

# Evaluation of the Biological Sex, Gender, and Mental Wellbeing Forum

## Introduction

[Women's Health in the South East \(WHISE\)](#) hosted a free forum on biological sex, gender, and mental wellbeing. It was designed specifically for those who sit in roles in health promotion, health planning, programming, and policy. In collaboration with [HER Centre Australia](#), this event represented the very first event under the new Gender and Mental Wellbeing portfolio for WHISE. It explored the biological determinants of women's mental wellbeing across the lifespan, including but not limited to menstruation, pregnancy, birth, and menopause. This session also explored the social determinants of mental wellbeing, many of which centre on the impacts of gender inequality, including socioeconomic challenges, experiencing violence and homelessness.

The aim of this webinar was to increase understanding in the following:

- What mental health promotion is.
- The biological determinants of women's mental health.
- The social determinants of women's mental health / barriers to achieving optimum mental health and wellbeing.
- The gendered mental health and wellbeing gap (services/research etc.).
- Gender transformative practice and why it is important.

The webinar was led by WHISE and supported by the HER Centre Australia, leaders in education, research, and public advocacy in women's mental health.

## Who registered for and attended the forum?

A whopping 112 people registered for the webinar and completed the pre-webinar survey as part of their registration. Of the 112 people, 63 (56%) attended the webinar, and of these people, only 26 (41%) completed the post-webinar survey. Unfortunately, as the pre-event data is collected during the registration for the event, we are unable to separate the responses for only the people who attended the event. Therefore, analyses in this report will reflect the responses from all 112 people who registered for the forum as pre data, and the post data will include the 26 people who completed the survey following the learning forum. Thus, please take these findings with caution.

The majority of the registrants/attendees were women (92%, n=109), seven (6%) said they identified as a man, one person (1%) preferred not to say how they identified, and 2 people identified as gender fluid or non-binary. Of the 26 people who completed the post-webinar survey, 24 (93%) were women, one person (4%) said they identified as a man, and one other person reported that they were non-binary or gender fluid (4%).

## Overall ratings of knowledge and understanding

Figure 1 demonstrates the average increase of understanding overall, from pre to post after attending the session. As can be seen in Figure 1, there was an overall increase in understanding of the determinants of biological sex, the determinants of gender, and their separate and combined impact on mental wellbeing following the webinar. There was a notable increase in the proportion of people who rated their knowledge as high and very high following the webinar. On average there was a 36% increase of knowledge and understanding from pre to post in *high* and *very high* responses.

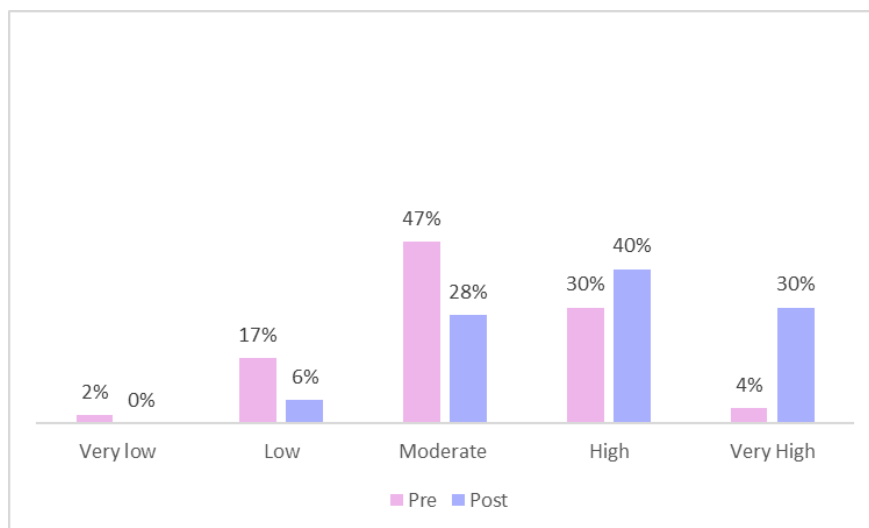


Figure 1. The average of pre and post webinar ratings of understanding.

Figures 2 to 6 show that there were changes in understanding from pre to post. Overall, the increased proportion of people who had high or very high understanding are notable. Worth highlighting is the increased understanding of biological sex determinants of mental health following the webinar. 77% of participants rated their understanding between high to very high, demonstrating a 43% increase from the pre survey (see Figure 3). This could be because biological determinants are mainstream conceptions of mental wellbeing and therefore attendees have become more attentive to the biological impacts on mental health and wellbeing.

The question that asked about their understanding of what gender transformative practice is, received the lowest proportions of *high* and *very high* respondents (62%), and the highest proportion of *low* (12%; see figure 6) in the post survey. This may be because the idea of examining, challenging, and changing structures, norms and behaviours that reinforce gender inequality is not a mainstream framework that is commonly used in service delivery. Saying this, looking further at Figure 6, the proportion of people reporting high levels of understanding increased from 22% to 62% in the post survey, demonstrating a 40% increase. Similarly, the question asking about their understanding in the mental health and wellbeing gap (*gender inequality in healthcare*) demonstrated the highest increase in understanding from the pre to post survey (47% increase; see Figure 5).

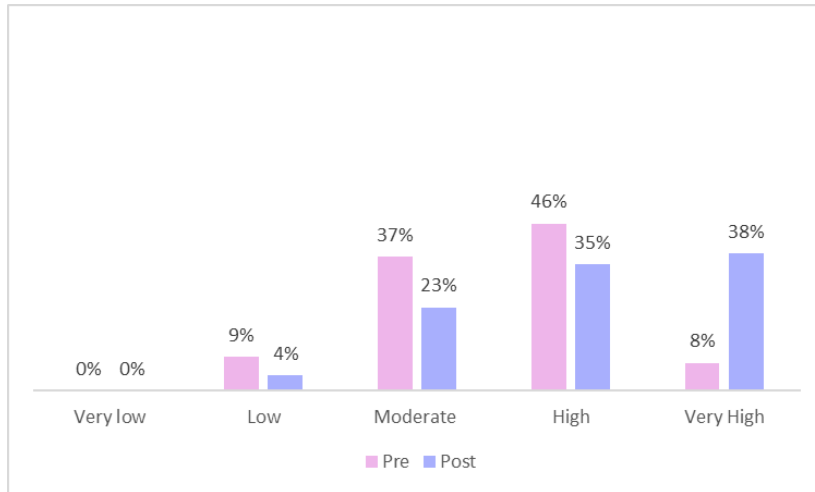


Figure 2. Pre and post webinar ratings of understanding of what mental health promotion is in practice.

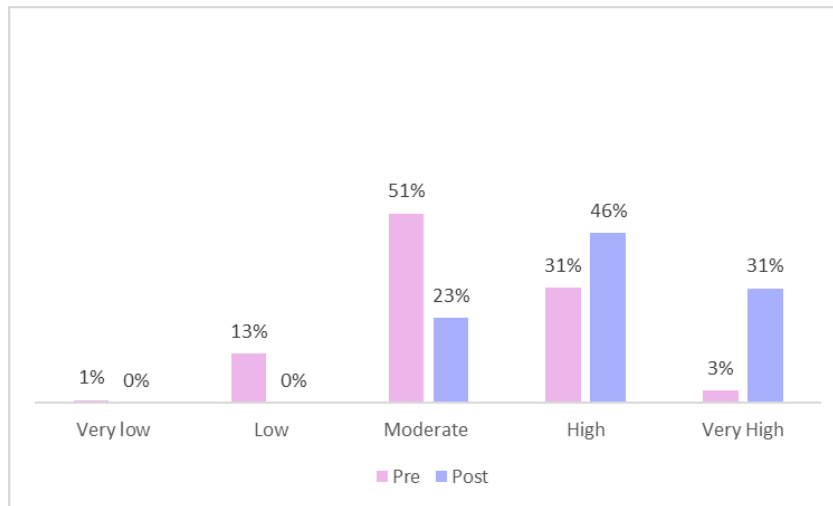


Figure 3. Pre and post webinar ratings of understanding of biological sex determinants of mental health.

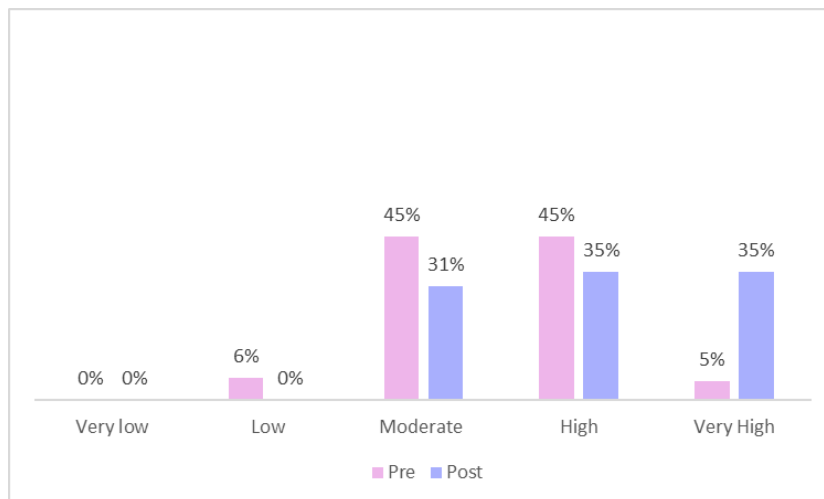


Figure 4. Pre and post webinar ratings of understanding of the social (gendered) determinants of women's mental health and the barriers to achieving mental health and wellbeing.

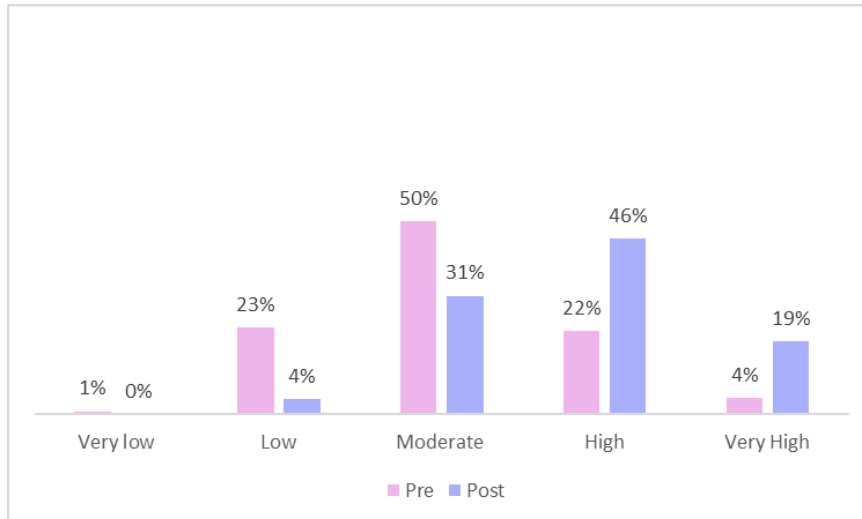


Figure 5. Pre and post webinar ratings of understanding of the gendered mental health and wellbeing gap (gender inequality in healthcare).

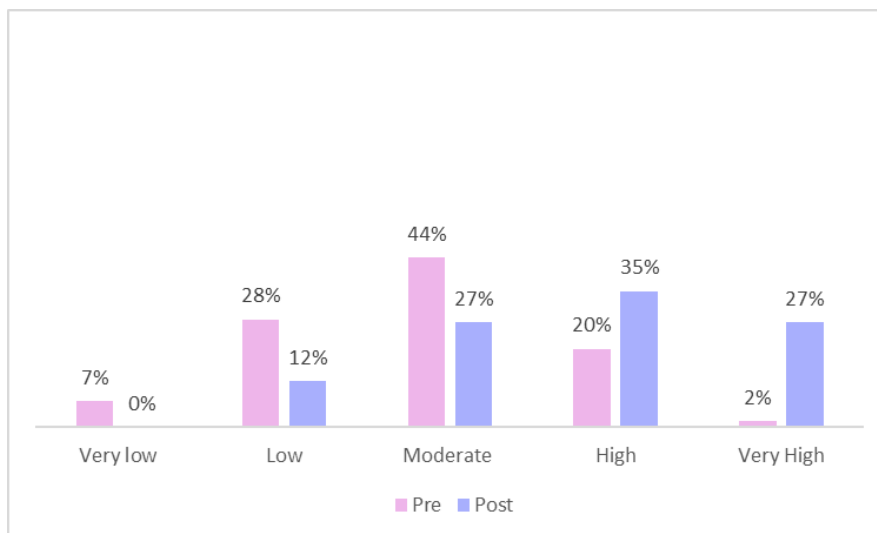


Figure 6. Pre and post webinar ratings of understanding of what gender transformative practice is.

## Overall ratings of confidence

Of the 119 people who answered the pre-survey quantitative question, 112 people (94%) answered this question. All participants in the post survey answered this question. As can be seen in *Figure 7*, there was a large increase in confidence in applying knowledge of a gendered approach to improve mental health and wellbeing. After attending the session, 68% of attendees felt highly or very highly confident applying their learnt knowledge, that is a 51% increase of confidence.

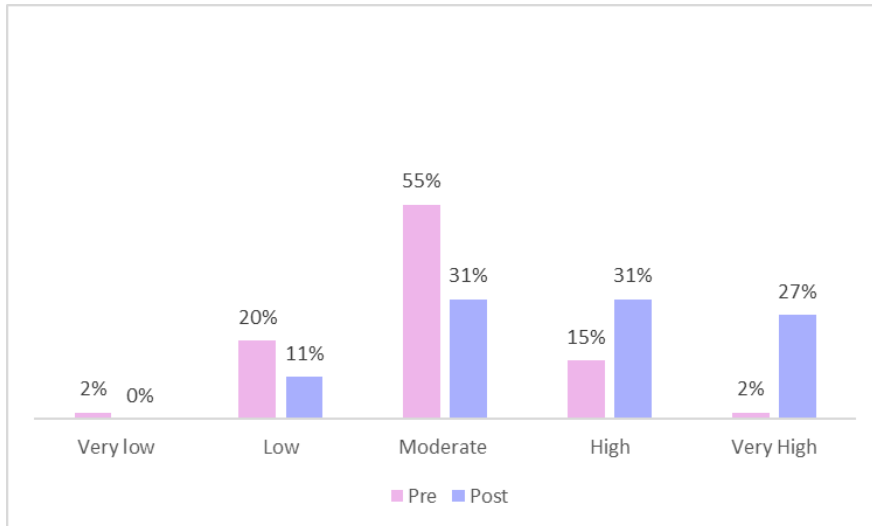


Figure 7. Pre and post webinar ratings of confidence in applying knowledge of a gendered approach to improve mental health and wellbeing.

## Confidence in application of knowledge

Of the 26 people who answered the quantitative question, 5 people (4%) answered this short answer question on key learnings. One participant spoke about having confidence in applying a gendered lens to new programs, and challenging assumptions around traditional approaches to mental health and wellbeing. Two participants stated that they feel more confident in recognising how intersectional attributes (such as gender and sex) influence people's experiences and their health needs.

Two participants spoke about administrative structures and protocols within the health setting. With one person feeling confident in slightly changing "delivery method and/or cultural expectations (of beneficiaries) to engage with programs delivered." Whereas two other participants felt they need much more practice, with one person standing that "it would be great to attend a workshop where we go through case studies."

## Key learnings from the webinar

Of the 26 people who answered the quantitative question, all 26 people answered this short answer question on key learnings. Five people reported key learnings on the need for more funding, services, and advocacy efforts. Three respondents spoke about how this session helped them to understand the huge gap in research and services, while another respondent spoke about the need for more advocacy efforts to solve this issue:

*Whilst it was no surprise to hear that research into women's mental health is underfunded, the importance of advocating for more resources was the biggest take away for me.*

Three respondents specifically spoke about the Her center and how this session helped them understand more about what they do. One respondent stated "I was impressed to learn about great work done by the HER Centre and services they provide. Great recognition of gender specific mental health issues and their drivers".

Six people spoke about different determinants of health and scientific evidence around mental health and various stages of women's life. One participant particularly spoke about the "need to

*address underlying causes of mental health concerns.”, while another simply wrote “PMT Women’s Health.” One person stated Intersectionality, two people simply stated trauma and the brain, and two other attendees stated gender transformative approach:*

*The concept and practice of gender transformative approach and how nuances in biological sex differences need to be accounted for in healthcare and social change.*

*Women’s mental health have been neglected and joining the campaign to promote gender transformative practice and advocate for reforms.*

*Biological determinants have as much impact on our mental health as social determinants*

Additional comments:

*There is a huge gap out there in research and services, but lots of us trying to fill the gaps!*

*More funding for research is needed.*

*That I need to learn more!! Caroline was fabulous*

*Great research and presentations*