# A THEORY OF CHANGE

A GENDER TRANSFORMATIVE APPROACH TO MENTAL HEALTH PROMOTION FOR **WOMEN'S MENTAL HEALTH AND WELLBEING**

Developed by the Victorian Women's Health Services

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# KEY DEFINITIONS

**Gender inequity:** the barriers women and gender diverse people face to their independence and identity because of harmful attitudes, norms, practices, and structures which discriminate against them, and which have physical, mental, emotional and economic, health and wellbeing consequences.

**Gender identity:** people's deeply held sense of how they define themselves on a spectrum between man and woman (non-binary) including having no gender.

**Gender-based violence:** violence specifically directed against a person because of their gender.

**Gender Transformative Practice:** gender transformative policy and practice examines challenges and ultimately transforms structures, norms and behaviours that reinforce gender inequality, and strengthens those that support gender equality.

**Intersectionality:** Intersectionality describes the interactions between multiple systems and structures of oppression (such as sexism, racism, classism, ageism, ableism, heteronormativity and cissexism), as well as policy and legal contexts (such as immigration status). It acknowledges that some people are subject to multiple forms of oppression and 'the experience is not just the sum of its parts. Systems of privilege and oppression are not separate but interdependent; social inequities result not from single distinct factors, but from intersections of different social positions, power relations and experiences. (Change the Story 2nd edition)

**Intimate partner violence:** any behaviour within an intimate relationship (including current or past marriages, domestic partnerships, or dates) that causes physical, sexual or psychological harm.

**Mental health:** a state of wellbeing in which an individual realises their own abilities, can cope with the normal stresses of life, work productively, contribute to their community, connect with people, place and nature and interact with others in healthy ways.

**Mental health literacy:** having the knowledge, understanding and skills to promote mental health and reduce the impact of psychological distress.

**Mental illness:** a diagnosable disorder that significantly interferes with a person's cognitive, emotional and/or social abilities. Disorders include anxiety and depression of different types and degrees of severity.

**Mental health promotion:** action to ensure positive environments for the mental health and wellbeing of populations, communities and individuals through the implementation of effective multi-level interventions across sectors, policies, programs, settings and environments.

**Primary Prevention in Mental Health:** stopping mental health conditions before they start. Primary prevention can be targeted at the whole community or focus on those who may be more susceptible to developing a mental health condition.

**Psychological distress:** a term used to describe feelings of being overwhelmed with tiredness, anxiety, nervousness, hopelessness, depression, fear and sadness.

**Social determinants of health:** the conditions in which people are born, grow, live, connect, work and age which influence a person's opportunity to be healthy.

**Social exclusion:** when people are unable or prevented from fully participating in social life due to multiple, overlapping problems including unemployment, poor health, and inadequate education.[1]

# WOMEN'S HEALTH SERVICES

# GENDER EQUITY VICTORIA

# INTRODUCTION

Victoria's Women's Health Services (WHS) represent nine region based and three state-wide women's health organisations (Women's Health Victoria, the Multicultural Centre for Women's Health and Women With Disability Victoria) which receive core funding from the Victorian Department of Health.

WHS work to improve the health and wellbeing of Victorian women. They have a track record in developing the infrastructure, expertise, partnerships, and policies to enable change to systems and structures to improve women's health.

This Theory of Change (ToC) sets out a gender-transformative, evidence-based, population-level approach to prevention and health promotion of women's mental health and wellbeing by WHS using gender transformative approaches. It captures understandings of the conditions required to address the decline in women's mental health, from the current state of women's mental health and wellbeing, working towards short-term and longer-term outcomes. This ToC should be read alongside the Women's Health Services Sexual & Reproductive Health ToC.[2]

A Theory of Change is a description of why a particular way of working will be effective, mapping the pathways of change that show how change will happen in the short-medium, and long term to achieve the intended impact and outcomes.

The achievement of good mental health requires a life-span approach to interventions to ensure that they address the determinants of poor mental health from infancy, for girls, young women, mid-life women and older women. Each life-stage requires tailored intervention to prevent or mitigate the conditions which cause poor mental health, and strategies to lessen their impact and improve quality of life for women and girls.

Systematic approaches to prioritising the promotion of mental health and wellbeing are essential because there is no health without mental health. Promoting optimal mental health is a life-long journey because life events impact the mental health of everybody.

However, population mental health is also about creating a collective sense of responsibility across many organisations and groups to ensure there is an emphasis on reducing inequalities in mental health outcomes, as well as improving health overall and those inequalities for women are gendered.

This document was developed by Dr Helen Keleher, Gender Equity Victoria in consultation with ten Women's Health Services, to guide the collective and individual work of the WHS and to track progress towards the vision for all Victorian women to have optimal mental health and wellbeing.

[1]Brotherhood of St Laurence. Social Exclusion Monitor. https://www.bsl.org.au/research/our-research-and-policy-work/social-exclusion-monitor/
[2]A Theory of Change in Sexual & Reproductive Health for Victorian Women. Developed by the Victorian Women's Health Services Sexual & Reproductive Health Community of Practice. n.d.

# CONTEXT

**The context for this work is threefold:**

1. The neglect of gendered transformative approaches to mental health and the resulting disproportionate burden of mental health conditions and experiences among women.
2. The Royal Commission into Victoria's Mental Health System (RCVMHS) which delivered its final report in early 2021.
3. The COVID-19 pandemic and its disproportionate effects on women's mental health and wellbeing.

There has long been neglect of the need for gender transformative approaches to the promotion and prevention of mental health and wellbeing for the community resulting in cumulative and worsening burdens of poor mental health among women.

***The impact of gender on mental health manifests in many ways. These include experiences of gender inequality, discrimination, gender stereotyping, sexualisation, sexual harassment, family violence and sexual violence, women's disproportionate responsibility for unpaid caring work, economic disadvantage and the marginalisation of women's health needs within the mental health service system.***[3]

There is good evidence that the promotion of mental health and wellbeing for women requires a gendered approach[3,4] but overall, there is neglect in policy of the causal factors and experiences of poor mental health among women and girls. Advocacy to embed gendered approaches to mental health and wellbeing will advance policy, service development and practice. However there is limited evidence about how best to prevent and respond to poor mental health among women and girls and how to promote their mental wellbeing, so evaluation gendered approaches to preventing and promoting women's mental health at scale, is needed.

[3] Women's Mental Health Alliance, Women's Health Victoria: https://whv.org.au/our-focus/womens-mental-health-alliance
[4] State of Victoria, Royal Commission into Victoria's Mental Health System, Final Report, Volume 2: Collaboration to support good mental health and wellbeing, Parl Paper No. 202, Session 2018–21 (document 3 of 6).

Victoria's Women's Health Services have the opportunity to embark on new approaches with collaborative approaches to their evaluation.

## POLICY CONTEXT

While the RCVMHS recognised the importance of the determinants of mental health and wellbeing, gender as a social determinant of women's mental health and wellbeing has not been addressed in the report. The report acknowledged the broken state of Victoria's mental health service system, detailing the reforms necessary, and recognised the role of community and places in shaping mental health and wellbeing. It recognises that good mental health and wellbeing is dependent on housing, employment, income, poverty, disadvantage, education, justice, access to services, people's sense of community and belonging to the places they live, work and connect.

The unequal distributions of resources among population groups were starkly obvious during the COVID-19 pandemic when the fault lines of inequality meant that those with the least resources were the most affected.[5] Women were impacted disproportionately by their underlying vulnerability to social and economic challenges particularly whose employment was reduced or ceased, schools and child-care were closed, women with disabilities were unable to access support, women who are the majority of single parents, had to manage remote learning often with poor or no access to the internet. Women in low paid care sectors could not work from home and were more likely to face barriers when trying to access health care[6]. Deep impacts were felt on reduced income, increased rates of violence against women, and on mental health.

The Victorian Government has established Interim Regional Bodies for Mental health which will be replaced by and Regional Mental Health and Wellbeing Boards by the end of 2023. Alongside that is the Victorian public health and wellbeing plan 2019-2023 with consultations underway for a new Health and Wellbeing Strategy due in 2024.

[5]. KPMG. 2021. The Widening Divide in Melbourne: How COVID-19s transmission through the city increased the existing inequality. https://assets.kpmg/content/dam/kpmg/au/pdf/2021/widening-divide-in-melbourne-covid-19.pdf

[6]Willis O. 2021. COVID-19 exposes Australia's stark health inequalities — and threatens to entrench them further. https://www.abc.net.au/news/health/2021-09-04/covid-19-exposes-australias-stark-health-inequalities/100426178

## GENDER TRANSFORMATIVE APPROACHES TO MENTAL HEALTH PROMOTION

The purpose of primary prevention and health promotion is to intervene in the decline in women's mental health in Victoria. In this Theory of Change, primary prevention is defined through the social model of health and connected to the principles and practices of health promotion, rather than through a biomedical lens or the language of risk and protective factors.

Primary prevention then, must ensure interventions are developed and embedded into the social fabric of the community; that strong partnerships are established for consistent implementation of interventions; recognition that interventions for women's mental health and wellbeing will primarily be beyond the health sector; intervention(s) are tailored specifically to each community; and that sustainable long term funding is necessary to support initiatives that seek action on the social determinants of health[7] through an intersectional lens.

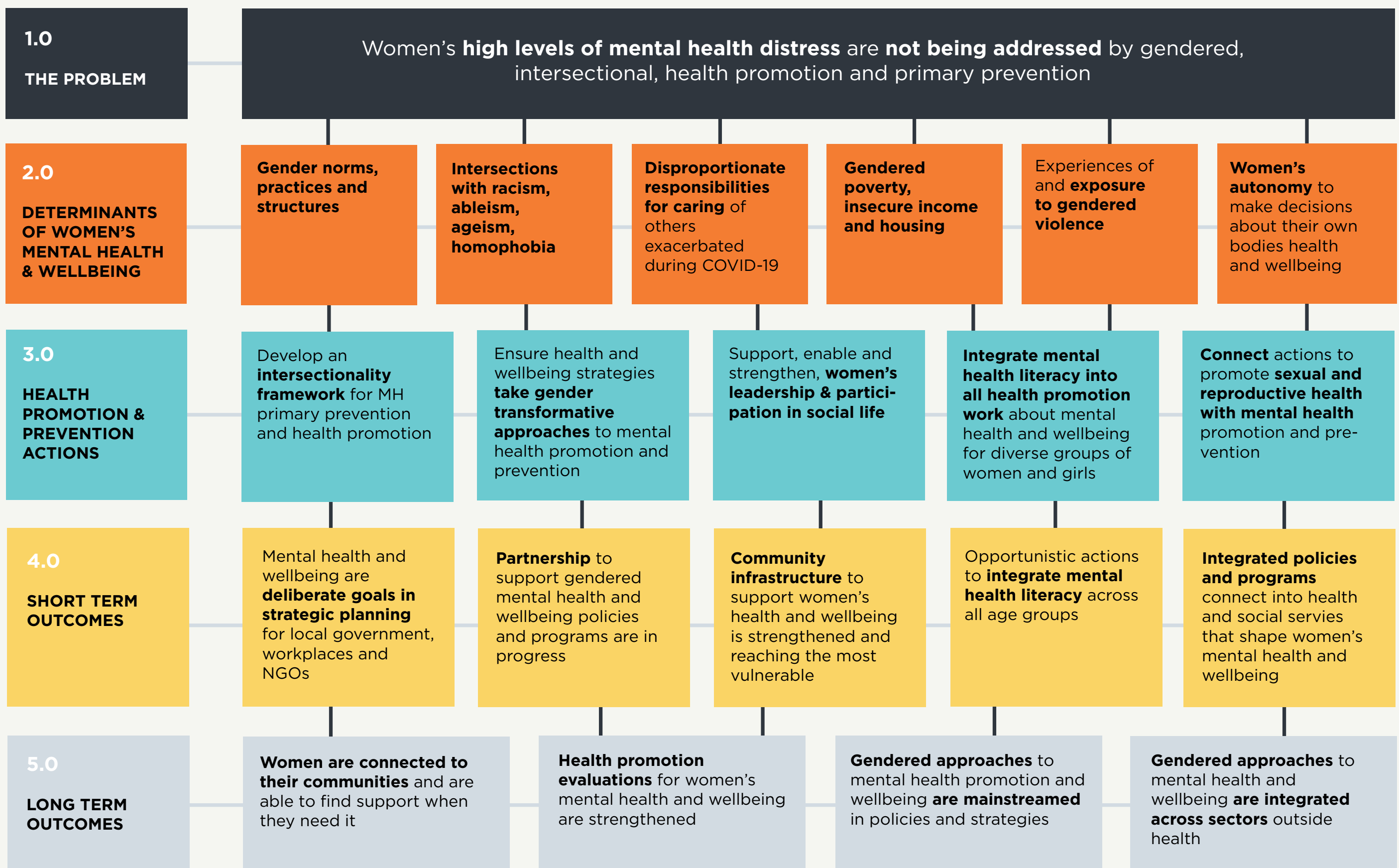
Health promotion practitioners identify the determinants of their communities' health and wellbeing and then find solutions to create positive change. Health promotion emphasises the importance of intersectoral partnerships that place people and communities at the centre of planning.[8] The principles of health promotion – to build healthy public policy, create supportive environments, strengthen community actions, develop personal skills, reorient health services – are intended to create the conditions in which primary prevention will be effective.

Interventions described as primary prevention, in for example the prevention of violence against women, are increasingly focused on structural and policy change as well as upstream cultural and social conditions that underpin the problem. This approach is more aligned with health promotion because it is concerned with tackling the multiple levels of influence on a problem, that enable or act as barriers to the prevention of violence against women.

[7]Schmidt, B., Smith, J. D., & Battye, K. (2018). Best practice primary and secondary preventative interventions in chronic disease in remote Australia. ACSQHC. https://www.safetyandquality.gov.au/atlas/atlas-2015/atlas-2015-resources/

[8]Keleher H, Health Promotion, Chapter 10, in Keleher H, MacDougall C. (eds) 2021. Understanding Health, 5th ed. Oxford University Press, South Melbourne.

# THEORY OF CHANGE



# 1.0 THE PROBLEM OF MENTAL DISTRESS AMONG WOMEN

**Women's mental health is declining but not being addressed by gendered, intersectional, holistic health promotion and prevention**

Mental health conditions are Australia's number one health concern for women. Overall, about one in seven Victorians report high or very high levels of psychological distress but women have significantly higher levels of psychological distress than men.[9] Mental health conditions, particularly fear, anxiety and depression, account for the largest proportion of the burden (or impact) of intimate partner violence on Australian women aged 18 years.[10] The distress from physical and emotional abuse is psychologically damaging and increases women's risk of developing a chronic mental health disorder.

A greater proportion of women have high or very high psychological stress compared with men in each LGA, in every age group.[11] Prevalence is highest in Victorian women aged 18-24 (28.3%).[12] The most disadvantaged areas have the highest proportion of adults with high or very high psychological distress.[13]

The impact of psychological distress from discriminatory workplace cultures, everyday forms of discrimination, sexism, gaslighting, violence, marginalisation and exclusion cause fatigue, lack of self-worth, depression and anxiety and conditions including migraine, cardiovascular disease, chronic obstructive pulmonary disease, cerebrovascular disease, injury, eating disorders, harmful drinking, smoking and drug use. In women, higher psychological distress is commonly associated with being a victim of violence or harassment, and intense or prolonged periods of informal (unpaid) caregiving.[14]

[9]Department of Health and Human Services 2018a) https://www.health.vic.gov.au/chief-health-officer/mental-illness-and-mental-wellbeing.
[10]Australia's National Research Organisation for Women's Safety. (2020). *Violence against women and mental health (ANROWS Insights*, 04/2020). Sydney: ANROWS.
[11]Australian Bureau of Statistics (2020-21), *National Study of Mental Health and Wellbeing,* ABS Website, accessed 7 December 2022.
[12]Australian Institute of Health and Welfare (2022) *Mental health: prevalence and impact* , AIHW, Australian Government, accessed 07 December 2022.
[13]Isaacs AN, Enticott J, Meadows G, Inder B. Lower Income Levels in Australia Are Strongly Associated With Elevated Psychological Distress: Implications for Healthcare and Other Policy Areas. *Front Psychiatry*. 2018 Oct 26;9:536. doi: 10.3389/fpsyt.2018.00536.
[14]Mental Health Conditions; Victorian Women's Health Atlas. Women's Health Victoria. https://victorianwomenshealthatlas.net.au/#!/atlas/Mental%20Health/MH/Mental%20Health%20Conditions/MH_10/2021%20Rate%20(per%2010,000)%20ever%20diagnosed/410/F/state/all/false

# 1.0 THE PROBLEM OF MENTAL DISTRESS AMONG WOMEN CONT.

Mental health distress is more severe for women who experience structural inequality and other forms of discrimination including racism, classism, ableism, ageism, and homophobia which in turn, create social exclusion and compound mental health impacts for women. All these factors lead to emotional, social, and financial stress and anxiety, and can exacerbate existing mental health conditions, trigger new or recurring conditions, and impede recovery.[15] Women in many different workplaces report subtle and not so subtle forms of discrimination including sexism, racism, homophobia and transphobia are prevalent.[16]

At the same time, limited availability of gender-specific or gender-responsive services means women who experience structural inequalities and the many forms of social exclusion, may not be able to access appropriate, accessible, support. High rates of mental distress, anxiety and depression among women require gendered prevention and health promotion responses. Feeling connected to others; finding support to cope with the usual stresses of life; and having the opportunity and capacity to contribute to community and feel valued, are all critical to women's mental health.

[15]Gen Vic 2021. This conversation is not over: women's mental health during the COVID-19 pandemic. https://www.genvic.org.au/focus-areas/genderequalhealth/this-conversation-is-not-over-womens-mental-health-during-the-covid-19-pandemi
[16]Women's Legal Service Victoria (2022), *Gender and Intersectional Inequality: Power and privilege in Victoria's legal and justice workforce – Starts With Us: Phase two research report*, Women's Legal Service Victoria, Melbourne, Australia.

# 2.0 DETERMINANTS OF THE PROBLEM

Women's Health Services cannot create change alone because women's mental health is the result of a wide range of determinants. The development of intersectoral, intersectional and collaborative actions with a range of partners are necessary to target the drivers of poor mental health, and to develop programs, policies and practice that will guide improvements in mental health and wellbeing.  All levels of government, health services and health professionals, research organisations, schools and the community must play a role if optimal mental health and wellbeing are to be achieved for women and girls in Victoria.

## THE DETERMINANTS

### 2.1.

**Gender norms, practices and structures**

The causes of women's poor mental health are primarily grounded in gender inequity via the norms, practices and structures that discriminate against women, women's economic insecurity, gendered violence, sexism and stereotypes that limit women's independence, opportunities and capabilities, and male peer relations that support aggressive attitudes, behaviours and disrespect towards women.[17] This means that women's mental health requires significant and strategic support for work that engages men and boys in gender equality.

### 2.2

**Intersectionality**

Intersectionality is a theory of power for achieving an inclusive, safe, responsive and accountable system and to address the interactions and interplay between multiple identities that mark difference, and women's experiences of dominance and oppression.

The intersections of inequality within systems compound and exacerbate outcomes for women for whom the intersections of race and gender in particular, highlight the importance of acknowledging colonization, racism, ableism, ageism, disability and cultural difference as a system of power that underpins all forms of oppression and discrimination.

[17] Our Watch 2021. Change the Story 2nd ed.

## 2.2

**Intersectionality cont.**

For change to happen, intersectionality in all its forms, must underpin the intersectoral partnerships and collaborations that are necessary to improve women's mental health. However, intersectionality is not well articulated in the work of mental health promotion or prevention or indeed, in clinical care. Women's Health Services have an opportunity to develop and test intersectional approaches to primary prevention and health promotion for women's mental health.

The development of a shared understanding with partners of what intersectionality is, and how it can be embedded in all areas of primary prevention practice is critical to tackling the health inequities in mental health experienced by women.

## 2.3

**Disproportionate responsibilities for the caring of others exacerbated by the COVID-19 pandemic**

Women historically (and still today) carry a greater share of care responsibilities for children and other family members which increased during the COVID-19 pandemic. Women increasingly carried a 'triple load' of paid work, care work, and the emotional labour of supporting their families during the crisis giving rise to exhaustion and fatigue over a considerable period of time.[18] The frequency and severity of intimate partner violence also increased, with confinement to the home creating additional risks with ongoing ill effects on women's mental health.

During 2021, a large body of research in Australia explored the effects of the pandemic on violence against women and children, and specifically Intimate Partner Violence (IPV), indicating that cases being referred to frontline services are more complex, and victims and survivors are experiencing increased barriers to reporting IPV and getting support.[19] This has been called a "shadow pandemic" of violence against women and children, in particular IPV. Women are stalked, harassed and experienced technology-facilitated abuse perpetrated by a partner or former partner.[20]

[18]Gen Vic, 2021, This Conversation is not over: women's mental health during the COVID-19 pandemic. Gender Equity Victoria; Loxton, D Townsend N, Forder P, Barnes I, Byrnes E, Anderson A, Cavenagh D, Egan N, Tuckerman K, Byles J. 2021. Australian women's mental health and wellbeing in the context of the COVID- 19 pandemic in 2020. Australian Longitudinal Study on Women's Health, Centre for Women's Health Research, University of Newcastle.
[19]Boxall H & Morgan A, 2021. Intimate partner violence during the COVID-19 pandemic: A survey of women in Australia. Special reports no. . Canberra: Australian Institute of Criminology. https://www.aic.gov.au/publications/special/special-11
[20]Ibid.

## 2.4

## Gendered poverty, insecure income and housing

There are strong associations between low incomes and poverty with psychological distress. Among the poorest one-fifth of Australians, 1 in 4 people have psychological distress at a high/very-high level - this compares to about 1 in 20 people in the richest one-fifth of Australians. There is little or no difference in levels of psychological distress between those living in rural and remote areas.[21]

Women's work in female-dominated industries which are paid significantly less than employees in male-dominated industries. Victorian women are over-represented in part-time work, in low-paid industries and in insecure work, and continue to be underrepresented in leadership roles in the private and public sectors.[22]

Studies[23] have found that regardless of how housing disadvantage is considered, there is a correlation with poorer mental health at the time, and into the future:

- Precarious housing is tied to low income.
- The poorer the conditions of people's housing, the poorer their mental health. This relationship exists regardless of income, employment, education, occupation, and other demographic factors. The more elements of precarious housing people experienced simultaneously, the more likely they were to experience poor mental health.
- As lone parents, young women and their children are particularly vulnerable to precarious housing with ongoing health and wellbeing, economic and social effects of precarious housing on themselves and their children, particularly anxiety and depression, limiting their capacity to parent effectively and engage in paid work and study.
- Women are 40% more likely to be in unaffordable housing than men, a situation undoubtedly worse since the COVID-19 pandemic.

[21]Isaacs AN, Enticott J, Meadows G, Inder B. Lower Income Levels in Australia Are Strongly Associated With Elevated Psychological Distress: Implications for Healthcare and Other Policy Areas. Front Psychiatry. 2018 Oct 26;9:536. doi: 10.3389/fpsyt.2018.00536. PMID: 30416460; PMCID: PMC6213368.
[22]Australian Human Rights Commision, 2018. Face the Facts: Gender Equality 2018: https://humanrights.gov.au/our-work/education/face-facts-gender-equality-2018
[23]Mallett, S, Bentley, R, Baker, E, Mason, K, Keys, D, Kolar, V & Krnjacki, L (2011). Precarious housing and health inequalities: what are the links? Summary report. Hanover Welfare Services, University of Melbourne, University of Adelaide, Melbourne Citymission, Australia; Singh A, Baker E, DanielL, Bentley R. Poor housing leaves its mark on our mental health for years to come. The Conversation, 29 July 2019: https://theconversation.com/poor-housing-leaves-its-mark-on-our-mental-health-for-years-to-come-120595

## 2.5

## Violence against women

Violence against women is the major health risk for women's physical and mental health.

Poor mental health is the biggest impact from intimate partner violence, sexual assault and abuse of women all of which increased during the pandemic exacerbated by social isolation, loneliness, poverty and poor or unstable housing which are already known to have detrimental physical and mental health consequences .[24,25] Women who have experienced domestic violence or abuse are at a significantly higher risk of experiencing post-traumatic stress disorder (PTSD), depression, anxiety, substance abuse, and thoughts of suicide.[26]

Violence against women also includes sexual assault, harmful gender stereotypes that give rise to discrimination and abuse, gendered cyberhate. Other determinants of poor mental health among women include body image, the continuous load of being a carer for others, women's economic insecurity and the disproportionate impacts of disasters and crises including the COVID-19 pandemic which all contribute to higher rates of depression, anxiety, eating disorders and mental health conditions.

[24]Holt-Lunstad, Smith, Baker, Harris and Stephenson 2015.
[25]Australia's National Research Organisation for Women's Safety. (2020). Violence against women and mental health (ANROWS Insights, 04/2020). Sydney: ANROWS.
[26]Vincentcare. How domestic violence affects women's mental health. https://vincentcare.org.au/news/latest-news/how-domestic-violence-affects-womens-mental-health/

# 3.0 THE CHANGE WE NEED TO SEE

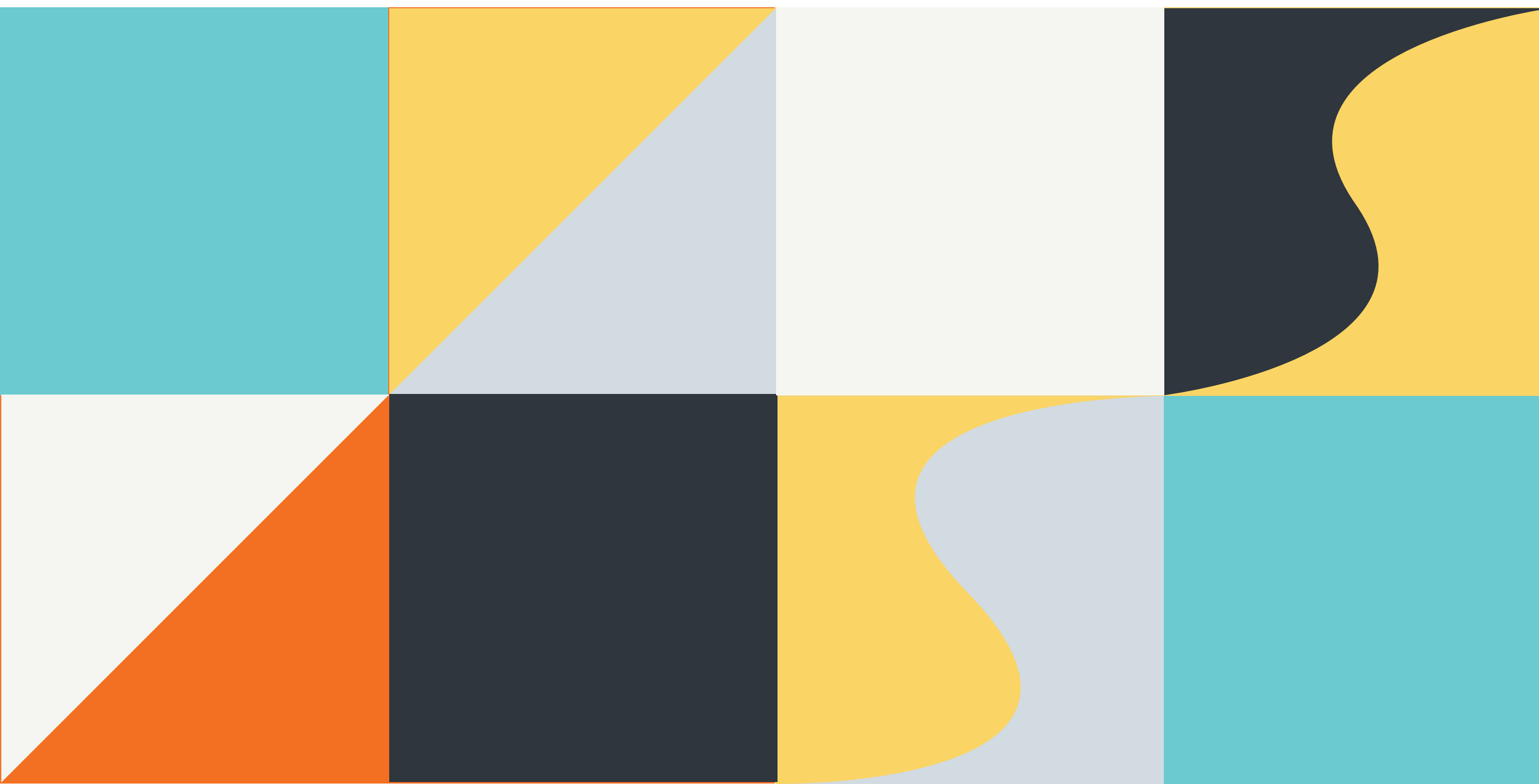
Change requires actions that will support long-term outcomes at various levels – from identifying the determinants of women's mental health, through to the health promotion and primary prevention actions in organisations, community and at societal levels, and across sectors, in order to achieve the long-term outcomes.

Health is largely created outside of the health system, including the conditions that create the wellbeing that enables women to live well, in safety, and that they are cared for, and able to care for those they love. Actions for prevention and health promotion action for women's mental health and wellbeing are necessarily multisectoral, diverse and connected. They need to be embedded across settings and sectors in order to leverage the resources and leadership of multiple partners. Mental health promotion and prevention actions that will lead to the desired outcomes are for Women's Health Services to:

## LONG TERM APPROACHES

| | |
|---|---|
| **3.1**<br><br>**Intersectionality Framework** | Develop an intersectionality framework for women's mental health primary prevention and health promotion to guide and underpin the work of intersectoral partnerships and the collaborations that will follow:<br><br>Ensure an intersectional lens is applied to all regional policies and programs to support mental health and wellbeing. |
| **3.2**<br><br>**Gender equal health and wellbeing strategies** | Ensure health and wellbeing strategies take gendered approaches to mental health promotion and prevention:<br><br>Create intersectoral, regional partnerships to ensure health and wellbeing strategies in local government and other organisations take gendered approaches to mental health promotion and prevention.<br>Connect Regional Partnerships for the Prevention of Violence Against Women with mental health promotion actions. Regional Partnerships provide both a modelling of how to embed prevention approaches at a regional level, and an evidence informed method of achieving impact at scale. |

| | |
|---|---|
| **3.3**<br><br>**Strengthen women's leadership** | Support, enable and strengthen women's leadership and participation in public and social life at local levels.<br><br>Strengthen community infrastructure that increases the social connection of women at local levels through pathways into leadership and participation that ensure women can exercise autonomy in decision and contribute to community. Community infrastructure must be informed and supported by women and gender diverse peoples lived experience of mental health distress to understand what support they need, particularly those more vulnerable to mental health distress including women in social housing, single mothers, those on Health Care Cards, older women living on aged pensions, and girls disengaging from school all of whom are at risk of social isolation and having, or developing, mental health issues. |
| **3.4**<br><br>**Integrate mental health literacy** | Information about mental health and valuing of lived experience can increase everybody's understanding about what good mental health is, and how to recognise mental health conditions, distress, and trauma. Programs that increase people's mental health literacy can improve understanding of the early signs of poor mental health, identifying trauma and helping women and gender diverse people understand when to seek help and break down stigma about accessing support. |



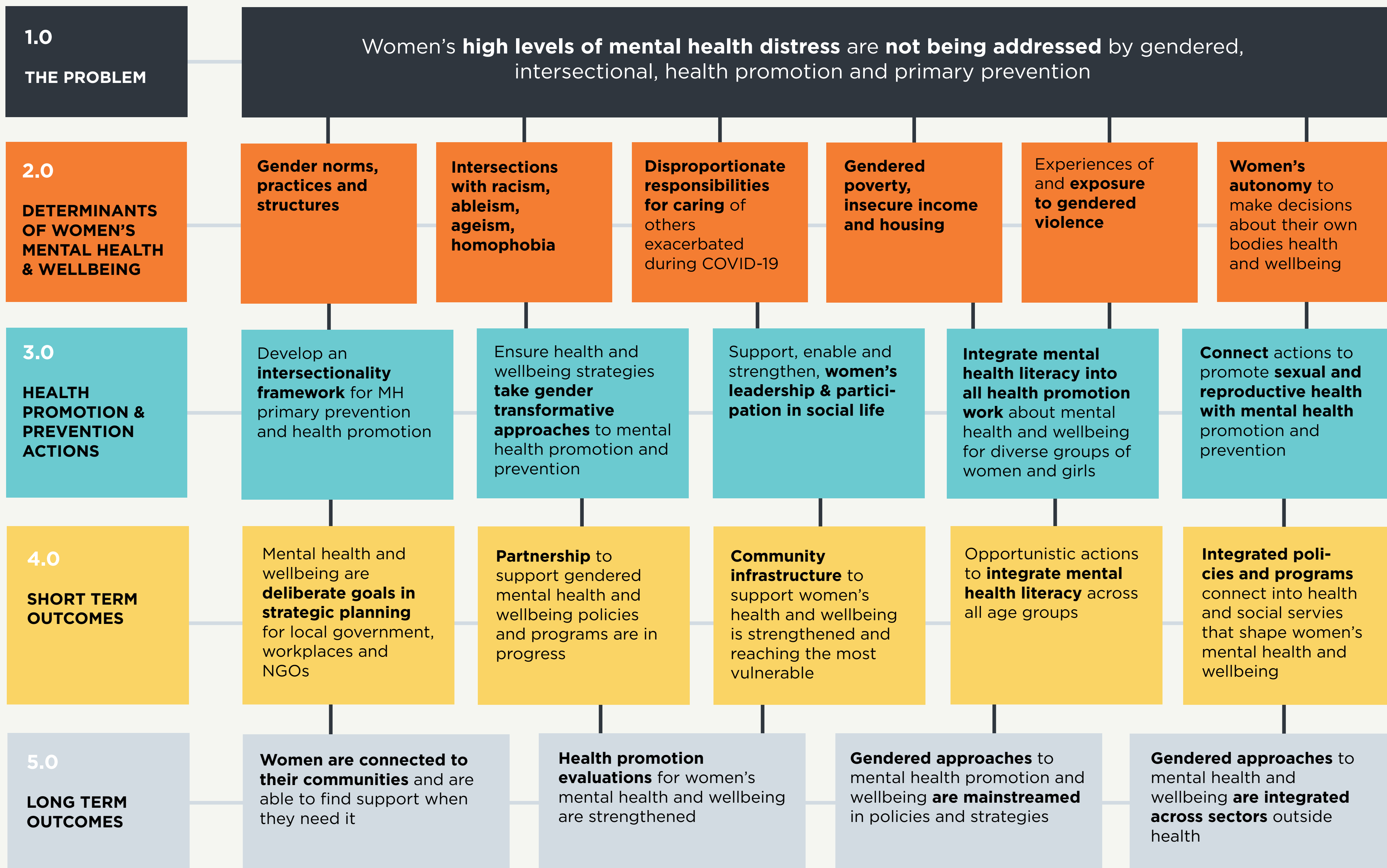
# 4.0 SHORT TERM OUTCOMES

1. Gender transformative mental health and wellbeing promotion are deliberate goals in strategic planning for local government, workplaces, and non-government organisations.
2. Partnerships to support gendered mental health and wellbeing policies and programs are in progress.
3. Community infrastructure for women and gender diverse peoples' mental health and wellbeing is strengthened and reaching the most marginalised.
4. Opportunistic integration into all types of actions to increase mental health literacy and help seeking and suicide prevention across all age groups
5. Policies and programs connect social services including housing, education and justice, where people live, work and connect, also shape women's mental health and wellbeing.

# 5.0 LONG TERM OUTCOMES

Long term outcomes are about asking: 'what has to change for these outcomes to happen?' building on 'what outcomes need to have already been achieved in the short-medium term?'

1. Gender transformative interventions are reaching people of all genders, especially those with higher levels of disadvantage and social exclusion.
2. There are measurable reductions in the gaps for social and emotional wellbeing for at-risk groups
3. People of all genders are connected to their communities and are able to find appropriate support when they need it.
4. The protection and promotion of gender transformative mental health promotion and wellbeing is mainstreamed across all sectors.
5. Women report feeling safer to pursue their human rights and freedoms and autonomy to make decisions.
6. Inclusion is supported and inequities in the conditions necessary for women's good mental health and wellbeing are decreasing.




**A Theory of Change** for Women's Mental Health and Wellbeing