of contraception during COVID-19 due to lack of funds, isolation and living with a perpetrator of sexual violence was now working from home.

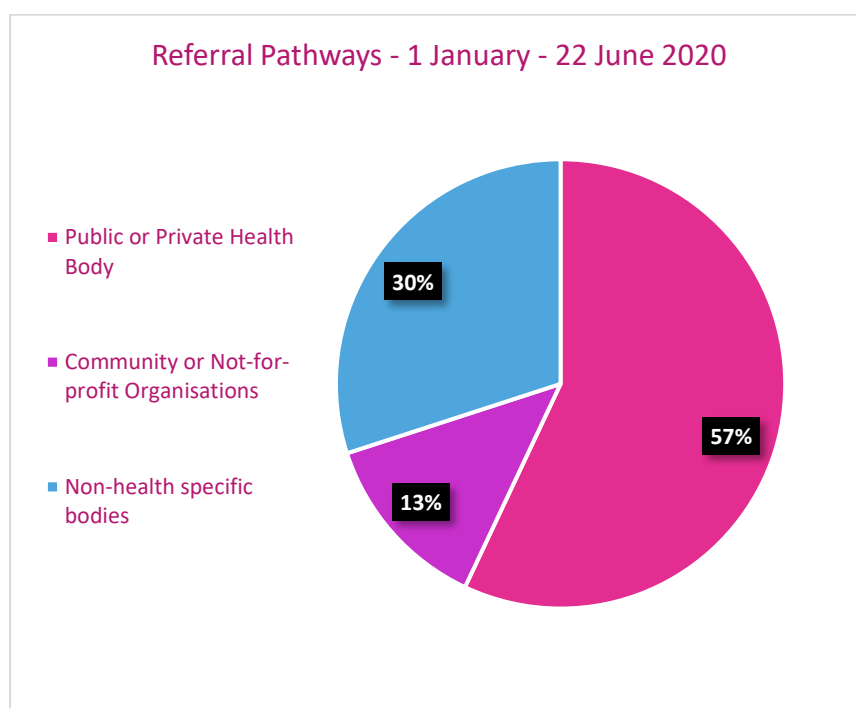
WHQ has also found that majority of women contacting the organisation since January 2020 have been referred by other public or private medical or health bodies such Hospitals, Medical Practices/ GPs, Allied Health and Sexual/Reproductive Health Clinics. These statistics further highlight the limitations of public and private health bodies are experiencing in catering for women's health needs across QLD.

Figure 1. Subject Area of inquiry by women who contacted WHQ between 1 January and 22 June 2020.



⁷ Wenham, Smith, Morgan (n 1) 847.

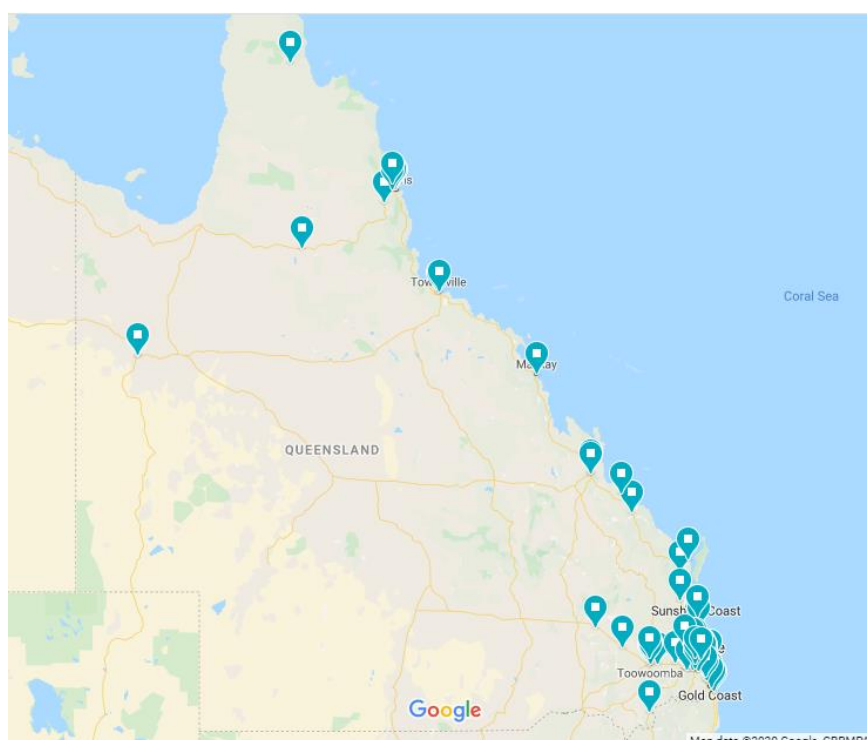
Figure 2. Referral Pathway of women who have contacted WHQ between 1 January and 22 June 2020.



3.1 Recommendation 1: Increase availability of free women-centred health information and continuity of care support services accessible via telephone and video platforms for all women, particularly those who are isolated, at risk of chronic disease or show low engagement with current health services.

Currently WHQ provides a variety of services to a wide demographic of QLD women. (See Figure 3.) This includes health information, counselling, antenatal and postnatal education and groups, and health and wellbeing groups. WHQ uses a variety of delivery methods (phone, video conference and soon in person) for its free to access services. This assists in making it easier for women to access good health in QLD. It is essential that health directed funding is continued or increase for organisations like WHQ to continue staffing services with professionals who can provide accurate health information, health counselling and support which is driven by the needs of Queensland women.

Figure 3. Map showing key regions of current WHQ participants as of June 2020. (Map Source: Google 2020)



4.0 Issue 2: Cessation and changes to hospital perinatal services during Covid-19 created a gap in service with a gendered effect and highlighted lack of access for women in rural and remote areas.

As Covid-19 restrictions started in Queensland, many public health perinatal services were cancelled or postponed. This included cancelling childbirth education classes and mums and bubs groups. Women had to attend scans alone without a partner and many women had family overseas who were now unable to travel to assist before and after birth. Many changes were also made to the birthing processes in hospital, for example only allowing one birth partner in the birthing suite. While these changes were aimed at preventing the spread of COVID-19, they had many direct and indirect impacts on women going through pregnancy and birth during the pandemic.

COVID-19 has created conditions for many of the factors that contribute to Antenatal and Perinatal anxiety and depression to be worsened and experienced by more women. These include financial

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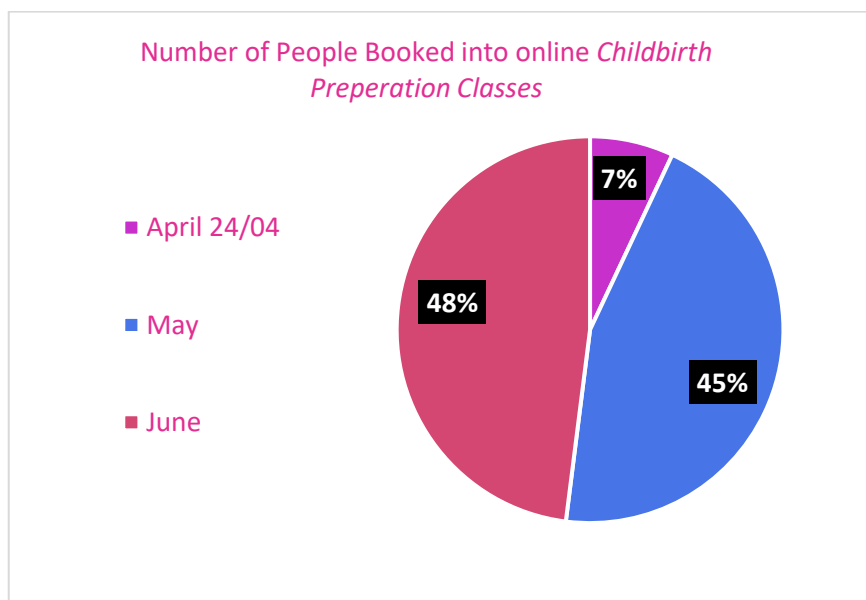
stress, relationship stress, lack of social support, isolation and lack of social connections, absence of a woman's own mother or mothering figure, lack of confidence and anxiety.⁸

WHQ's Midwife Check-in line found an increase in women being scared, stressed, anxious or underconfident as they found themselves going through pregnancy alone.

Case Study 2 is of a woman who suffers severe anxiety and had complications during her pregnancy. A WHQ Midwife supported her over the phone throughout her pregnancy and birthing process by providing counselling, information, and support about her complications and through the changes in birthing processes in Hospitals during COVID-19.

During COVID-19 WHQ was inundated by calls from Queensland women whose childbirth education classes and mother's groups had been cancelled. WHQ quickly established weekly online interactive *Childbirth Preparation Classes*, *Mums and Bubs Groups* and *Weekly Pregnancy Support Groups*. All classes and groups have been well utilised by women from Culturally and Linguistically Diverse backgrounds, women who are geographically or socially isolated and women with mental health diagnosis or risk factors. The *Childbirth Preparation Classes* increased in attendance immediately demonstrating that there was a serious gap in services being offered to pregnant women and their support. (See Figure 4.)

Figure 4. Percentage increase of people booked into online *Childbirth Preparation Classes* which started at the end of April.



⁸ Perinatal Anxiety and Depression Australia, 'Anxiety and Depression in Pregnancy and Early Parenthood', *Health Professionals Resource Hub* (Fact Sheet, 2020) 4 <<https://www.panda.org.au/health-professionals/health-professionals-resource-hub>>.

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4.1 Recommendation 2: Increase funding for the provision of free interactive online and telephone-based antenatal and postnatal services for all women across Queensland.

Online provision of antenatal and postnatal services ensures consistency of care is provided to women at a time when they are more vulnerable and isolated. It assists good health for the mother and baby and in improves confidence for first time mothers. It also allows women who are geographically or socially isolated to access supports.

WHQ survey participants before and after completion of WHQ's online interactive Childbirth Preparation Classes. Results showed an improvement in both confidence and knowledge after their class. When asked before the class how confident they were about making choices about giving birth, 41% said they were not confident. Whereas, after the class when answering the same question, 90% of women showed confidence. There was also a tenfold increase in women's knowledge about pregnancy and birth after the class. These statistics demonstrate the importance of having these services easily accessible to women and the dangers for the mental and physical health of pregnant women unable to easily access antenatal services.

Increasing available funding and/or grants for state-wide women's health services that utilise woman-centred continuity of care models and leverage online and telephone-based services will allow **all** Queensland women to access appropriate antenatal and postnatal services.

5.0 Issue 3: The gendered-effect of Covid-19 increased the number of women requiring counselling or mental health support.

It has been established Covid-19 has had a gendered-effect, impacting women more than men. This effect has meant an increase in women requiring counselling or mental health support.

Research presented in one of *Centre for Social Impact (CSI) – impact2020* webinars⁹ demonstrates the gendered effect specifically focusing on women in Australia:

- More women are out of work or have less hours of paid work.
- Unpaid work performed by women has increased twice as much as for men.
 - o Per day women doing an extra hour of house work and 4 more hours of direct care work.
- Women have significantly higher stress about lack of money for family, schooling, housing, and emergency savings.

⁹ Ramia, Chappell, Cooper, Powell, Austen (n 6).



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- Women will have less financial independence resulting in less ability for divorce or to remove themselves from Domestic and Family Violence situations.

These effects of Covid-19 have in turn had a severe impact on the mental health of women. Isolation and health concerns during Covid-19 have also created an increase in people being effected by mental health issues.

WHQ has had increase from the end of last year in the numbers of women contacting WHQ for mental health reasons. WHQ data shows out of the women who contacted us between 1 July and 30 September 2019, **5.5%** said mental health was the primary reason. Whereas, from 1 April to 26 June 2020 this number increased to **8.9%**.

Case Study 1 and 2 attached demonstrate the serious mental health stressors that have been increased by circumstances surrounding COVID-19. Whether it be abusive partners now working from home, isolation, or reduced access to health services that women require the demand for women-centered counselling and support has increased.

5.1 Recommendation 3: Increase funding for women-centred free to access counselling services to support women across Queensland.

Health equity is important part of development and this includes mental health. Research shows that women are bearing a higher cost from this pandemic it is important that the Queensland government increases funding for women-centred mental health support.

The service WHQ offers is easily accessible for women across Queensland (see Figure 3) and is free to access. Those with the most need are often those with least means. WHQ offers a continuity of care counselling model, which most help lines are not set up to do. WHQ participants are booked in for regular appointments or as needed with the same social worker or counsellor.

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6.0 Case Study 1.

1. Client Profile

- **Pseudonym:** Sally
- **Age:** 40
- **Does the women have Family/social support?** Limited due to living in rural Qld, Australia
- **Reason for the referral:** Woman contacted WHQ via the information health line to seek information and advice about accessing a termination of unwanted pregnancy.
- **Presenting issues:** Unwanted pregnancy, experience of ongoing interment partner violence. The woman is experiencing domestic violence, sexual violence, emotional abuse and financial abuse with limited access to financial aid.
- **Impacting environment issues:** Sally was the sole carer at home with children whilst the perpetrator had paid employment. During COVID-19 the perpetrators work decreased, and Sally and the children were isolated at the home with the perpetrator.
- **Location:** Central Queensland

2. Referral pathways:

- **In to WHQ from:** Self/website
- **Referrals for Woman to meet needs:** Marie Stopes clinics

3. Services received from WHQ staff

- Counselling support
- Brokerage
- Case Management
- Reproductive and Health service Information
- Referral to services required

4. Access to health service or Mental Health Issues experienced during Covid-19 period:

Termination of pregnancy sought:

People living in rural and remote Australia face challenges to accessing health care.¹⁰ For Sally living in rural Queensland this became more challenging when restrictions were put in place due to COVID19. Accessing information, health services and maintaining safety was even more difficult than she had experienced before restrictions.

¹⁰ Australian Institute of Health and Welfare, 'Access to health care', *Rural and Remote Health* (Report, 2019) <<https://www.aihw.gov.au/reports/rural-remote-australians/rural-remote-health/contents/access-to-health-care>>.

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As a result of domestic and family violence Sally had little financial control and explained that she was unable to access contraception that was in the form of a Mirena or implant which would be unrecognizable by her partner. Sally explained her partner would tamper with her contraception to have control over her.

Termination can cost as much as \$3065.¹¹ For Sally the cost of termination was not affordable and her.

When Covid19 restrictions were put in place Sally's partner had his work hours reduced which meant he was spending more time in the family home. Over this time, it was reported by Sally that his use of sexual violence increased and had resulted in another unwanted pregnancy.

Sally has limited support in her local community and does not speak to anyone about her experiences of violence. Sally called WHQ to get confidential support and information to access a termination. Sally explained that her partner started working more hours, this meant she had time without his knowledge to leave the home for a termination. Sally noted this was the safest option for her as she feared the risk of further violence if her partner found out she was pregnant or wanting a termination.

5. What service was WHQ able to provide in response? I.e., may have involved:

WHQ was given new Brokerage Funding to distribute to relevant WHQ participants (women) to provide financial support to access services and resources to keep women safe. This funding source has been established in response to the COVID-19 pandemic.

- Case management - gathering and sharing resources, information and communicating with other services.
- Financial aid provided to access a termination and contraception that would be unrecognizable to her partner; minimizing risk of future unwanted pregnancies.
- Counselling provided a women centered approach, focusing on Sally's identified needs and providing tools to assist Sally's health and wellbeing.
- The counsellor utilized various skills, tools and models of practice such as solution focused support, trauma informed practice and relationship building to build a safe connection between the woman and the service should she need to engage in future specialist DFV counselling.

¹¹ Children by Choice, 'How Much will an abortion cost?', *Abortion* (Webpage, 2020)
<<https://www.childrenbychoice.org.au/foryou/abortion/abortioncosts>>.

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- Safety centered responses – providing support regarding the ongoing experience of DV and SV, sharing privacy information with health services and minimizing communications to safe times, locations and devices as identified by the woman.

6. Client response to/ Outcome of WHQ service:

Satisfaction with service: The Woman contacted WHQ sharing that without the financial aid she would not be able to access contraception needed to prevent unwanted pregnancies. Counselling provided a safe space for her to speak about her experience without judgment.

With the support of WHQ this woman has been supported in the following ways:

- Aided access basic healthcare and reproductive health support to aid her protecting herself from unwanted pregnancy.
- Due to accessing contraception women has minimised her risk of future unwanted pregnancies
- Women has engaged in 3 counselling sessions and can continue in counselling as she requires and when it is safe for her. Women's health Queensland counsellors acknowledge that counselling may not always be an option for women when they are at risk of further violence or they are identifying they are not ready for therapeutic support.
- Sally identified she is feeling more confident to manage her reproductive health.
- Sally explained she is feeling safer knowing she is able to practice control of her reproductive health.
- Psychoeducation has enhanced Sally's understanding of women's rights and her inherent worth as a human to be safe and to be respected.
- Sally shared she feels she has better access to health services and has an awareness of what her options are about unwanted pregnancies as well as contraception and reproductive health options.
- Sally identifies an increase in her health and wellbeing both in the context of her reproductive health as well as her ability to protect herself and care for her children.
- Sally offered feedback that highlighted she felt a financial stress relief.
- WHQ acknowledges the statistics and risk factors for women and their children who are experiencing domestic and family violence. In this circumstance isolation due to the COVID-19 pandemic, restrictions and distancing rules; compounded the experience of the following statistics that are congruent with this woman's experience of family and domestic violence.
- Due to the support provided to this woman by WHQ the risks associated with DFV risks and detrimental and harmful outcomes related to these statistics have been minimized and the safety of the women and her family have been increased.

7.0 Case Study 2.

1. Participant Profile

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- 18 year old woman expecting her first baby
- Currently living at home with her mother.
- Suffers anxiety (medicated), occasional panic attacks and depression.
- Needing support and guidance through the early Covid-19 crisis

2. Referral Pathways

- Self-referred through WHQ Mums Connect.
- Already booked to have her baby in the hospital, had Obstetrician and Midwife involved in her care.

3. Effects of COVID-19 on the Participant:

- The participant had an appointment to go for an ultrasound scan but was only able to go alone. Due to her mental health this was hard for her to deal with. It was also difficult for her as she is not familiar with hospitals or these types of procedures.
- She had some hospital appointments cancelled, as the midwife (and other staff at the hospital) were very busy and face-face appointments did not happen during COVID-19. The hospital had not put any alternative structures in place for some of the designated appointments.
- The participant suffers high blood pressure, which worried her because it was not being monitored regularly, adding to her anxiety. She was able to see/talk with her GP in place of Obstetric/Midwife appointments, but these were not face to face.
- Her antenatal classes were cancelled – with no forward booking or on-line service to replace them.
- The participant is a young first-time mother who was relying on having her mother with her at the birth. However, because of COVID-19 restrictions at the hospital, she was only allowed 1 person to stay for the duration of the labour and birth. She would have had to choose her partner or her mother. With information from WHQ, she complained to the board authorities and had the restriction to her mother's presence lifted, so that her mother was also able to be in the birthing suite. As she suffers anxiety, she required counselling through this process.
- The participant also suffered from a relatively common problem, irritable uterus, which necessitated her admission to hospital on 2 occasions. She found this stressful, as she was worried about the risks of COVID-19 and being in a hospital.

4. Services received from WHQ staff:

- Regular Midwife Check-in appointments over the phone with the same Midwife.
- WHQ provided health information and counselling.
- Provided her with the information to have birthing suite restrictions altered for her special circumstance.