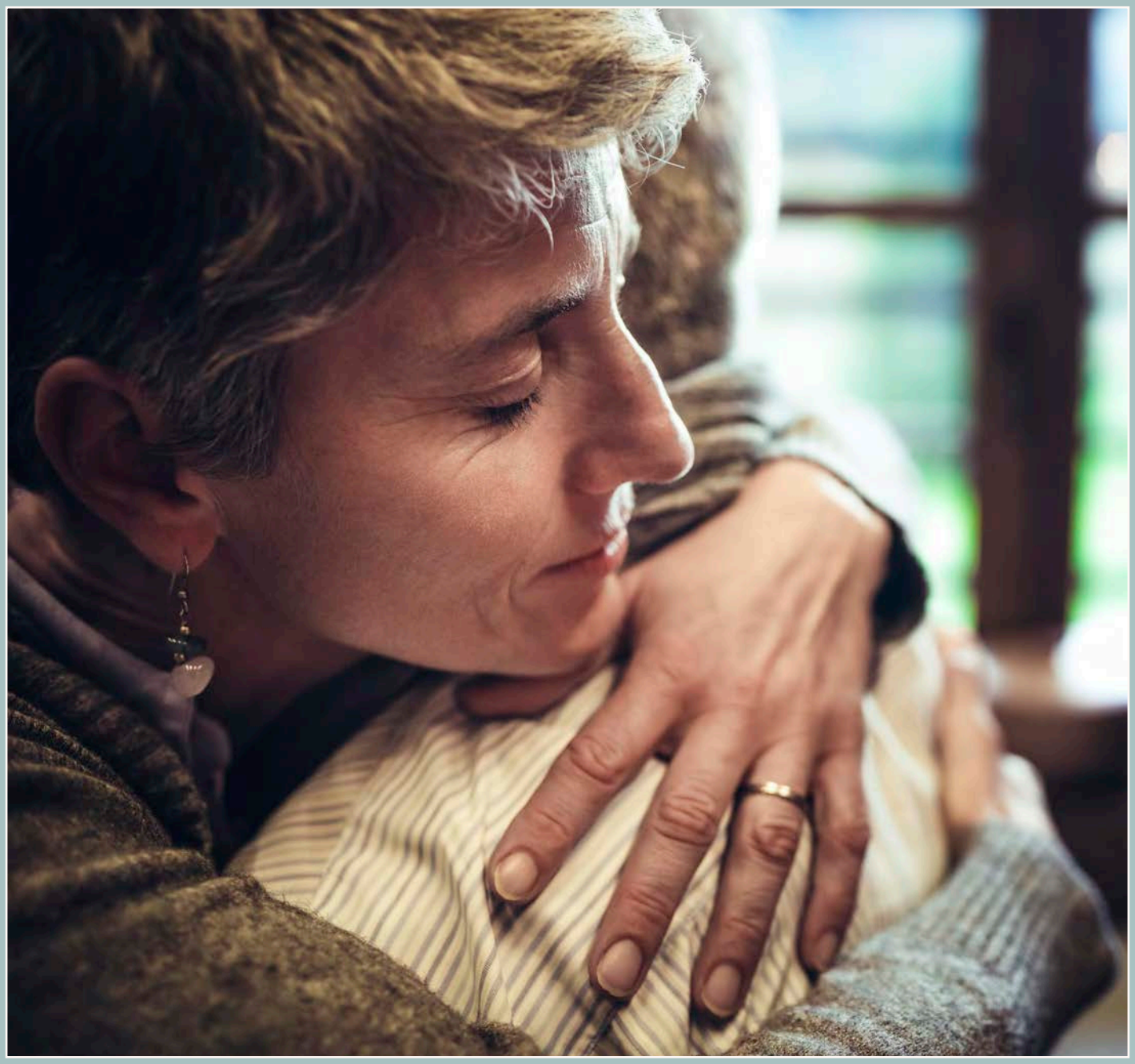
Liptember Foundation

Beyond the Surface: Investigating the Mental Health Realities for Australian Women in 2025



PROUDLY FUNDED AND PRODUCED BY THE LIPTEMBER FOUNDATION

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Liptember Foundation

The Liptember Foundation is Australia's leading organisation dedicated to advancing women's mental health.

We exist to address the unique and often overlooked mental health challenges faced by women and girls, championing the critical need for a gendered approach to research, policy, and mental health care. From menstruation to menopause and everything in between, we advocate for gender-informed mental health strategies that recognise how life stages, biology, and gendered experiences shape mental health outcomes.

Through year-round advocacy, funding of targeted research, and development of evidence-based educational programs and resources, we collaborate with government, industry, and community to drive meaningful change in how women's mental health is understood and treated across the country.

This research report is the cornerstone of our annual commitment to investing in gender-specific mental health research. It ensures timely, trended data, capturing gaps and improvements for better mental health and exploring the mental health issues, triggers, and barriers faced by Australian women and their lived experiences with mental ill-health.

Executive Summary

Right now, 1 in 2 Australian women are living with mental health issues, and 1 in 4 are experiencing severe mental health issues; persistent levels since 2022. Behind these statistics are real people – women quietly carrying the weight of anxiety, depression, trauma and exhaustion while juggling the demands of work, care, motherhood and health. The Liptember Foundation's 2025 research shines a light on these lived experiences, revealing the urgent need for a mental health system that is better designed to support women's unique realities.

For many women, mental health is not something that can be separated from their physical health or experiences. Conditions like endometriosis, PCOS, menopause and fertility issues are not just medical diagnoses – they are deeply connected to how women feel, cope and function. Women with these conditions report significantly higher rates of particular mental health issues yet many are still falling through the cracks of a health system that treats body and mind separately.

Life stages and transitions also play a powerful role. Teenage girls are facing enormous mental strain, with alarming levels of body image issues, disordered eating and self-harm. For 14-19 year olds; the prevalence of body image issues (at 64% in 2025 compared to 48% in 2024) and suicide/self-harm (at 25% in 2025 compared to 16% in 2024) has significantly increased compared to 2024 figures. In midlife, women navigating perimenopause are grappling with hormonal shifts that can trigger perimenopausal anxiety or depression, yet this remains a largely overlooked area of care. Menopause is also firmly recognised as a dominant trigger for 50% mental health issues in 50-59 year old women. Across all stages, financial stress, self-doubt, lack of sleep and the pressure to meet unrealistic expectations continue to erode mental wellbeing.

Some priority population groups are facing even greater challenges. Women from Indigenous communities, LGBTQIA+ women, those living with disability and women in unpaid caring roles are consistently reporting poorer mental health outcomes. For instance, 24% (almost 1 in 4) indigenous women experiencing mental health issues are reporting PTSD; a higher rate compared to 18% (less than 1 in 5) of all women. Nearly 1 in 5 women surveyed are unpaid carers, and almost half said their mental health had declined because of their caregiving responsibilities. Many of the women struggling with their mental health aren't accessing support – either because they can't afford it, don't know where to go, or are simply too stretched to prioritise their own wellbeing.

While 57% of women are reaching out for help (which is more than in previous years), there are still significant barriers in place. Only 3 in 10 know where to turn for mental health support. The financial burden, long waitlists, and a lack of gender-informed care are stopping women from getting the help they need. Even when help is accessed, many women say it feels inadequate, dismissive, or not tailored to their experiences.

This report speaks on behalf of all women who deserve better mental health support. Women need access to integrated care that recognises the connection between physical and mental health. Mental health support must be embedded into physical health services like menopause and endometriosis clinics. Key life stages – such as pregnancy, motherhood and perimenopause – should also be met with targeted, gender-informed mental health support. And the mental health workforce must be equipped with the tools and training to respond to women's needs with empathy, understanding and expertise.

Women in Australia are asking to be seen, heard and supported. The findings in this report are a reminder that investing in women's mental health is not only necessary, it is urgent.

Acknowledgements

We would like to acknowledge the valuable contributions of the below collaborators who have been integral in bringing this report to life:

Professor Bronwyn Graham, PhD; M.Clin. Psychology

Bronwyn Graham is the Director of the Centre for Sex and Gender Equity in Health and Medicine at The George Institute for Global Health, and a Professor in the School of Psychology at UNSW Sydney.

Bronwyn is a globally recognised expert in women's mental health. At UNSW, Bronwyn leads an interdisciplinary research team that examines how female-unique factors, like the menstrual cycle and pregnancy, impact the development, trajectory, and treatment of mental illness in women. Bronwyn is a staunch advocate for sex- and gender-centred healthcare, and the Centre for Sex and Gender Equity in Health and Medicine is driving sex and gender integration in Australian health and medical research, policy, and healthcare delivery.

The Liptember Foundation is grateful for Bronwyn's time, expertise, collaboration and dedication to produce this year's report.

The Centre for Sex and Gender Equity in Health and Medicine

The Centre for Sex and Gender Equity in Health and Medicine is an initiative of The George Institute for Global Health, the Australian Human Rights Institute at UNSW Sydney, and Deakin University, with support from collaborative partners the Victorian Department of Health, and the Association of Australian Medical Research Institutes (AAMRI).

The George Institute for Global Health

Particular mentions to Rachel Harris, Georgia White, Simone McKay and the extended team.

Nielsen
And the wonderful team behind this each year.

Hyke Creative
Particular mention to Kamila Borkowska

Liptember Foundation
Research Lead,
Katrina Locandro

We would also like to acknowledge and express our gratitude to the many women who generously shared their lived and living experiences with mental health/ill-health for this report.

THE CENTRE FOR Sex & Gender Equity in Health & Medicine · DEAKIN UNIVERSITY · UNSW SYDNEY · UNSW Australian Human Rights Institute · The George Institute for Global Health · Nielsen

Our Recommendations

The Liptember Foundation is putting forward the below suite of gender-responsive policy measures to the Australian Government to shift the dial on women's mental health.

1	2	3
Commit to gender-responsive mental healthcare	**Training, education and awareness for health professionals**	**Increase affordability and accessibility to the sources of help women find most effective**
a. Invest in targeted and holistic, wrap-around support for women in the form of psychological services alongside physical women's health services.	a. Tailor medical and allied health curricula and professional development to ensure a sex and gender responsive approach.	a. Invest in the development and implementation of a nationally available Telehealth option for mental health professionals under Medicare Mental Health Centres – fully bulk billed and ensuring continuity of care for women accessing the services.
b. Invest in tailored mental health services for women during key life transitions – puberty, pregnancy, motherhood and menopause.	b. Fund and implement a national screening program for expectant mothers in the perinatal period across public and private health systems.	b. Restore 'Better Access' to 20 Medicare-funded mental health sessions per year
c. Ensure mental health is prioritised in any new policy or service delivery focused on women's sexual and reproductive health.	c. Fund and implement national clinical guidelines for menopause care that includes perimenopausal anxiety or depression screening alongside physical health assessments.	c. Increase the scope of government-regulated mental health professions, developing national guidelines to standardise roles for counselling and mental health peer workers so that these services can be included in the Medicare Benefits Schedule.

KEY POLICY ASKS

1 Commit to gender-responsive mental healthcare

a. Invest in targeted and holistic, wrap-around support for women in the form of psychological services alongside physical women's health services.

b. Invest in tailored mental health services for women during key life transitions – puberty, pregnancy, motherhood and menopause.

c. Ensure mental health is prioritised in any new policy or service delivery focused on women's sexual and reproductive health.

Recent government investments in women's health are a positive step forward; however, a targeted approach to mental health is needed to ensure that the health system provides a holistic and effective model of care for women. Our research shows that women with female-specific physical health conditions (like PCOS and Endometriosis) are experiencing significantly higher rates of psychological distress compared to those with physical health conditions that impact both sexes, and those without physical health conditions. We also know that women who have mental health issues and endometriosis experience PMDD at rates nearly three times higher (at 11% or one in nine) than women in the general female population. These women need wrap-around support that focuses on treating their physical and psychological symptoms simultaneously. There are clear opportunities to maximise the impact of investments by integrating targeted mental health services into established care models, such as including mental health support into the newly announced Endometriosis Clinics.

Secondly, women face many unique biological changes that appear at critical life transitions – specifically puberty, pregnancy, motherhood and menopause – that expose them to greater risk of mental ill-health. Two in five women who have experienced physical birth trauma experience PTSD; which is more than two times higher than women in the general female population. 74% of young women going through puberty with mental health issues are also dealing with body image issues; resulting in these young women also experiencing higher rates of eating disorders compared to the general female population – like binge eating disorder (23% which is 2.1x higher) and anorexia nervosa (10% which is 3.3 times higher).The recommendations laid out in the 'National Women's Health Strategy 2020-2030 under Priority area 4: Mental health' are a step in the right direction. However, targeted funding into preventative and responsive mental health support that is gender-informed for women in these life stages needs to be prioritised in implementation.

2 Training, education and awareness for health professionals

a.Tailor medical and allied health curricula and professional development to ensure a sex and gender responsive approach.

b.Fund and implement a national screening program for expectant mothers in the perinatal period across public and private health systems.

c.Fund and implement national clinical guidelines for menopause care that includes perimenopausal anxiety or depression screening alongside physical health assessments.

Recognising that women have unique mental health needs and experiences is critical in enabling equitable and effective health care that address these diverse needs including those related to reproductive health, gender-based violence, and unpaid care work. The national '#EndGenderBias Survey Detailed Report 2024' conducted by the Department of Health and Aged Care and the National Women's Health Advisory Council found that two-thirds of women in Australia have experienced gender bias or discrimination in their healthcare; with experiences of gender bias reported by more than 30% of women seeking help for mental health conditions. This includes experiences of bias in consultations with healthcare providers, structural barriers to accessing healthcare, and the evidence base used to inform healthcare decisions. Tailoring medical and allied health curricula and professional development to ensure a sex and gender responsive approach, from a physical and mental health perspective, will embed this best practice into the health workforce moving forward. This will pave the foundations for building a more gender-sensitive health workforce, ready and adaptable to tailor their approach based on the patients needs.

Pregnant women are especially vulnerable to experiencing mental ill-health, especially perinatal anxiety - which is occurring in one in five (22%) pregnant women currently experiencing mental health issues and 3% of all women with mental health issues. Alarmingly, only one in five pregnant women are aware of where to access mental health support - despite their frequent engagement with the healthcare system. This underscores a huge, missed opportunity for early intervention. A nationally consistent perinatal mental health screening program is needed across public and private hospitals, with targeted mental health assessment as part of routine antenatal care for pregnant women. The implementation and training of healthcare professionals is critical in ensuring consistency and full adaptation of these guidelines with care providers. The Gidget Foundation has undertaken initial work with their 'Emotional wellbeing screening program' which can be built upon to streamline implementation.

More than one in three (37%) women experiencing menopause or perimenopause are suffering with perimenopausal depression or anxiety in 2025. For Australian women, this is a pressing crisis that demands national attention. We know that 72% of women with mental health issues reached out to their GP for help in 2025, showing that GPs are a key point of contact for women. Building on the Government's commitment to Medicare-rebated long appointments for menopause with GPs; as well as the development of a national guideline to menopause care, it is essential that mental health be included as a core focus. This will enable GPs to provide holistic care during these consultations, addressing both physical and mental health needs. Expansive training with GPs will also be needed to ensure uptake of the guideline and consistent rollout for all women seeking support for menopause.

3 Increase affordability and accessibility to the sources of help women find most effective

a.Invest in the development and implementation of a nationally available Telehealth option for mental health professionals under Medicare Mental Health Centres - fully bulk billed and ensuring continuity of care for women accessing the services.

b.Restore 'Better Access' to 20 Medicare-funded mental health sessions per year

c.Increase the scope of government-regulated mental health professions, developing national guidelines to standardise roles for counselling and mental health peer workers so that these services can be included in the Medicare Benefits Schedule.

Our research highlights that women regularly seek out mental health professionals to support them with their mental health issues. Of women seeking help from mental health professionals, 62% reached out to Psychologists; followed by Psychiatrists (25%) and Counsellors (11%). However, accessibility was a significant barrier for many women. Around one in seven women said they did not find it easy to access support services, with 15% of women stating long waiting lists to see a mental health professional was a barrier to getting the help they need. The recently announced Medicare Mental Health Centres should be complemented by a national telehealth service that provides appointments with mental health professionals, beyond the limitations of physical centres. A telehealth service would overcome barriers of accessibility and affordability, ensuring women can have the support they need regardless of geographic location or socio-economic status.

Financial constraints were a substantial barrier faced by women seeking support, with 36% (more than one in three) women stating they were unable to afford help or considered it too costly. Restoring access to 20 rebated mental health sessions under Medicare will go a long way to easing this burden for Australian women. It will also allow women to establish the connection that they need to gain the benefits of professional help. Most of the time, women are only scratching the surface with their mental health professionals in the initial 10 sessions, building trust and rapport. Consistent access to professional mental health services is key to enable better long term mental health outcomes for women.

To comprehensively address women's mental health needs, the existing mental health workforce needs to be optimised and strategically expanded to broaden the range of accessible support services. When it comes to the third most prevalent mental health issue in Australian women - body image issues - 44% of women who sought help did so by talking socially with friends and loved ones for support; with two in three (63%) women stating that this was a very helpful form of support. Counsellors, mental health peer workers or social workers are some of the professions with skill sets honed in relationship building and connection, some through lived experience, that are being underutilised to solve the current mental health crisis in Australian women. Developing national guidelines to standardise roles for counselling and mental health peer workers will expand the network of government-regulated mental health professions, enabling these services to be included in the Medicare Benefits Schedule. Building on the work already undertaken on lived-experience peer workforce guidelines by the National Mental Health Commission in 2021 would be a good way to expedite this process.

A note from Liptember Foundation's CEO

At the Liptember Foundation, we believe that creating meaningful change in women's mental health begins with listening – really listening – to what women are experiencing in their everyday lives. This annual research is at the heart of that mission. Now in its fourth year, it continues to grow in reach and depth, providing not only vital data, but also a platform for women to share their lived experiences and be seen and heard.

This report is more than numbers. It is a tool that helps shape our advocacy, guide the development of gender-informed programs, and build targeted education and awareness campaigns that reflect what women truly need. It informs everything we do as a foundation – from influencing national conversations to challenging outdated systems that overlook women's unique mental health needs.

We must hold a mirror to our mental health system and ask whether it's truly working for everyone. Can a broad-brush approach adequately address the underlying complexities triggering mental ill-health?

The answer, sadly, is no. The current system was not designed with sex and gender in mind – reflecting a 'gender-neutral' standard that too often leaves women's, and other genders', unique experiences unseen and unsupported.

> "Women's mental health is not a niche issue – it needs to be a national priority."

We will keep pushing for policies and services that recognise the full picture of women's lives. We will continue to take this evidence to government, industry and the wider community to ensure women's mental health is prioritised in policy, funding and across the broader health care system. Because real change begins when decision-makers are faced with the truth of women's experiences – and can no longer look away.

Thank you to every woman who contributed to this research. Your voice is shaping a better future.

Luke Morris
Chief Executive Officer

Research context

Research aims and objectives

The aim of this research was to explore the mental health of Australian women by identifying the most prevalent mental health issues, understanding key triggers for these mental health issues and evaluating help-seeking behaviours and barriers to seeking support. This research also intended to uncover the realities for women dealing with mental health issues at different life stages, from priority and minority population groups and with different physical health experiences.

Sample and definitions

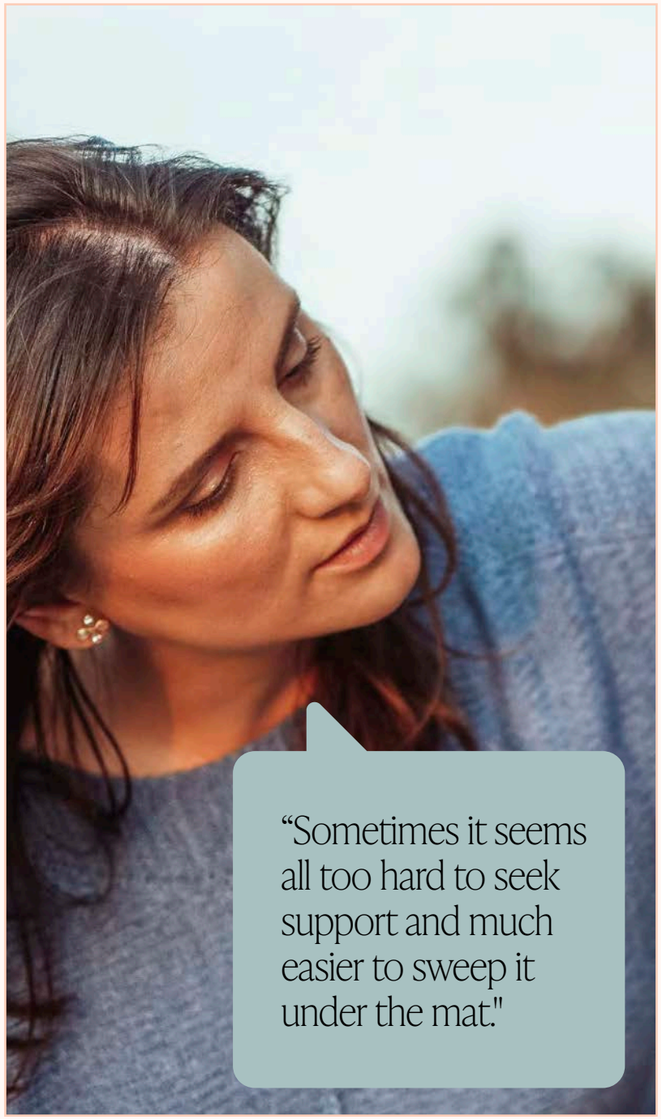
A nationally representative sample of Australian women was obtained via an online panel in March 2025 and consisted of n=7,173 participants. A full demographic breakdown can be found at the end of this report (Appendix A).

For the purposes of our research, the term 'woman' or 'girls' refers to and captures the experiences of all those who identify as women; including cis-women, trans-women and gender diverse/fluid individuals. Women are asked to self report their mental health issues. No clinical diagnosis is required. Further definitions can be found in Appendix B.

Suggested Citation

Liptember Foundation. (2025). Beyond the Surface: Investigating the Mental Health Realities for Australian Women in 2025.

General landscape of women's mental health in Australia



Levels of psychological distress in the general female population

1 in 2

Australian women are continuing to experience mental health issues in 2025, with almost a quarter of them struggling with severe mental health issues.

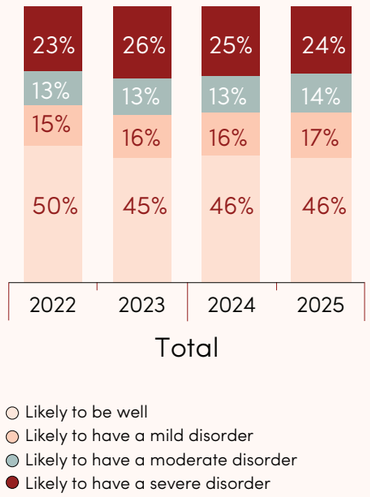
Over the past 4 years,

2022 2023 2024 2025

the prevalence and severity of mental health issues experienced by Australian women has been relatively stable.

26.4
AVERAGE K10 SCORE

This year, the average K10 score across all women in this study was 26.4 (moderate level of psychological distress).



K10 SCALE

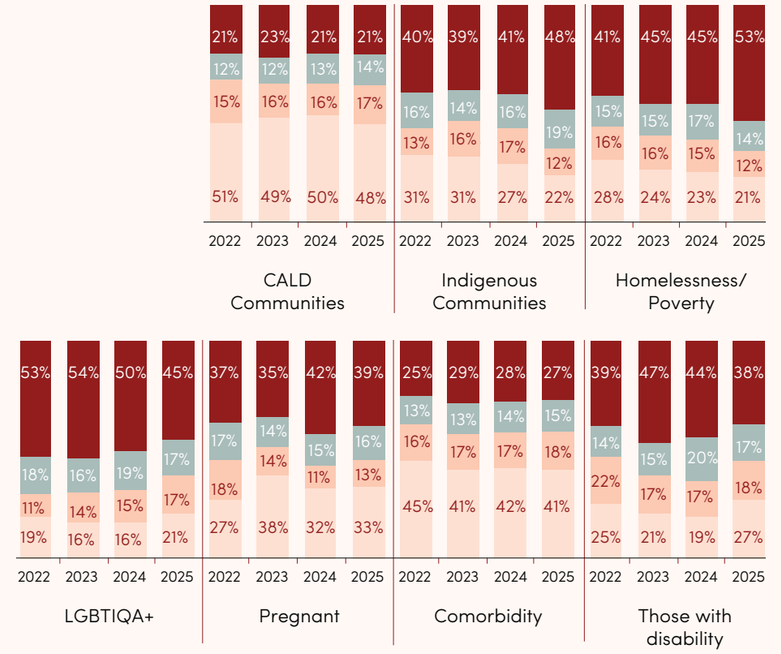
To consistently track the mental health of women in Australia, the Liptember Foundation uses the Kessler Psychological Distress Scale (K10) - an internationally recognised tool developed to measure levels of anxiety and depression-related symptoms (Kessler et al., 2003).

We use the K10 because it's reliable and offers meaningful insights into not just whether someone is struggling; but how severely. This is especially important when examining the unique pressures faced by women, including gendered social, physical, and economic stressors. Using the K10 year-on-year enables us to compare trends, identify shifts in severity across age and demographic groups, and advocate for targeted mental health support where it's needed most.

Levels of psychological distress by priority population

Across all of the years of research the numbers have been fairly consistent and stable - highlighting that women in priority population groups appear to be experiencing poorer mental health outcomes consistently compared to all other women nationally.

It's apparent that more needs to be done in these priority populations to decrease the overall burden of psychological distress and mental illness.

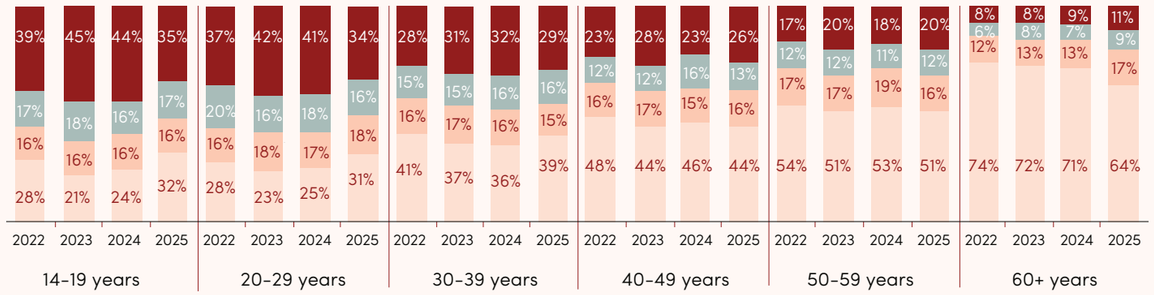


CALD communities are fairing the best compared to other populations groups, with 48% of women in CALD communities likely to be well, however this is still a significant decrease from 2022 figures where 51% were likely to be well.

The priority population groups most likely to be dealing with severe mental health issues in 2025 are those within Indigenous communities (48%) and those experiencing homelessness or poverty (53%). Fortunately, women in LGBTQIA+ communities have seen a slight increase in their mental health status and significant decrease in their likelihood to be dealing with severe mental health issues (45% in 2025 versus 50% in 2024) - however these figures are still daunting and far behind in comparison to women in the general population, where on average 46% of women are likely to be well.

Levels of psychological distress by age group

Across all of the years of research the results in each age bracket have been fairly consistent and stable - highlighting the broad theme that women in older age groups are more likely to be well compared to women in younger age groups. However, there has been a notable decline in the proportion of those likely to be well in the 60+ age group in 2025 relative to 2022.



○ Likely to be well ● Likely to have a mild disorder ● Likely to have a moderate disorder ● Likely to have a severe disorder

Those who are likely to be well are generally over 50 years of age, but we have seen a steady increase in those likely to be suffering a mild or severe issue in the 60+ age group since 2022, rising from 8% to 11% and 12% to 17% respectively.

Women with severe or moderate psychological distress are disproportionately more likely to be under the age of 39 years; however it is also worth noting that this age group is also significantly more likely to be well in 2025 compared to 2023 and 2024.

Levels of psychological distress by location

The results across Metro and Regional areas of Australia remain steady from 2022 - 2025 and are in line with the overall figures nationally.

Levels of psychological distress by physical health

Average K10 Score

26.40	→	**All women in the study**	N = 7173
26.09	→	**Women with no physical health conditions**	N = 1248 (17%)
25.93	→	**Women with physical health conditions that impact both sexes***	N = 1931 (27%)
28.60	→	**Women with female-specific physical health conditions****	N = 942 (13%)

"I feel that if my health stabilises, my mental health will improve; so I concentrate on that."

The average K10 scores from those with physical health conditions that impact both sexes (e.g., heart disease) (25.93) and those with no physical health conditions (26.09) are statistically equivalent (i.e., not different to one another).

In contrast, the average K10 score for those women with female-specific physical health conditions (e.g., endometriosis, reproductive cancers)** is 28.6.

It was uncovered that having a female-specific physical health condition is associated with greater mental distress relative to those without physical health conditions, and relative to those with non-female specific health conditions.

Women with female-specific physical health conditions (like PCOS, Endometriosis etc.) are experiencing the upper end of the moderate level of psychological distress (Avg K10 Score of 28.6), which is significantly higher than those with non-female specific health conditions (Avg K10 Score of 25.93) or no physical health conditions (Avg K10 Score of 26.09).

Therefore, the greater level of mental distress amongst women with these female-specific health conditions is likely due to the specific effects of having a female-specific physical condition; rather than the mere effects of having a physical condition generally.

This result speaks to the immense and direct need to incorporate psychological services with women's health services.

**Physical health conditions that impact both sexes included: Cardiovascular disease / heart problems, Arthritis, Back problems, Asthma, Diabetes, Chronic Obstructive Pulmonary Disease, Cancer, Any physical disability, Other serious illness/disability that significantly affects the quality of life.*

***Female-specific physical health conditions included: Polycystic Ovarian Syndrome (PCOS), Endometriosis, Ovarian or cervical cancer, Pelvic floor disorders, Pregnancy loss (miscarriage/ stillbirth), Vaginal issues (bacterial vaginosis, vaginitis, uterine fibroids, and vulvodynia), Physical birth trauma, Breast Cancer, Peripartum issues (perinatal/postnatal physical health issues).*

Societal Awareness and attitudes towards Women's Mental Health Issues

Women feel that there is not enough talk about the following mental health issues:

- **Psychotic disorders (over 3 in 5 women)**
- **Personality disorders (3 in 5 women)**
- **Premenstrual Dysphoric Disorder - PMDD (7 in 10 women)**
- **Perinatal mental health issues (1 in 2 women)**

In contrast, it is believed that the following issues are fairly discussed and have the appropriate levels of awareness:

- **Body image issues**
- **Dementia,**
- **Anxiety,**
- **Substance use disorders**

It is worth noting that PMDD and perinatal mental health issues are female-specific, highlighting the lack of discussion around these issues in contrast to other mental health issues that can present in anyone regardless of their sex.

Stigma

66% of women strongly agree that there is only a surface level acceptance of mental health issues and that stigma still exists around speaking up or asking for help. **This is a promising decrease from 71% in 2024.**

Help seeking

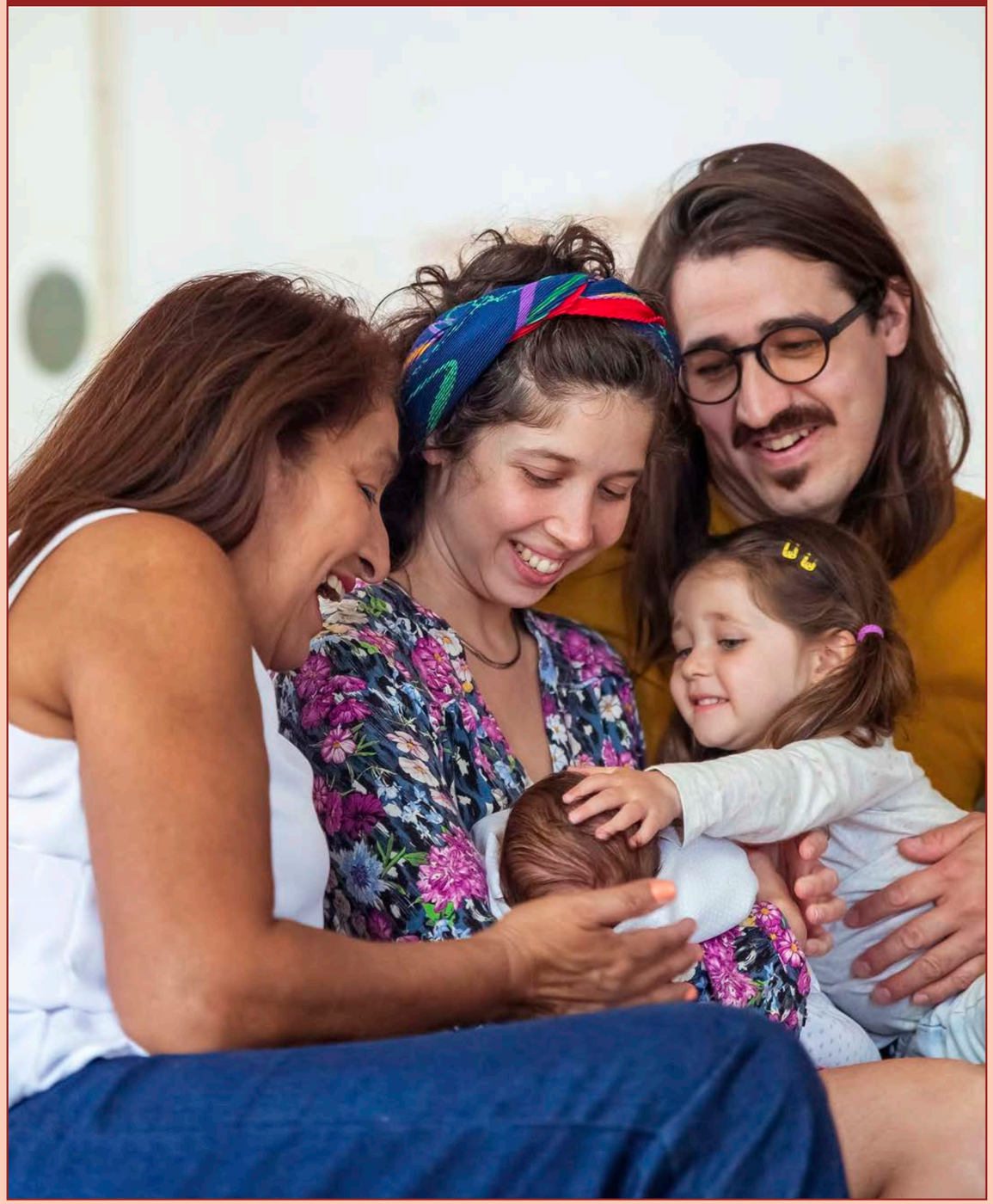
only **3 in 10** women know exactly where to go to seek help for their mental health in 2025.

Gender

91% of women agree or strongly agree that mental health issues affect men and women differently.

Pregnant women and women aged 20-29 years old were the least informed groups, with only 1 in 5 women knowing exactly where to go to seek help. The lack of awareness about where to seek help amongst pregnant women is particularly notable given that these women have multiple touch points with health services regularly during pregnancy, suggesting that mental health is not an area that is routinely covered during antenatal healthcare.

Why it's critical to look at mental health with a gendered lens



Physical health and its influence on mental health

This section covers the intersection between women's physical health issues and their mental health. The below statistics represent the percentage of women who have indicated they are experiencing a mental health issue in 2025 who have also endorsed experiencing one of the below physical health issues.

1 PUBERTY

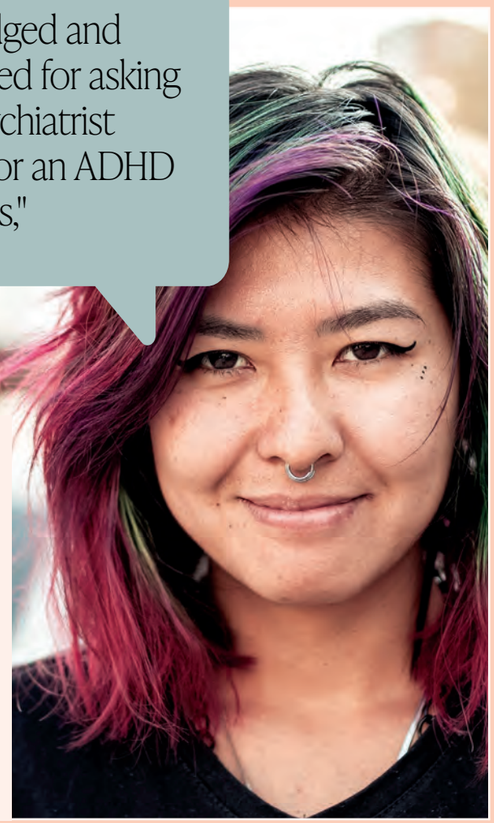
Puberty is a life stage that almost all young women go through, usually between the ages of 8-17. It is defined by the process of physical and hormonal changes that mark the transition from childhood to adulthood and the ability to reproduce (Healthdirect, 2025).

When comparing to the general female population of those currently experiencing mental health issues, women who also stated they were currently experiencing puberty scored drastically higher rates for the below issues:

	Gen POP %	Those facing Puberty	Times More Common
Body image issues	39%	**74%** ↑	1.9x
Suicide and self-harm	9%	**28%** ↑	3.1x
Binge eating disorder	11%	**23%** ↑	2.1x
Attention-Deficit/Hyperactivity Disorder (ADHD)	14%	**25%** ↑	1.8x
Autism Spectrum Disorder (ASD)	6%	**12%** ↑	2x
Anorexia nervosa	3%	**10%** ↑	3.3x
PMDD (Premenstrual Dysphoric Disorder)	4%	**12%** ↑	3x

↑ Significantly higher results vs overall at 95% c.i.

"I felt judged and patronised for asking for a psychiatrist referral for an ADHD diagnosis,"



Puberty is a tipping point for mental health vulnerability in young girls, especially for body image, self-harm, anxiety and eating disorders. Sociocultural factors, like gender expectations and social media influence can intensify the psychological impact of these biological changes in these formative years. Onset of hormonal fluctuations with menarche may also increase vulnerability to mental illness amongst a subset of girls with hormone sensitivity (characterised by negative psychological reactions to normal hormonal changes).

Young women going through puberty face a significantly elevated occurrence across specific mental health conditions compared to the general female population, with the most dramatic increases, more than double, seen in Binge Eating Disorder (23% which is 2.1x more), PMDD (12% which is 3x more), suicide and self harm (28% which is 3.1x more) and Anorexia nervosa (10% which is 3.3x more).

Awareness, education around help seeking and early intervention are critical in these formative years, especially in schools and among caregivers, to recognise and treat emerging issues early.

2 POLYCYSTIC OVARIAN SYNDROME (PCOS)

Polycystic Ovarian Syndrome (PCOS) is a hormonal disorder that affects 1 in 10 women and gender diverse people, causing irregular periods, excess androgen (male-type hormone) levels, and cysts on the ovaries. It's a common cause of infertility and can increase the risk of other health problems - all of which can have significant mental health consequences (Healthdirect, 2025).

When comparing to the general female population currently experiencing mental health issues, women who also stated they were currently experiencing PCOS scored drastically higher rates for the below issues:

	Gen POP %	Those with PCOS	Times More Common
Depression	52%	**59%** ↑	1.1x
Anxiety & Generalised Anxiety Disorder (GAD)	44%	**56%** ↑	1.3x
Body image issues	39%	**55%** ↑	1.4x
Post-Traumatic Stress Disorder (PTSD)	18%	**26%** ↑	1.4x
Attention-Deficit/Hyperactivity Disorder (ADHD)	14%	**28%** ↑	2x
Binge eating disorder	11%	**22%** ↑	2x
Obsessive-Compulsive Disorder (OCD)	11%	**17%** ↑	1.5x
Suicide and self-harm	9%	**16%** ↑	1.8x
Autism Spectrum Disorder (ASD)	6%	**11%** ↑	1.8x
Borderline Personality Disorder	5%	**8%** ↑	1.6x
PMDD (Premenstrual Dysphoric Disorder)	4%	**11%** ↑	2.75x
Perinatal Anxiety (including Antenatal and Postnatal periods)	3%	**8%** ↑	2.7x
Bulimia nervosa	2%	**4%** ↑	2x

↑ Significantly higher results vs overall at 95% c.i.

PCOS significantly amplifies the risk of disorders, like anxiety, depression, eating disorders, and self-harm. This could be due to hormonal differences coupled with sociocultural pressures and body image concerns; increasing psychological vulnerability. PCOS is also associated with higher reported rates of adverse childhood events. Early life stress may both contribute to disrupted endocrine function in PCOS and mediate the relationship between PCOS and greater risk of mental health conditions. (Tay, Teede, Loxton, et al., 2020).

3 ENDOMETRIOSIS

Endometriosis is a common health condition that affects about 1 in 7 women and gender diverse people, where tissue similar to the lining of the uterus grows outside it in other parts of the body (AIHW, 2025).

When comparing to the general female population currently experiencing mental health issues, women who also stated they were currently experiencing Endometriosis scored significantly higher rates for the below issues:

	Gen POP %	Those with Endometriosis	Times More Common
Depression	52%	**60%** ↑	1.2x
Anxiety & Generalised Anxiety Disorder (GAD)	44%	**61%** ↑	1.4x
Body image issues	39%	**53%** ↑	1.4x
Post-Traumatic Stress Disorder (PTSD)	18%	**29%** ↑	1.6x
Attention-Deficit/Hyperactivity Disorder (ADHD)	14%	**26%** ↑	1.9x
Panic Disorder	13%	**20%** ↑	1.5x
Binge Eating Disorder	11%	**17%** ↑	1.5x
Obsessive-Compulsive Disorder (OCD)	11%	**17%** ↑	1.5x
Suicide and self-harm	9%	**15%** ↑	1.7x
Autism Spectrum Disorder (ASD)	6%	**12%** ↑	2x
Borderline Personality Disorder	5%	**9%** ↑	1.8x
PMDD	4%	**11%** ↑	2.75x
Perinatal Anxiety (including Antenatal and Postnatal periods)	3%	**7%** ↑	2.3x

↑ Significantly higher results vs overall at 95% c.i.

Women with endometriosis face a significantly elevated occurrence across nearly all mental health conditions compared to the general female population, with the most dramatic increases, more than double, seen in PMDD (11% which is 2.75x more), Autism Spectrum Disorder (12% which is 2x more), and Perinatal Anxiety (7% which is 2.3x more).

Many women experiencing endometriosis can also experience mental health issues stemming from the physical health issue itself; like chronic pain, trauma, invalidation, delayed diagnosis, dismissive care, or repeated medical procedures.

The overall pattern confirms that endometriosis is not only a physical health condition but a deeply psychosocial one. Chronic pain, fertility challenges, hormonal fluctuations, and medical trauma can contribute heavily to this elevated burden.

4 PERIMENOPAUSE

Perimenopause is the stage before a woman's final period (menopause) when their body is transitioning to the end of its reproductive years. It is a natural part of a woman's life (Jean Hailes, 2025).

However, perimenopause is a period marked by both physiological change and complex psychosocial demands; making it a particularly challenging time for some women to navigate.

When comparing to the general female population currently experiencing mental health issues, women who also stated they were currently experiencing perimenopause scored significantly higher rates for the below issues:

	Gen POP %	Those facing Perimenopause	Times More Common
Insomnia or other sleep-wake disorder	30%	**38%** ↑	1.3x
Post-Traumatic Stress Disorder (PTSD)	18%	**25%** ↑	1.4x
Social phobia	16%	**21%** ↑	1.3x
Attention-Deficit/Hyperactivity Disorder (ADHD)	14%	**19%** ↑	1.4x
Perimenopausal Anxiety/Depression	14%	**66%** ↑	4.7x
Autism Spectrum Disorder (ASD)	6%	**9%** ↑	1.5x
Premenstrual dysphoric disorder (PMDD)	4%	**6%** ↑	1.5x

↑ Significantly higher results vs overall at 95% c.i.

Women in midlife often juggle work, caregiving for children and aging parents, and personal identity shifts; all of which can compound stress and anxiety. It's unsurprising that of those women experiencing mental health issues, 2 in 3 (66%) of women in perimenopause are also struggling with Perimenopausal anxiety or depression.

Conditions like ADHD and ASD in women are historically underdiagnosed, but may become more apparent or worsen in perimenopause due to hormonal changes. Likewise, perimenopausal mental health issues may reflect a subset of the population with hormone sensitivity, the consequences of which become more apparent during this time of hormonal change.

6 MENOPAUSE

Menopause is a normal part of aging when a woman experiences their final period. In Australia, the average age of menopause is 51. It's normal to reach menopause between the ages of 45 and 55 years, but some women reach menopause earlier or later than this. (Jean Hailes, 2025)

There are many similarities in the higher rates of mental health conditions faced by women who are in menopause and those who are in perimenopause. However there are some stark differences for women in menopause when it comes to experiencing mental health conditions at significantly lower rates compared to women in the general population.

When comparing to the general female population currently experiencing mental health issues, women who also stated they were currently experiencing menopause scored significantly higher and lower rates for the below issues:

	Gen POP %	Those facing Menopause	Times More/ Less Common
Body image issues	39%	**33%** ↓	1.2x less
Insomnia or other sleep-wake disorder	30%	**37%** ↑	1.23x
Illness Anxiety Disorder or Health Anxiety	20%	**26%** ↑	1.30x
Post-Traumatic Stress Disorder (PTSD)	18%	**22%** ↑	1.22x
Attention-Deficit/Hyperactivity Disorder (ADHD)	14%	**8%** ↓	1.75x less
Perimenopausal Anxiety/Depression	14%	**25%** ↑	1.79x
Binge eating disorder	11%	**7%** ↓	1.6x less
Suicide and self-harm	9%	**4%** ↓	2.25x less
Autism Spectrum Disorder (ASD)	6%	**3%** ↓	2x less
Dysthymia (persistent depressive disorder)	4%	**6%** ↑	1.50x
Perinatal Anxiety (Antenatal and Postnatal periods)	3%	**1%** ↓	3x less
Alzheimer's	1%	**2%** ↑	2x

↑ Significantly higher results vs overall at 95% c.i.
↓ Significantly lower results vs overall at 95% c.i.

"Male GP couldn't relate. Got told it's part of being a woman there are no treatment options available. Just have to deal with it"

This is a notable difference when it comes to neurodevelopmental conditions like ADHD or ASD, which dramatically decrease by 1.75-2 times less in menopausal women with mental health issues. A significant decrease is also seen in suicide and self harm rates, appearing 2.25 times less (4%) in menopausal women with mental health issues.

This can be for a variety of reasons, but it could be due to a more stable hormonal life stage for older women. However, this appears to bring chronic low-level mental health risks (e.g., insomnia, dysthymia, Alzheimer's) at higher rates.

Mental health interventions should evolve across the menopause transition - from managing acute hormonal-driven symptoms to addressing persistent emotional well-being and cognitive health.

6 OVARIAN OR CERVICAL CANCER

Ovarian and cervical cancers are both gynecologic cancers. Cervical cancer is found in the cervix, which is the narrow, lower part of the uterus where it connects to the upper end of the vagina. Ovarian cancer, by contrast, often originates in the fallopian tubes or the ovaries, which are reproductive organs located on each side of the uterus in the pelvis (Ovarian Cancer Research Alliance, 2025). Non-binary people and transmen can also get ovarian or cervical cancer.

When comparing to the general female population currently experiencing mental health issues, women who also stated they were currently experiencing ovarian or cervical cancer scored significantly higher rates for the below issues:

	Gen POP %	Those with Ovarian/ Cervical cancer	Times More Common
Perimenopausal Anxiety/ Depression	14%	**34%** ↑	2.4x
Panic Disorder	13%	**31%** ↑	2.4x
Dysthymia (persistent depressive disorder)	4%	**17%** ↑	4.3x
Premenstrual dysphoric disorder (PMDD)	4%	**17%** ↑	4.3x
Perinatal Anxiety (Antenatal and Postnatal periods)	3%	**6%** ↑	2x
Anorexia nervosa	3%	**14%** ↑	4.7x
Perinatal Depression (Antenatal and Postnatal periods)	3%	**6%** ↑	2x
Schizophrenia	1%	**11%** ↑	11x
Gender Dysphoria	1%	**9%** ↑	9x
Dementia	1%	**6%** ↑	6x
Alzheimer's	1%	**14%** ↑	14x

↑ Significantly higher results vs overall at 95% c.i.

Interestingly, a number of lower prevalence mental health issues in the general female population appeared at significantly higher rates for women with mental health issues who also experienced ovarian or cervical cancer. The rate of Alzheimer's was particularly shocking, at 14 times more in women with ovarian or cervical cancer than women in the general female population experiencing mental health issues.

This could be due to the neurological impact of cancer treatments like chemotherapy and hormonal treatments contributing to cognitive decline or accelerated aging pathways in the brain (Kao, Yeh & Chen, 2023).

Mental health support for women with ovarian or cervical cancer must go far beyond general cancer care. The data shows they face exceptionally high rates of complex mental health issues, cognitive strain alongside their physical health related conditions - raising a need for early mental health screening and trauma-informed mental health care.

7 BREAST CANCER

Breast cancer is the abnormal growth of the cells lining the breast lobules or ducts. These cells grow uncontrollably and have the potential to spread to other parts of the body. Both men and women can develop breast cancer, although it is uncommon in men. Transwomen and non-binary people can also get breast cancer. Breast cancer is the most common cancer in women in Australia (apart from non-melanoma skin cancer) and the second most common cancer to cause death in women (Cancer Council, 2025).

Notably, when comparing to the general female population currently experiencing mental health issues; women who also stated they were currently experiencing breast cancer scored significantly higher rates for only one issue:

	Gen POP %	Those with breast cancer	Times More Common
Alzheimer's	1%	**4%** ↑	4x

↑ Significantly higher results vs overall at 95% c.i.

Similarly to the analysis on cervical/ovarian cancer above, this could be due to the neurological impact of cancer treatments like chemotherapy and hormonal treatments contributing to cognitive decline.

8 INFERTILITY/FERTILITY CHALLENGES

Infertility, in Australia, is generally defined as the inability to conceive a pregnancy after 12 months of regular, unprotected sexual intercourse. It's a significant issue, affecting roughly 1 in 6 Australian couples (Healthdirect, 2025).

The mental health implications of infertility, or fertility related issues can be immense for some women.

When comparing to the general female population currently experiencing mental health issues; women who also stated they were currently experiencing infertility or fertility challenges scored significantly higher rates for the majority of mental health issues captured:

	Gen POP%	Those facing Infertility/ Fertility Challenges	Times More Common
Anxiety & Generalised Anxiety Disorder (GAD)	44%	**58%** ↑	1.3x
Body image issues	39%	**58%** ↑	1.5x
Post-Traumatic Stress Disorder (PTSD)	18%	**34%** ↑	1.9x
Social phobia	16%	**18%** ↑	1.1x
Attention-Deficit/Hyperactivity Disorder (ADHD)	14%	**28%** ↑	2x
Binge eating disorder	11%	**18%** ↑	1.6x
Obsessive-Compulsive Disorder (OCD)	11%	**15%** ↑	1.4x
Borderline Personality Disorder	5%	**11%** ↑	2.2x
Specific Phobias (including Agoraphobia)	4%	**9%** ↑	2.25x
Dysthymia (persistent depressive disorder)	4%	**10%** ↑	2.5x
Premenstrual dysphoric disorder (PMDD)	4%	**10%** ↑	2.5x
Perinatal Depression (including Antenatal and Postnatal periods)	3%	**5%** ↑	1.7x
Bulimia nervosa	2%	**12%** ↑	6x
Psychosis and Psychotic disorders	1%	**7%** ↑	7x
Schizophrenia	1%	**4%** ↑	4x
Dementia	1%	**3%** ↑	3x

↑ Significantly higher results vs overall at 95% c.i.

Women dealing with fertility issues are often under hormonal and physiological strain - reproductive treatments can involve intense hormone regulation (e.g. IVF), which can destabilise mood and trigger stress-related disorders. It could also be likely that the stress associated with mental health issues could lead to fertility issues (so this could be a bidirectional relationship). The data shows higher rates of PTSD (1.9x more common) and OCD (1.4x more common); possibly reflecting the medicalised and uncertain nature of fertility treatment journeys.

Significant increases were seen in the rates of bulimia (6x more), body image issues (1.5x more), and borderline personality disorder (2.2x more) pointing to struggles with identity, control, and social pressure that could be tied to womanhood and motherhood expectations.

There are also significantly higher rates of acute mental health disorders like Psychosis and Psychotic disorders (7x more common) and Schizophrenia (4x more common), but more research would have to be undertaken to specifically understand the reasons why this is.

There is a clear need for holistic, trauma-informed, and emotionally attuned mental health care alongside reproductive treatment.

9 PREGNANCY LOSS (MISCARRIAGE/STILLBIRTH)

Pregnancy loss encompasses both miscarriage and stillbirth – and is not just a reproductive or medical event – it is a major psychological and emotional rupture.

Miscarriage is defined as a pregnancy loss before 20 weeks gestation. It is common, occurring in around 1 in 4 pregnancies. There are many different types of miscarriage, including early, late or recurrent miscarriage. Stillbirth on the other hand, is defined as the loss of a pregnancy after 20 weeks. In Australia, six babies are stillborn every day (Miscarriage Australia, 2025).

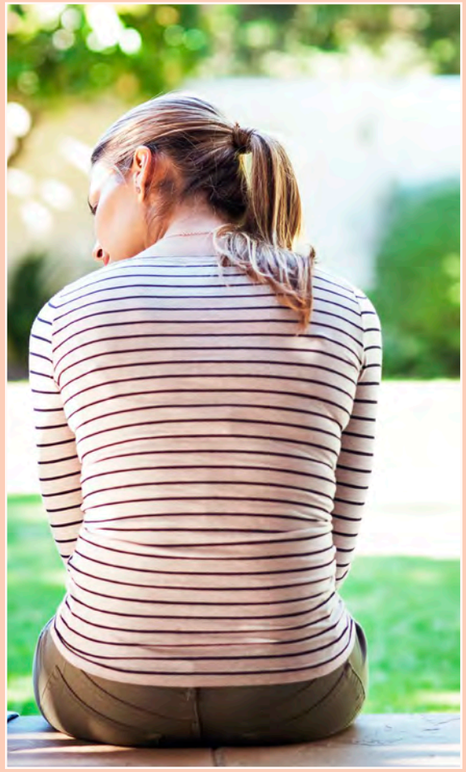
The mental health implications for a woman suffering from a pregnancy loss cannot be understated – the grief, sadness and immense pain is deeply felt, alongside the many possible physical health burdens that women are then also left to deal with.

> "I really don't feel like I can open up about it all. It feels way too heavy so I suppress it instead and just get on with life".

When comparing to the general female population currently experiencing mental health conditions; women who also stated they were currently dealing with pregnancy loss scored significantly higher rates for the below mental health issues:

	Gen POP %	Those facing Pregnancy loss	Times More Common
Post-Traumatic Stress Disorder (PTSD)	18%	**33%**↑	1.8x
Social phobia	16%	**29%**↑	1.8x
Attention-Deficit/ Hyperactivity Disorder (ADHD)	14%	**27%**↑	1.9x
Suicide and self-harm	9%	**20%**↑	2.2x
Borderline Personality Disorder	5%	**22%**↑	4.4x
Dysthymia (persistent depressive disorder)	4%	**13%**↑	3.3x
Perinatal Anxiety (Antenatal and Postnatal periods)	3%	**17%**↑	5.7x
Perinatal Depression (Antenatal and Postnatal periods)	3%	**11%**↑	3.7x
Perinatal Psychosis (Antenatal and Postnatal periods)	1%	**7%**↑	7x
Dementia	1%	**4%**↑	4x
Alzheimer's	1%	**3%**↑	3x

↑ Significantly higher results vs overall at 95% c.i.



Pregnancy loss is a deeply traumatic experience that can activate prolonged stress responses. This likely contributes to the elevated rates of PTSD (1.8x higher), dysthymia (3.3x higher), and suicide and self harm (2.2x higher). Rapid hormonal shifts post-loss, especially if late-term, may worsen or trigger underlying conditions such as Borderline Personality Disorder (4.4x higher).

To be expected, the increased rates of perinatal mental health conditions amongst those experiencing pregnancy loss are unsurprising.

Surprisingly, the results highlighted increased rates of Dementia and Alzheimer's amongst these women. This may reflect long-term effects of unresolved trauma and stress, though no direct link can be made and more research could be done to explain this further.

This data clearly supports the need for bereavement-specific trauma care, integrated within perinatal health services.

10 PHYSICAL PERIPARTUM ISSUES (PERINATAL/POSTNATAL PHYSICAL HEALTH ISSUES)

Physical peripartum issues refer to physical health concerns that can arise during pregnancy, delivery, and the first year after childbirth.

These can include postpartum hemorrhage, infections, urinary tract infections, blood clots, gestational diabetes, physical pain after birth and birthing related complications etc. These issues can significantly affect a mother's physical health, mental well-being, and her ability to bond with her baby.

When comparing to the general female population currently experiencing mental health issues; women who also stated they were currently dealing with physical peripartum issues scored significantly higher rates for the below mental health issues:

	Gen POP%	Those with Physical peripartum issues	Times More Common
Body image issues	39%	**65%**↑	1.7x
Premenstrual dysphoric disorder (PMDD)	4%	**12%**↑	3x
Perinatal Anxiety (Antenatal and Postnatal periods)	3%	**51%**↑	17x
Perinatal Depression (Antenatal and Postnatal periods)	3%	**37%**↑	12.3x
Perinatal Psychosis (Antenatal and Postnatal periods)	1%	**19%**↑	19x
Anorexia nervosa	3%	**11%**↑	3.7x

↑ Significantly higher results vs overall at 95% c.i.

Physical trauma (e.g. from birth injuries, chronic pain, or recovery complications) is likely a driver of the extremely high rates of perinatal anxiety (17x higher), depression (12.3x higher), and psychosis (19x higher). Body image issues see a significant increase (1.7x higher), as well as Anorexia nervosa (3.7x higher) which could be due to body dissatisfaction, scarring, functional changes, or shame around altered postpartum bodies.

Women dealing with physical postpartum issues sometimes feel dismissed, unsupported or embarrassed – thinking that these issues are just a normal part of motherhood. This lack of validation may trigger or worsen existing mental health conditions, highlighting the need for systemic recognition of the mental toll of postpartum physical complications with compassionate, integrated mental and physical postpartum care. Enhanced mental health screening and early intervention, especially for body image, eating disorders, and perinatal mood disorders is needed.

11 PHYSICAL BIRTH TRAUMA

Physical birth trauma is defined as any physical injury or damage experienced during or after childbirth. Physical birth trauma can include, but is not limited to, perineal tears, pelvic floor muscle damage, pelvic organ prolapse, pelvic fractures, or caesarean wounds. Additionally, it can encompass injuries resulting from instrumental deliveries (like forceps or vacuum), emergency caesarean sections, and postpartum hemorrhage (Birth Trauma Australia, 2025).

A woman's experience of interactions and/or events related to childbirth can cause overwhelming distressing emotions and reactions, leading to short and/or long-term negative impacts on a woman's health and well-being.

When comparing to the general female population currently experiencing mental health issues; women with mental health issues who also stated they were currently dealing with the effects of physical birth trauma scored significantly higher rates for the below mental health issues:

Physical trauma during childbirth can induce acute stress responses and dysregulation of the nervous system, possibly contributing to the extreme rise in PTSD (2.1x higher) and perinatal psychosis (12x higher).

When physical complications during birth are met with neglect, invalidation, or medical gaslighting, psychological trauma becomes more entrenched - these could be contributing factors to the significant rises in perinatal anxiety (11.3x higher) and depression (9x higher).

Interestingly, there were elevated rates of gender dysphoria (6x higher) with women who experienced birth trauma. This may indicate distress triggered by enforced gender roles or birth-related body changes; however more research would need to be undertaken to determine the exact reasons.

This data underscores the critical importance of trauma-informed care throughout the childbirth process and immediate postpartum period, with the need for early mental health screening and intervention in individuals reporting birth trauma.

	Gen POP %	Those with Physical birth trauma	Times More Common
Post-Traumatic Stress Disorder (PTSD)	18%	**38%**↑	2.1x
Borderline Personality Disorder	5%	**18%**↑	3.6x
Perinatal Anxiety (Antenatal and Postnatal periods)	3%	**34%**↑	11.3x
Perinatal Depression (Antenatal and Postnatal periods)	3%	**27%**↑	9x
Perinatal Psychosis (Antenatal and Postnatal periods)	1%	**12%**↑	12x
Schizophrenia	1%	**6%**↑	6x
Gender Dysphoria	1%	**6%**↑	6x

↑ Significantly higher results vs overall at 95% c.i.

12 VAGINAL ISSUES

Vaginal issues is a broad term used to describe a range of health problems affecting the vagina, including infections, abnormal bleeding, and discomfort. These issues can manifest as changes in vaginal discharge, itching, burning, pain during urination or intercourse, and even pelvic pain (Healthdirect, 2025).

Specific vaginal conditions like bacterial vaginosis, vaginitis, uterine fibroids, and vulvodynia can cause extreme discomfort and mental distress for women; ultimately impacting their mental health outcomes.

When comparing to the general female population currently experiencing mental health issues; women who also stated they were currently dealing with vaginal issues scored significantly higher rates for the below mental health issues:

	Gen POP %	Those with vaginal issues	Times More Common
Body image issues	39%	**50%**↑	1.3x
Binge eating disorder	11%	**17%**↑	1.6x
Obsessive-Compulsive Disorder (OCD)	11%	**19%**↑	1.7x
Specific Phobias (including Agoraphobia)	4%	**9%**↑	2.25x
Premenstrual dysphoric disorder (PMDD)	4%	**9%**↑	2.25x

↑ Significantly higher results vs overall at 95% c.i.

The ongoing physical symptoms experienced by those with vaginal issues may lead to increased psychological distress, contributing to the elevated rates of certain mental health conditions.

Vaginal conditions are often misunderstood or dismissed, leading to feelings of isolation, shame, and body disconnection - reflected in high rates of body image issues (1.3x higher) and binge eating disorder (1.6x higher). Conditions like fibroids or vulvodynia often disturb reproductive and hormonal function, potentially intensifying the impacts of PMDD (2.25x higher).

Vaginal issues have a profound mental health footprint on those who experience them, further reinforcing the need for holistic, wrap-around mental health support for women experiencing physical health conditions.

13 PELVIC FLOOR DISORDERS

Pelvic floor disorders, also known as pelvic floor dysfunction, occur when the muscles of the pelvic floor are not functioning correctly. Pregnancy, childbirth, being overweight, constipation, heavy lifting, and changes in hormonal levels can all cause issues with a woman's pelvic floor muscle. This can lead to a variety of issues, including urinary and fecal incontinence, pelvic organ prolapse, and sexual dysfunction (Betterhealth Victoria, 2025).

When comparing to the general female population currently experiencing mental health issues; women who also stated they were currently experiencing pelvic floor disorders scored significantly higher rates for the below mental health issues:

	Gen POP %	Those with pelvic floor disorders	Times More Common
Depression	52%	**61%**↑	1.2x
Insomnia or other sleep-wake disorder	30%	**43%**↑	1.4x
Post-Traumatic Stress Disorder (PTSD)	18%	**25%**↑	1.4x
Social phobia	16%	**24%**↑	1.5x
Perimenopausal Anxiety/ Depression	14%	**22%**↑	1.6x
Panic Disorder	13%	**19%**↑	1.5x
Dysthymia (persistent depressive disorder)	4%	**11%**↑	2.8x
Perinatal Anxiety (Antenatal and Postnatal periods)	3%	**7%**↑	2.3x
Dementia	1%	**2%**↑	2x

↑ Significantly higher results vs overall at 95% c.i.

Pelvic floor disorders are often associated with chronic pain, urinary or bowel dysfunction, and sexual dysfunction, possibly contributing to higher rates of PTSD (1.4x higher), insomnia (1.4x higher), and dysthymia (2.8x higher) due to ongoing discomfort and disruption of daily living.

The rise in perimenopausal anxiety (1.6x higher) and perinatal anxiety (2.3x higher) may be linked to the hormonal changes and biological stresses surrounding pregnancy, childbirth, and menopause - which are all high risk periods for pelvic floor dysfunction.

Topics like incontinence or prolapse remain highly stigmatised, leading to some women experiencing social withdrawal, a likely cause for the increase in social phobia (1.5x higher) and panic disorder (1.5x higher). Pelvic floor issues can also challenge self-image, sexuality, and independence, possibly driving increases in depression (1.2x higher).

Pelvic floor disorders are strongly associated with emotional distress and mental health impacts, reinforcing the need for holistic health care that integrates physical and psychological treatment - especially around life transitions like childbirth and menopause.

Sex and Gender-specific mental health issues

DEEP DIVE ON PERIMENOPAUSAL ANXIETY/DEPRESSION

14%
of women with mental health issues affected

Perimenopause is a natural part of a woman's life encompassing the stage before a woman's final period (menopause) when the body is transitioning to the end of its reproductive years. (Jean Hailes, 2025). Hormonal fluctuations, irregular periods and physical and emotional symptoms can have a great impact on a woman's mental health during this period of her life.

Although not a top mental health issue amongst Australian women, perimenopausal anxiety and depression was experienced by 8% of all women surveyed, and 14% of women currently experiencing mental illness in 2025. Perimenopausal anxiety and depression is a female-specific mental health condition, strongly linked to hormonal fluctuations during the transition to menopause, that deserves more attention at a national level. Of note, when examining the prevalence of perimenopausal anxiety and depression amongst those currently experiencing perimenopause or menopause, the prevalence was 37%, making this issue a high priority amongst women during this lifephase.

As anticipated, this condition is significantly more prevalent among women aged 40-59 years (33%); however it must be noted that in the few women who reported having this condition in younger age groups under 40 years old, the severity of their symptoms was concerning.

Hormonal fluctuations, menopause, sleep issues and aging are significant triggers for those experiencing perimenopausal anxiety/depression; emphasising the biological component of this condition.

This year we uncovered that only 2 in 5 women (43%) are seeking help for this mental health issue. The majority of women sought help from their GP (76%) or tried medications (43%); however these options were broadly referenced as somewhat helpful. Exercise and social support from friends/close ones were commonly reported as very helpful sources of help for women with this issue.

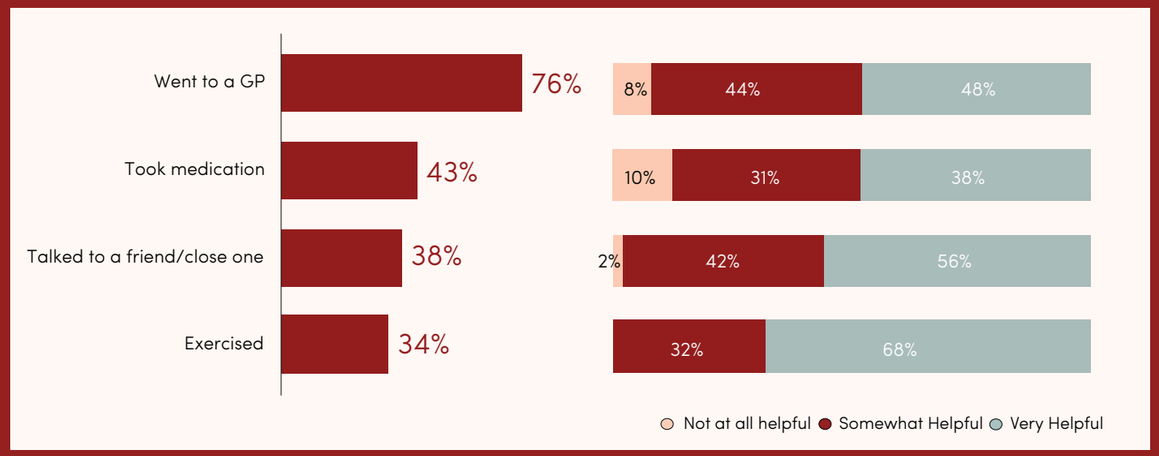
Main reasons for not seeking help centred around wanting to self manage, inability to make time or afford to seek help. With the majority of women with perimenopausal anxiety/depression avoiding professional help, this could indicate a potential underutilisation of available support services, awareness around the symptoms or confusion around where to go for help.

Top 10 triggers	
Menstruation / Hormonal Fluctuations	31% ↑
Menopause	30% ↑
Low self esteem or confidence	28%
Sleep deprivation or sleep disturbance	27%
Financial stress/pressures	26%
Aging	23%
Low self-worth	21%
Trying to juggle career & work / work life balance	20%
Pressures created by own self/being too hard on own self	19%
Grief, death and/or loss	13% ↓

↑ Significantly higher results vs overall at 95% c.i.
↓ Significantly lower results vs overall at 95% c.i.

Types of Help

Effectiveness of Help



Sex specific factors and gendered social constructs

DEEP DIVE ON MOTHERHOOD

Motherhood is a deeply significant experience for many women; encompassing the biological, emotional, social and cultural dimensions of caring for, nurturing and raising a child. Approximately 80% of Australian women will have had at least one child by the age of 44.

It is not limited to the act of giving birth but includes the ongoing responsibilities, relationships, and emotional bonds involved in raising a child. Motherhood can be experienced biologically (through pregnancy and childbirth), through adoption, fostering, or step-parenting and varies widely depending on individual, cultural, and societal contexts. Motherhood can impact a woman's mental health in complex and powerful ways which is why understanding these unique and layered challenges is essential for supporting maternal mental health.

Our definition of mothers for the purposes of this study are women who indicated they had parental responsibilities. These women made up 48% of the overall participants.

Our research uncovered that the top 4 mental health issues for Australian mothers in 2025 were the same to those of the general population. However the 5th most pressing mental health issue was identified as Post-Traumatic Stress Disorder (PTSD) instead of Illness Anxiety.

When comparing these 5 issues against those who are not mothers, there were differences in the prevalence rates compared to looking at women as a general population. The most notable differences were seen in body image issues, Insomnia or other sleep/wake disorders and PTSD. Body image issues were generally less of a problem for mothers (at 32% compared to 38% of those who were not mothers). However, Insomnia or other sleep/wake disorders and PTSD were seen to impact mothers more significantly. It could be hypothesised that mother's are more in tune and grateful for their bodies post birth, resulting in a decreased experience of body image issues. And depending on the births they experienced and their parenting journey to date, insomnia/sleep issues and PTSD are more likely in mothers dealing with a myriad of responsibilities.

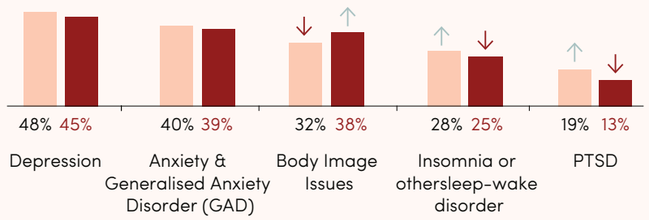
There were other main differences reported in the underlying triggers to mental health issues, showing that women with parental responsibility reported higher rates of financial stress/pressures, as well as feeling the increased impacts of sleep deprivation and parenting young children on their own mental health.

In terms of help seeking behaviours, the number of women who sought help were similar for mothers and women without children, at 58% and 56% respectively.

Seeing a GP is the top choice for mothers who sought help (at 76%), followed by medication (56%) and mental health professionals (51%). It was interesting to find that mothers are talking significantly less to their parents and friends compared to women without children, suggesting a preference for expert medical advice within the context of parenthood.

It also appeared that mother's preferences for help seeking centred around accessibility. For instance, accessing a GP and medications is easier than organising social catch ups, making appointments with mental health professionals and finding time to exercise.

Top 5 mental health issues faced by mothers



↑ Significantly higher results vs other cohort at 95% c.i.
↓ Significantly lower results vs other cohort at 95% c.i.
Women with parental responsibility
All other women

Top triggers for mental health issues in mothers	All other women (N=2103)	Women with Parental responsibility (N=1908)
Low self esteem or confidence	52%	48%
Financial stress/pressures	43%	48%↑
Sleep deprivation or sleep disturbance	38%	43%↑
Low self-worth	42%	41%
Pressures created by own self/being too hard on own self	42%	38%
Aging	25%	27%
Unstable family situation /family breakdown/family conflict/relationship breakdowns	24%	26%
Too many expectations from society	33%	26%↓
Grief, death and/or loss	22%	24%
Own physical illnesses / injuries	23%	24%
Trying to juggle career & work / work life balance	25%	23%
Lack of support network	20%	23%
Lack of social acceptance or belonging	27%	21%↓
Unrealistic ideals of body image	31%	21%↓
Parenting young children	2%	19%↑

↑ Significantly higher results vs other cohort at 95% c.i.
↓ Significantly lower results vs other cohort at 95% c.i.

Mental Health conditions that often go undetected in women

DEEP DIVE ON ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)

14% of women with mental health issues affected

ADHD is a neurodevelopmental disorder characterised by a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with daily functioning or development (American Psychiatric Association, 2022).

Our research indicates that 8% of all women surveyed, and over 1 in 7 (14%) women currently experiencing mental health issues, report having ADHD in Australia.

While the criteria for ADHD is gender-neutral, the presentation of ADHD in women and girls often differs from the more traditionally recognised symptoms seen in boys, which can lead to underdiagnosis or misdiagnosis.

It is largely recognised that women are more likely to present with the inattentive subtype, characterized by distractibility, disorganisation and internalised symptoms (e.g. daydreaming), rather than overt hyperactivity.

Other academic research (Quinn & Madhoo, 2014) found that women with ADHD are more likely to exhibit internalising behaviors such as low self-esteem and emotional dysregulation, and are more likely to experience anxiety and/or depression.

Due to less disruptive behavior, more subtle symptoms and women's tendency to develop compensatory strategies to manage their symptoms (such as perfectionism or overachievement); many women are not diagnosed until adulthood, often after struggling academically, socially, or emotionally. Increased societal awareness on the condition is helping to combat the underdiagnosis in women, who are now more aware of the symptoms and are reaching out for help.

Fluctuations in estrogen levels (e.g., during menstruation, pregnancy, and menopause) can also exacerbate ADHD symptoms in women, ultimately impacting a woman's mental health and ability to cope with daily stressors (Quinn, 2005).

The mental health implications of this disorder amongst women is multifaceted, with women often experiencing other mental health issues concurrently with their ADHD. Of those who reported having ADHD, 100% of them also reported having 1 or more other mental health issues.

This year, our research found that women who reported having ADHD indicated factors directly related to having ADHD (e.g., impact of their neurological condition on daily life) play a key role in their mental health issues. It is also worth noting that financial stress, self-imposed pressures and sleep deprivation still remain the top triggers for those with ADHD, however at a significantly lower rate for women with ADHD.

40%

of women with ADHD experienced long wait lists to get an appointment with professionals

49% of women with ADHD are seeking help; with the majority of women preferring to consult their GP (64%) for referrals to mental health professionals (66%), as well as utilise medication (46%) and engage in self-directed learning via the internet (35%).

For those who sought help, 69% of those who visited a psychiatrist and 66% of those who took medication noted these options as very effective, which correlates with the finding that more women with ADHD are seeking out mental health professionals. GPs were less often seen as "Very Helpful" compared to psychologists (52%) and psychiatrists (69%), suggesting specialists may be perceived as more effective but are also the only way to access medications.

For those who had negative experiences with seeking help or their ADHD, long wait lists and time to get an appointment was noted as the top reason for the ineffectiveness of the support (at 40%). Women with ADHD also cited reasons related to their ADHD that hindered the effectiveness of the help sought. Some women found it difficult to express their needs or open up, connect emotionally with their provider, or felt that their provider was unable to relate or help them. Some noted experiencing negative side effects from the prescribed medication, as well as the lack of gender-focused support services available.

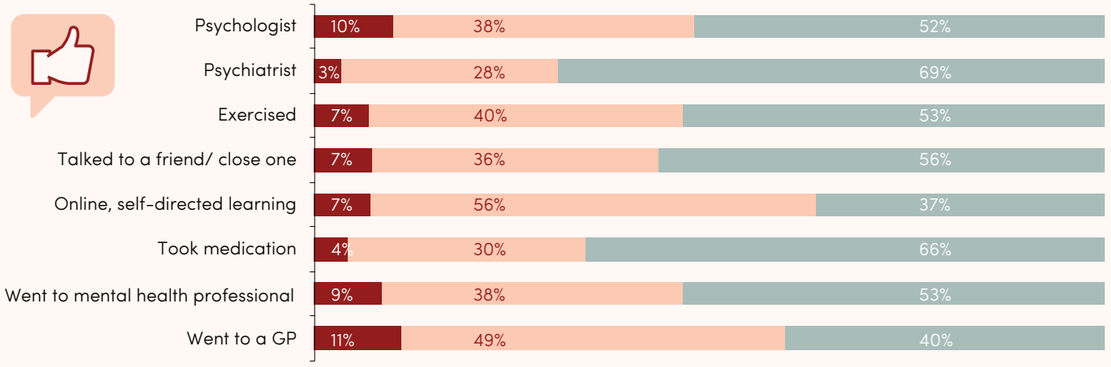
For those who did not seek help, there were a number of unique barriers identified for women with ADHD. On top of the common barriers to support like financial burdens and a desire for self-reliance; women with ADHD encountered significantly greater access difficulties, experiencing longer wait times and delays in accessing care, and struggling to access resources/support services.

For women with ADHD, the mental health system presents compounded obstacles: long delays in accessing care, financial burdens, and the struggle of accessing the right resources for help.

Top triggers	Overall	Women with ADHD
The impact of my Neurological Condition (eg. ADHD, Autism) on daily life	12%	48%↑
Financial stress/pressures	45%	24%↓
Pressures created by own self/ being too hard on own self	40%	24%↓
Sleep deprivation or sleep disturbance	40%	24%↓
Low self esteem or confidence	50%	23%↓
Trying to juggle career & work / work life balance	24%	22%
Too many expectations from society	30%	21%↓
Low self-worth	42%	21%↓
I am not sure what caused the mental health issues I am currently facing	13%	18%↑

↑ Significantly higher results vs overall at 95% c.i.
↓ Significantly lower results vs overall at 95% c.i.

Effectiveness of Help



ADHD incidence rates among women in Priority Populations

	General population	CALD Communities	Indigenous Communities	Poverty Homelessness	LGBTIQA+	Pregnant	Comorbidity	Those with disability(s)
ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD)	14%	12%	15%	18%↑	32%↑	12%	15%	16%

↑ Significantly higher results vs overall at 95% c.i.

While the overall incidence of ADHD among women sits at 14%, rates are significantly higher within certain priority populations. Notably, of those with a mental health issue, 32% of women in LGBTQIA+ communities and 18% of women experiencing homelessness or poverty report living with ADHD. These figures point to a heightened burden of ADHD within groups that are often subject to systemic disadvantage and social exclusion. It is also notable that the effects of living with a neurological condition such as ADHD or autism frequently emerged as the top trigger for LGBTQIA+ women across a wide range of mental health issues.

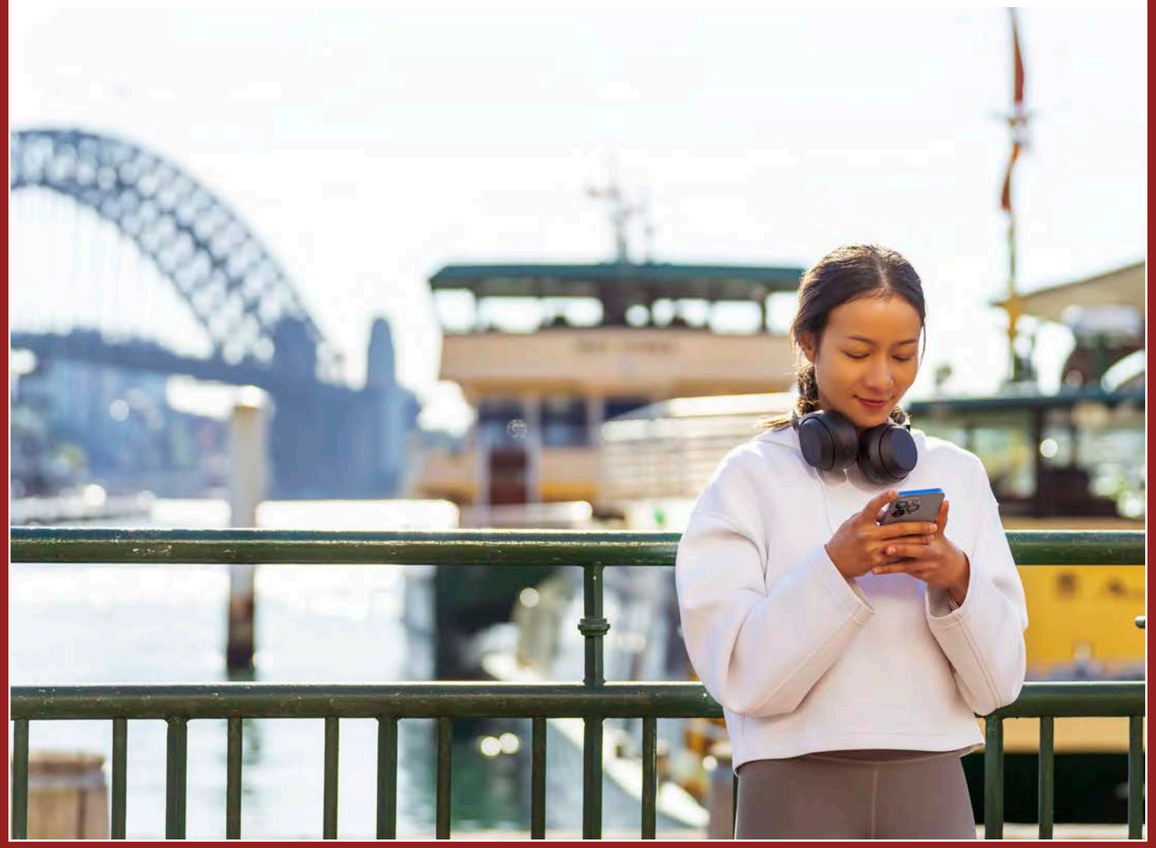
There are a number of factors that may contribute to these elevated rates. For women in LGBTQIA+ communities, experiences of minority stress, identity-related stigma, and reduced access to affirming healthcare may amplify the challenges of living with undiagnosed or unsupported ADHD. Similarly, women experiencing poverty or homelessness often face barriers to early diagnosis and consistent care, while also managing the social and economic impacts that can be intensified by ADHD symptoms such as inattention, impulsivity, and difficulty with executive functioning.

It is also possible that certain core features of ADHD - such as impulsivity, emotional dysregulation, and difficulty maintaining stable routines or employment - can increase the risk of exposure to unstable housing or financial hardship over time. The interplay between these factors suggests that early intervention, inclusive services, and trauma-informed care may play a key role in reducing the burden of ADHD and associated mental illness among these populations.

ADHD incidence rates among women across life stages

	All Ages	14-19 years	20-29 years	30-39 years	40-49 years	50-59 years	60-69 years	70+ years
ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD)	14%	25%↑	21%↑	18%↑	15%	6%↓	5%↓	2%↓

↑ Significantly higher results vs overall at 95% c.i. ↓ Significantly lower results vs overall at 95% c.i.



The incidence of Attention-Deficit/Hyperactivity Disorder (ADHD) among women who report having a mental health issue is significantly higher in younger age groups, with rates peaking at 25% among those aged 14 to 19, compared to just 2% among women aged 70 and above. This trend likely reflects shifts in societal awareness, access to diagnostic resources, and evolving attitudes towards the condition.

Younger women are more likely to identify with ADHD due to increased public discourse, better screening tools, and reduced stigma surrounding neurodevelopmental conditions in recent years. In contrast, older generations may be underdiagnosed, shaped by limited historical recognition of ADHD in females and persistent stigma/taboo that has deterred many from seeking assessment or support.

As understanding of ADHD continues to improve, particularly in how it presents differently across gender and age, these generational disparities will reduce if tailored communication, education and access to care for women at all life stages is taken into account.

Exploring the top mental health issues currently faced by Australian women

The table below outlines the percentage of women who recorded experiencing each particular mental health issue of all those who noted they were experiencing a mental health condition this year compared to the previous 2 years. We have also included the proportion statistics in the final column to outline the true extent of each particular mental health issue when calculated as a proportion of the total sample of women in 2025.

Top mental health issues faced by Australian women

	2023	2024	2025	Proportion of TOTAL sample 2025
MOOD DISORDERS				
Depression	45%	46%	52%↑	**29%**
Dysthymia	3%	3%	4%	**2%**
Bipolar Affective Disorder	2%	2%	3%	**2%**
ANXIETY & ANXIETY DISORDERS				
Anxiety & Generalised Anxiety Disorder (GAD)	44%	41%	44%↑	**25%**
Illness Anxiety Disorder or Health Anxiety			20%	**11%**
Post-Traumatic Stress Disorder (PTSD)	14%	14%	18%↑	**10%**
Social phobia	13%	13%	16%↑	**9%**
Panic Disorder			13%	**7%**
Obsessive-Compulsive Disorder (OCD)	9%	8%	11%↑	**6%**
Specific Phobias or Agoraphobia	4%	4%	4%	**2%**
BODY IMAGE ISSUES	34%	29%	39%↑	**22%**
INSOMNIA OR OTHER SLEEP-WAKE DISORDER			30%	**17%**
NEURODEVELOPMENTAL DISORDERS				
Attention-Deficit/Hyperactivity Disorder (ADHD)			14%	**8%**
Autism Spectrum Disorder (ASD)			6%	**3%**
MENSTRUAL CYCLE RELATED DISORDERS				
Perimenopausal Anxiety/Depression			14%	**8%**
Premenstrual dysphoric disorder (PMDD)			4%	**2%**
EATING DISORDERS				
Binge eating disorder	8%	7%	11%↑	**6%**
Anorexia nervosa	2%	2%	3%	**2%**
Bulimia nervosa	2%	2%	2%	**1%**
SUICIDE AND SELF-HARM	7%	6%	9%↑	**5%**
SUBSTANCE USE DISORDERS	6%	5%	8%↑	**4%**
PERSONALITY DISORDERS				
Borderline Personality Disorder	4%	3%	5%↑	**3%**
PERINATAL MENTAL HEALTH ISSUES				
Perinatal Anxiety	3%	3%	3%	**2%**
Perinatal Depression	3%	2%	3%	**2%**
Perinatal Psychosis			1%	**1%**
GENDER DYSPHORIA			1%	**1%**
PSYCHOTIC DISORDERS				
Psychosis and Psychotic disorders	1%	1%	1%	**1%**
Schizophrenia	1%	1%	1%	**1%**
DEMENTIA OR ALZHEIMER'S	1%	2%	2%	**1%**

↑ Significantly higher results vs overall at 95% c.i. ↓ Significantly lower results vs overall at 95% c.i.

Note: Some categories have blank values due to being new additions in 2025.

Overall, the top 3 mental health issues - depression, anxiety and body image issues - have remained steady since 2023 in prevalence and relative ranking.

However, compared to 2024, a substantial increase was observed in the number of women experiencing PTSD, social phobia, OCD, body image issues, binge eating disorder, self-harm, and substance use disorders.

Two new options were added to the list of mental health issues this year: Illness Anxiety Disorder (or Health Anxiety) and Insomnia or other sleep-wake disorders. Notably, both of these conditions immediately emerged among the top five most prevalent mental health issues reported.

The top five mental health issues reported by Australian women in this report are consistent with outcomes from the Australian Burden of Disease Study, which found that Anxiety Disorders and Depression were amongst the top 3 leading causes of disease burden in Australian women in 2024. (AIHW, 2025)

Top Triggers For Mental Health Issues

Among the top triggers underlying all women's mental health issues, we see that while prominent triggers have remained consistent in nature, there has been an increase in the proportion of women endorsing each item as a trigger for their mental health issues.

Triggers	2023	2024	2025
Low self esteem or confidence	44%	43%	50%
Financial stress/pressures	37%	38%	45%
Low self-worth	-	-	42%
Sleep deprivation or sleep disturbance	-	-	40%
Pressures created by own self/being too hard on own self	37%	36%	40%
Too many expectations from society	27%	25%	30%
Unrealistic ideals of body image	25%	23%	27%
Aging	21%	23%	26%
Unstable family situation /family breakdown/family conflict/ relationship breakdowns	25%	25%	25%
Lack of social acceptance or belonging	21%	20%	24%
Trying to juggle career & work / work life balance	21%	19%	24%
Own physical illnesses / injuries	20%	21%	23%
Grief, death and/or loss	22%	21%	23%

○ Directionally higher results vs 2024 at 95% c.i. ○ Directionally lower results vs 2024 at 95% c.i.

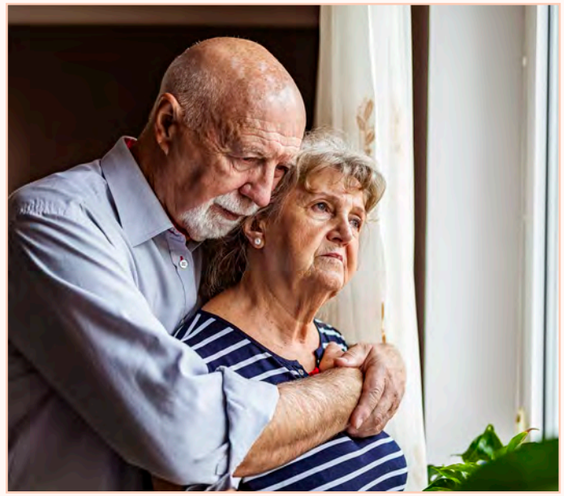
ISSUE 1 | **DEPRESSION**

52%
of women with mental health issues affected

Depression continues to be the most prevalent mental health issue impacting Australian women. Close to one third (29%) of all women surveyed reported experiencing depression, and over half (52%) of women currently experiencing a mental health problem reported experiencing depression, up from 46% in 2024. Conditions have significantly worsened for women facing homelessness/poverty and women living with a comorbidity with their rates of depression sitting at 65% and 56% respectively. Women aged over 60 years old are significantly more likely to be experiencing depression (63%) compared to younger age groups.

Financial pressures, low self-esteem and sleep deprivation were the top triggers contributing to depression in women this year. Those over 60 years old noted that aging and physical illness were the primary triggers; whereas women facing homelessness/poverty noted domestic violence, bullying and emotional abuse as other contributing triggers.

52% of women with depression tried to seek help which is a positive increase from 48% in 2024. It was also promising to uncover that indigenous women were more likely to seek help for their depression (at 67%).



A large portion of women seeking help were seeing their GP (69%), taking medication (53%) or seeing a mental health professional (47%). Fortunately, these top 3 help-seeking methods were also reported as very effective for the majority of people who used these avenues.

Of those that didn't seek help, it was primarily due to financial pressure (1 in 3), self-reliance (1 in 4), or inability to prioritise their mental health (1 in 4).

Top 15 triggers overall	
Financial stress/pressures	41%
Low self esteem or confidence	40%
Low self-worth	38%
Sleep deprivation or sleep disturbance	31%
Pressures created by own self/being too hard on own self	28%
Grief, death and/or loss	24%
Unstable family situation /family breakdown/ family conflict/relationship breakdowns	23%
Lack of support network	20%
Too many expectations from society	19%
Own physical illnesses / injuries	18%
Aging	17%
Trying to juggle career & work / work life balance	17%
Lack of social acceptance or belonging	17%
Unrealistic ideals of body image	15%
Childhood abuse and trauma	15%

Standout triggers for priority populations with depression	
Pregnant	
Pregnancy itself	36%
Physical or mental illness/injuries of family members	25%
Living away from family/friends	25%
Facing Homelessness/ Poverty	
Domestic violence	20%
Bullying/emotional abuse	19%
Physical or mental illness/injuries of family members	17%
The impact of my Physical Disability on daily life	17%
Disability	
The impact of my Physical Disability on daily life	39%
Strict home environment while growing up	18%
Bullying/emotional abuse	17%
LGBTQIA+ community	
The impact of my Neurological Condition (eg. ADHD, Autism) on daily life	23%

ISSUE 2 | **ANXIETY & GENERALISED ANXIETY DISORDER**

44%
of women with mental health issues affected

Anxiety and Generalised Anxiety Disorder were experienced by 25% of all women surveyed, and by 44% of those women currently experiencing mental health issues, which is a significant increase from 41% in 2024. This rise in Anxiety and GAD is primarily driven by women aged 60 or older, women from CALD communities as well as individuals with comorbidities; however anxiety and GAD are most likely to affect women aged 20-29 (53%) compared to any other age group.

Key factors contributing to anxiety in females include financial pressures, low self-esteem, pressures created by oneself. In women aged 50-59, menopause is a significant anxiety trigger, while aging is a prominent trigger for women aged 60-69 years. The prominence of childhood abuse, emotional abuse and domestic violence are also significant triggers for anxiety in women experiencing homelessness/poverty.

Significantly more Australian women sought help for their anxiety and related disorders in 2025 (53% compared to 47% in 2024); with 71% of them seeking help from their GP and 53% from a mental health professional. However taking medication was recorded as a very effective form of help, with 62% of women noting it was very helpful for their anxiety.

Among those who did not reach out for help, it was primarily due to the financial constraints, inability to prioritise their mental health and a preference for self-coping due to fear of being dismissed.

Top 15 triggers	
Financial stress/ pressures	44%
Low self esteem or confidence	41%
Pressures created by own self/being too hard on own self	35%
Low self-worth	32%
Sleep deprivation or sleep disturbance	29%
Trying to juggle career & work / work life balance	23%
Too many expectations from society	23%
Unstable family situation /family breakdown/ family conflict/relationship breakdowns	21%
Grief, death and/or loss	17%
High pressure/competitive work environment	16%
Lack of social acceptance or belonging	16%
Unrealistic ideals of body image	16%
Own physical illnesses / injuries	15%
Lack of support network	15%
Media/Social media pressure to be perfect (perfect appearance/career/house/life, etc.)	15%

Standout triggers for priority populations with Anxiety & GAD	
CALD Communities	
Living away from family/friends	18%
Aging	16%
Poverty + Homelessness	
Childhood abuse and trauma	23%
Bullying/emotional abuse	18%
Domestic violence	18%
Living away from family/friends	17%
Parenting young children	17%
LGBTQIA+ community	
The impact of my Neurological Condition (eg. ADHD, Autism) on daily life	24%
Childhood abuse and trauma	18%
Pregnant	
Pregnancy	24%
Living away from family/friends	16%
Parenting young children	16%
Those with disability	
The impact of my Physical Disability on daily life	32%
Childhood abuse and trauma	23%
Bullying/emotional abuse	18%
Aging	18%

ISSUE 3 | **BODY IMAGE ISSUES**

39%
of women with mental health issues affected

Body image issues were experienced by 22% of all women surveyed, and 39% of those experiencing mental health issues. Following a decline in 2024, the prevalence of body image issues among females has exhibited a significant resurgence, reaching its highest level since 2022, indicating a concerning trend reversal.

Body image struggles significantly diminish women's overall well-being, with those ages 14-19 most impacted by body image concerns (64%). There was a significant increase noted amongst women aged 50-59 (from 22% to 31%) and 60-69 (from 17% to 29%), indicating age-related vulnerabilities.

Of those reporting body image issues, a substantial minority (25%) also reported experiencing a current eating disorder, indicating that the experience of body image issues is a common feature of eating disorders and therefore a cause for clinical concern.

Low confidence, unrealistic expectations from society, social media, and societal pressures along with menstruation and abuse are outlined as some of the primary triggers for body image issues this year. It was also noted that menstruation, hormonal fluctuations and menopause appeared in the top triggers for body image issues compared to other mental health conditions.

Despite the increased prevalence, the proportion of females seeking help remained consistent with previous years at only 25%.

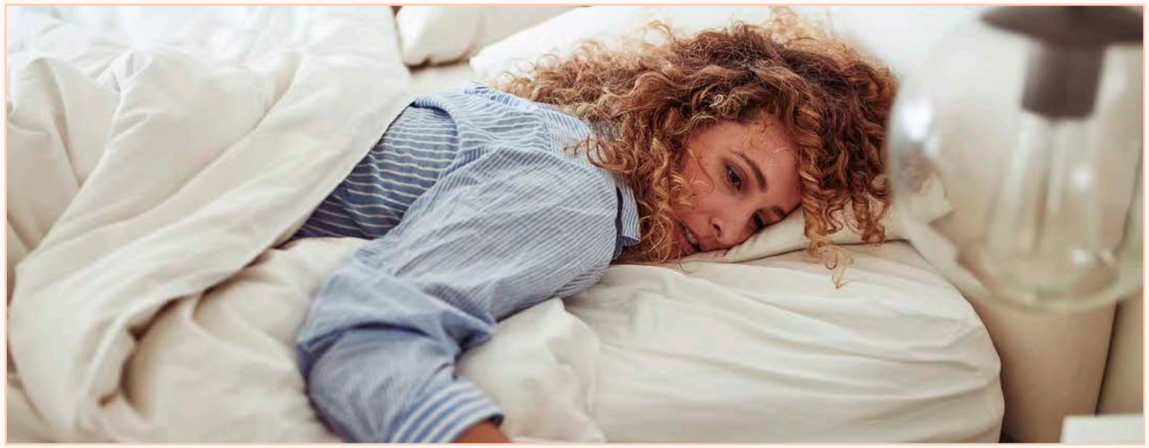
More women are seeking help for their body image issues by visiting their GPs (57%), exercising (49%), and talking socially with friends and loved ones for support (44%). These outlets are reported to be yielding positive results, with 63% of women stating that talking to a friend was a very helpful form of support. Seeing a mental health professional or taking medication is a less likely help seeking behaviour for women suffering body image issues compared to other mental health conditions. The fear of being misunderstood by both mental health professionals and close contacts also emerged as the most frequently cited reason for their unhelpfulness, as well as the perceived ineffectiveness of professional assistance, fear of judgment, and the absence of a sense of shared experience with professional support.

The majority of women (75%) did not seek help, with the preference for self-management and underestimation of importance being noted as key barriers.

> "I feel like I will be judged in a negative way. I'm too embarrassed; I don't want anybody to know"

Top 15 triggers	
Low self esteem or confidence	55%
Low self-worth	43%
Unrealistic ideals of body image	42%
Pressures created by own self/being too hard on own self	35%
Media/Social media pressure to be perfect (perfect appearance/career/house/life, etc.)	30%
Too many expectations from society	30%
Financial stress/pressures	20%
Aging	19%
Sleep deprivation or sleep disturbance	18%
Lack of social acceptance or belonging	18%
Trying to juggle career & work / work life balance	17%
Menstruation / Hormonal Fluctuations	17%
Own physical illnesses / injuries	11%
Bullying/emotional abuse	10%
Unstable family situation /family breakdown/ family conflict/relationship breakdowns	10%

Standout triggers for priority populations with body image issues	
Those with disability	
The impact of my Physical Disability on daily life	32%
Lack of support network	17%
Menopause	15%
CALD community	
Lack of support network	10%
Poverty + Homelessness	
Menopause	17%
Financial dependency	15%
LGBTQIA+ community	
The impact of my Neurological Condition (eg. ADHD, Autism) on daily life	12%
Those with comorbidities	
Menopause	13%



ISSUE 4 | **INSOMNIA AND OTHER SLEEP-WAKE DISORDERS**

30%
of women with mental health issues affected

Insomnia and other sleep-wake disorders affect 17% of all women surveyed, and 30% of women with mental health issues in 2025.

The prevalence of these conditions seems to worsen with age, with women aged 50+ more likely to suffer with these issues. Women in Indigenous communities and women with disabilities are also more likely to experience sleep disorders at 41% and 44% respectively.

Aging and physical limitations are key sleep disorder triggers for older age groups, while we see different triggers for younger age groups; like academic pressure and low self-esteem in the 14-19 year age group and self-imposed pressures and work-life imbalance in the 20-39 year age group.

Further to this, sleep deprivation and financial pressures are other key factors that are contributing to sleep disorders in females more generally. It was also interesting to see that there was at least 1 in 10 women who were unsure as to what the underlying cause or trigger was for their sleep disorder.

Almost 1 in 2 women (48%) sought help for their insomnia and sleep related disorders. 63% of women saw their GP and 44% took medications. However, 1 in 10 of these women thought that these options were not at all helpful. Lack of trained professionals on sleep/wake disorders, trauma related difficulties and prior negative experiences emerged as the reasons for unhelpfulness of help sought.

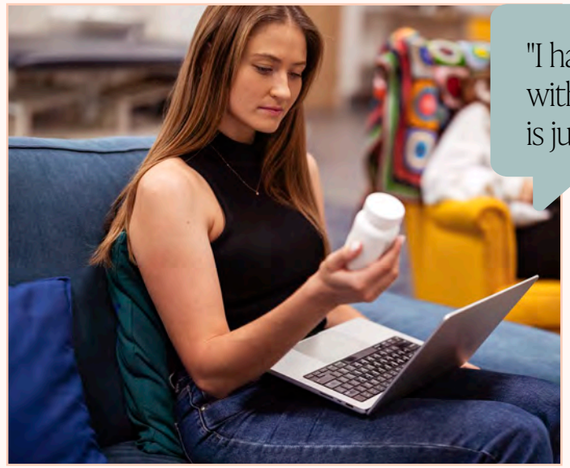
Among those who did not reach out, it was primarily due to the financial burdens (1 in 3), willingness to self cope and not prioritising their mental health. Other barriers emerged for this mental health issue; such as the lack of trust in providers, perceived ineffectiveness of previous treatments and unwillingness to be medicated.

Top 15 triggers	
Sleep deprivation or sleep disturbance	51%
Financial stress/pressures	34%
Aging	22%
Own physical illnesses / injuries	20%
Low self esteem or confidence	20%
Pressures created by own self/being too hard on own self	19%
Unstable family situation /family breakdown/family conflict/relationship breakdowns	16%
Low self-worth	16%
Grief, death and/or loss	15%
Menopause	14%
Trying to juggle career & work / work life balance	13%
The impact of my Physical Disability on daily life	11%
Lack of support network	11%
Aging family members	10%
I am not sure what caused the mental health issues I am currently facing	10%

Standout triggers for priority populations Insomnia and other Sleep-Wake Disorders	
Those with disability	
Childhood abuse and trauma	15%
Physical or mental illness/injuries of family members	13%

ISSUE 5 | **ILLNESS ANXIETY DISORDER OR HEALTH ANXIETY**

~20%
of women with mental health issues affected



"I have so many health issues and finding the time with my full-time work and other appointments is just not feasible at the moment".

Illness anxiety disorder affects 11% of the total population surveyed, and 20% of women currently experiencing mental health issues. It appears to be more prevalent within women from priority populations such as; women with disabilities (37%), women facing homelessness/poverty (30%) and women with comorbidities (23%).

Illness Anxiety Disorder is primarily triggered by financial pressures, personal physical illness/ injuries, and low self-confidence. Whereas women belonging to Indigenous communities or facing poverty/homelessness, experienced other triggers such as childhood abuse, trauma and bullying. While the impacts of personal Neurological conditions and unstable family situations/conflicted relationships appeared as important triggers for LGBTQIA+ individuals.

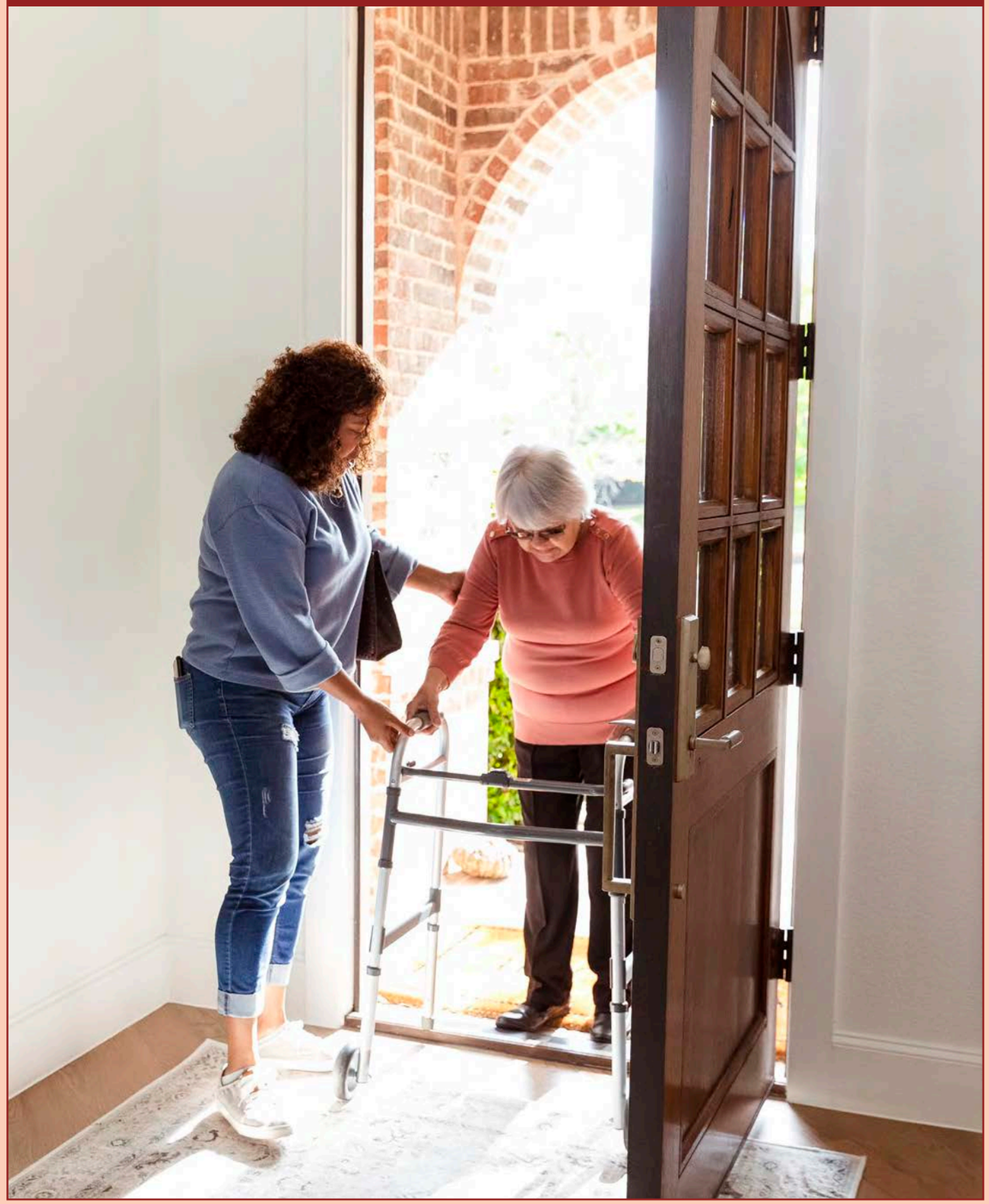
Almost 1 in 2 Australian women sought help for their illness/ health anxiety (48%); with the majority (69%) of those women seeking help from their GP. However, as frequent visits to health professionals is a common feature of illness anxiety disorder, it is unclear whether women are asking their GP to address their anxiety around health, or are seeking reassurance from their GP regarding their physical health. Most women also found that social support from friends/close ones and medication were the very helpful sources of support.

Among those who did not reach out for help, it was primarily due to financial burdens, willingness to self cope and not prioritising their mental health – which is a consistent trend amongst the top 5 mental health conditions.

Top 15 triggers	
Financial stress/pressures	32%
Own physical illnesses / injuries	29%
Low self esteem or confidence	28%
Sleep deprivation or sleep disturbance	24%
Low self-worth	23%
Aging	22%
Pressures created by own self/being too hard on own self	19%
Physical or mental illness/injuries of family members	17%
Grief, death and/or loss	17%
Too many expectations from society	15%
Lack of support network	15%
The impact of my Physical Disability on daily life	15%
Lack of social acceptance or belonging	14%
Trying to juggle career & work / work life balance	13%
Unrealistic ideals of body image	13%

Standout triggers for priority populations with Illness Anxiety Disorder or Health Anxiety	
Indigenous Community	
Childhood abuse and trauma	23%
Bullying/emotional abuse	23%
The impact of my Neurological Condition (eg. ADHD, Autism) on daily life	16%
Unstable family situation /family breakdown/ family conflict/relationship breakdowns	13%
High pressure/competitive work environment	13%
Poverty + Homelessness	
Financial dependency	20%
Childhood abuse and trauma	18%
Aging family members	17%
LGBTQIA+ community	
The impact of my Neurological Condition (eg. ADHD, Autism) on daily life	24%
Unstable family situation /family breakdown/ family conflict/relationship breakdowns	21%
Media/Social media pressure to be perfect (perfect appearance/career/house/life, etc.)	18%
Those with disability	
Aging family members	15%
Financial dependency	15%

Top mental health issues facing priority populations



The K10 scores on page 12 showcase that women within certain priority population groups are more likely to be dealing with severe mental health issues in 2025.

Those within Indigenous communities and those experiencing homelessness or poverty are fairing the worst in 2025. Fortunately, women in LGBTQIA+ communities have seen a slight increase in their mental health status and likelihood to be well (from 16% in 2024 to 21% in 2025) as well as those living with a disability (from 19% in 2024 to 27% in 2025) - however these figures are still daunting and far behind in comparison to women in the general population, where on average 46% of women are likely to be well.

This section will explore a range of priority populations and minority groups and their experiences with certain mental health conditions.

Top mental health issues facing priority populations and minority groups

	General POP	CALD Communities	Indigenous Communities	Poverty Homelessness	LGBTIQA+	Pregnant	Comorbidity	Those with disability(s)
DEPRESSION	52%	49%	49%	65%↑	55%	37%↓	56%↑	68%↑
ANXIETY & GENERALISED ANXIETY DISORDER (GAD)	44%	40%↓	36%↓	47%	53%↑	30%↓	46%↑	52%↑
BODY IMAGE ISSUES	39%	39%	37%	43%	50%↑	36%	38%	39%
INSOMNIA OR OTHER SLEEP-WAKE DISORDER	30%	28%	41%↑	37%↑	27%	25%	35%↑	44%↑
ILLNESS ANXIETY DISORDER OR HEALTH ANXIETY	20%	19%	20%	30%↑	19%	13%	23%↑	37%↑
POST-TRAUMATIC STRESS DISORDER (PTSD)	18%	16%	24%↑	34%↑	25%↑	16%	21%↑	33%↑
SOCIAL PHOBIA	16%	13%↓	19%	25%↑	21%↑	12%	17%↑	25%↑
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)	14%	12%	15%	18%↑	32%↑	12%	15%	16%
PERIMENOPAUSAL ANXIETY/DEPRESSION	14%	12%↓	12%	19%↑	10%↓	8%	16%↑	15%
PANIC DISORDER	13%	13%	15%	21%↑	14%	11%	15%↑	23%↑
BINGE EATING DISORDER	11%	12%	12%	13%	16%↑	8%	11%	12%
OBSESSIVE-COMPULSIVE DISORDER (OCD)	11%	9%	8%	15%↑	14%↑	13%	12%↑	16%↑
SUICIDE AND SELF-HARM	9%	9%	15%	15%↑	22%↑	9%	9%	14%↑
SUBSTANCE USE DISORDERS (DRUG AND ALCOHOL ABUSE)	8%	5%	15%	17%↑	14%↑	7%	8%↑	11%↑
AUTISM SPECTRUM DISORDER (ASD)	6%	3%	7%	10%↑	18%↑	6%	7%↑	11%↑
BORDERLINE PERSONALITY DISORDER	5%	4%	8%	10%↑	10%↑	11%↑	5%↑	7%↑
SPECIFIC PHOBIAS (INCLUDING) AGORAPHOBIA	4%	4%	5%	9%↑	5%	5%	5%↑	9%↑
DYSTHYMIA (ALSO REFERRED TO AS PERSISTENT DEPRESSIVE DISORDER)	4%	3%	5%	10%↑	7%↑	9%↑	5%↑	10%↑
PREMENSTRUAL DYSPHORIC DISORDER (PMDD)	4%	3%	2%	6%↑	9%↑	4%	4%	5%
PERINATAL ANXIETY (INCLUDING ANTENATAL AND POSTNATAL PERIODS)	3%	3%	6%	4%	4%	22%↑	3%	2%
BIPOLAR AFFECTIVE DISORDER	3%	3%	5%	7%↑	5%↑	6%	3%	5%↑
PERINATAL DEPRESSION (INCLUDING ANTENATAL AND POSTNATAL PERIODS)	3%	3%	3%	3%	3%	8%↑	3%	2%
ANOREXIA NERVOSA	3%	2%	2%	4%	6%↑	3%	2%	4%↑
BULIMIA NERVOSA	2%	2%	3%	2%	5%↑	4%	2%	3%
PSYCHOSIS AND PSYCHOTIC DISORDERS	1%	1%	4%	4%↑	3%↑	1%	2%↑	3%↑
SCHIZOPHRENIA	1%	1%	3%	3%↑	2%	3%	1%	1%
PERINATAL PSYCHOSIS (INCLUDING ANTENATAL AND POSTNATAL PERIODS)	1%	1%	2%	2%↑	0%	4%↑	1%	1%
GENDER DYSPHORIA	1%	1%	3%	2%↑	4%↑	3%	1%	1%
DEMENTIA	1%	1%	1%	2%↑	1%	2%	1%	2%↑
ALZHEIMER'S	1%	1%	0%	2%↑	0%	1%	1%↑	1%

↑ Significantly higher results vs overall at 95% c.i. ↓ Significantly lower results vs overall at 95% c.i.

CALD COMMUNITIES

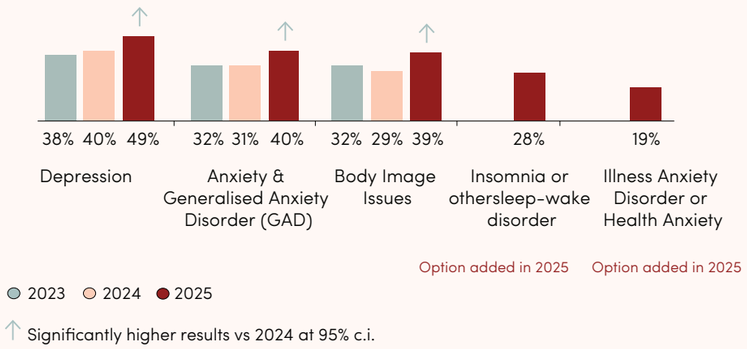
Promisingly, women who are from culturally and linguistically diverse (CALD) communities are most likely to be well compared to other population groups, sitting at 48% in 2025. However there has been a significant decrease from 2022 figures where 51% were likely to be well.

Since 2024, those women from CALD backgrounds experiencing mental health issues reported a significant rise in depression, anxiety disorders and body image issues - bringing the results in line with the top 5 mental health issues experienced by the general female population.

Compared to the general female population, women experiencing mental health issues from CALD communities recorded significantly lower rates of social phobias (13% compared to 16%) and perimenopausal depression (12% compared to 14%).

"I feel there is a huge cultural gap in relating to my issues"

Top 5 Mental Health Issues in CALD Communities



Significant Triggers For Mental Health Issues in CALD Communities	2023	2024	2025
Low self esteem or confidence	41%	42%	46%
Financial stress/pressures	34%	37%	45% ↑
Pressures created by own self/being too hard on own self	37%	35%	39%
Low self-worth	-	-	38%
Sleep deprivation or sleep disturbance	-	-	38%
Too many expectations from society	29%	30%	30%
Unrealistic ideals of body image	25%	23%	26%
Trying to juggle career & work / work life balance	24%	26%	24%
Unstable family situation /family breakdown/ family conflict/relationship breakdowns	23%	26%	26%
Aging	18%	16%	27% ↑

↑ Significantly higher results vs 2024 at 95% c.i.

While the overall trend in triggers impacting mental health issues remains steady, we see a significant rise in financial pressures (up from 37% in 2024 to 45% in 2025) and aging (up from 16% in 2024 to 27% in 2025).

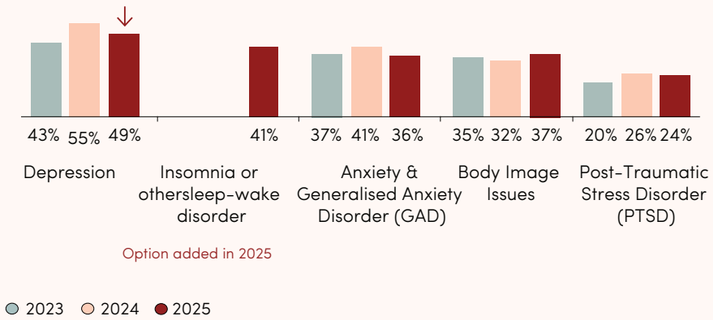
More women from CALD communities are now seeking help for their mental health issues, from 41% in 2024 to 53% in 2025. There was also a significant shift noticed; with a growing popularity of women seeking support from their GPs (from 51% in 2024 to 71% in 2025) and taking medications (from 32% in 2024 to 50% in 2025).

INDIGENOUS COMMUNITIES

Women in indigenous communities experiencing mental health issues have seen a decrease in their rates of depression (from 55% in 2024 down to 49% in 2025), however it is still the number one mental health issue impacting this group of women. The top 5 mental health issues impacting this priority population also rank differently compared to the general female population - with insomnia and other sleep-wake disorders ranking 2nd at 41%. The inclusion of Post-Traumatic Stress Disorder (PTSD) in the top 5 at 24% was also a notable change compared to Illness Anxiety Disorder which appeared for the general female population.

The number of women experiencing insomnia and other sleep-wake disorders in indigenous communities compared to the general female population is significant - with 41% (2 in 5) indigenous women impacted compared to 30% of all women currently experiencing mental health issues. There is also a dramatic increase in those reporting PTSD in indigenous communities, sitting at 24% (almost 1 in 4) compared to 18% (less than 1 in 5) of all women currently experiencing mental health issues.

Top 5 Mental Health Issues for Indigenous Women



"I thought [chronic] sleeplessness was a part of aging ... so I just accepted it as normal"

The increased rates of these specific mental health conditions correlate with the different mental health triggers that were selected amongst this group of women. Significant triggers like childhood abuse and trauma are identified by 1 in 4 (25%) women in Indigenous communities suffering with mental health issues.

Although no significant increases or decreases were reported amongst triggers between 2024 and 2025, this specific priority population consistently reports these triggers at rates differing those of the general population - with sleep deprivation or disturbance being the primary trigger for mental health issues in this population group.

Significant Triggers For Mental Health Issues in Indigenous women	2023	2024	2025
Sleep deprivation or sleep disturbance	-	-	54%
Low self esteem or confidence	35%	49%	41%
Low self-worth	-	-	40%
Financial stress/pressures	30%	40%	35%
Pressures created by own self/being too hard on own self	29%	31%	29%
Unstable family situation /family breakdown/ family conflict/relationship breakdowns	25%	34%	26%
Childhood abuse and trauma	17%	24%	25%
Lack of social acceptance or belonging	17%	18%	25%
Too many expectations from society	30%	32%	24%
Unrealistic ideals of body image	29%	20%	23%

Promisingly, the number of indigenous women seeking help for their mental health issues is increasing, with 3 in 4 women (82%) seeking support in 2025. This is a significant increase from 2024 where 3 in 5 women were seeking help. It's worth noting that this priority population has much higher rates of help seeking compared to that of all women, which sits at 57% in 2025.

It was interesting that the majority of indigenous women seeking help for their mental health preferred talking with their friends and loved ones for support (almost 3 in 5) which was a dramatic increase from 34% in 2024. Accessing a GP (53%) and taking medication (42%) were the following highest reported avenues for help seeking in 2025.

The main differences we see in help seeking behaviours for this priority population is the decreased importance of seeking out professional mental health help, declining significantly from 50% in 2024 to 34% in 2025 as well as the reduced rate of exercise reported, from 33% in 2024 to 20% in 2025. This highlights the need for access to culturally safe mental health care services for Indigenous people that accommodate the preference for community-led healthcare.

THOSE FACING HOMELESSNESS/POVERTY

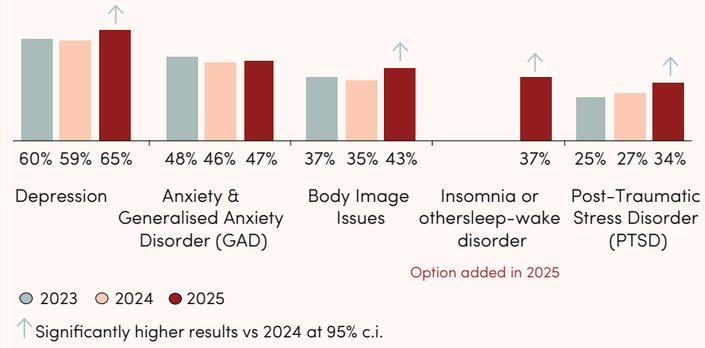
Women facing homelessness or poverty are generally experiencing significantly increased rates of most mental health issues compared to all females. This can be seen in the persistent rates of particular mental health conditions experienced by this priority population over the last few years - with the 2 of the top 3 issues for this group, depression and body image issues seeing significant increases since 2024. Depression increased from 59% to 65% in 2025 and body image issues grew from 35% in 2024 to 43% in 2025. Notably, PTSD appeared as the 5th most prevalent mental health issue for women experiencing homelessness and poverty in 2025, with 1 in 3 (34%) women impacted, increasing from 2024.

Compared to any other priority population or minority group, women with mental health issues facing homelessness/ poverty have the highest rates of depression (65%), PTSD (34%) and perimenopausal anxiety or depression (19%) and substance use disorders (17%).

This group also experiences higher rates of acute/complex mental illness, such as Bipolar affective disorder (7%), Psychosis and psychotic disorders (4%), Schizophrenia (3%) and Alzheimer's (2%) compared to other priority population groups and the general female population.

The primary triggers for this group of women are consistently appearing in 2025, with the number of women selecting them growing. Financial stress, low confidence and self esteem, unstable family situation/ conflict, self-pressure, lack of social acceptance, and societal expectations have all seen large increases.

Top 5 Mental Health Issues in women facing homelessness or poverty



Significant Triggers For Mental Health Issues due to homelessness or poverty	2023	2024	2025
Financial stress/pressures	47%	49%	62%↑
Low self esteem or confidence	48%	46%	56%↑
Low self-worth	-	-	49%
Sleep deprivation or sleep disturbance	-	-	45%
Unstable family situation /family breakdown/family conflict/ relationship breakdowns	34%	34%	42%↑
Pressures created by own self/being too hard on own self	38%	34%	37%↑
Lack of support network	28%	28%	35%
Lack of social acceptance or belonging	25%	27%	34%↑
Too many expectations from society	30%	27%	33%↑
Own physical illnesses / injuries	26%	27%	32%↑

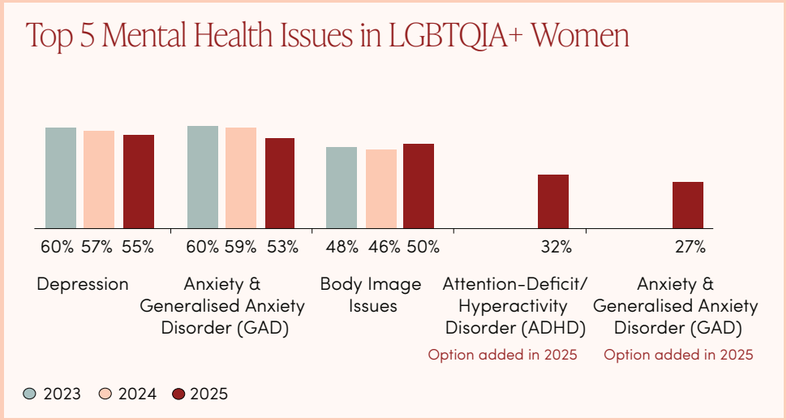
↑ Significantly higher results vs 2024 at 95% c.i.

Promisingly, help seeking for women facing mental health issues in this group is increasing, up from 54% in 2024 to 61% in 2025. There has also been a significant increase across a diverse range of help seeking methods since last year, with women experiencing homelessness and poverty reaching out to multiple sources of help.

There was an increased preference in seeking support from GP's (73%), mental health professionals (52%), and via online resources (30%). There were also increases noted in the number of women seeking out online counselling (16% compared to 10% in 2024), talking to parents (22% compared to 12% in 2024) and talking to school counsellors (11% compared to 5% in 2024). This is an expected shift towards low-cost help seeking options noting the increased financial stress and triggers this group is under.

LGBTIQA+ WOMEN

The top 3 mental health issues concerning LGBTQIA+ women are the same as those concerning the general female population, however 2 of these are experienced at much higher rates. Depression is on par to the general female population (55% of LGBTQIA+ women compared to 52% of all women); however there are significant increases in Anxiety and GAD experienced by LGBTQIA+ women (53% compared to 44% of all women) and body images issues experienced by LGBTQIA+ women (50% compared to 39% of all women). These are not significant increases from 2024, however point to a persistent trend amongst this priority population compared to others.



> I've hidden my true feelings from everyone for so long - I'm worried about being honest and [how it will] affect them"

It's also worth noting that there were also a significant number of mental health issues that did not appear in the top 5 issues for LGBTQIA+ women, but did however report to have the highest incidence rates amongst this group compared to any other priority population. These include:

- Neurodevelopmental disorders such as; Attention-Deficit/Hyperactivity Disorder (ADHD) (32%) (also mentioned in more detail on page 31), Autism Spectrum Disorder (ASD) (18%)
- Body image issues (50%) and eating disorders including; Binge eating disorder (16%), Anorexia nervosa (6%) and Bulimia nervosa (5%)
- Suicide and self-harm (22%),
- Premenstrual dysphoric disorder (PMDD) (9%), and
- Gender Dysphoria (4%)

It's notable that PMDD is a female-specific mental health issue, and Gender Dysphoria is a mental health issue that by definition relates to gender identities, roles, behaviours, and gendered power dynamics. The fact that these issues are emerging with uniquely higher rates within the LGBTQIA+ community, further highlights the need for sex and gender responsive health care that takes into account intersectional factors, like sexual orientation.

A particularly concerning mental health issue worth noting for LGBTQIA+ women is thoughts of suicide and self-harm, cited by 1 in 5 women in the LGBTQIA+ community facing mental health issues in 2025. These rates of suicide and self-harm was highest amongst women facing mental health issues in the LGBTQIA+ community at 22% compared to 9% of the general female population (1 in 10) – more than double the rate.

Internalised triggers like low self esteem, confidence and self worth were the primary triggers for mental health issues in LGBTQIA+ women. However, triggers relating to juggling career/work with life responsibilities was a notable difference for this group compared to others; with 35% (1 in 3) women from LGBTQIA+ communities highlighting it as a trigger for their mental health issues in 2025. This is an increase from 24% (almost 1 in 4) in 2024.

LGBTQIA+ women with mental health issues were consistent with seeking help, at 64%. But there was a notable increase in the type of help sought in relation to GPs (70% in 2025 compared to 60% in 2024) and online resources (39% in 2025 compared to 31% in 2024).

Significant Triggers For Mental Health Issues in LGBTQIA+ women	2023	2024	2025
Low self esteem or confidence	55%	57%	60%
Low self-worth	-	-	55%
Pressures created by own self/being too hard on own self	50%	48%	52%
Too many expectations from society	44%	42%	47%
Financial stress/pressures	43%	42%	46%
Sleep deprivation or sleep disturbance	-	-	45%
Unrealistic ideals of body image	38%	33%	40%
Lack of social acceptance or belonging	35%	35%	35%
Trying to juggle career & work / work life balance	28%	24%	35%↑
The impact of my Neurological Condition (eg. ADHD, Autism) on daily life	-	-	34%

↑ Significantly higher results vs 2024 at 95% c.i.

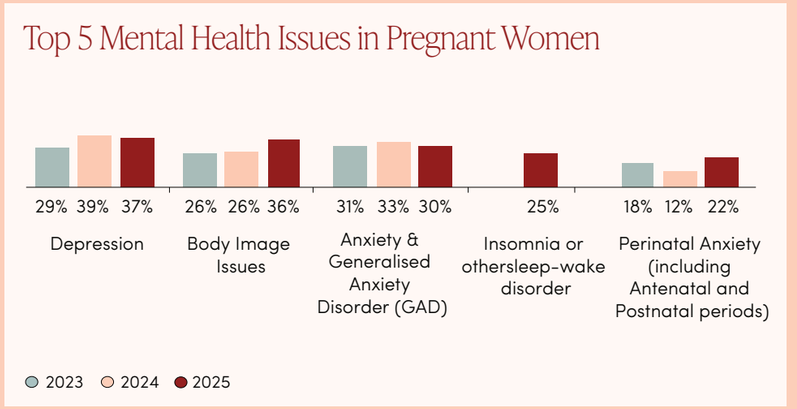
PREGNANT WOMEN

Women who are currently pregnant in 2025 experienced the same top 4 mental health issues as the general female population, however the top 2 - Depression and Anxiety - were at significantly lower rates. Depression was experienced by 37% of pregnant women and anxiety was experienced by 30% of pregnant women experiencing a mental health issue compared to 52% and 44% of women in the general population. Body image issues and insomnia were also in the top 5, however were on par with the rates experienced by the general female population.

The interesting but unsurprising difference for this priority population group was the inclusion of Perinatal Anxiety in the top 5 mental health issues, sitting at 22% of those pregnant women experiencing mental health issues, in place of Illness Anxiety for the general female population.

Although not in the top 5 issues, a number of specific mental health conditions appeared at significantly higher rates for pregnant women including;

- Borderline Personality Disorder (experienced by 11% of pregnant women, a rate 2.2x higher than 5% of the general female population.)
- Dysthymia (experienced by 9% of pregnant women, a rate 2.25x higher than 4% of the general female population.)
- Perinatal Depression (experienced by 8% of pregnant women, a rate 2.7x higher than 3% of the general female population.)
- Perinatal Psychosis (experienced by 4% of pregnant women, a rate 4x higher than 1% of the general female population.)



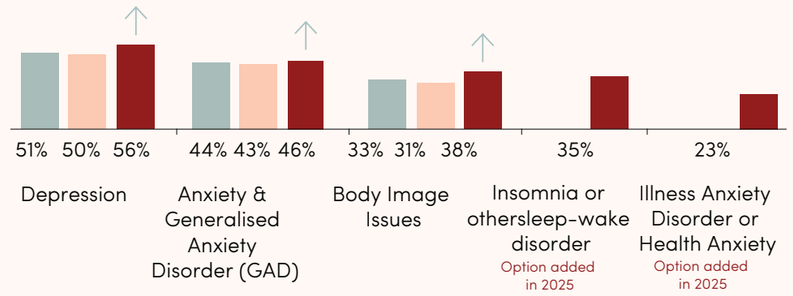
Triggers for pregnant women experiencing mental health issues were unsurprisingly led by pregnancy itself at 45%, followed by sleep deprivation and sleep disturbances at 38%. However, the remaining triggers were fairly similar to other priority groups with the exception of hormonal fluctuations.

Significant Triggers For Mental Health Issues in Pregnant women	2023	2024	2025
Pregnancy	30%	30%	45%
Sleep deprivation or sleep disturbance	-	-	38%
Low self esteem or confidence	26%	32%	35%
Pressures created by own self/being too hard on own self	22%	25%	33%
Financial stress/pressures	28%	32%	29%
Low self-worth	-	-	29%
Living away from family/friends	15%	11%	24%
Too many expectations from society	20%	30%	22%
Menstruation / Hormonal Fluctuations	18%	15%	21%
Trying to juggle career & work / work life balance	18%	18%	21%

Seeking help has increased to 3 in 5 (61%) in 2025, which is an increase from 58% in 2024, however still below the 80% rate seen in 2023. What we did uncover as a concerning finding was that only 1 in 5 pregnant women knew exactly where to go to seek help. The lack of awareness about where to seek help amongst pregnant women is particularly notable given that these women have multiple touch points with health services regularly during pregnancy, suggesting that mental health is not an area that is routinely covered during antenatal healthcare.

Of those that sought help, there was a large and significant increase in those reaching out to friends and close connections, rising to 56% this year compared to 28% in 2024. Second to this was GP visits (40%) and medication (34%). Also worth noting that almost 1 in 3 (30%) preferred to search for online resources for help.

Top 5 Mental Health Issues in Women with Comorbidities



↑ Significantly higher results vs 2024 at 95% c.i.

Triggers for mental health issues amongst women with comorbidities centre around personal or internalised pressures like low self esteem/confidence (50%) and low self worth (42%), however financial stress is also a large factor at 47%. Physical triggers relating to their comorbidities like aging (30%) and physical illness/ injuries (29%) also played a part in exacerbating their mental health issues.

When it came to help-seeking, significantly more women with comorbidities reached out for help, increasing from 51% in 2024 to 60% in 2025. There was also an increase seen across the board when it came to the types of help they were reaching out to, with significant increases seen in seeking out GP appointments (75% in 2025 compared to 69% in 2024), taking medication (56% in 2025 compared to 53% in 2024) and seeing a mental health professional (53% in 2025 compared to 48% in 2024).

Significant Triggers For Mental Health Issues in women with comorbidities	2023	2024	2025
Low self esteem or confidence	46%	44%	50% ↑
Financial stress/pressures	40%	40%	47% ↑
Sleep deprivation or sleep disturbance	-	-	45%
Low self-worth	-	-	42%
Pressures created by own self/being too hard on own self	37%	37%	40% ↑
Aging	23%	25%	30% ↑
Own physical illnesses / injuries	27%	27%	29%
Too many expectations from society	26%	25%	28% ↑
Unstable family situation /family breakdown/family conflict/relationship breakdowns	27%	26%	26%
Unrealistic ideals of body image	25%	23%	26%

↑ Significantly higher results vs 2024 at 95% c.i.

THOSE WITH COMORBIDITIES

Women with comorbidities (defined by those with other physical health conditions) experienced the same top 5 mental health issues as the general female population. However, amongst those that were experiencing a mental health issue in 2025, this population group presented significantly higher rates of depression (56%) and anxiety/ GAD (46%), insomnia (35%) and Illness anxiety (23%) compared to the general female population. The rates for depression and Anxiety were also significant increases compared to 2024 results for this population. Body image issues also saw a slight increase to 38% compared to previous year's results, bringing it in line with general statistics.

Rates of other mental health issues also appeared at significantly higher rates compared to other population groups, highlighting the impact comorbidity has on mental illness in women. In addition to the above examples, women who experienced mental health issues and also had comorbidities experienced:

- PTSD at a rate of 21% (compared to 18% of women overall), approximately 1.2 times higher in women with comorbidities.
- Social Phobia at a rate of 17% (compared to 16% of women overall)
- Perimenopausal Anxiety/Depression at a rate of 16% (compared to 14% of women overall)
- Panic Disorder at a rate of 15% (compared to 13% of women overall)

THOSE WITH A DISABILITY

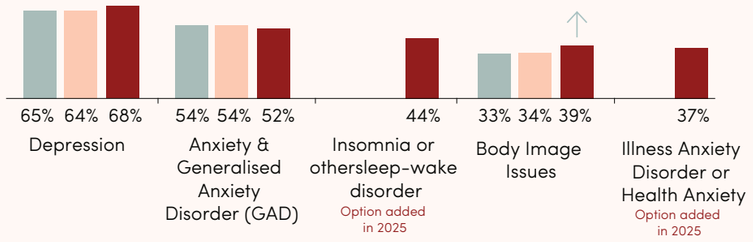
Women with disabilities that were experiencing mental health issues this year had similar mental health issues appear in the top 5, however in a different order - and at drastically higher rates for 4 out of 5 of the mental health issues compared to the general female population.

When comparing to the rates of the general female population, women with disabilities that noted mental health issues this year, scored drastically higher rates for:

- Depression (68% compared to 52%), approximately 1.3 times more in women with disabilities.
- Anxiety (52% compared to 44%), approximately 1.2 times more in women with disabilities.
- Insomnia (44% compared to 30%) approximately 1.5 times more in women with disabilities.
- Illness anxiety disorder (37% compared to 20%) approximately 1.85 times more in women with disabilities.

Although no statistically significant increases were seen for most of the mental health conditions appearing in the top 5 compared to 2024 results, the outlier was body image issues that increased to 39% this year from 34% in 2024 - bringing it in line with the results of the general female population. This highlights the ongoing need for support for this priority population group, as the statistics are consistently high year on year.

Top 5 Mental Health Issues in Women with Disabilities



↑ Significantly higher results vs 2024 at 95% c.i.

"Can be hard to get an appointment see my GP. They are always booked weeks ahead"

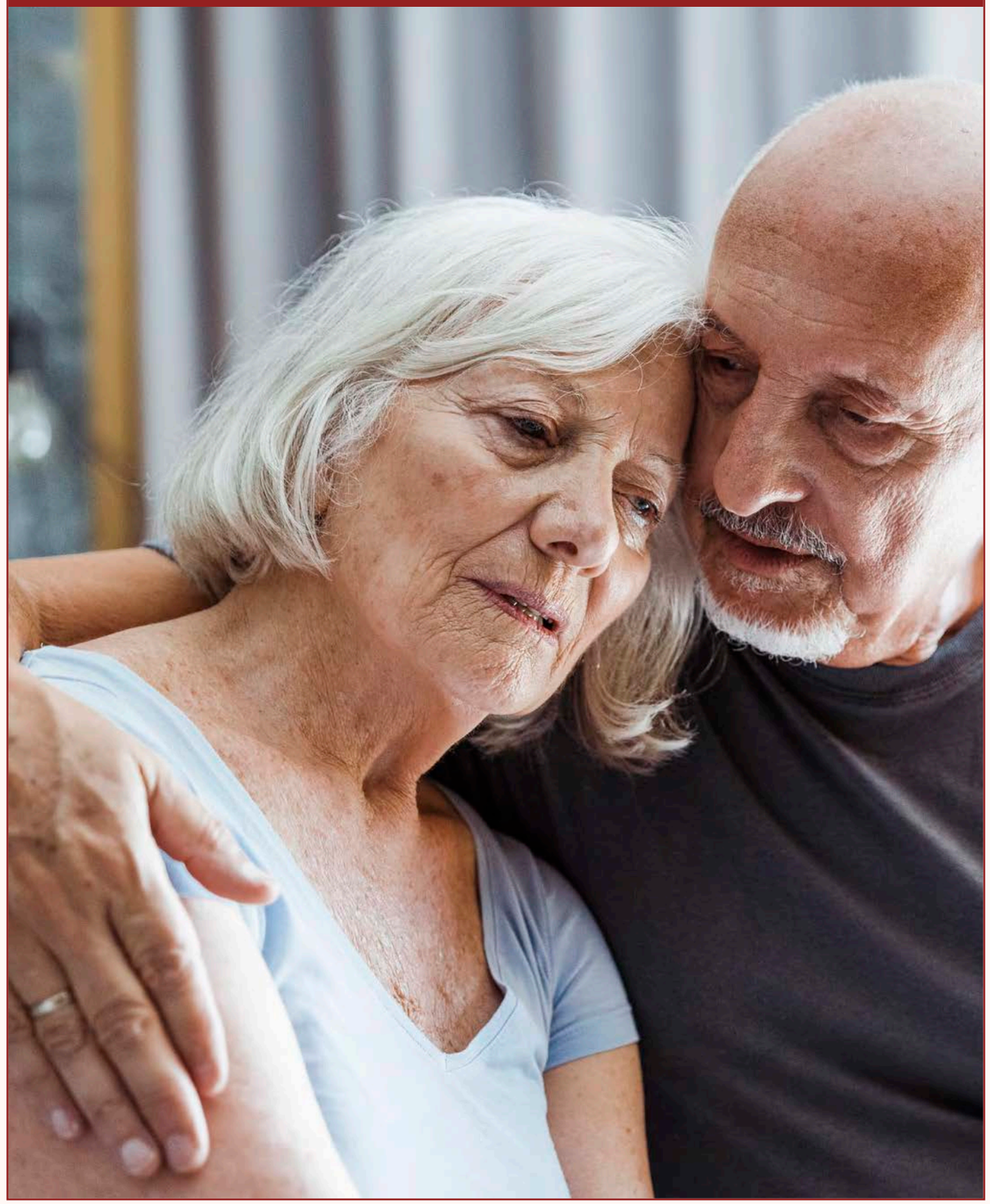
Significant Triggers For Mental Health Issues in women with disabilities	2023	2024	2025
Own physical illnesses / injuries	62%	54%	60%
Low self esteem or confidence	50%	49%	56%↑
Sleep deprivation or sleep disturbance	-	-	54%
Financial stress/pressures	50%	46%	51%↑
The impact of my Physical Disability on daily life	-	-	50%
Low self worth	-	-	46%
Pressures created by own self/being too hard on own self	38%	40%	42%
Grief, death and/or loss	33%	32%	35%
Aging	35%	32%	34%
Lack of social acceptance or belonging	27%	30%	33%

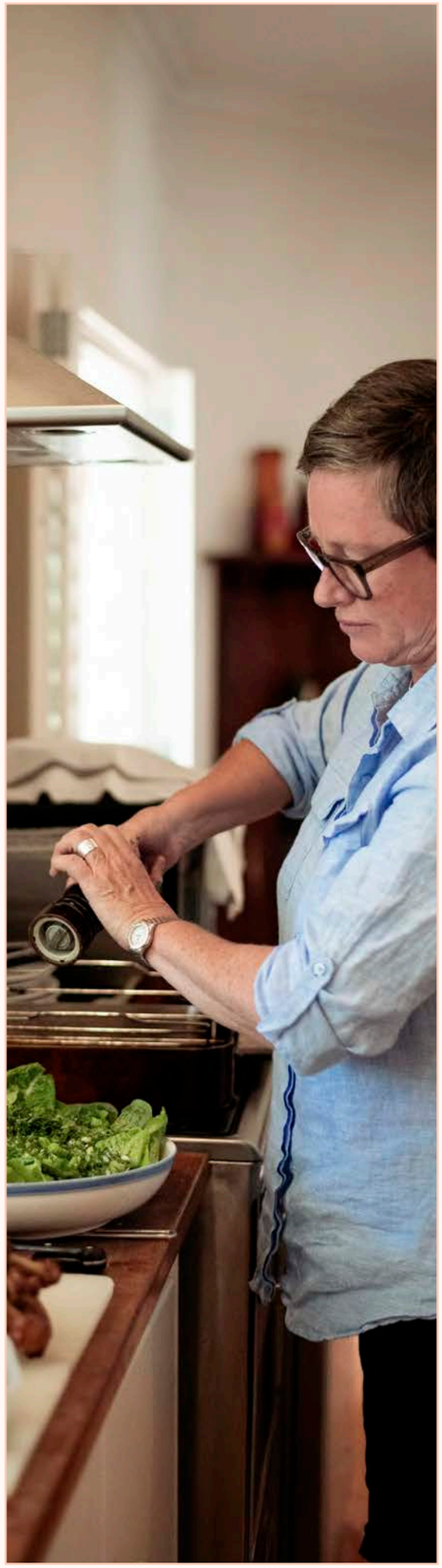
↑ Significantly higher results vs 2024 at 95% c.i.

Triggers impacting the mental health of women with disabilities include the physical illnesses or injuries themselves that may be a symptom or main cause of their disability (at 60%) as well as the impact of their physical disability on their daily life (at 50%). Factors like low self-esteem and financial pressures have significantly increased as triggers for mental health problems compared to 2024. Grief, death and/or loss also made it into the list of top triggers for this population group at 35% and although not a significant increase from previous years, this is a notable difference between the triggers seen in other population groups.

Overall, help-seeking is relatively good for women with disabilities, with 68% reaching out for help this year - an increase from 61% in 2024. The top sources of help for this group remain stable, with GP's, medication and mental health professionals being the top 3 preferences. However it's good to see the increase in women seeking help through their GP, from 79% in 2024 to 86% in 2025. There were also significant increases in seeking out mental health professionals (increasing from 58% in 2024 to 67% in 2025) and seeing out online resources (increasing from 27% in 2024 to 33% in 2025).

Life stages and their impact on women's mental health





The K10 scores (on page 12) showcase the broad theme that women in older age groups are more likely to be well compared to women in younger age groups. Women with severe or moderate psychological distress are also disproportionately more likely to be under the age of 39 years. Across all of the years of research the results in each age bracket have been fairly consistent and stable when it comes to the K10 scores.

This section will explore a variety of age brackets, their life stages and experiences with certain mental health conditions.

Top mental health issues women face at each life stage

	General POP	14 to 19 years	20 to 29 years	30 to 39 years	40 to 49 years	50 to 59 years	60 to 69 years	70+ years	Metro	Regional
DEPRESSION	52%	45%↓	48%↓	45%↓	54%	55%	63%↑	63%↑	49%↓	60%↑
ANXIETY & GENERALISED ANXIETY DISORDER (GAD)	44%	44%	53%↑	42%	43%	44%	46%	35%↓	44%	45%
BODY IMAGE ISSUES	39%	64%↑	54%↑	41%	33%↓	31%↓	29%↓	19%↓	38%	42%
INSOMNIA OR OTHER SLEEP-WAKE DISORDER	30%	23%↓	15%↓	26%↓	28%	40%↑	44%↑	41%↑	29%	31%
ILLNESS ANXIETY DISORDER OR HEALTH ANXIETY	20%	20%	18%	16%↓	20%	23%	22%	26%↑	19%	22%
POST-TRAUMATIC STRESS DISORDER (PTSD)	18%	12%↓	14%↓	17%	24%↑	22%↑	21%	13%	17%↓	20%↑
SOCIAL PHOBIA	16%	15%	15%	17%	20%↑	19%	17%	9%↓	15%	18%
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)	14%	25%↑	21%↑	18%↑	15%	6%↓	5%↓	2%↓	14%	14%
PERIMENOPAUSAL ANXIETY/DEPRESSION	14%	5%↓	5%↓	7%↓	33%↑	33%↑	8%↓	3%↓	13%	15%
PANIC DISORDER	13%	12%	9%↓	12%	16%	16%	16%	11%	12%↓	15%↑
BINGE EATING DISORDER	11%	21%↑	17%↑	12%	8%↓	7%↓	7%↓	4%↓	11%	11%
OBSESSIVE-COMPULSIVE DISORDER (OCD)	11%	10%	13%	11%	12%	10%	9%	9%	11%	11%
SUICIDE AND SELF-HARM	9%	25%↑	10%	7%	8%	6%↓	6%	1%↓	8%	10%
SUBSTANCE USE DISORDERS (DRUG AND ALCOHOL ABUSE)	8%	8%	8%	8%	9%	9%	6%	4%↓	6%↓	10%↑
AUTISM SPECTRUM DISORDER (ASD)	6%	10%↑	7%↑	7%	7%	3%↓	1%↓	1%↓	5%	7%
BORDERLINE PERSONALITY DISORDER	5%	8%	7%↑	5%	6%	4%	3%	1%↓	4%	6%
SPECIFIC PHOBIAS (INCLUDING) AGORAPHOBIA	4%	5%	4%	4%	5%	5%	5%	4%	4%	4%
DYSTHYMIA (ALSO REFERRED TO AS PERSISTENT DEPRESSIVE DISORDER)	4%	3%	3%	3%	5%	5%	6%	3%	4%	4%
PREMENSTRUAL DYSPHORIC DISORDER (PMDD)	4%	4%	6%↑	5%	6%↑	1%↓	0%↓	0%↓	4%↑	2%↓
PERINATAL ANXIETY (INCLUDING ANTENATAL AND POSTNATAL PERIODS)	3%	4%	5%	7%↑	3%	1%↓	0%↓	0%↓	3%	4%
BIPOLAR AFFECTIVE DISORDER	3%	3%	3%	3%	4%	4%	3%	0%↓	3%	3%
PERINATAL DEPRESSION (INCLUDING ANTENATAL AND POSTNATAL PERIODS)	3%	1%	5%↑	7%↑	2%	1%↓	0%	0%	3%	3%
ANOREXIA NERVOSA	3%	6%↑	5%↑	2%	2%	1%↓	1%	0%	3%	3%
BULIMIA NERVOSA	2%	4%↑	3%↑	2%	1%	1%	0%	1%	2%	1%
PSYCHOSIS AND PSYCHOTIC DISORDERS	1%	1%	2%	2%	2%	1%	0%	1%	1%	1%
SCHIZOPHRENIA	1%	1%	2%	2%	1%	2%	1%	0%	1%	1%
PERINATAL PSYCHOSIS (INCLUDING ANTENATAL AND POSTNATAL PERIODS)	1%	1%	2%	1%	1%	1%	0%	0%	1%	1%
GENDER DYSPHORIA	1%	2%	2%	1%	1%	0%	0%	0%	1%↑	0%↓
DEMENTIA	1%	0%	1%	1%	1%	1%	1%	2%	1%	1%
ALZHEIMER'S	1%	1%	1%	0%	1%	1%	0%	1%	1%	1%

↑ Significantly higher results vs overall at 95% c.i. ↓ Significantly lower results vs overall at 95% c.i.

14-19 YEAR OLDS

Girls aged 14 - 19 are typically in adolescence, a life stage marked by puberty, rapid hormonal changes and identity formation. These young women could be transitioning from school to early workforce or tertiary education, with increased exposure to social media, and often first experiences with relationships or independence.

This developmental stage is a critical period for the onset of mental health disorders, particularly those involving identity, self-esteem, emotional regulation, and neurodevelopment.

The research findings showcase the different mental health challenges this age group are faced with in their top 5 issues, with the appearance of suicide and self harm and ADHD entering the top 5, compared to all women in the general population.

Among the top 5 mental health issues faced by 14 to 19 year olds, the prevalence of body image issues (at 64% in 2025 compared to 48% in 2024) and suicide/self-harm (at 25% in 2025 compared to 16% in 2024) has significantly increased compared to 2024 figures.

Compared to other age groups, it's also worth noting that body image issues are faced the most by 14 to 19 year olds with mental health issues, at a rate of 64% (1.6x higher) compared to 39% of the general female population.

These young women are also experiencing significantly higher rates of suicide and self-harm (1 in 4 or 25%) which is 2.8x higher in this age group compared to 9% of the general female population.

Significant Triggers For Mental Health Issues in women aged 14-19 years old	2023	2024	2025
Low self esteem or confidence	56%	49%	○ 60%
Too many expectations from society	47%	42%	50%
Pressures created by own self/being too hard on own self	52%	44%	49%
Unrealistic ideals of body image	48%	41%	49%
Low self-worth	-	-	49%
Media/Social media pressure to be perfect (perfect appearance/career/ house/life, etc.)	43%	32%	39%
Academic pressure	36%	31%	37%
Sleep deprivation or sleep disturbance	-	-	36%
Lack of social acceptance or belonging	37%	32%	33%
Unstable family situation /family breakdown/family conflict/relationship breakdowns	31%	22%	27%
Financial stress/pressures	20%	26%	27%
Menstruation / Hormonal Fluctuations	18%	14%	○ 24%

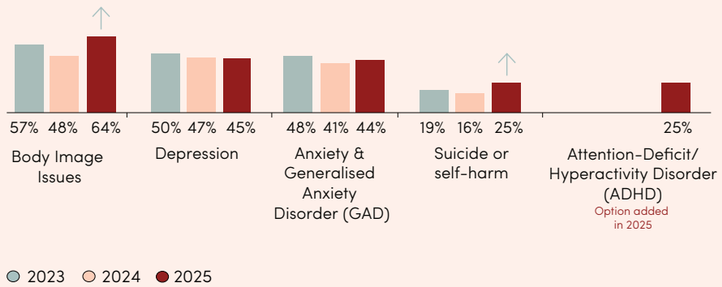
○ Directionally higher results vs 2024 at 90% c.i.

While the top triggers for mental health issues in 14-19 year olds have remained constant, a directional increase was seen in the top trigger - with 60% (3 in 5) reporting that low self-esteem was a trigger for their mental health issues. Though not a top trigger, menstruation/hormonal fluctuations have also seen an increase this year sitting at 24%.

While help seeking has significantly increased among this age group, 1 in 2 women in this age group are seeking professional help, demonstrating a high level of engagement with formal mental health services.

Overall, those choosing to seek help has significantly increased for this cohort, with 62% reaching out for help this year - an increase from 54% in 2024.

Top 5 Mental issues faced currently

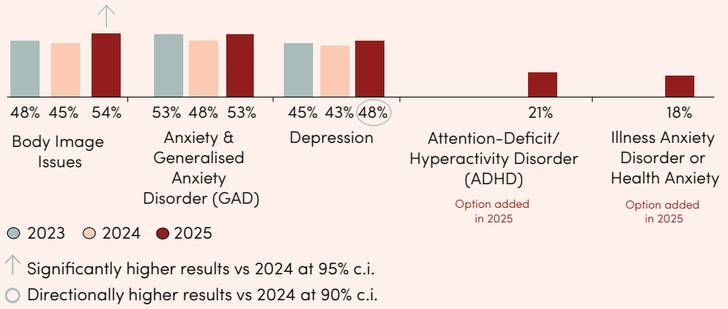


The top sources of help for this group are different in 2025, with mental health professionals, GP's, and talking to friends being the top 3 preferences. However it's also good to see the significant increase in young women seeking help through online resources and self directed learning, from 13% in 2024 to 28% in 2025. There was also a significant decrease in talking with teachers (decreasing from 33% in 2024 to 19% in 2025).

20-29 YEAR OLDS

Women aged 20 to 29 are typically navigating the transition into adulthood, often balancing the demands of higher education, early career pressures, financial independence, and the evolving nature of personal relationships. This life stage may also involve experiences with long-term partnerships, housing transitions, or the early stages of family planning, placing additional emotional and practical demands on young women during a formative period.

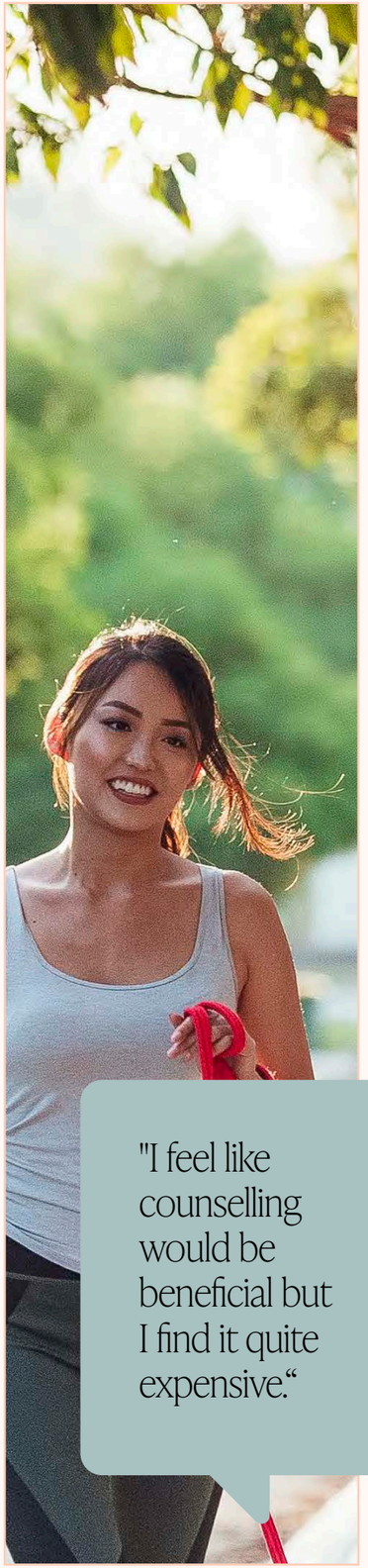
Top 5 Mental issues faced currently



The top 5 mental health issues impacting this age group highlight some key shifts. In 2025, body image issues appear as the top concern, with 54% of women with mental health issues in this cohort experiencing body image issues - which is a significant increase from 45% of women in this age bracket in 2024. There has also been a directional increase in the rates of depression with this cohort, increasing from 43% in 2024 to 48% in 2025. Notably, Attention Deficit Hyperactivity Disorder (ADHD) appears as the 4th major concern, with 21% of women aged 20 to 29 with mental health issues endorsing it.

Compared to the general female population, body image issues in this cohort were 1.4 times higher at 54% than the general population at 39%. Similarly, Generalised Anxiety Disorder (GAD) is also elevated, with over half (53%) of this age group affected, compared to 44% in the general female population. ADHD also appears significantly for this cohort at 21%, compared to 14% in the general female population.

Although not a top 5 issue, disordered eating patterns remain an ongoing problem, with 17% of those with a mental health issue in this cohort experiencing binge eating disorder (1.6 times higher than the general population at 11%). Anorexia and bulimia nervosa also appear at 1.7 and 1.5 times the average rates, respectively. These figures suggest that emotional regulation, control, and identity-related challenges continue to shape the mental health landscape for this group. Conversely, some conditions such as insomnia (15% compared to 30%), PTSD (14% compared to 18%), and panic disorder (9% compared to 13%) appear less frequently in this group compared to those with mental health issues in the general female population.



When looking at what's driving these issues, low self-esteem continues to top the list of triggers in 2025, affecting 59% of women aged 20 to 29. This is followed closely by pressures from their own internal expectations (49%) and financial stress (48%), both of which have significantly increased from 2024. Body image ideals and societal expectations also remain significant contributors, with 43% citing these as key drivers of their mental health struggles.

Encouragingly, help-seeking among women in their twenties has significantly increased, with 51% now reaching out for support, up from 47% in 2024. GP visits remain the most common form of support, with nearly 7 in 10 women (69%) turning to their doctor for help, followed by conversations with friends (57%) and mental health professionals (54%). There has also been a notable rise in young women turning to self-directed learning through online resources, significantly increasing from 25% to 33% in the past year. Use of exercise has also grown from 34% in 2024 to 47% in 2025.

Significant Triggers For Mental Health Issues in women aged 20-29 years old	2023	2024	2025
Low self esteem or confidence	56%	51%	59% ↑
Low self-worth	-	-	51%
Pressures created by own self/being too hard on own self	52%	44%	49% ↑
Financial stress/pressures	39%	37%	48% ↑
Too many expectations from society	43%	39%	44%
Unrealistic ideals of body image	43%	36%	43% ↑
Trying to juggle career & work / work life balance	35%	27%	39% ↑
Media/Social media pressure to be perfect (perfect appearance/career/house/life, etc.)	37%	33%	37%
Sleep deprivation or sleep disturbance	-	-	35%
Lack of social acceptance or belonging	28%	27%	31%
Menstruation / Hormonal Fluctuations	20%	18%	27% ↑
High pressure/competitive work environment	24%	20%	26%

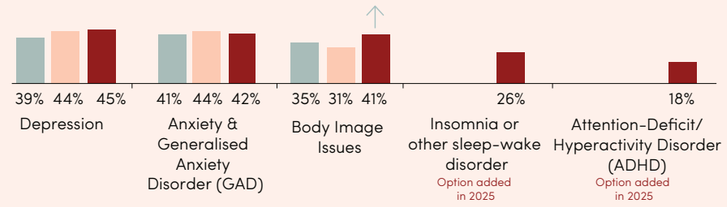
↑ Significantly higher results vs 2024 at 95% c.i.

These shifts point to a more proactive and empowered approach to mental health among women in this age bracket, who are increasingly embracing both formal and informal support systems.

30-39 YEAR OLDS

Women aged 30 to 39 are typically in a period of life defined by major responsibilities and transitions. Many are advancing in their careers, raising young children, or managing growing financial commitments, often while navigating relationships, fertility, or motherhood. This stage can bring with it the pressure of juggling multiple roles – professional, parental, and personal – while contending with social expectations around 'having it all figured out'.

Top 5 Mental issues faced currently



↑ Significantly higher results vs 2024 at 95% c.i.

"Because I'm a mum I always come last"

The latest data shows depression remains the top concern in this age group, affecting 45% of women with a mental health issue. The top 3 issues reflect similarly to those of the general female population, however, body image issues have seen a dramatic increase in this cohort, with 41% reporting concerns in 2025 – a sharp increase from 31% in 2024. This rise confirms that body confidence challenges do not fade with age, and may in fact be amplified by postpartum changes, social comparison, and the emotional weight of balancing appearances with growing responsibilities.

Compared to the general female population, depression affected 45% of this cohort, which is significantly less than 52% in the general female population. Conversely, some other mental health conditions appear less frequently in this cohort compared to the general female population. For example, insomnia (26% compared to 30%), illness anxiety (16% compared to 20%), and, unsurprisingly, perimenopausal anxiety and depression (7% compared to 14%). This may reflect more developed coping strategies or a shift in the types of stressors faced in this life stage.

There are a number of conditions that appear significantly more compared to the general female population. Attention Deficit Hyperactivity Disorder (ADHD) also stands out for this cohort, with 18% reporting it – a 1.3x increase compared to the general population. Perinatal mental health remains a key concern for this age group, with perinatal anxiety and depression both sitting at 7%, more than double the general population average of 3%. These increases highlight the ongoing emotional impact of pregnancy, childbirth and early parenting, particularly in a phase of life where support may be inconsistent and the weight of caregiving disproportionately carried by women.

The key triggers of mental health issues for women in their 30s reflect the intense pressure of their current life context. Low self-esteem and confidence continue to be a leading contributor, affecting 48% of this cohort, followed by financial stress (45%), both significantly increasing from 2024 figures. Notably, parenting young children also appears for the first time in the list of triggers, impacting (1 in 4) 25% of women in this cohort.

Significant Triggers For Mental Health Issues in women aged 30-39 years old	2023	2024	2025
Low self esteem or confidence	43%	43%	48% ↑
Financial stress/pressures	37%	39%	45% ↑
Sleep deprivation or sleep disturbance	-	-	42%
Pressures created by own self/being too hard on own self	38%	37%	41%
Low self-worth	-	-	39%
Too many expectations from society	31%	28%	35% ↑
Trying to juggle career & work / work life balance	30%	27%	31%
Unrealistic ideals of body image	26%	25%	27%
Parenting young children	-	-	25%
Unstable family situation /family breakdown/ family conflict/relationship breakdowns	23%	26%	24%
Media/Social media pressure to be perfect (perfect appearance/career/house/life, etc.)	21%	22%	23%
Menstruation / Hormonal Fluctuations	18%	18%	23% ↑

↑ Significantly higher results vs 2024 at 95% c.i.

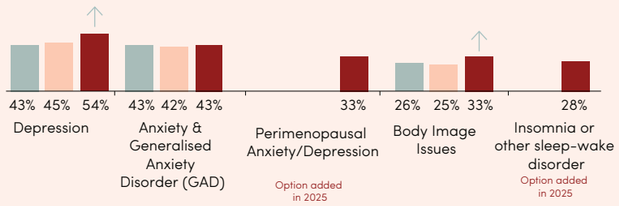
Help-seeking behaviours among 30–39 year olds have significantly increased, with 62% now reporting that they sought help for their mental health in 2025 – up from 49% in 2024. The most common pathways to support include speaking with a GP (59%), a friend or close one (54%), or a mental health professional (46%). Encouragingly, there's been a noticeable rise in self-initiated support methods, including exercise (39%, up from 34%), searching online for resources (28%, up from 22%), and talking to parents (22%, up from 14%). Community agency support also saw a notable rise, from 9% to 17%.

Overall, women in their 30s are facing a complex mix of career, family, and financial demands, many of which are internalised and driven by high self-expectation. Mental health support is increasingly being sought in both formal and informal ways, pointing to a cohort that is highly aware of their mental load and actively trying to address it, even while navigating one of the most demanding life stages.

40-49 YEAR OLDS

Women aged 40 to 49 are often in the midst of one of the most demanding stages of life, where multiple roles converge – career progression or career fatigue, parenting older children or teenagers, caregiving for aging parents, and in many cases, navigating the physical and emotional impacts of perimenopause. This age bracket marks a turning point where the accumulation of life's responsibilities can begin to weigh heavily, often with limited time or space for self-care.

Top 5 Mental issues faced currently



In 2025, depression remains the most common mental health concern for this age group, affecting 54% of women with mental health issues. This is a significant increase compared to 45% in 2024. Perimenopausal anxiety and depression appear in the top five issues for this cohort, unsurprisingly reported by 33% of women in this age group with mental health issues. While anxiety rates remain steady, body image issues significantly increase to 33% from 25% in 2024. Insomnia and sleep-wake disorders are also prevalent, with 28% of women with mental health issues reporting difficulties.

Compared to the general female population, perimenopausal anxiety and depression appears in this age group most commonly, at 33% which is 2.4 times higher than the general population at 14%. Other mental health conditions also appear in this cohort at higher rates than the general female population, including PTSD (affecting 24% of women in this age group with mental health issues - a 1.3 x increase), social phobia (affecting 20% of women in this age group with mental health issues - a 1.25 x increase), and PMDD (affecting 6% of women in this age group with mental health issues - a 1.5 x increase).

Some mental health conditions appear at lower prevalence rates for this age group compared to other age groups; including body image issues, and binge eating disorder.

Triggers for mental health issues reflect the complex pressures of this life stage. Financial stress is the most commonly reported trigger in 2025, affecting 52% of women, followed by low self-esteem (49%); both significantly increasing since 2024. Low self-worth (40%), sleep disturbance (39%) and self-imposed pressures (38%) are also prominent. For this group, it's not just the external demands that drive mental distress – it's also the internal narrative of needing to cope, perform, and be everything to everyone. The pressure of juggling career and life is increasing, with 30% of women identifying work-life balance as a key stressor. Grief and loss also emerge more strongly in this age group, impacting 29% of women, reflecting the natural life transitions that often begin to unfold during this decade.

Encouragingly, help-seeking continues to trend upward, with 53% of women aged 40 to 49 now reaching out for support; increasing from 49% in 2024. The most common avenue remains visiting a GP, with nearly 8 in 10 women (79%) doing so in 2025 – a significant jump from 65% the previous year. Medication use has also increased to 56% (increasing from 52% in 2024), along with greater engagement with mental health professionals (54%) and support from friends or close ones (42%). Talking with parents also saw an uptick, from 11% in 2024 to 19% in 2025.

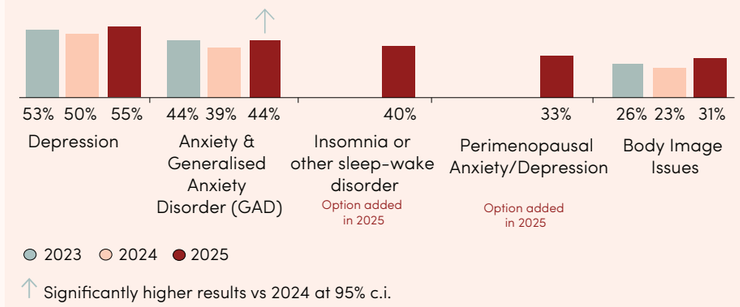
Significant Triggers For Mental Health Issues in women aged 40-49 years old	2023	2024	2025
Financial stress/pressures	42%	43%	52% ↑
Low self esteem or confidence	41%	41%	49% ↑
Low self-worth	-	-	40%
Sleep deprivation or sleep disturbance	-	-	39%
Pressures created by own self/being too hard on own self	32%	34%	38%
Trying to juggle career & work / work life balance	24%	27%	30% ↑
Lack of support network	23%	21%	29% ↑
Grief, death and/or loss	20%	21%	29% ↑
Too many expectations from society	23%	25%	29% ↑
Menstruation / Hormonal Fluctuations	17%	20%	28% ↑
Unstable family situation /family breakdown/family conflict/relationship breakdowns	26%	25%	25% ↑
Own physical illnesses / injuries	18%	17%	24% ↑

↑ Significantly higher results vs 2024 at 95% c.i.

50-59 YEAR OLDS

Women aged 50 to 59 are often in a phase of life that includes both transition and reflection. Many are experiencing the physical and emotional impacts of menopause, while also adjusting to shifting family dynamics, aging parents requiring care, or changes in relationships and career identity. This period can also bring an increased awareness of aging, health, and mortality, which may influence mental health in complex and personal ways.

Top 5 Mental issues faced currently



"I have always been the one to hold everyone else up; so I push my own needs aside and try to cover up what battles I face alone."

In 2025, depression remains the most commonly reported mental health issue for women in their 50s, affecting 55% of women with mental health issues in this cohort. Generalised anxiety disorder remains as the second largest concern, however at an increased rate of 44% this year compared to 39% in 2024. Insomnia and perimenopausal anxiety/depression stand out as two new entrants into the top 5 conditions for this cohort.

Insomnia is reported by 40% of women with mental health issues, at a rate 1.3 times higher than the general female population. Perimenopausal anxiety and depression also features prominently for this cohort, impacting 33% of women with mental health issues – over double the rate seen in the general population.

This could be a reflection of the sleep disruption often linked to hormonal changes during menopause, highlighting the strong link between midlife hormonal transitions and mental health outcomes.

The rates of PTSD are slightly elevated in this age group with 22% of women aged 50 to 59 reporting PTSD (1.2 times higher than the 18% reported across all ages).

In contrast, a number of mental health conditions are lower in prevalence within this cohort compared to the general female population. Body image issues are reported less frequently compared to younger age groups, with 31% of women aged 50 to 59 reporting concerns (compared to 39% across all ages). Binge eating disorder also appears at lower rates in this cohort at 7% (compared to 11% across all ages), along with ADHD (6% vs 14%), ASD (3% compared to 6% of all ages) and suicide/self-harm (6% vs 9%).

The leading triggers for mental health issues in this age group reflect both internal and external pressures. Menopause is now firmly recognised as a dominant factor, reported by half of all women in this group. Financial stress remains significant, with 50% of women aged 50 to 59 identifying it as a primary factor - a dramatic increase from 39% in 2024. Low self-esteem (49%), low self-worth (40%) and sleep disturbance (48%) also rank highly, painting a picture of emotional fatigue and self-doubt during this stage. Aging itself (34%) and pressure from self-expectation (34%) also contribute to the emotional load.

Encouragingly, 59% of women in their 50s report seeking help for their mental health in 2025 – a significant increase from 49% in 2024. Importantly, more women in this age group are now engaging with multiple forms of support, reflecting a more open and proactive approach to mental health than previous generations. Visiting a GP remains the most popular option, with 82% of help-seekers choosing this pathway, followed by taking medication (65%), talking to a mental health professional (56%) and leaning on friends (46%). There have also been significant increases since 2024 in the use of hotlines (13% up from 7%), exercise (39% up from 36%), and self-directed learning through online resources (28% up from 21%).

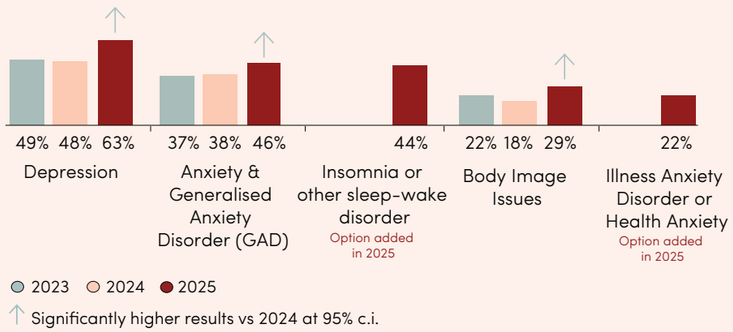
Significant Triggers For Mental Health Issues in women aged 50-59 years old	2023	2024	2025
Menopause	37%	41%	50%↑
Financial stress/pressures	40%	39%	50%↑
Low self esteem or confidence	43%	40%	49%↑
Sleep deprivation or sleep disturbance	-	-	48%
Low self-worth	-	-	40%
Aging	28%	29%	34%↑
Pressures created by own self/being too hard on own self	31%	33%	34%
Own physical illnesses / injuries	28%	27%	32%
Grief, death and/or loss	28%	25%	28%
Lack of support network	20%	22%	25%
Lack of social acceptance or belonging	17%	18%	25%↑
Unstable family situation /family breakdown/family conflict/relationship breakdowns	22%	25%	25%

↑ Significantly higher results vs 2024 at 95% c.i.

60-69 YEAR OLDS

Women aged 60 to 69 are typically moving into a new phase of life marked by increased reflection and in many cases, a redefinition of purpose. Many in this age group are preparing for or adjusting to retirement, managing chronic physical health conditions, navigating the grief of personal losses, and processing the psychological impact of aging. These women might also become grandparents for the first time, bringing much joy but also the stress of helping their adult children with childcare duties due to financial pressures and still remaining in the workforce themselves. For some, it may be a time of greater independence and perspective; for others, it may bring feelings of invisibility or uncertainty about what lies ahead.

Top 5 Mental issues faced currently



The 2025 data shows a sharp rise in the prevalence of depression in this age group, with 63% of women with mental health issues reporting it, a significant increase from 48% in 2024. Anxiety is also more prevalent, affecting 46% of women aged 60 to 69 and also a significant increase from 38% in 2024. Insomnia and sleep disturbance appear as a major concern, impacting 44% of this cohort with mental health issues, followed by body image issues which has again seen a sharp increase from 18% in 2024 to 29% this year. Illness anxiety also appears as the 5th most pressing concern at 22%. These findings reflect the compounding effects of hormonal changes, physical ailments, grief, and the psychological impacts of shifting identity and life roles.

Compared to the general female population, the rate of depression in this cohort is the highest compared to any other age group, sitting at 63% which is 1.2 times higher than the general population average of 52%. This is also the case for insomnia which sits at 44%, significantly above the 30% recorded for the general female population (1.5x higher).

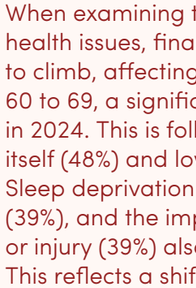
Interestingly, even though body image concerns saw an increase in comparison to 2024 results for this cohort, body image issues still appear at lower rates than younger age groups (29% vs 39%), perhaps reflecting a degree of acceptance that grows with age. Meanwhile, several other mental health issues are substantially reduced in prevalence for this cohort including, ADHD (5%), ASD (1%), eating disorders, and all forms of perinatal or menstrual-related mental health conditions.

When examining the triggers for mental health issues, financial stress continues to climb, affecting 48% of women aged 60 to 69, a significant increase from 36% in 2024. This is followed closely by aging itself (48%) and low self-esteem (45%). Sleep deprivation (44%), low self-worth (39%), and the impact of physical illness or injury (39%) also play a significant role. This reflects a shift in focus for women in this stage – from the external demands of earlier life phases to internal concerns surrounding health deterioration and loss of identity or purpose. Grief and loss, pressures from self, and family-related stress also remain key contributors.

Help-seeking has risen notably in this group, with 61% of women now reporting they have reached out for support, an increase from 47% in 2024. The most common source of support is visiting a GP (89%), followed by taking medication (71%) and engaging with mental health professionals (57%). There has also been an increase in the use of telephone hotlines (13%, up from 4% last year) and in-person support groups (12%, up from 3% last year), suggesting a growing comfort with more structured or clinical support options. Social connection remains a pillar of care, with 46% talking to a friend or close contact, and 39% using exercise as a mental health management tool.

Significant Triggers For Mental Health Issues in women aged 60-69 years old	2023	2024	2025
Financial stress/pressures	33%	36%	48% ↑
Aging	42%	40%	48%
Low self esteem or confidence	38%	39%	45%
Sleep deprivation or sleep disturbance	-	-	44%
Low self-worth	-	-	39%
Own physical illnesses / injuries	34%	30%	39% ↑
Pressures created by own self/being too hard on own self	28%	32%	36%
Grief, death and/or loss	30%	28%	31%
Unstable family situation /family breakdown/ family conflict/relationship breakdowns	23%	24%	26%
Retirement/loss of purpose	21%	21%	24%
Physical or mental illness/injuries of family members	20%	20%	24%
The impact of my Physical Disability on daily life	-	-	24%

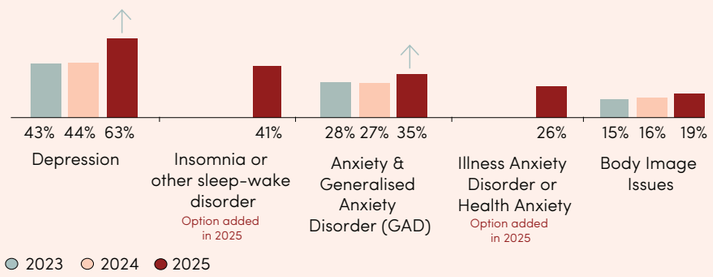
↑ Significantly higher results vs 2024 at 95% c.i.



70+ YEAR OLDS

Women aged 70 and over are often navigating a period of deep reflection, characterised by retirement, physical decline, loss of peers or partners, and changes in independence or living circumstances. This stage of life can offer opportunities for reflection, rest, and renewal, but for many, it also introduces new challenges for mental health, including isolation, grief, chronic illness, and a sense of loss.

Top 5 Mental issues faced currently



↑ Significantly higher results vs 2024 at 95% c.i.

"My friends and family don't really know what to say or they don't have very helpful answers sometimes."

Significant Triggers For Mental Health Issues in women aged 70+ year olds	2023	2024	2025
Aging	51%	57%	64% ↑
Own physical illnesses / injuries	40%	38%	39%
Sleep deprivation or sleep disturbance	-	-	39%
Retirement/loss of purpose	26%	27%	36%
Financial stress/pressures	42%	37%	35%
Low self esteem or confidence	31%	34%	33%
Low self-worth	-	-	30%
Grief, death and/or loss	32%	27%	30%
The impact of my Physical Disability on daily life	-	-	27%
Pressures created by own self/being too hard on own self	20%	27%	26%
Unstable family situation /family breakdown/family conflict/relationship breakdowns	19%	26%	26%
Living alone / Kids leaving home	16%	15%	21%

↑ Significantly higher results vs 2024 at 95% c.i.

In 2025, depression remains the most commonly reported mental health condition for women aged 70 and over, with 63% of women with mental health issues affected – the same rate as those in their 60s. Anxiety also remains a significant concern at 35%, showing a significant rise from 27% in 2024. However, insomnia or sleep-wake disorders have newly emerged as the second key issue for this group, impacting 41% of women with mental health issues. Health-related anxiety is also on the rise, with 26% experiencing illness anxiety or health-related distress, reflecting the increasing role physical wellbeing plays in shaping psychological health at this life stage.

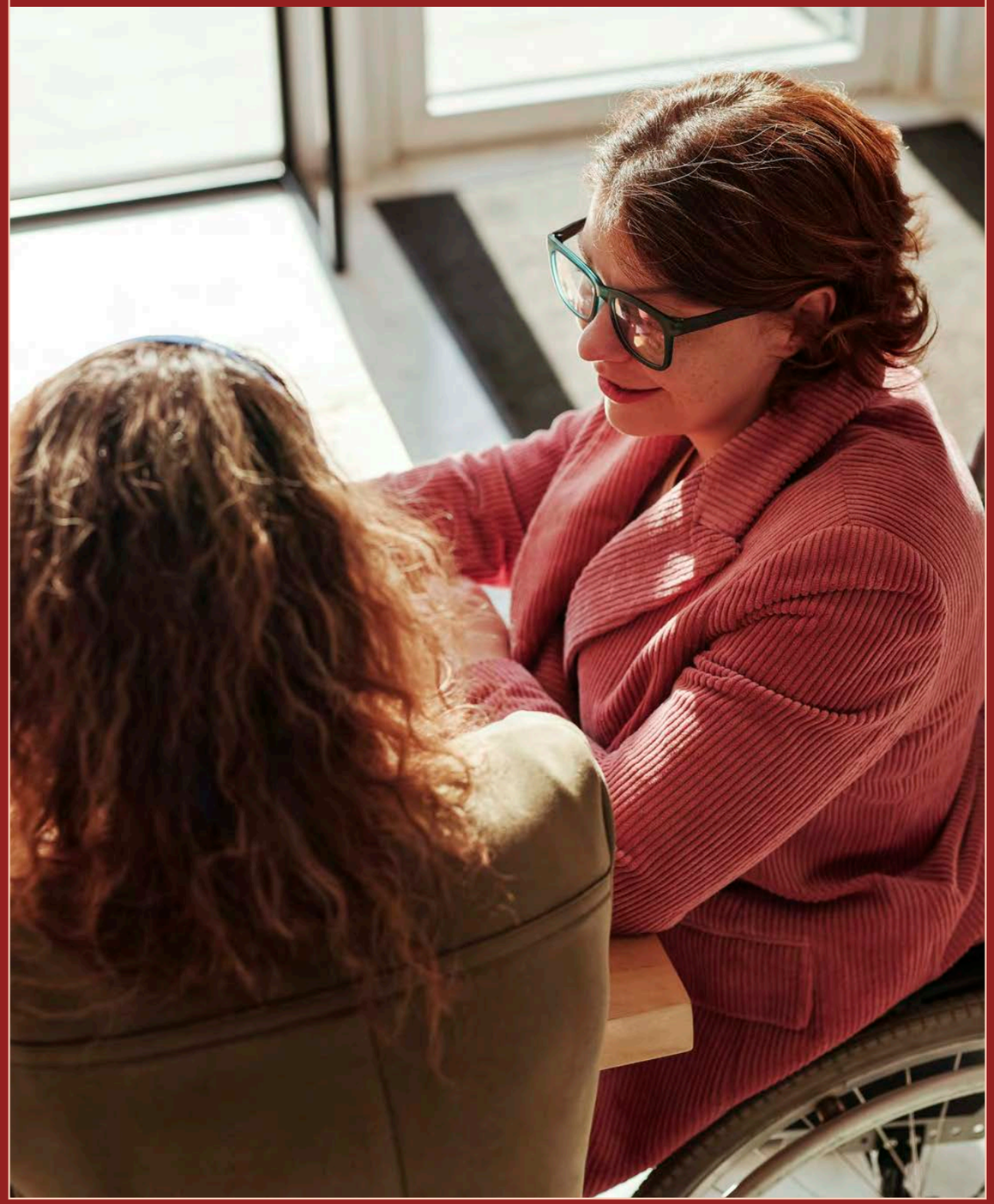
Compared to the general female population, depression is notably high at 63%, 1.2 times higher than the general female population average of 52%. Similar reflections are seen in the data for insomnia and illness anxiety - also appearing at significantly higher rates than the general female population.

In contrast, many conditions that are more prevalent in earlier life decline in prevalence for this cohort. Body image concerns sit at 19% for this cohort (well below the general population average of 39%), and conditions like ADHD (2%), ASD (1%), eating disorders, and all perinatal-related mental health conditions fall to negligible levels. This reflects a life stage where external appearance, reproductive identity, and performance-based self-worth may hold less sway, but are replaced by deeper internal concerns like grief, autonomy, and aging.

The dominant mental health triggers for women in this age bracket centre around aging itself, cited by 64% of women. This is the highest rate across any mental health trigger in any age group. This is followed by physical illness or injury (39%), sleep disturbance (39%), and retirement or loss of purpose (36%). Financial stress remains a concern for more than one in three women, though slightly lower than younger cohorts. Low self-esteem (33%), grief and loss (30%) also contribute significantly. The psychological impact of physical disability and living alone or the departure of adult children are also now recognised as important contributors to mental health strain.

Despite the complexity of their challenges, 51% of women aged 70 and over are seeking support, a significant rise from 39% in 2024. GP consultation continues to be the dominant support pathway, with 84% turning to their doctor, followed by medication use (58%) and engagement with mental health professionals (41%). Encouragingly, there is growing openness to a variety of support forms: 40% are using exercise to help manage their mental health, and 39% are engaging in social support.

Australian women seeking help for their mental health



Overall, there has been an increase in help-seeking behaviours among women experiencing mental health issues, with 57% of women reaching out for help in 2025. This is a promising development, and a significant increase from 48% in 2024.

HELP SEEKING BY LOCATION

It was observed that women in Queensland were much more likely to seek help for their mental health issues (at 62%), with women in NSW/ACT the least likely to seek help, with only 52% of women seeking support.

3 in 5 (60%) regional women were seeking help compared to 56% of women in metro areas; however these were not statistically significant differences between women in metro versus regional areas.

	NSW/ACT	VIC	QLD	SA/NT	WA	TAS	Metro	Regional
Yes	52% ↓	57%	62% ↑	61%	58%	57%	56%	60%
No	48% ↑	43%	38% ↓	39%	42%	43%	44%	40%

↑ Significantly higher results vs overall at 95% c.i. ↓ Significantly lower results vs overall at 95% c.i.

HELP SEEKING BY PRIORITY POPULATION

It was observed that indigenous women were the most likely to seek help for their mental health issues (at 82%), with women from CALD communities least likely to seek help, with only 52% of women seeking support.

	CALD women	Indigenous women	Poverty + Homelessness	LGBTQIA+	Pregnant women	Women with Comorbidity	Women with a disability
Yes	52% ↓	82% ↑	61%	64% ↑	59%	60% ↑	68% ↑
No	48% ↑	18% ↓	39%	36% ↓	41%	40% ↓	32% ↓

↑ Significantly higher results vs overall at 95% c.i. ↓ Significantly lower results vs overall at 95% c.i.

HELP SEEKING BY AGE GROUP

It was observed that women aged 30-39 years old were the most likely to seek help for their mental health issues (at 62%), with women aged 20-29 years old least likely to seek help, with only 51% of women seeking support.

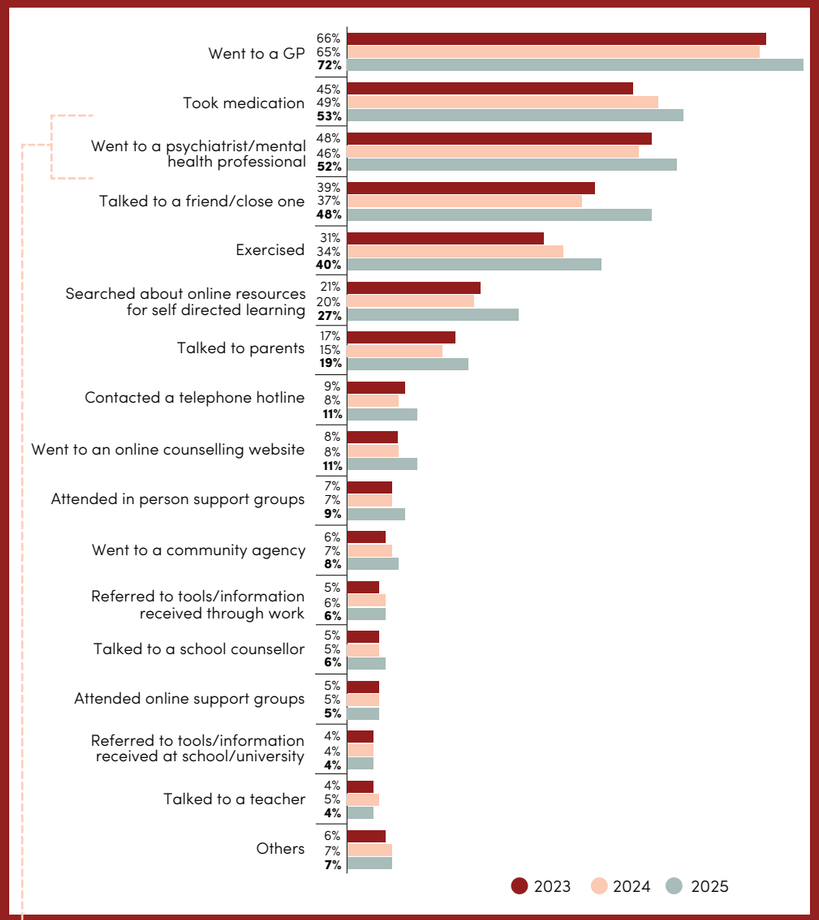
	14-19	20-29	30-39	40-49	50-59	60-69	70+
Yes	62%	51% ↓	62% ↑	54%	59%	61%	51%
No	38%	49% ↑	38% ↓	46%	41%	39%	49%

↑ Significantly higher results vs overall at 95% c.i.
↓ Significantly lower results vs overall at 95% c.i.

"I don't think I should waste other people's time as there are people in the community who need help more than I do."

HOW WOMEN CHOOSE TO SEEK HELP

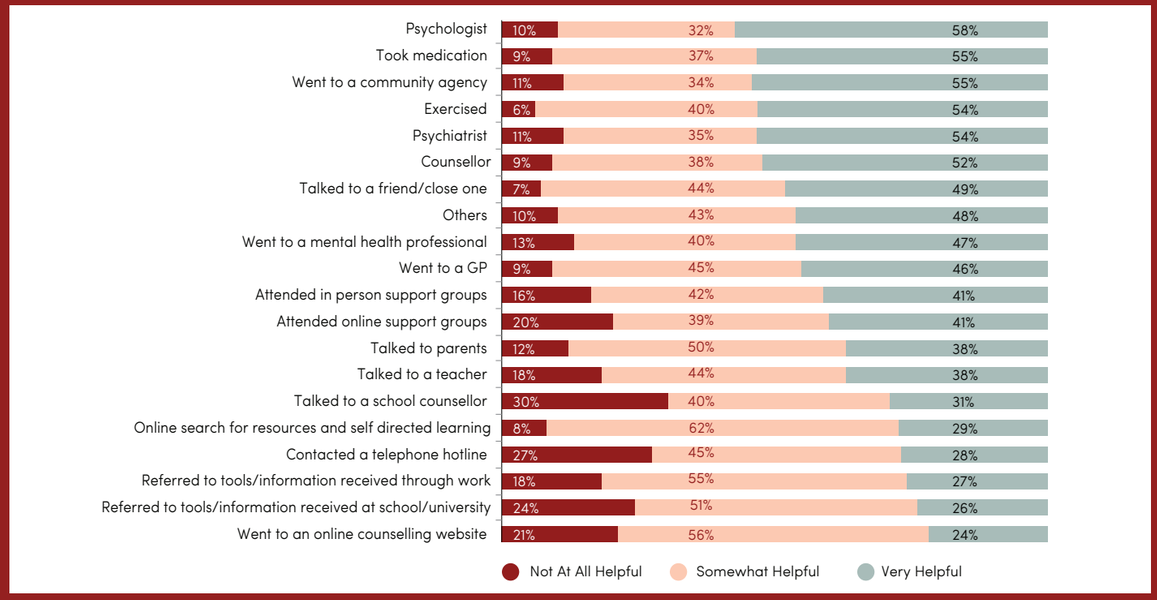
In 2025, the ways in which women are seeking support for their mental health have remained relatively consistent with previous years, with a continued preference for professional and accessible options. Visiting a GP remains the most common avenue of support, increasing to 72% this year. This is followed by taking medication (53%) and speaking with a psychiatrist or mental health professional (52%). Social connection also plays a key role, with nearly half of women (48%) turning to friends or close ones, while 40% report using exercise as a coping strategy. There has been notable growth in self-directed approaches, with 27% of women searching for online mental health resources, up from 20% in 2024. Smaller but steady increases were also seen in the use of online counselling websites (11%) and telephone hotlines (11%). Overall, the data suggests that women are embracing a broad and balanced range of support methods, combining professional help with personal and digital resources to manage their mental health.



Help seeking by type of mental health professional

"Long wait times, high costs, or limited availability of mental health professionals makes it challenging to get timely and effective support."

HOW HELPFUL WERE THE SOURCES - OVERALL



In 2025, women reported varied levels of helpfulness across the different sources of mental health support they accessed. Psychologists were rated the most helpful, with 58% of women who saw one describing the experience as 'very helpful'. Medication was also highly valued, with 55% finding it very helpful in managing their mental health. Community agencies received similarly strong feedback, with 55% also rating them as very helpful. Mental health professionals more broadly, including counsellors, psychiatrists and other practitioners, were also seen as effective, with 47% of women finding their support very helpful.

Some sources, however, were rated less positively. Just 24% of women found online counselling websites very helpful, while telephone hotlines received a similar response (28% very helpful), with over a quarter (27%) describing them as not helpful at all. School and university-based supports were among the least helpful, with 24% of women reporting that the tools or information they received in those settings were not helpful, and 30% saying the same of their experience with school counsellors.

These results show that while women are drawing on a broad mix of support options, traditional clinical pathways such as psychologists, GPs, and medication continue to deliver the most consistent sense of impact and relief. Peer support, exercise, and community services also remain valuable, reinforcing the importance of a holistic and accessible range of supports.

WHY IT WAS NOT HELPFUL

Of those who sought help but didn't find it helpful:

- **35%** said they found it hard to express themselves or open up
- **27%** blamed long wait lists or taking too long to get an appointment
- **25%** said the person they spoke to could not relate to their situation
- **23%** said the person they spoke to could not empathize/trivialized their condition
- **22%** said the person they went to was not able to/did not know how to help
- **21%** cited not enough tailored support services available specifically for women for their issue

BARRIERS FOR WOMEN SEEKING HELP

"Sessions are too expensive to continue long enough"

Barriers	2024	2025
I think I can manage my mental health issues on my own without any help	39%	37%
I am reluctant to seek help because of the financial burden/I cannot afford it	32%	36%
I don't think my mental health issues are serious enough to seek help at this time	32%	35%
There are other important things going on in my life right now	26%	32%
I don't think it would be helpful or effective for me	23%	22%
I do not have the time to address my mental health needs	18%	22%
I am embarrassed/ashamed to seek help	22%	21%
I am reluctant to seek help because of the fear of being judged	19%	19%
I was scared of not being taken seriously/being believed	-	16%
Long waiting lists (to see a mental health professional)/ It took too long to get an appointment	-	15%
I have support from my family/partner/friends and don't believe other sources of help would be beneficial	-	15%
I do not find it easy to access resources/support services	14%	15%
I do not think it is important	15%	14%
I'm already on medication and don't believe other sources of help would be beneficial	-	12%
I do not know where to seek help	10%	11%
I am reluctant to seek help because it is a taboo/stigma	10%	10%
Others	9%	10%
I tried but am unable to find support/services/treatment needed	8%	9%
I do not have support from family/loved ones to seek help	9%	9%
The right support services for women is not available	6%	8%
I was afraid of the perceived consequences of seeking help (losing my job, domestic violence, etc.)	-	6%
No one I know has ever sought help	5%	5%
I felt trapped/controlled by an abusive partner	-	2%

In 2025, a wide range of barriers continue to prevent women from seeking support for their mental health. The most common reason cited was the belief that they could manage their mental health on their own, with 37% of women identifying this as their primary barrier. Financial constraints remained the second most reported obstacle, with 36% (more than 1 in 3) women stating they were unable to afford help or considered it too costly. A further 35% of women did not perceive their mental health issues as serious enough to warrant seeking support, reinforcing the ongoing challenge of recognising and validating one's own needs.

Competing priorities and life pressures also continue to play a role, with 32% of women saying they had more important things to focus on or lacked the time to address their mental health. Other structural and emotional barriers include fear of being judged (19%), shame or embarrassment (21%), and long waiting times for services (15%). A growing number of women (15%) also reported that they had support from family or friends and did not believe other services were necessary. Similarly, 14% (approx 1 in 7) said they did not find it easy to access services, while 11% indicated they simply did not know where to begin in looking for support.

More serious barriers, such as fear of losing their job or facing domestic violence, were noted by 6%, and 2% of women reported being trapped or controlled by an abusive partner.

These findings highlight that while progress has been made in reducing stigma and expanding access, many women continue to face a combination of personal, financial and systemic obstacles to seeking help.

Annual Spotlight: Unpaid caring responsibilities and their impact on women's mental health

Each year, our Annual Spotlight delves into a pressing societal issue, trend or emerging challenge shaping the mental health landscape for women across Australia. In 2025, we turn our attention to the unpaid caring responsibilities shouldered by women in the community. This spotlight unpacks the invisible weight of care work and its far-reaching impact on women's mental wellbeing.

In Australia, the majority of primary carers (68%) are female (ABS, 2022). In addition to providing formal unpaid care and daily living support to those with disabilities, women also disproportionately shoulder the majority of general caring responsibilities; including primary childcare and eldercare. Women often take on a larger share of unpaid care work compared to men, which can significantly impact not only their workforce participation and economic opportunities - but their own personal mental health.

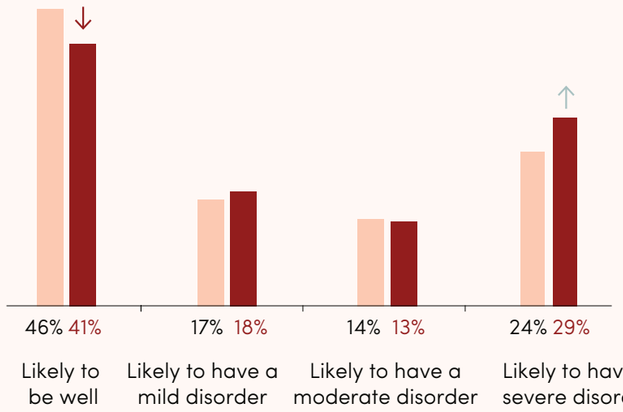
This section explores the unpaid caring responsibilities of female carers in Australia and their impact on women's mental health.

For the purposes of this study, carers were defined as people who provide unpaid care and daily living support to someone with a disability, mental illness, chronic condition, disease, neurodevelopmental disorder, terminal illness, an alcohol or other drug issue or those who are frail aged.

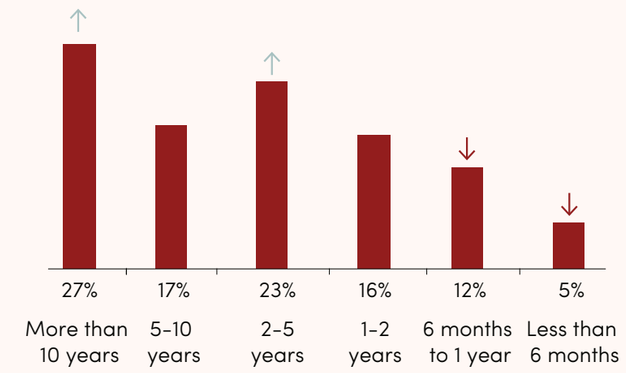
It was discovered that 18% of the surveyed Australian women identify as unpaid carers. These women are significantly more likely to face a severe mental health issue at 29% (1 in 3) compared to the general female population at 24% (1 in 4).

A significant portion of women (27%) who are unpaid carers have held these responsibilities for over 10 years.

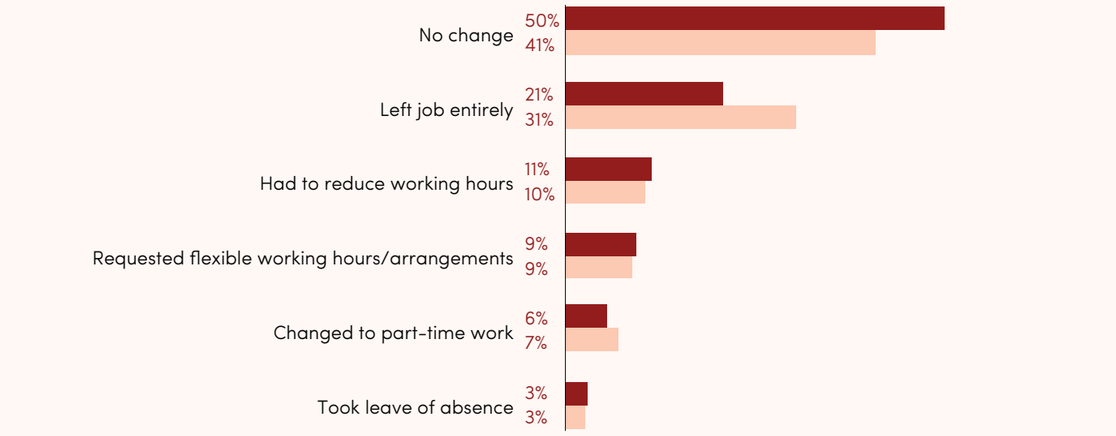
K10 scores of unpaid carers vs general female population



Duration of caregiving journey



Impact of caregiving on work



Impact of caregiving on work

21% of unpaid female carers stated they had to leave their jobs entirely to support their caregiving responsibilities. The rate of women leaving their jobs was higher at 31% for those who had been carers for 10 or more years.

Almost 1 in 2 (47%) female carers report that their mental health has declined due to their caregiving responsibilities.

Exhaustion of the mental load (60%) is the top cited reason for mental health decline, followed by Stress around the unknown (57%), and lack of time to nurture my personal self-care (47%).

These women also described the kinds of negative implications and effects their caring responsibilities have on their personal health and mental health. These included, sleep disturbances (47%), greater stress levels (45%) and physical health problems (like headaches and fatigue) (39%), burnout (39%), feelings of guilt (33%) and dissatisfaction with their personal life (32%).

"[I'm] having to work more to financially support my parents needs"

"[I'm] constantly having to correct misinformation about my child's illness"

Seeking Help

There is clear evidence of almost 1 in female carers seeing a decline in their mental health, however there are extremely low numbers (35%) of those women reaching out for support.

What they said they need

When asked directly what they need or want to see available in order to manage the decline in their mental health, the answers were clear; better access and to mental health services and more affordable options. This highlights the systemic support required to be built in for those who are sacrificing their own mental health needs for the needs of those they care for.

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Appendix A: Research Participant Demographic Breakdown

Age and location quotas were implemented in order to ensure the sample was representative of the population.

This survey aimed to obtain profiling and incidence rates of different mental health issues impacting women in Australia. Data was collected through a natural fallout, with a sample size of 7173, which consisted of cisgender women, transgender women, and gender-diverse people, who were aged 14 years and over, and located across all states and regions in Australia.

The survey was then taken by a quota controlled sample size of 4409 from women who are currently facing a mental health issue. Data was then weighted to be nationally representative of the Australian population. The sample excluded anyone who works in a mental health institution or organisation that supports the awareness of women's mental health, including the Liptember Foundation. Social workers, psychologists and counsellors for mental health issues were also excluded. Respondents for this research were recruited via a panel partner. All respondents were randomly selected and were paid a monetary incentive for their time.

States	%	n
NSW	32%	2361
VIC	26%	2073
QLD	20%	1326
SA	6%	482
WA	11%	695
TAS	2%	138
ACT	2%	74
NT	1%	24
NET	100%	7173

Age Groups	%	n
14-19 years	9%	450
20-29 years	18%	1159
30-39 years	18%	1418
40-49 years	15%	1207
50-59 years	14%	1091
60-69 years	13%	953
70+ years	13%	895
NET	100%	7173

Region	%	n
Metro	68%	4388
Regional	32%	2785
NET	100%	7173

Priority Populations and Minority Groups	%	n
CALD Communities	30%	2041
Indigenous Communities	5%	381
Facing Poverty/ Homelessness	9%	710
LGBTQIA+	8%	607
Currently Pregnant	2%	135
Those with comorbidities	62%	4559
Those with disability	11%	812

The precision of this survey is measured by the standard error of the estimate. Nielsen uses the relative standard error (RSE) for analysis, which is the standard error divided by the estimate. This shows how different the population mean is likely to be from the sample mean, and how much the sample would vary if the study were repeated with new samples.

Using this statistic, Table 1 below shows the RSE for a range of sample incidence rates, and Table 2 indicates the reliability of the survey estimates according to the RSE%.

Table 1

Survey incidence rate %	Standard error %	Relative standard error %
50	0.80%	1.60%
40	0.80%	1.90%
30	0.70%	2.40%
20	0.60%	3.20%
15	0.60%	3.80%
10	0.50%	4.70%
5	0.30%	6.90%
1	0.20%	15.70%

Table 2

RSE	Indicator
<5%	Excellent
6%-30%	Acceptable
31%-49%	Use with caution
50+%	Unreliable for analysing

Appendix B: Clarification of key terms

Mental Health Related Terms

KEY TERMS	DEFINITION
Alzheimer's	a major neurocognitive disorder and subtype of dementia that is categorised by progressive memory loss and cognitive decline.
Anorexia nervosa	is characterized by distorted body image and excessive dieting that leads to severe weight loss with a pathological fear of becoming fat.
Anxiety & Generalised Anxiety Disorder (GAD)	Anxiety is a broad term encompassing various levels of worry or unease, while Generalized Anxiety Disorder (GAD) is a mental health condition characterized by excessive, persistent worry and anxiety about everyday situations, significantly impacting daily life and functioning.
Attention-Deficit/ Hyperactivity Disorder (ADHD)	ADHD is a neurodevelopmental disorder characterised by a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.
Autism Spectrum Disorder (ASD)	Autism Spectrum Disorder (ASD) is a lifelong neurodevelopmental condition that impairs social skills and communication.
Binge eating disorder	recurring episodes of eating significantly more food in a short period of time than most people would eat under similar circumstances, with episodes marked by feelings of lack of control.
Bipolar Affective Disorder	a mental health condition that causes extreme mood swings. It's characterized by alternating periods of mania and depression.
Body image issues	the mental and emotional feelings a person associates with their own body. Negative body image or dissatisfaction can lead to a variety of mental illnesses such as eating disorders, body dysmorphia, anxiety and depression.
Borderline Personality Disorder	a pattern of instability in self-image, relationships, and emotions, along with impulsivity.
Bulimia nervosa	characterized by frequent episodes of binge eating followed by inappropriate behaviours such as self-induced vomiting to avoid weight gain.
Dementia	a major neurocognitive disorder that results in a decline in brain function and cognitive abilities including attention, memory, language, or executive function.
Depression	a mood disorder that causes a persistent feeling of sadness and loss of interest.
Dysthymia	a chronic depressive disorder that involves a depressed mood that lasts for most of the day, for more days than not. It is also referred to as persistent depressive disorder.
Gender dysphoria	psychological distress that results from an incongruence between one's sex assigned at birth and one's gender identity.
Illness Anxiety Disorder or Health Anxiety	illness anxiety disorder (IAD) is a psychiatric disorder characterized by excessive and persistent fear of having a serious illness.
Insomnia or other sleep-wake disorder	insomnia as a sleep disorder that involves difficulty falling or staying asleep. Other sleep-wake disorders include hypersomnolence disorder, narcolepsy, breathing-related sleep disorders, circadian rhythm sleep disorders, non-REM (NREM) sleep arousal disorders, nightmare disorder, REM sleep behaviour disorder, restless legs syndrome, and substance- or medication-induced sleep disorder.
Obsessive-Compulsive Disorder (OCD)	A disorder characterised by obsessions (persistent, recurring, unwanted thoughts and urges) and compulsions (repetitive behaviours or mental acts) that an individual feels driven to perform in response to an obsession.
Panic Disorder	a mental health condition characterized by repeated, unexpected panic attacks.
Perimenopausal Anxiety/Depression	Perimenopausal Depression (also known as Major Depressive Disorder with perimenopausal onset) or Anxiety is a subtype of depression or anxiety experienced by women during the perimenopausal period, defined as the interval when a woman's menstrual cycles become irregular.
Perinatal Anxiety (including Antenatal and Postnatal periods)	generalized anxiety disorder (GAD) that occurs during pregnancy or within the perinatal period. It's characterized by excessive and difficult-to-control worry that causes clinically significant distress or impairment.
Perinatal Depression (including Antenatal and Postnatal periods)	a major depressive episode that occurs during pregnancy or within the perinatal period, involving feelings of extreme sadness, indifference and/or anxiety, as well as changes in energy, sleep, and appetite.
Perinatal Psychosis (including Antenatal and Postnatal periods)	is a rare but severe mental health disorder characterized by a sudden onset of psychotic symptoms, such as hallucinations, delusions, and paranoia that can occur after childbirth. It's also known as puerperal psychosis or postpartum psychosis.
Post-Traumatic Stress Disorder (PTSD)	a disabling condition that develops following exposure to a stressful or traumatic event or situation of an exceptionally threatening or catastrophic nature.
Premenstrual dysphoric disorder (PMDD)	a mood disorder characterized by dysphoria, mood lability, irritability, and anxiety that occur repeatedly during the premenstrual phase of the cycle and resolve around the time of (or after) menses.
Psychological distress	a general term used to describe a range of unpleasant feelings or emotions that impact levels of functioning
Psychosis and Psychotic disorders	a collection of symptoms like hallucinations and delusions that show a loss of touch with reality.
Schizophrenia	A psychotic disorder that includes periods of psychosis as well as disorganized thinking, difficulties in speech and movement and changes in emotional responding.
Social phobia	Also known as social anxiety disorder, it is categorised by a marked fear of one or more social situations where the individual is exposed to scrutiny by others.
Specific Phobias or Agoraphobia	Agoraphobia is the fear or anxiety of certain situations such as; using public transportation, being in open spaces, being in enclosed spaces, standing in line or being in a crowd, or being outside the home alone. Other Specific Phobias include fear or anxiety about a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood etc).
Substance use disorders (drug and alcohol abuse)	Categorised by a pattern of substance use that causes significant impairment or distress. Most commonly drug and alcohol abuse or dependency.
Suicide and self-harm	Includes suicidal ideation and behaviours of self-harm that a person believes will result in their own death.

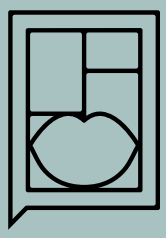
Sex and Gender Related Terms

Sex	A person's sex is based upon their sex characteristics, such as their chromosomes, hormones and reproductive organs. While typically based upon the sex characteristics observed and recorded at birth or infancy, a person's reported sex can change over the course of their lifetime and may differ from their sex recorded at birth. (ABS, 2025)
Gender	Gender is a social and cultural concept. It is about social and cultural differences in identity, expression and experience as a man, woman or non-binary person. (ABS, 2025)
Transgender	a person whose gender identity does not correspond with the sex assigned to them at birth
Non-binary	a person who doesn't feel their gender can be defined within the margins of the gender binary. They understand their gender in a way that goes beyond exclusively identifying as male or female.
Cisgender	a person whose gender identity corresponds with the sex assigned to them at birth
Gender-diverse or fluid	an umbrella term to describe gender identities that are beyond the binary framework or non-fixed gender identity that shifts over time or depending on the situation.
Intersex	a person who was born with natural variations in sex characteristics that do not align with male or female norms

Research Related Terms

Confidence interval	a range of values so defined that there is a specified probability that the value of a parameter lies within it
Relative standard error	a percentage that shows how precise an estimate is compared to its size, giving an idea of the reliability of the estimate
Standard error	a measure of how much an estimate is likely to differ from the actual value, indicating the uncertainty around the estimate
Survey incidence rate	the rate at which individuals or units from a population are chosen to participate in a survey
General female population	Refers to the overall sample of women captured in this study, statistically representative of the broader female population in Australia. When referring to this population as a comparison to other groups, it is in reference to scores higher or lower than the overall group of women in this study at a 95%/90% confidence interval."

Beyond the Surface: Investigating the Mental Health Realities for Australian Women in 2025



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