Queensland Health

Queensland Women and Girls' Health Strategy 2032

Consultation Outcomes Report

March 2024

Queensland Government

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Consultation Outcomes Report

For more information contact

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Content warning

This Strategy includes references to women and girls' negative healthcare experiences, domestic and family violence, and sexual violence, and personal views. The contents of this document may trigger negative feelings for some readers.

If you or another person wishes to seek support or advice, please contact:

- 1800RESPECT (www.1800respect.org.au) on 1800 737 732 (24/7 telephone and online crisis support for people impacted by domestic, family or sexual violence)
- Lifeline (www.lifeline.org.au) on 13 11 14 (24/7 crisis support and suicide prevention)
- QLife (www.qlife.org.au) on 1800 184 527 (3pm to midnight daily LGBTIQ+ telephone and webchat peer support to discuss sexuality, identity, gender, bodies, feelings or relationships)

General Acknowledgment

The Queensland Government acknowledges the Queenslanders who informed the *Queensland Women and Girls' Health Strategy 2032*. The work of everyone who contributed to the Strategy is greatly appreciated.

We heard from a wide variety of groups including government agencies, health professionals, representatives from the community sector, industry, and advocates. Many women and girls shared their personal experiences. These voices are central to improving the health of all women and girls in Queensland.

Queensland Health is committed to its obligations under the *Human Rights Act 2019*, including the protection of families and children. As part of any projects or actions related to the Strategy, Queensland Health will protect and promote human rights, promote a dialogue about the practical application of human rights, and help to build a culture in the Queensland public sector that promotes human rights.

Acknowledgement of Country

The Queensland Government respectfully acknowledges the First Nations peoples in Queensland as the Traditional Owners and Custodians of the lands, waters and seas. We respectfully acknowledge Aboriginal peoples and Torres Strait Islander peoples as two unique and diverse peoples, with their own rich and distinct cultures, resilience and strengths.

We acknowledge Aboriginal and Torres Strait Islander women and girls who have been the bearers of strength, love and determination within their families and communities for generations. We acknowledge the proud female leaders who, in the midst of harsh adversity, have stood in the gap for their communities, to provide a safe refuge for those who needed it. We acknowledge the First Nations women who pioneered cultural safety, equity, and justice in healthcare and those who have paved a way for the First Nations health workforce.

We pay our respects to Elders past and present and value the culture, traditions and contributions that Aboriginal and Torres Strait Islander peoples have made to our communities. We recognise that our collective responsibility as government, communities and individuals is to ensure equity and equality, and the recognition and advancement of Aboriginal and Torres Strait Islander peoples in Queensland in every aspect of our society.

We acknowledge and thank Aboriginal and Torres Strait Islander women and girls in Queensland for their strength and resilience, including, those who have contributed to the development of the *Queensland Women and Girls' Health Strategy 2032*.

Aboriginal and Torres Strait Islander peoples are advised that this publication may contain the names and/or images of deceased people.

Contents

Introduction

The Queensland Government is committed to advancing the rights and interests of women and girls, increasing their economic participation and working to achieve gender equality in Queensland.

To demonstrate this commitment, the *Queensland Women's Strategy 2022-27* was developed and included a signature action to develop and implement the *Queensland Women and Girls' Health Strategy 2032* (the Strategy).

Consultation has been central to developing the Strategy. This Consultation Outcomes Report (Report) summarises the outcomes from extensive public consultation that Queensland Health has undertaken to inform the Strategy.

This Report is a summary of the key findings in the consultation process and does not represent government policy or draw any conclusions. It is acknowledged this Report cannot cover detailed discussion from the consultation process, however, all feedback received during consultation has been considered.

Queensland Health appreciates the valuable contributions of all consultation participants.

The consultation process

During public consultation, we heard directly from almost 12,000 women and girls through two surveys.

We also engaged with many women and girls, including from **priority communities**, through targeted consultations, face-to-face workshops and roundtable events held across Queensland. We received 77 written submissions and engaged with health professionals, non-government organisations and others who support women and girls' health. See page 30 for further information about consultation activities and to understand the full depth and breadth of consultation.

Public consultation started in November 2022. Early discussion occurred with key stakeholders, and an initial consultation paper (and easy to read version) and a survey on the Get Involved website were released. The public was invited to send in written submissions responding to the initial consultation paper.

Health Consumers Queensland facilitated Kitchen Table Discussions and Yarning Circles across the state. These sessions included participants from all priority communities who may face additional barriers to accessing health care and/or experience worse health outcomes than the general population of women and girls. Queensland Health held smaller targeted consultation sessions directly with stakeholders and consumers. These sessions ensured women and girls who may not engage with other consultation activities still had a voice in the consultation process.

Three advisory groups were established to inform the Strategy:

- an External Advisory Group comprising non-government organisations, service providers, and health consumers
- a Queensland Health Advisory Group comprising Department of Health and Hospital and Health Service representatives
- a Cross-Government Advisory Group.

The early focus of consultation was on identifying issues to inform the Strategy. This included barriers and enablers to accessing health care, use of existing services and services outside of health delivery.

Later consultation focussed on reviewing and refining a draft Strategy, including the co-design of principles, system reform goals and priority health action areas with associated strategies and initiatives. This also included a second online survey, targeted meetings, written submissions, and a series of women's health roundtables.

For the purposes of this Report, everyone who participated in consultation activities will be referred to as **participants** whether they are an individual, organisation, member of the public or other stakeholder. However, a specific participant 'category' may be referred to for demonstrating or emphasising the point being made, e.g., survey respondent, targeted consultation participant.

Priority communities of women and girls

Priority communities in our Strategy refers to women and girls of all ages with diverse backgrounds and experiences who may face additional barriers to accessing health care. This includes:

- **First Nations women and girls**
- **Members of Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ+) communities**
- **Culturally and linguistically diverse (CALD) women and girls**
- **Women and girls living in rural and remote areas**
- **Women and girls with disability**
- **Women and girls in contact with the justice system, including women in custody**

Developing the *Queensland Women and Girls' Health Strategy 2032*

Since August 2022, we've heard directly from Queenslanders about what needs to be done to improve women and girls' health over the next 10 years.

Aug 2022

Preliminary engagement with key stakeholders

Sep 2022

Cross-Government stakeholder meeting

Nov 2022

- Initial consultation paper released
- 197 consumers in 12 Kitchen Table Discussions, 7 Yarning Circles and 2 sessions with women in custody, run by Health Consumers Queensland

Nov 2022 - Jan 2023

1,490 Get Involved survey responses

Dec 2022 - Jan 2023

184 participants in 16 targeted priority group consultation sessions

Nov 2022 – Feb 2023

3 workshops with non-government organisations and Hospital and Health Services, run by The Social Deck

Jan 2023

- 41 written submissions
- 232 Facebook comments

April 2023

- Facilitated workshops with Cross-Government and External Advisory Groups
- Queensland Health Clinical Network engagement and clinician workshops

April - July 2023

Meetings with interjurisdictional counterparts

May 2023

- Facilitated workshops with Queensland Health and External Advisory Groups
- Far North Queensland Stakeholder Consultation Workshop

Aug - Sep 2023

Facilitated workshops with Cross-Government, Queensland Health and External Advisory Groups

Sep 2023

Consultation draft of the Strategy released

Oct 2023

4 priority group engagement sessions

Sep - Oct 2023

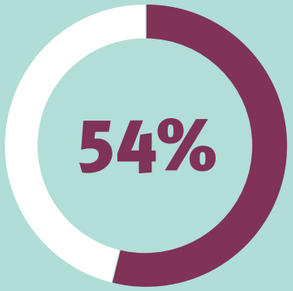
- 8 Talking Women's Health Roundtables hosted across Queensland
- 10,392 survey responses

Sep – Nov 2023

36 written submissions

Queensland Women and Girls' Health Strategy 2032

Summary of key findings



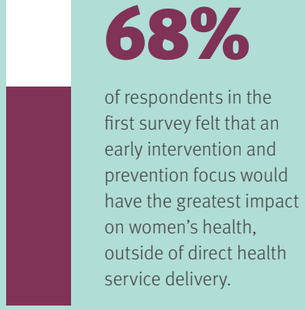
of participants felt they had been **dismissed, discriminated against**, or not believed **by a healthcare professional** because of their gender.

For women with disability, physical accessibility remains a key barrier.

Participants supported a focus on priority communities of women and girls but noted:

- the Strategy should aim to increase the health of **all women and girls**
- some women **may be impacted by several factors** that place them at greater risk of poor long-term health outcomes, for example being **First Nations**, with a **disability** and in contact with the **corrections system**
- other communities may also experience poor long-term health outcomes or be negatively impacted by **social, cultural, systemic** and **economic factors outside of their control.**

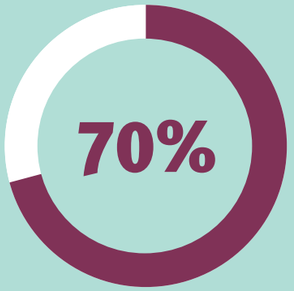
Participants want better awareness and treatment options for a range of specific conditions that exclusively or disproportionately affect women.



of respondents in the first survey felt that an early intervention and prevention focus would have the greatest impact on women's health, outside of direct health service delivery.

The most significant barriers to accessing healthcare by survey respondents^

^Data drawn from first survey.



of survey respondents said that **mental health and wellbeing** were in their top three health issues. It was important across all age groups, but particularly with women and girls under 30-years-old.

66%

of participants aged 40 years and over consider healthy lifestyles and bodies among their top health issues.

Being informed about health conditions, care options, and having preferences respected by health professionals is seen as essential to a human rights approach and building trust.

Women and girls said they are often **unsure who to speak to**, what organisation to reach out to, **or what healthcare options are available.**

70%

of participants aged between 18 and 29 years considered sexual and reproductive health to be important.

Survey respondents said the most significant enabling factors to receiving gender equitable healthcare were:

76%
extended hours for health services

70%
improving gender awareness in the health workforce

65%
improving service accessibility

Participants said the Strategy should **consider all factors that influence women and girls' health.** This includes conditions of the environment in which people live, learn, work, play and worship, and can extend to include cultural beliefs and economic factors.

82%

of participants who had experienced violence or abuse identified mental health and wellbeing as one of their most important health issues.

Unless otherwise specified, data is drawn from the second survey.

Our principles

Participants were asked about the principles to include in the Strategy. We have outlined our key findings.

Human rights

Participants advocated that the Strategy be based on human rights. Key points were that:

- Queensland is the only Australian jurisdiction with a legislated right to access health services
- cultural rights are provided to Aboriginal and Torres Strait Islander peoples under the same legislation
- a human rights focus is crucial to health issues like sexual and reproductive health
- there is a need to deliver human rights training for healthcare professionals.

Women and girls' voices

Participants consistently reported feeling dismissed, discriminated against or disbelieved by health professionals because of their gender.

Language like 'empower women' was not supported as it places the responsibility on individual women to work harder to navigate the system, rather than the health system changing to better meet the needs of women and girls. Participants emphasised that women and girls are speaking, but they are not being listened to.

Informed consent in health settings is critical. Being informed about health conditions, care options, and having preferences respected by health professionals is seen as essential to a human rights approach and building trust. This is particularly important for members of priority communities, young women and girls, and women as they age.

Fifty-four per cent of respondents to the second survey indicated they had been dismissed, discriminated against, or not believed by a healthcare professional because of their gender. More than 3,400 people shared their experience.

"Doctors not listening to women's pain is a huge issue. Also, the dismissal of our health issues if we are overweight or obese. The amount of times I have had to demand tests and referrals is a joke and needs to be addressed."

Survey respondent

Experiences shared by respondents included:

- health professionals dismissing their pain
- dismissal that led to misdiagnosis or a delay in diagnosis and unnecessary suffering
- complaints about the health system were not recognised or resolved - especially for young women and girls.

First Nations health and healing

First Nations women and girls said they want their culture respected when accessing care.

This includes culturally safe and appropriate health services and a culturally safe workforce. Ways to achieve this include:

- policy and programs designed by a diverse range of women and girls to deliver an inclusive and effective health system
- culturally appropriate health resources and materials to build health literacy
- health information provided in a range of ways, e.g., through storytelling
- consideration of a separate Aboriginal and Torres Strait Islander Health Equity Strategy for women and girls.

Life course approach

We heard that the Strategy must consider the health needs of women and girls across each stage of their lives.

The unique health needs of young girls, women as they age, and older women are considered important.

> **"We have an ageng society. A group of people who need representation with thoughtful compassion and understanding."**
>
> *Survey respondent*

Participants shared experiences where health services did not meet their needs at different life stages. For some women, symptoms of illness experienced as adolescents were misdiagnosed, leading to longer-term health issues over the life course. Increasing awareness of health changes or issues that could present at different life stages was noted as an opportunity to prepare individuals and support them to monitor their health.

Determinants of health

Participants said the Strategy should consider all factors that influence women and girls' health.

This includes conditions of the environment in which people live, learn, work, play and worship, and can extend to include cultural beliefs and economic factors.

Participants said governments must work together to address all factors that influence health. This would enable them to feel supported and able to prioritise their health and care for themselves and their families.

> **Other intersections such as: gender identity, sexual orientation, ability or disability, socio-economic status, religion, education, and geographic location. All of these characteristics and social determinants of health impact upon the individual's understanding of and acceptance of health information, their access to services and their responses to treatments."**
>
> *Written submission*

Co-design and collaboration

Stakeholders representing priority groups spoke about the need for co-designed services and supports.

Representation of priority communities on decision-making bodies and advisory groups is necessary to build inclusive services. Consultation with the External Advisory Group confirmed the need for co-design with communities to build trust and improve the effectiveness of services.

Clinical and cultural safety

Every woman or girl has their own unique story. Participants strongly stated the need for healthcare to respect each person's individual needs, experiences and values.

This includes how different factors in life impact upon individuals' health needs. Key issues raised include:

- a lack of trust in health services or health professionals
- a need for consent-based care, privacy and confidentiality in multiple health settings
- women and girls must feel safe and supported to receive the right care at the right time.

Health equity

Participants stated that the Strategy must include a focus on priority communities.

The Strategy's goal should be to improve health equity for all women and girls, while recognising the importance of health equity across priority communities.

> **"We need to focus on health equity and preventive medicine rather than wait until people are unwell and needing tertiary care."**
>
> *Workshop participant*

Individual and organisational participants consistently stated additional funding is required to improve, expand or create new services in the women's health sector. This would enable women and girls to access gender and trauma-informed care in safe places.

System reform goals

Enhance the health of priority communities

We heard that priority communities of women and girls require more tailored healthcare and that service delivery must consider their unique challenges and barriers. Many of the issues raised in designing our principles were again raised in the need for system-wide changes to health services to improve the health of priority communities.

Additional points were made including:

- there are unique challenges faced by women and girls in rural, regional and remote locations with limited services, such as allied health following cancer treatment, a lack of maternity services and the need for a strengthened health workforce
- it is important to recognise that each individual community's needs are different
- support is required for ageing women, such as those receiving aged care and/or in residential aged care
- there is a need for equitable access to sexual health services
- there are unique issues for women in prison, including lack of access to doctors; overly bureaucratic and difficult processes to seek healthcare; lack of access to medication; and limited opportunities to have a healthy diet and exercise.

"Due to cost and availability of appointments, I attend multiple bulk billing practices, which means I rarely see the same GP twice."

Survey respondent

Participants made suggestions including:

- increase the number of bilingual health care workers and consumer-led education for health professionals to address common miscommunication issues, including for women and girls with disability
- collect patient data about whether people identify as being of a diverse background to better inform service planning
- build on the important work of Aboriginal and Torres Strait Islander Community Controlled Health Organisations in providing community-based, culturally appropriate and trauma-informed care.

There were additional groups that were suggested to be considered as priority communities in the Strategy, including:

- women and girls in state care, for example, those in secure mental health facilities
- sex workers, who can face unique issues of stigma and discrimination in accessing health care
- young women and girls
- older women.

"With GPs, they are not from the same language group and often do not do a good job of explaining."

Workshop participant

Participants emphasised the importance of having programs and solutions designed and delivered by diverse women and girls, suggesting this would be a key enabler in ensuring a diverse and inclusive health system.

Increase prevention and early intervention

There was strong support for investment in preventative health activities.

Survey respondents indicated:

- a focus on early intervention and prevention is the most impactful intervention outside of direct health service delivery (68 per cent of first survey respondents)
- early intervention across all ages is required to address the higher rates of multiple chronic conditions experienced by women compared to men
- increased prevention and early intervention strategies would create a more proactive health system.

“There is so much opportunity to look at keeping people out of Queensland Health (hospital) services.”

Survey respondent

Participants want better awareness and treatment options for a range of specific conditions that exclusively or disproportionately affect women. This includes:

- endometriosis
- lipoedema
- polycystic ovary syndrome
- cervical and ovarian cancer
- chronic fatigue syndrome/myalgic encephalomyelitis and long COVID.

“[There] needs to be more preventative education and our health system needs to value this and not focus on reactive health intervention.”

Survey respondent

Participants highlighted the need for access to healthy foods as an important preventative health measure. This is an important consideration with many households currently facing significant cost of living pressures.

Improve health literacy

There was a clear message that women and girls want information about women’s health issues and to improve their health education and health literacy.

Participants from priority communities said they experience additional barriers to accessing healthcare that need to be considered. Women are unsure who to speak to, what organisation to reach out to, or what healthcare options are available.

In the first survey, 56 per cent of participants considered improved health literacy of women and girls would be one of the greatest interventions to improve health outcomes outside of direct health service delivery.

Participants stated that:

- health information needs to be provided in accessible formats for people with disability, written in plain language and include translated information
- health education should be part of a life course approach from school age all the way through to their senior years
- education about women’s health issues at an earlier age may have made a significant and positive difference to their own health journey
- more support is required for improving health literacy prior to perimenopausal or menopausal years, as menopause was identified as an important key health topic.

Access to health education in schools, particularly ‘sex ed’, is important for many young women and girls. Many women who were parents raised this issue. There is a need for ‘sex ed’ information to:

- include more practical advice
- address contemporary issues, including LGBTIQ+ topics
- be age-appropriate, e.g., girls need to understand menstrual cycles and managing period pain from when hormonal changes start to occur.

“[We need] improved education in schools on young women’s health and relationships, parenthood and living skills. With a strong focus on how and where to seek help and support when health problems arise.”

Survey respondent

Programs involving health workers in schools (such as school-based health nurses and general practitioners) are seen as good examples to provide easy access to health professionals and advice. Young women discussed the need to manage their own health where legally able to do so, and the importance of better understanding their health rights, particularly if they were under 18 years of age.

Participants said education about specific health issues is important. For example, participants raised the need for more awareness of cardiovascular disease among women, noting that it is often thought of as a men’s disease despite being responsible for double the number of deaths compared to breast cancer.

“Access is not the issue, it’s understanding. We don’t want jargon. We want a level of understanding.”

Workshop participant

Increase access to gender-informed, integrated and equitable care

Accessibility of health services is one of the top issues to support women and girls' health.

The cost of health care is seen as a significant barrier, raised especially by younger women and girls. This includes the lack of bulk-billing doctors, cost of medications and the high cost of specialist care.

Among responses to the second survey, the cost of services (71 per cent) and service availability (49 per cent) were the most significant barriers to access. The most significant enabling factors to receiving gender equitable healthcare were:

- extended hours for health services (76 per cent)
- improving quality of care through gender awareness in the health workforce (70 per cent)
- improving service accessibility (65 per cent).

"I personally have ignored appointments or had to postpone numerous times, to my own detriment, because I haven't been able to secure a babysitter for the day."

Survey respondent

For the second survey, 61 per cent of all respondents and 72 per cent of respondents with disability suggested better connections between health care professionals would help to increase access to health services.

Participants said that work and carer commitments can be barriers to access, and these barriers disproportionately affect CALD women in Queensland. Suggested changes include:

- flexible appointment timing or walk-in services to allow more women to attend appointments
- mobile health services and telehealth
- care being available outside of usual business hours, particularly for women with caring responsibilities
- providing multiple health services in a central accessible place.

"I have great difficulty accessing a GP and the health system in Australia is not good for me. In my country it's the third world but I can go see a specialist and it's affordable. But here I must wait two years and it costs so much money."

Targeted consultation participant

While it is acknowledged that some health issues require doctors or specialists, participants said that an increased presence of nurses, midwives, nurse practitioners and allied health professionals would improve access and reduce waiting times.

There is support for multidisciplinary teams in areas such as maternity and responses to domestic and family violence, and sexual violence. Non-government organisations, including Aboriginal and Torres Strait Islander Community Controlled Health Organisations, are seen as better placed to provide support than government-operated or private sector services.

"Access to doctors around work hours and childcare isn't easy. GPs aren't available...After hours medical care needs to be affordable and accessible, and childcare support needs to be provided so kids are taken care of while women meet their healthcare needs."

Survey respondent

For women with disability, physical accessibility remains a key barrier. Participants provided examples including:

- some health facilities are not located close to accessible transport
- some health facilities have significant accessibility issues
- the equipment used in some procedures, such as mammograms and pap smears, are not suitable for some women with disability.

Outreach and telehealth services are essential for women with disability, particularly those who are housebound.

Continue to develop an informed and trusted workforce

Throughout consultation, participants stressed how the approaches and attitudes of health workers can significantly influence outcomes for women and girls.

Participants consistently said that a negative experience with a health service or professional was likely to result in them choosing not to engage with the health system or services in future.

Participants said that educating the health workforce and improved gender awareness was a key area for improvement. Numerous participants discussed the need for trauma-informed care, particularly in mental health, general practice, and maternity environments.

"[There needs to be] better training for doctors - there is plenty of research to support the fact that women's health issues are continually dismissed or minimised by doctors, so additional training should be provided to better inform them of these biases and how they can be overcome."

Survey respondent

Targeted consultation participants raised a high incidence of delay in diagnosis and re-diagnosis for women with chronic conditions.

Participants frequently said that preventative care and early intervention could be improved by training the workforce on health issues that disproportionately impact women or impact women differently. Such training could:

- help women to identify, understand and act on symptoms that arise
- reduce misdiagnosis and delays in diagnosis
- reduce years lived with multiple chronic conditions, improving quality of life
- improve relationships with the health system.

Other opportunities were suggested for further training healthcare professionals in topics as diverse as human rights; gender bias; trauma-informed care; social determinants of health; gendered health needs; screening for mental health issues; suicide prevention; rare diseases; ableism; and persistent pelvic pain.

Another suggested approach was recruiting more women health practitioners and more practitioners from priority communities. The benefits of having a health workforce that reflects the diversity of the population it serves was a strong consultation theme.

Build a strong evidence base

There was strong support for research and enhanced data collection to improve the health of women and girls.

Participants and survey respondents said that a lack of research equity (that is, health research that does not include women or particular groups of women) can contribute to a lack of understanding of women's health issues and limits the ability of health professionals to provide equitable health care.

"We need more research into women's health and finding better solutions to women's reproductive health issues."

Survey respondent

Research bias and its effect on clinical practice and culture was raised throughout consultation, particularly at the Far North Queensland workshop. Research commissioned through the Australian Women and Girls' Health Research Centre noted gaps in data around priority communities including members of LGBTIQ+ communities and CALD communities.

Priority health action areas

Healthy lifestyles and bodies

Healthy lifestyles and physical activity were frequently raised as key components of preventative health and achieving better health outcomes for women and girls.

Participants stated:

- activities that are sensitive to gender and tailored to specific communities would be most beneficial (for example, women-only sessions at pools)
- group physical activities have additional benefits of improving social connection and mental health
- free or low-cost activities would make health activities more accessible, including for CALD communities
- the importance of keeping young women and girls engaged in sports, recreational activities and healthy lifestyles for both physical and mental health.

Respondents to the second survey who were from CALD communities (67 per cent) or aged between 49 and 70 years (68 per cent) considered 'healthy lifestyles and bodies' to be an important health topic.

Participants also raised the need for strategies to develop and maintain positive body image among women and girls, and to increase awareness of what 'healthy' looks like. Weight stigma in health settings was frequently raised, with participants reporting that they, or someone they know, have avoided care due to fear of being judged or having their concerns dismissed because of their weight.

> **"We need more recreational spaces for women to do free women's recreational activities so people can share knowledge."**
>
> *Targeted consultation participant*

Some participants suggested that to be contemporary in our approach to health, we need to step away from outdated measures such as Body Mass Index (BMI) and use marketing strategies that promote diversity.

Sexual and reproductive health

Participants, particularly community service providers, said that reproductive healthcare needs more support.

In the second survey, 45 per cent of participants considered sexual and reproductive health to be important, particularly for participants aged between 18 and 29 years (70 per cent). Inconsistent access to contraception, particularly long-acting reversible contraception, was considered a significant cause of health inequity.

Termination of pregnancy was a focus for many survey respondents and written submissions. Participants raised issues including:

- inconsistent access across Queensland's Hospital and Health Services, including varying clinical pathways and criteria
- judgement and discrimination prevent women from accessing services
- the selection of organisations that deliver sexual and reproductive health care, particularly public health services being provided by faith-based organisations
- termination services being provided in the same physical location as maternal health services.

Non-government organisations called for more support for community-based clinics with several citing capacity issues at their own facilities.

Some women with disability said they feel like they are offered limited sexual and reproductive treatment options, including unsuitable ones, and there was a perception that the health system lacks empathy and understanding of how issues affect a person's daily life. Workshop participants also discussed a lack of referral pathways in Queensland for women and girls who have experienced female genital mutilation, noting that this issue disproportionately impacts CALD communities.

Some written submissions recommended creating a separate reproductive and sexual health plan, within or alongside, this Strategy.

Mental health and wellbeing

Mental health and wellbeing were in the top three health issues for more than 70 per cent of respondents in the second survey. It was important across all age groups, but particularly with women and girls under 30-years-old.

Feedback about mental health care included the need to minimise stigma associated with mental health, and a need for more widespread early screening for mental health issues. Addressing stigma is sometimes complicated by cultural barriers.

Youth mental health was a clear focus, including the potential for flow-on effects as the person gets older. Several written submissions suggested it be a priority of the Strategy. Concerns included:

- women who experience complex or multiple mental health issues (including eating disorders) experiencing difficulties having these conditions recognised and/or gaining access to appropriate treatment
- not being able to access a psychologist in the public system or community
- some staff seeing patients as "just a job"
- a perceived lack of empathy from some staff
- young women not being listened to
- a lack of availability of mental health staff outside of regular hours.

In the first survey, 62 per cent of respondents identified gender-aware mental health services as important to achieving health equity. In the second survey, 44 per cent of respondents identified access to timely mental health care as important. Respondents specifically discussed a need for more accessible mental health services integrated into domestic and family violence, and sexual violence services, perinatal health, termination of pregnancy and school-based programs.

"Mental health services need more culturally appropriate workers. There is a lack of representation in the services to help our Indigenous women and girls."

Targeted consultation participant

Women in prison said that mental health was the biggest issue they were facing. Their concern was amplified because they felt mental health services were poorly resourced in both correctional and community settings.

Health response to domestic and family violence, and sexual violence

Participants agreed that addressing domestic and family violence, and sexual violence and having trauma-informed services needed to be a core component of the Strategy.

Domestic and family violence (DFV) and sexual violence was considered among the top three health issues by 24 per cent of second survey respondents.

Almost 1 in 5 respondents to the second survey (18 per cent) identified as a person who has experienced violence and/or abuse. Of these, 82 per cent identified mental health and wellbeing as one of their most important health issues.

Some respondents of the second survey suggested survivors of domestic and family violence, and sexual violence have unique health needs and would benefit from mental health services that are integrated into support services. Participants suggested that nurses can play an important role in assisting and educating women to navigate health services and access appropriate care.

"There needs to be consideration into establishing an integrated service response for women's health needs based on their whole story and the complex trauma and intersections with other services, that is supported by funding so that services can work with women first and foremost. Not just a DFV response, or a mental health response or a child protection response."

Written submission

Stakeholder organisations also noted the importance of safe, diverse and culturally-informed services for women who experience violence, including those from priority communities. Some clinicians highlighted a link between chronic pain and previous violence.

Maternal health

Many submissions expressed concern with the reduction of maternity services in rural and regional areas, and the associated risks with women and children's health and wellbeing.

Twenty-two per cent of respondents to the second survey believed maternal health was among their most important health issues. This response was highest among participants aged between 30 and 39 years (42 per cent).

Several participants highlighted the benefits of women attending antenatal appointments in the first trimester and the barriers that women face in attending these appointments. For example, Pasifika and Māori women reported that communication and language barriers, lack of cultural safety and financial constraints were key barriers. These barriers also exist for First Nations women, and in some cases are complicated by the fear of Child Safety or Queensland Police Service engagement by Queensland Health.

Culturally safe care, delivered in the community, was highlighted as a key action that could address many of these issues.

Community-based maternal care models, particularly midwife-led models, were strongly supported by most participants, whilst others called for more medical leadership. Several participants called for midwives to be able to work to their full scope of practice.

Several submissions explored the linkages between maternity, mental health and alcohol and other drug use. Respondents from both surveys highlighted the impact perinatal mental health has on the relationship with the child and the potential for ongoing health impacts for mothers, children and families.

Other issues raised included:

- the need for mental health support for people undertaking fertility treatment
- improved maternity care for trans, gender diverse and non-binary Queenslanders
- improved awareness and responses to reproductive coercion, as participants noted that women are most vulnerable to experiencing coercive and non-consented medical treatment during pregnancy and childbirth
- a need for trauma-informed maternity care
- increased access to women's health physiotherapy to optimise pelvic health pre- and post-childbirth.

As with sexual and reproductive health, some submissions recommended the need for a separate maternal health plan, either within or alongside, this Strategy.

Chronic health conditions and cancer

Forty-nine per cent of participants in the second survey considered chronic conditions among their most important health issues. This was particularly relevant for older respondents.

Clinician submissions discussed back pain, pelvic pain and chronic pain, noting that back and pelvic pain can frequently be related. Participants stated that chronic pain is not just a symptom and needs to be recognised as a condition.

Chronic pelvic pain was discussed by many participants who raised:

- there is a lack of specialised treatment pathways for chronic pelvic pain
- multidisciplinary approaches will help to reduce the incidence of low-value investigations and surgeries
- early education is key to improve health outcomes in this area, followed by community-based care supports and referral pathways to tertiary gynaecology and pain specialists.

Respondents of the second survey reported that health professionals had not recognised symptoms that were later diagnosed as endometriosis and requested improvements to clinician training.

Participants in the second survey also discussed chronic conditions associated with ageing like osteoporosis, dementia and increased risk of cancer; and highlighted the value of screening processes in early intervention and management.

Key stakeholder engagement

The development of the Strategy has involved a broad range of stakeholders with an interest in women and girls' health. While the names of all individuals and organisations engaged in consultation cannot be listed in this report, the following tables demonstrate the breadth of engagement that has been undertaken to develop the Strategy.

Certain stakeholders are listed more than once in the tables recognising their engagement with the development of the Strategy through multiple mechanisms.

Consultation activities

● Indicates a single activity within the period ● Indicates multiple activities within the period

Stakeholder	Sep-Dec 2022	Jan-Mar 2023	Apr-Jun 2023	Jul-Sep 2023	Oct-Dec 2023
External Agency Group					
The following organisations were represented on the Strategy External Agency Group (previously called the NGO Liaison Group). The Group met five times online: on 30 November 2022 and on 22 February, 28 April, 25 May and 31 August in 2023.					
2 Spirits project (Qld Council for LGBTI Health)	●	●	●	●	
Council on the Ageing (COTA)	●	●	●	●	
Country Women's Association (CWA)	●	●	●	●	
CREATE – youth representative	●	●	●	●	
Ethnic Communities Council Queensland (ECCQ)	●	●	●	●	
Health Consumers Queensland (HCQ)	●	●	●	●	
Maternity Choices Australia	●	●	●	●	
Micah Projects			●	●	
Multicultural Australia	●	●	●	●	
Older Women's Network Queensland	●	●	●	●	
Queensland Family and Child Commission – youth representative	●	●	●	●	
Queensland Alliance for Mental Health (QAMH)	●	●	●	●	
Queensland Council for LGBTI Health	●	●	●	●	
Queensland Nurses and Midwives Union (QNMU)	●	●	●	●	
Queensland Aboriginal and Islander Health Council (QAIHC)	●	●	●	●	
Queenslanders with Disability Network (QDN)	●	●	●	●	
Refugee Health Network (Mater), including the G11 Group	●	●	●	●	
Sisters Inside	●	●	●	●	
The Pharmacy Guild of Australia - Queensland Branch	●	●	●	●	
The Centre for Women & Co.	●	●	●	●	
True Relationships and Reproductive Health (True)	●	●	●	●	
Women's Health Equity Queensland (WHEQ)	●	●	●	●	
World Wellness Group	●	●	●	●	

● Indicates a single activity within the period ● Indicates multiple activities within the period

Stakeholder	Sep-Dec 2022	Jan-Mar 2023	Apr-Jun 2023	Jul-Sep 2023	Oct-Dec 2023
Targeted consultation partners					
The following organisations partnered with Queensland Health to host targeted consultations.					
Aboriginal and Torres Strait Islander Mental Health, Alcohol and Other Drugs Leadership Forum	●				
CREATE	●	●			
Ethnic Communities Council Qld (ECCQ)'s Women's Ethnic Network (WEN)	●				●
G11 Group - through the Refugee Health Network (Mater)					●
Health Consumers Queensland (HCQ)	●				
Micah Projects		●	●		
Multicultural Australia		●			
Office for Youth		●			
Queensland Aboriginal and Islander Health Council (QAIHC)		●			
Queensland Family and Child Commission		●			●
Queenslanders with Disability Network (QDN)		●			
Queensland Women's Strategy Advisory Group		●			
Social Work in Health Leadership	●				
World Wellness Group		●			
Targeted consultations					
Queensland Health held targeted sessions/meetings with the following organisations.					
Australian Medical Association of Queensland			●		
CheckUp				●	
City Fertility					●
Domestic Violence Prevention Centre Gold Coast Inc					●
George Institute			●		
GP Alliance, Rural Doctors Association of Queensland (RDAQ)				●	
HealthPathways				●	

● Indicates a single activity within the period ● Indicates multiple activities within the period

Stakeholder	Sep-Dec 2022	Jan-Mar 2023	Apr-Jun 2023	Jul-Sep 2023	Oct-Dec 2023
Micah Projects				●	●
Primary Health Networks (PHN)			●		
Queensland Nurses and Midwives Union (QNMU)				●	
Together Union				●	
Women's Health Equity Queensland (WHEQ)					●
Youth Empowered Towards Independence (YETI)					●
Queensland Health					
The following professionals and groups across Queensland Health have contributed to developing the Strategy.					
All 16 Hospital and Health Services	●	●	●	●	●
Clinical Excellence Queensland (CEQ) Maternity and Reproductive Services Community of Practice			●		
Department of Health	●	●	●	●	●
Primary Care Queensland Forum				●	
Queensland Clinical Senate			●		
Queensland Clinical Senate Executive			●		
Queensland Health Clinical Networks					
Queensland Clinical Networks Executive	●	●	●	●	●
Queensland Aboriginal and Torres Strait Islander Clinical Network			●		
Queensland Child and Youth Clinical Network	●	●	●	●	●
Queensland Dementia, Ageing and Frailty Clinical Network				●	
Queensland Digital Healthcare Improvement Network			●		
Queensland Maternity and Neonatal Clinical Network			●		
Queensland Persistent Pain Clinical Network			●		
Queensland Rural and Remote Clinical Network			●		
Queensland Sexual Health Clinical Network			●		

Targeted events

Targeted events were held across Queensland in addition to the consultation activities that took place during the development of the Strategy.

Far North Queensland Workshop

In May 2023, Queensland Health facilitated a workshop in Far North Queensland to hear the voices and stories of women and girls from the region. Participants shared their professional and personal health experiences at the workshop. Researchers also discussed women and girls' health. The workshop provided an opportunity for participants from the following organisations to provide feedback on the draft Strategy:

Non-government organisations	Government agencies
Apunipima Cape York Health Council	Cairns and Hinterland Hospital and Health Service
Australian College of Rural and Remote Medicine	Torres and Cape Hospital and Health Service
Cairns Regional Domestic Violence Service	Townsville Hospital and Health Service
Centacare FNQ	North West Hospital and Health Service
Council on the Ageing (COTA)	Department of Communities, Housing and Digital Economy
Ethnic Communities Council of Queensland (ECCQ)	Department of Education
Health Consumers Queensland (HCQ)	Department of Justice and Attorney-General
Queensland Aboriginal and Islander Health Council (QAIHC)	Department of the Premier and Cabinet
Queensland Nurses and Midwives Union (QNMU)	Department of Tourism, Innovation and Sport
Queensland Council for LGBTI Health	
Townsville Aboriginal and Islander Health Service	
True Relationships and Reproductive Health	
Women's Health Equity Queensland (WHEQ)	
Wuchopperen Health Service Ltd.	

Minister's Roundtables

Following the September 2023 public release of the Consultation Draft Strategy, the Minister hosted several in-person roundtable discussions across Queensland. Attendees discussed health experiences in response to the Consultation Draft Strategy. Stakeholders attended roundtables in eight locations: Brisbane Central, Cairns, Caloundra, Gladstone, Gold Coast, Loganholme, Moreton Bay (Caboolture) and Townsville.

The Queensland Government sincerely thanks everyone who participated in the extensive consultation process to inform the *Queensland Women and Girls' Health Strategy 2032*. Your voices have been heard and considered.

Your invaluable contributions are informing reforms to women and girls' health and creating a better future for Queenslanders.

Artwork Acknowledgement: *Different Ways* by Casey Coolwell-Fisher

Casey Coolwell-Fisher is a Quandamooka woman of the Nunukul people from Minjerribah (North Stradbroke Island). Casey has a creative background in graphic design and is the co-founder and artist, alongside her partner Roy Fisher, of CHABOO, a home decor and design business specialising in hand painted Aboriginal art on wooden products and graphic design art pieces.

Everyone lives differently, have different support systems and achieve goals differently. This artwork consists of different stories, from different living groups, having a yarn and discussing life.

The three main centrepiece elements consist of three different demographic groups: single parents, single persons and parents with child/ren.

The groups are represented in the Boomerangs to signify strength (structure), power (returning abilities), technique (hunting and gathering) and diversity (several uses).

- **Single Parents -** this art piece represents a single parent with child/ren with a big family/community support system.
- **Single Persons -** this art piece represents a single person, creating their own footprints.
- **Parents -** this art piece represents parents with child/ren sharing their stories and creating their own.

The semi-circle in the centre represents a yarning circle that is holding all of the conversations through the line work and creating footprints through the dots.

The background has five different sections representing the yarning circles (conversations) of (from left to right) diversity, self determination, empowerment, safety and security and wellbeing.

- **Diversity -** this section consists of same same, but different. The curved elements represent different cells mixing and creating diversity amongst one another.
- **Self Determination -** this section is strength of one's being expanding out into the world. The centre 'u' element represents a person with the tiny dots being footprints that expand out through the outer curved lines.
- **Empowerment -** this section is the notion of moving forward and up. The triangle elements represent goals/stepping stones moving upwards, the lines are the tracks being made and the dots are the people helping and supporting us.
- **Safety and Security -** this section represents the safety and security we all need. The centre element signifies a shield, providing security and safety e.g:, safety in all situations, employment and economic security etc.
- **Wellbeing -** this section represents our health and wellbeing, physically and mentally. The outer 'u' shaped elements represent the mental and physical of ones self. The lines represent connection, working and learning from one another.

The wavy lines (on the bottom of the artwork) represent the flow of our lives, nothing is in a straight line. We all have our ups and downs.

The handprints are that of our Ancestors, helping us in our walking lives to achieve our goals and create knowledge for our future generations.

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Queensland Women and Girls' Health Strategy 2032
Consultation Outcomes Report

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