



Liptember  
Foundation

# Uncovering the Reality: Examining Multi-dimensional Aspects of Women's Mental Health in Australia 2024



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The Liptember Foundation is the trusted source and respected leader when it comes to women's mental health in Australia. Working alongside a community of experts, advocates and allies, we raise and distribute funds towards the most critical women's mental health outcomes, including women's mental health programs, initiatives, support services and research.

Since 2010, the Foundation has raised over \$15 million, which has been invested in vital mental health outcomes and advocacy across the country with the goal of ensuring that every woman can achieve their optimal mental health.



## Executive summary

This year, approximately 1 in 2 (54%) Australian women are currently experiencing some form of mental health issue. Alarming, 1 in 4 (25%) of these women are dealing with severe mental health disorders. These figures have remained constant since 2022 which means the state of women's mental health in this country remains relatively unchanged.

Similar to last year, the top 5 issues facing Australian women in 2024 are:

- Depression – 46%
- Anxiety & Generalised Anxiety Disorder (GAD) – 41%
- Body Image Issues – 29%
- Psychological Distress – 16%
- Post Traumatic Stress Disorder (PTSD) – 14%

Positively, the incidence rate of body image issues amongst Australian women has seen a stepped decrease over the last 3 years to 29% this year compared to 38% in 2022. Interestingly, Bipolar Mania, even though not among the top mental health issues, has seen a significant increase especially among 14 to 19 year olds or females living in metro regions and those who have faced homelessness/poverty in the past.

When looking at the statistics of minority groups and priority populations, Indigenous women have experienced a directional increase in depression (from 42% in 2023 to 53% in 2024) and bipolar mania (from 3% in 2023 to 6% in 2024) with the main

triggers for their mental health issues growing in proportion year on year. With help-seeking behaviour significantly lower than previous years (decreasing from 72% in 2022 to 60% in 2024 seeking help), this is an extremely worrying development.

While the prominent triggers of women's mental health issues have remained consistent, it seems that the magnitude of its impact on women's mental health is growing compared to previous years.

Triggers for women's mental health issues in 2024:

- **Low Self-Esteem and Confidence:** A significant trigger seen across multiple mental health conditions, rising from 30% in 2022 to 43% in 2024.
- **Financial Stress and Pressures:** Exacerbated by rising living costs, particularly impacting younger and middle-aged women. Rising as a trigger from 27% in 2022 to 38% in 2024.
- **Family and Relationship Breakdowns:** Unstable family situations and relationship conflicts are major contributors to many mental health conditions, rising from 13% in 2022 to 25% in 2024.
- **Societal and Self-Inflicted Pressures:** Including unrealistic body image ideals (23%) and media/social media influence (17%).
- **Grief, Death, and Loss:** was a trigger for 21% of women with mental health issues, and a notable trigger specifically for depression, anxiety, and PTSD.



Help-seeking behaviour remains lower than ideal, with only 48% of women reaching out for support when they were experiencing mental ill-health. For those that do seek help, accessing a mental health professional, talking to close ones and exercising remain the top choices to address mental health issues. A directional increase was seen in those resorting to medication and exercising compared to previous years.

While some women are more likely to seek help, there are many barriers that still remain such as financial burden, not realising its importance, not prioritising one's own mental health, finding it hard to access help and stigma which impede many women from accessing necessary support.

Notably, when it comes to working women in Australia – 2 in 5 (40%) stated that their

mental health has deteriorated in the past 12 months due to their work demands. This sentiment is significantly higher among 20 to 39 year olds with the top 3 triggers for poor mental health being burnout (58%), the mental load (54%) and work/life/family juggle (43%).

The mental health of Australian women remains at crisis point. The statistics remain fairly constant, so it's imperative that bolder steps are taken to reduce these statistics when it comes to policy making, government funding and primary health care initiatives. There is still a lot of work to do to decrease the rates of mental illness, help women seek help and provide targeted, gender specific support for women struggling with their mental health.

# Our recommendations

## 1 Invest in preventative measures and encourage help-seeking

To reduce the mental health burden on Australian women – targeted, preventative mental illness initiatives need to be established. Advocacy efforts at a national level need to place gender at the forefront of mental health discussions, specifically focused on female-specific mental health issues and triggers which will enable large scale prevention programs to be developed and implemented.

Help-seeking behaviours also need to be encouraged; especially for those experiencing depression. As the highest mental health issue amongst Australian women (46% of women affected in 2024), a targeted strategy to encourage women to prioritise their mental health is a must.

## 2 Eliminate barriers to accessing support services

With a general theme for barriers around women failing to prioritise their mental health, there's a lot of work to be done to shift this 'burden mentality' that women find themselves believing, and instead make time for themselves and their mental health before issues snowball.

The financial costs and difficulties navigating the mental health system also creates a large barrier for women who need support. Only the fortunate and affluent are able to access support and help from the most effective sources (like mental health professionals). This is inequitable and unjustifiable, and all efforts must be made to advocate for streamlining access to affordable mental health resources at a national level.

## 3 Continued gender specific research

Investing in gender-specific mental health research is crucial in order to develop tailored interventions and targeted treatments that address the unique needs of women, reducing the incidence and severity of mental health issues among women.

It also highlights disparities in access to mental healthcare and identifies gender-specific risk factors, which can help inform policymakers to create more effective and equitable healthcare policies and resource allocations.

Committing to gender-specific research contributes to a comprehensive understanding of mental health; benefiting everyone and empowering women by validating their experiences.

## 4 Support women in indigenous communities and young women

It's clear that women in our indigenous communities need timely and effective help in addressing the triggers affecting their mental health. Since last year, there was an increase in PTSD (from 19% to 25%), suicide and self harm (10% to 14%), and substance use disorders (9% to 14%) indicating that more can be done to address the triggers faced by indigenous women as a preventative measure for mental illness.

Persistently high rates of mental health conditions are also continuing to appear for young women under 30. For instance, the 14-19 year old age group experience the highest rates of body image issues (48%) social phobias (18%), suicide and self harm (16%) and anorexia nervosa (8%). This highlights the ongoing need to address mental illnesses with specialised care strategies for particular age groups.

## 5 Influence policy and resources

It's critical that advocacy efforts are focused around policy reform and meaningful legislative change that takes gender into account when developing programs, policies and support services for mental health.

Advocacy efforts underpinned by this annual research will serve as a powerful call to action for national change at government levels, providing a platform to discuss policies and funding that address the unique mental health needs of women, the triggers women face, with the goal of making it easier to access services and support at the right life stage.



## A note from Liptember Foundation's CEO



The Liptember Foundation is proud to release our third annual research report into women's mental health in Australia. Having yearly, trended data comparison is a powerful and insightful tool, one that we've eagerly anticipated and will

continue to build on. This data not only allows us to benchmark and measure our impact but also enables us to optimise our work and advocacy in this space effectively.

Our 2022 report marked a significant milestone as the first mental health research in Australia examined purely through a gendered lens. This pioneering approach allowed us to develop our initial set of priority areas, which have guided the funding of national mental health outcomes for women.

While there is still much work ahead, our long-term data will deepen our understanding of these experiences, uncovering trends and inform how we can make a meaningful difference. As the Liptember Foundation continues to expand, this annual research will remain the cornerstone of our approach to sustainable and significant change.

This report serves as a call to action for national change at government levels, advocating for policies and funding that address the unique mental health needs of women and gender-diverse people, making it easier to access services and support. Our aim is to expand our reach, ensuring that our advocacy for women's mental health extends to every corner of the nation, driving national conversations and influencing policy to ensure better mental health outcomes for all women and gender-diverse individuals in Australia; paving the way for a future where mental health approaches are tailored to women.

I'd like to extend a special thank you to our partners and supporters who make this work possible each year, and an even bigger thank you to the women and gender-diverse people who shared their stories with us. Your courage and insights are the driving force behind our mission. Together, we can create a future where every woman achieves their optimal mental health.

**Luke Morris**  
Chief Executive Officer

# Research context

## Background

Our 2024 research report follows on from our first-ever report in 2022, with findings measured and compared annually. In order to develop and fund support services for women, non-binary and gender-diverse people, placing a gendered lens on mental health research is vital—particularly for future strategic planning. There is an urgent need for mental health reform that addresses the specific needs of women and gender diverse people—and this research will be a huge asset in helping the Liptember Foundation develop strategies for early intervention and prevention of mental illness, while increasing the well-being of women already living with mental health conditions and issues.

## Our research objectives

To explore the mental health of Australian women by:

- Comparing 2024 statistics to 2022 and 2023 research findings
- Identifying the most prevalent mental health issues
- Understanding key triggers to mental health issues
- Evaluating help-seeking behaviours and barriers
- Evaluating available support systems
- Looking at mental health issues by different life stages and minority population groups

To inform the 2024 research report, a 20-minute online survey was conducted in February 2024. 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 6559, which consisted of cisgender women, transgender women, nonbinary 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 4484 from women who are currently facing a mental health issue, or have faced one in the past. 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.

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

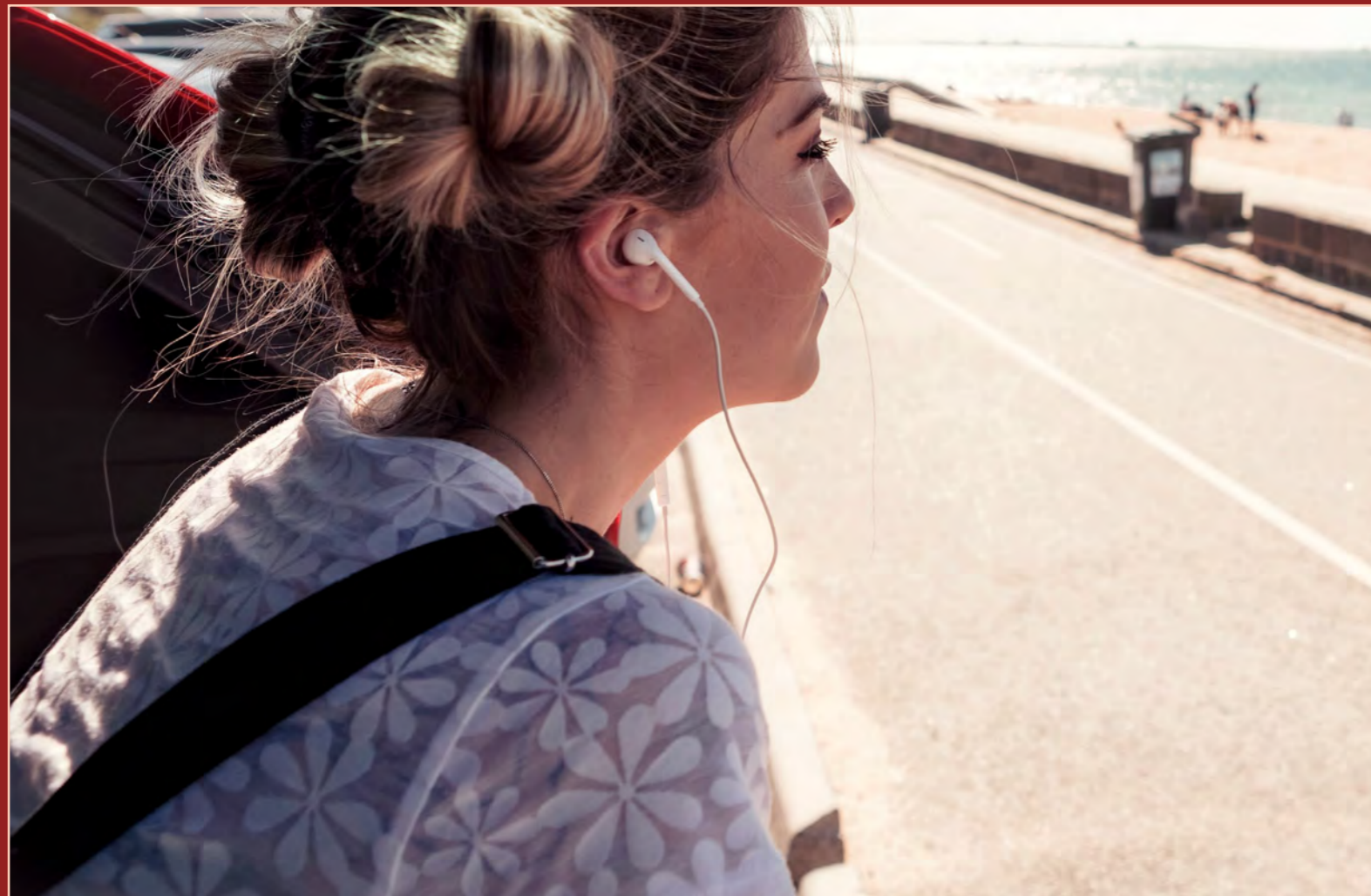
### Demographic breakdown

Age	%	n
14-19 years	9%	309
20-29 years	16%	776
30-39 years	18%	865
40-49 years	16%	736
50-59 years	14%	647
60-69 years	17%	743
70+ years	10%	408
NET	100%	4484

State	%	n
NSW/ACT	33%	1498
VIC	27%	1120
QLD	20%	920
SA/NT	8%	417
WA	10%	427
TAS	2%	102
NET	100%	4484

Metro/Regional	%	n
Metro	72%	2841
Regional	28%	1643
NET	100%	4484

Minority Groups and Priority Populations	%	n
Living with Comorbidity	69%	3109
Faced poverty/homelessness	31%	1406
Non-Australian born	21%	890
Non-English speaking	13%	555
LGBTIQ+	10%	438
Indigenous Communities	4%	191
Pregnant	2%	108



### Sample size

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

# Critical gender-specific mental health issues



The mental health landscape for Australian women is diverse and multifaceted, with several gender specific issues predominantly affecting women due to biological, social, and psychological factors. Interestingly, there is a notable intersection between a woman's physical health and her mental health. Disorders like Polycystic Ovary Syndrome (PCOS) and endometriosis significantly impact mental well-being, contributing to higher incidences of depression and anxiety among those affected.

The critical gender-specific issues and experiences identified through our research emphasise the unique challenges faced by women, underscoring the need for targeted interventions and support systems.



## Endometriosis

Women who suffer with Endometriosis also experience the below mental health conditions at higher rates than the general population:

Column %	General POP	Endometriosis
Depression	46%	52%
Anxiety & Generalised Anxiety Disorder (GAD)	41%	55%
Body image issues	29%	40%
Psychological distress	16%	22%
Post-Traumatic Stress Disorder (PTSD)	14%	28%
Social phobia	13%	20%
Obsessive-Compulsive Disorder (OCD)	8%	15%
Binge eating disorder	7%	13%
Suicide and self-harm	6%	12%
Borderline Personality Disorder	3%	6%
Anorexia nervosa	2%	5%

## Menopause

Women going through menopause also experience the below mental health conditions at higher rates than the general population:

Column %	General POP	Menopause
Depression	46%	51%
Psychological distress	16%	19%
Post-Traumatic Stress Disorder (PTSD)	14%	18%
Specific Phobias (including Agoraphobia)	4%	6%

## Polycystic ovary syndrome (PCOS)

Women who suffer with PCOS also experience the below mental health conditions at higher rates than the general population:

Column %	General POP	PCOS
Anxiety & Generalised Anxiety Disorder (GAD)	41%	53%
Body image issues	29%	41%
Post-Traumatic Stress Disorder (PTSD)	14%	19%
Binge eating disorder	7%	13%
Suicide and self-harm	6%	12%
Borderline Personality Disorder	3%	7%
Perinatal Anxiety	3%	7%
Bipolar Affective Disorder	2%	5%

## Ovarian or cervical cancer

Women who live with ovarian or cervical cancer also experience the below mental health conditions at higher rates than the general population:

Column %	General POP	Ovarian or cervical cancer
Post-Traumatic Stress Disorder (PTSD)	14%	37%
Borderline Personality Disorder	3%	12%
Perinatal Depression	2%	19%
Dementia	1%	8%



### Vaginal issues (bacterial vaginosis, vaginitis, uterine fibroids, and vulvodynia.)

Women living with vaginal issues also experience the below mental health conditions at higher rates than the general population:

Column %	General POP	Vaginal issues
Anxiety & Generalised Anxiety Disorder (GAD)	41%	49%
Body image issues	29%	38%
Psychological distress	16%	24%
Binge eating disorder	7%	13%
Substance use disorders (drug and alcohol abuse)	5%	9%
Borderline Personality Disorder	3%	7%
Dysthymia	3%	6%
Bulimia nervosa	2%	4%



### Premenstrual dysphoric disorder (PMDD)

Women who have PMDD also experience the below mental health conditions at higher rates than the general population:

Column %	General POP	Premenstrual dysphoric disorder (PMDD)
Anxiety & Generalised Anxiety Disorder (GAD)	41%	68%
Body image issues	29%	50%
Psychological distress	16%	26%
Post-Traumatic Stress Disorder (PTSD)	14%	25%
Social phobia	13%	22%
Suicide and self-harm	6%	17%
Obsessive-Compulsive Disorder (OCD)	8%	15%
Dysthymia	3%	14%
Substance use disorders (drug and alcohol abuse)	5%	14%
Borderline Personality Disorder	3%	8%
Perinatal Depression	2%	7%
Bulimia nervosa	2%	7%
Psychosis and Neurotic disorders	1%	4%



### Puberty

Young women going through puberty also experience the below mental health conditions at higher rates than the general population:

Column %	General POP	Puberty
Body image issues	29%	48%
Social phobia	13%	28%
Suicide and self-harm	6%	20%
Anorexia nervosa	2%	7%

### Pelvic floor disorders

Women who live with pelvic floor disorders also experience the below mental health conditions at higher rates than the general population:

Column %	General POP	Pelvic floor disorders
Depression	46%	55%
Body image issues	29%	42%
Psychological distress	16%	27%
Post-Traumatic Stress Disorder (PTSD)	14%	21%
Social phobia	13%	21%
Substance use disorders (drug and alcohol abuse)	5%	11%
Dysthymia	3%	6%

### Fertility challenges

Women facing fertility challenges also experience the below mental health conditions at higher rates than the general population:

Column %	General POP	Infertility/Fertility Challenges
Perinatal Anxiety	3%	20%
Substance use disorders (drug and alcohol abuse)	5%	11%
Borderline Personality Disorder	3%	11%
Bipolar Mania	3%	11%
Perinatal Depression	2%	10%
Bipolar Affective Disorder	2%	7%
Schizophrenia	1%	6%
Bulimia nervosa	2%	5%
Alzheimer's	1%	4%
Psychosis and Neurotic disorders	1%	3%
Dementia	1%	3%



### Physical birth trauma

Women who have experienced physical birth trauma also experience the below mental health conditions at higher rates than the general population:

Column %	General POP	Physical birth trauma
Psychological distress	16%	30%
Perinatal Anxiety	3%	23%
Perinatal Depression	2%	23%

### Pregnancy and Childbirth

Women who experienced pregnancy or have given birth this year also experience the below mental health conditions at higher rates than the general population:

Column %	General POP	Pregnancy/Childbirth
Body image issues	29%	44%
Perinatal Anxiety	3%	28%
Perinatal Depression	2%	29%
Borderline Personality Disorder	3%	10%

### Pregnancy loss (miscarriage/stillbirth)

Women who have experienced pregnancy loss also experience the below mental health conditions at higher rates than the general population:

Column %	General POP	Pregnancy loss (miscarriage/stillbirth)
Post-Traumatic Stress Disorder (PTSD)	14%	28%
Obsessive-Compulsive Disorder (OCD)	8%	20%
Substance use disorders (drug and alcohol abuse)	5%	11%
Borderline Personality Disorder	3%	12%
Dysthymia	3%	10%
Perinatal Anxiety	3%	13%
Perinatal Depression	2%	14%
Dementia	1%	3%

# General landscape of women's mental health in Australia

This year's research has found that 1 in 2 (54%) Australian women are currently experiencing mental health issues in some intensity and a quarter of them are facing a severe form of disorder. These statistics are based on the K10 scale\* and have remained constant since 2022.

A significant change was noticed in the 30-39 year old age category, where a significantly higher proportion of women were experiencing a severe disorder compared to 2022. Whereas those affected by a moderate disorder are more likely to be in the 20 to 49 years age range according to this year's data.

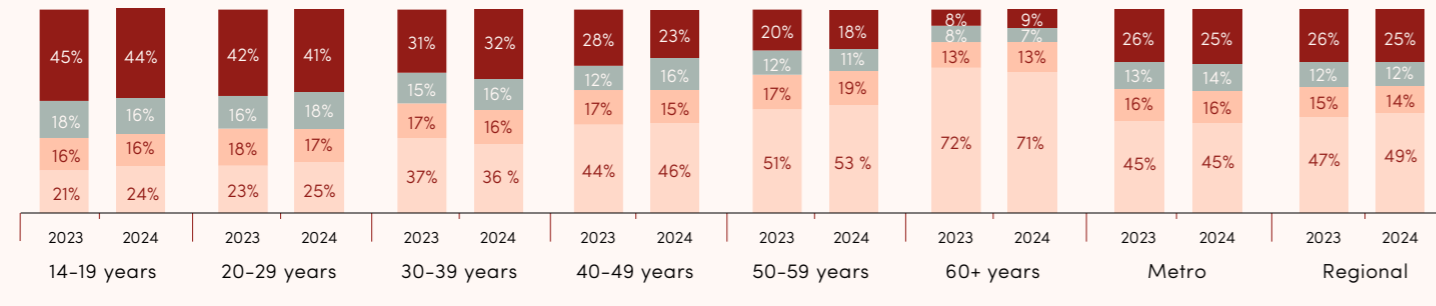
Except for non Australian born and non English speaking women, all other minority groups are significantly more likely to be impacted by mental health issues.



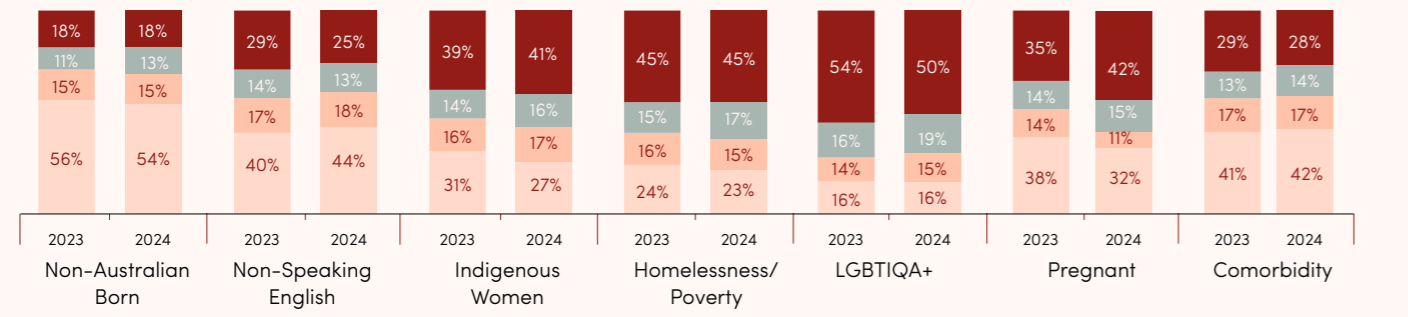


# Women currently facing mental health issues

## By demographics



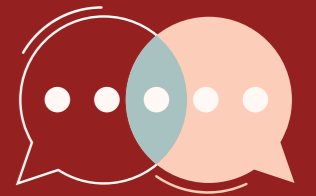
## By minority groups



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



## Stigma



**71%**

of women strongly agreed that there is only a surface level acceptance of mental health issues and a lot of stigma exists around speaking up/ asking for help.

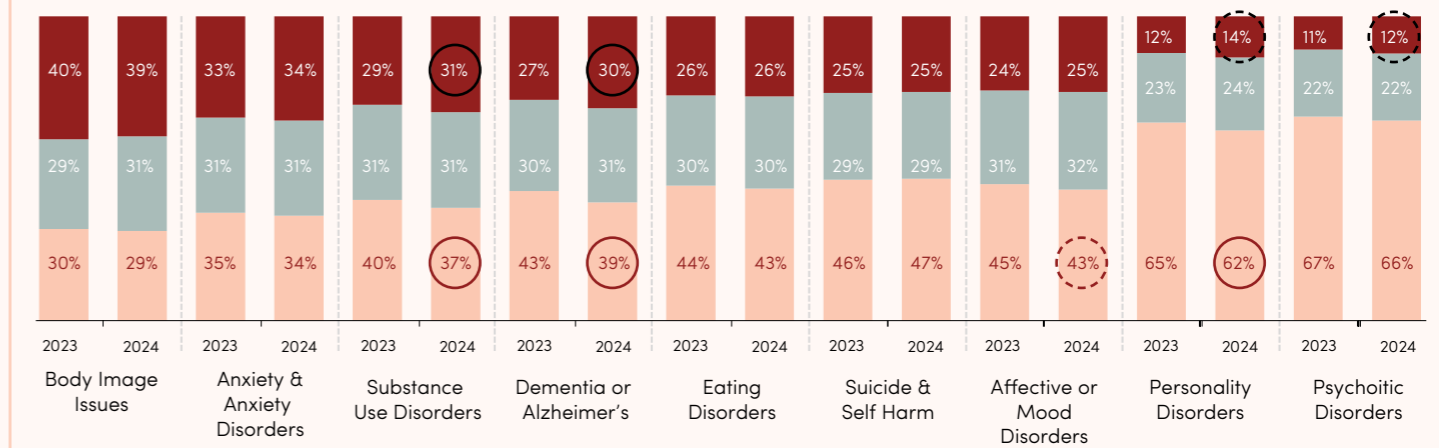
Do women know where to seek help?

**3 in 10**  
Know exactly where to go.

**6 in 10**  
Have a 'general idea'.

## Societal awareness of women's mental health issues

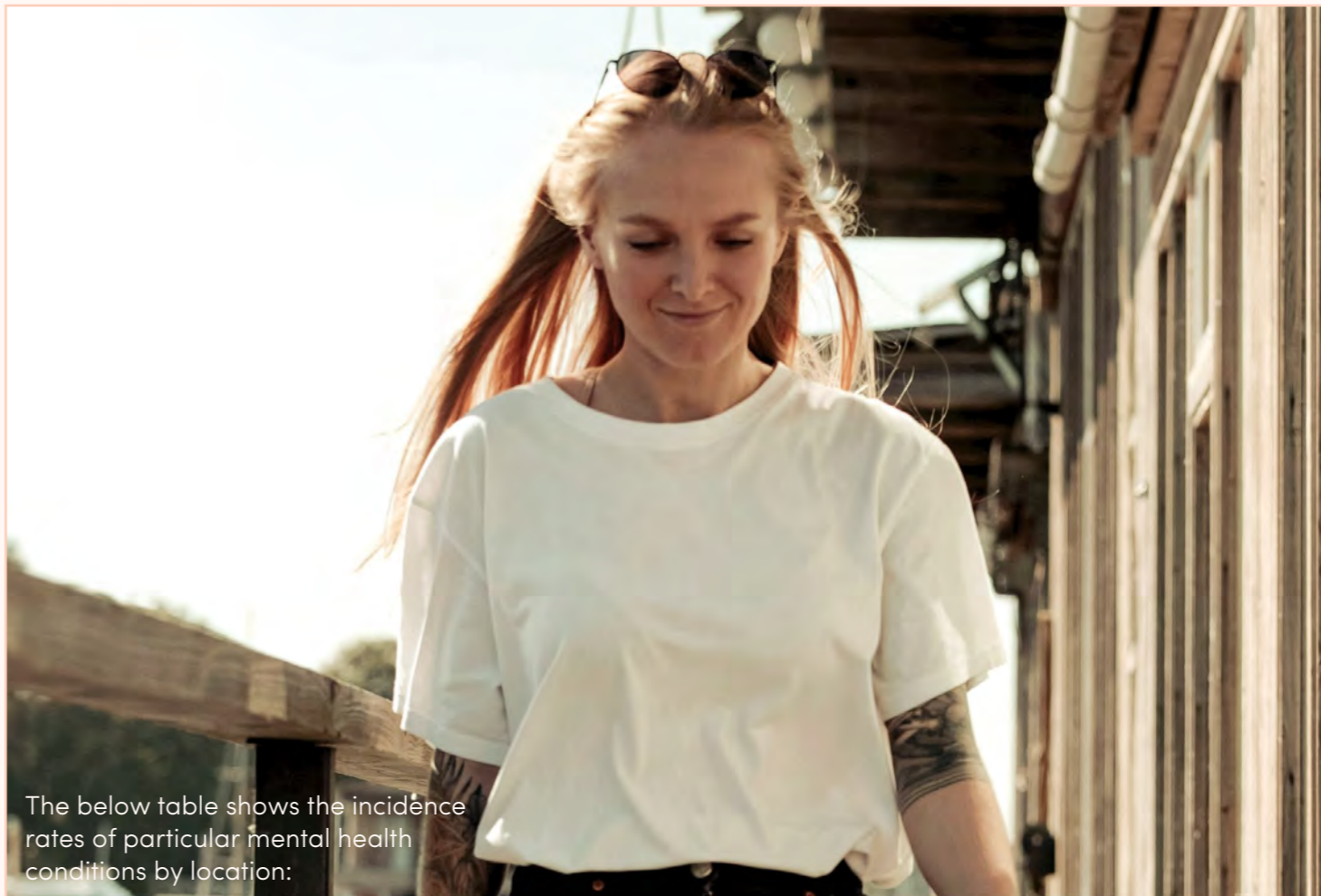
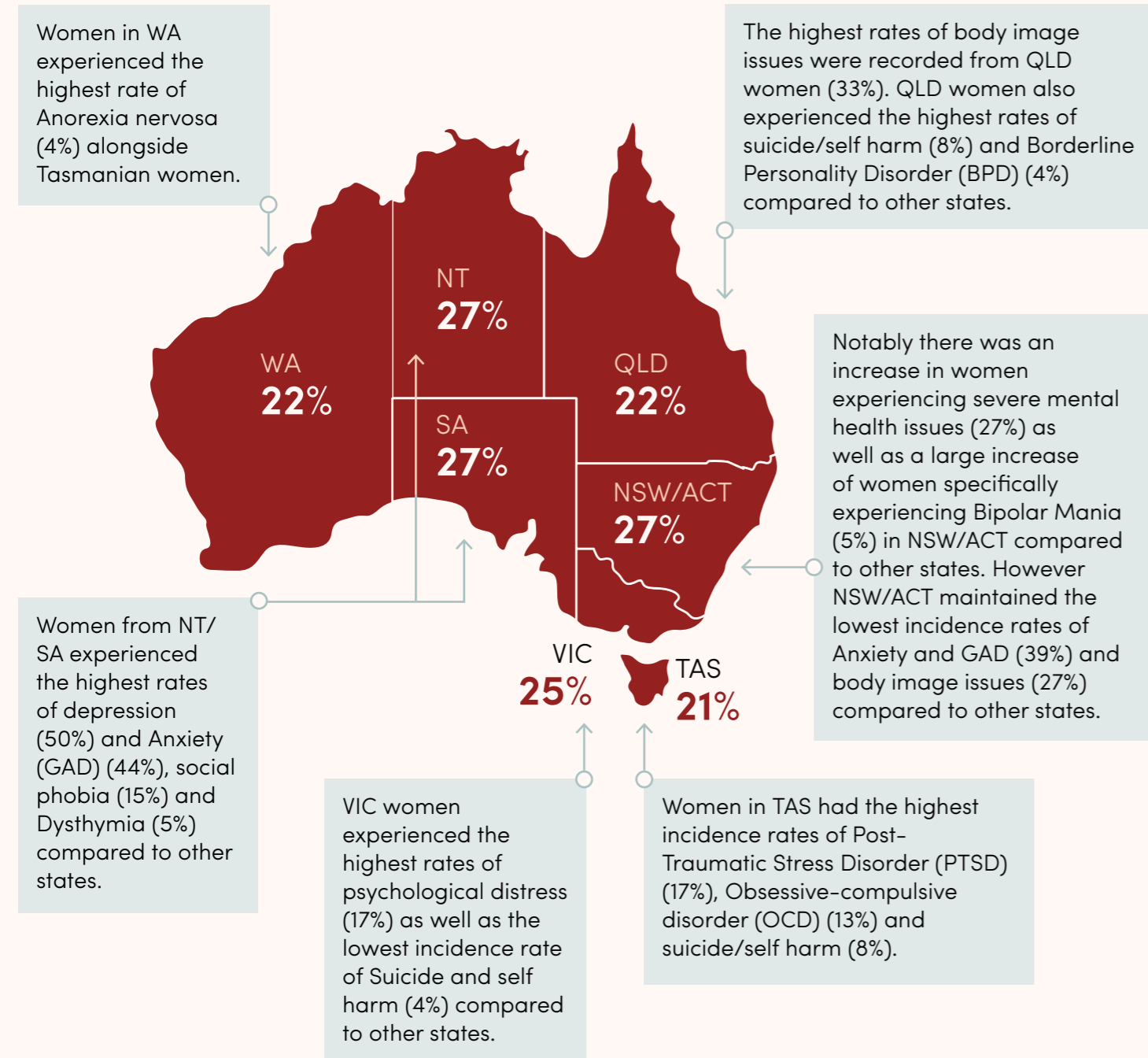
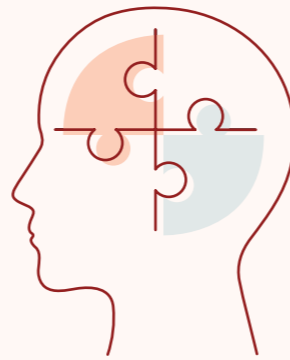
Encouragingly, there has been a notable surge in awareness regarding substance use disorders and the impact of Dementia/Alzheimer's on women in 2024 compared to the previous year. Nevertheless, there remains considerable room for improvement in raising awareness about more complex mental health challenges, such as Psychotic disorders and personality disorders.



● There is enough talk about it ● Neutral ● No-one talks about it  
○ Directionally higher vs. 2023 ○ Significantly higher vs. 2023 ○ Directionally lower vs. 2023 ○ Significantly lower vs. 2023

# General landscape of women's mental health broken down by state

The map below summarises the percentage of women experiencing a severe mental health disorder in each state/territory across Australia. It also highlights notable findings for particular regions.



The below table shows the incidence rates of particular mental health conditions by location:

	States					
	NSW/ACT	VIC	QLD	SA/NT	WA	TAS
Depression	45%	44%	49%	50%	46%	46%
Anxiety & Generalised Anxiety Disorder (GAD)	39%	42%	41%	44%	40%	43%
Body image issues	27%	28%	33%	31%	29%	31%
Psychological distress	15%	17%	16%	16%	13%	10%
Post-Traumatic Stress Disorder (PTSD)	12%	13%	16%	16%	16%	17%
Social phobia	12%	14%	12%	15%	13%	12%
Obsessive-Compulsive Disorder (OCD)	7%	9%	8%	7%	8%	13%
Binge eating disorder	6%	7%	7%	5%	7%	7%
Suicide and self-harm	7%	4% ↓	8%	7%	7%	8%
Substance use disorders (drug and alcohol abuse)	5%	5%	5%	5%	5%	5%
Specific Phobias (including Agoraphobia)	4%	4%	3%	5%	5%	6%
Borderline Personality Disorder	3%	3%	4%	3%	3%	2%
Dysthymia (also referred to as persistent depressive disorder)	2%	4% ↑	2%	5%	2%	1%
Perinatal Anxiety (including Antenatal and Postnatal periods)	3%	3%	3%	2%	2%	2%
Bipolar Mania	5% ↑	1% ↓	1%	1%	2%	1%
Perinatal Depression (including Antenatal and Postnatal periods)	3%	2%	2%	2%	2%	2%
Anorexia nervosa	2%	2%	2%	2%	4%	4%
Bipolar Affective Disorder	3%	2%	2%	3%	2%	2%
Bulimia nervosa	2%	2%	1%	1%	2%	0%
Psychosis and Neurotic disorders	1.25%	0.84%	1.07%	1.42%	0.44%	0%
Schizophrenia	1.24%	0.43%	0.93%	0%	0.67%	0%
Dementia	1.10%	0.39%	0.21%	0.97%	0.49%	0%
Alzheimer's	0.94%	0.48%	0.44%	0.25%	0.22%	0%

base n = 4484

↑ Significantly higher than other states ↓ Significantly lower than other states

## Regional versus Metro

The only notable difference between the statistics in regional and metro areas was the incidence rate of Bipolar Mania. This was experienced by 1% of Regional women compared to 3% of Metro women, who were predominantly based in Sydney.

# Exploring the top mental health issues currently faced by Australian women

The top mental health issues affecting women in 2024 have remained steady and mostly unchanged from previous years.

Promisingly, the rates of body image issues saw a significant decrease this year, coming down from 38% in 2022, 34% in 2023 to 29% now in 2024. This steady decrease is a welcome trend that we would like to see continue.

Most notably, the rate of Bipolar Mania amongst women saw a significant increase, coming up from 1% in 2023, to 3% now in 2024. It was seen to affect women living in metro regions, those who have faced homelessness/poverty and those who identify as indigenous.



## Top mental health issues faced by Australian women

Mental health issue	2022	2023	2024
<b>ANXIETY AND ANXIETY DISORDERS</b>	<b>44%</b>		
Anxiety & Generalised Anxiety Disorder (GAD)		44%	41%
Post-Traumatic Stress Disorder (PTSD)		14%	14%
Social phobia		13%	13%
Obsessive-Compulsive Disorder (OCD)		9%	8%
Specific Phobias (including) Agoraphobia		4%	4%
Perinatal Anxiety (including Antenatal and Postnatal periods)		3%	3%
<b>AFFECTIVE OR MOOD DISORDERS</b>	<b>27%</b>		
Depression		45%	46%
Dysthymia (also referred to as persistent depressive disorder)		3%	3%
Perinatal Depression (including Antenatal and Postnatal periods)		3%	2%
Bipolar Affective Disorder		2%	2%
<b>BODY IMAGE ISSUES</b>	<b>38%</b>	<b>34%</b>	<b>29%</b> ↓
<b>PSYCHOLOGICAL DISTRESS</b>	<b>25%</b>	<b>16%</b>	<b>16%</b>
<b>EATING DISORDERS</b>	<b>10%</b>		
Binge eating disorder		8%	7%
Anorexia nervosa		2%	2%
Bulimia nervosa		2%	2%
<b>SUICIDE AND SELF-HARM</b>	<b>7%</b>	<b>7%</b>	<b>6%</b>
<b>SUBSTANCE USE DISORDERS (DRUG AND ALCOHOL ABUSE)</b>	<b>8%</b>	<b>6%</b>	<b>5%</b>
<b>PERSONALITY DISORDERS</b>	<b>5%</b>		
Borderline Personality Disorder		4%	3%
Bipolar Mania		1%	3% ↑
<b>PSYCHOTIC DISORDERS</b>	<b>2%</b>		
Psychosis and Neurotic disorders		1%	1%
Schizophrenia		1%	1%
<b>DEMENTIA OR ALZHEIMER'S</b>	<b>2%</b>		
Dementia		1%	1%
Alzheimer's		0%	1%

↑ Significantly higher vs. 2023    ↓ Significantly lower vs. 2023

## Top triggers for people currently facing mental health issues

While the prominent triggers for women's mental health issues have remained consistent: both in nature and magnitude, a positive trend observed is a directional decrease in societal expectations and unrealistic ideals of body image.

Triggers	2022	2023	2024
Low self esteem or confidence	30%	44%	43%
Financial stress/pressures	27%	37%	38%
Pressures created by own self/being too hard on own self	25%	37%	36%
Unstable family situation /family breakdown/family conflict/relationship breakdowns	13%	25%	25%
Too many expectations from society	17%	27%	25%
Unrealistic ideals of body image	18%	25%	23%
Aging	15%	21%	23%
Grief, death and/or loss	12%	22%	21%
Own physical illnesses / injuries	13%	20%	21%
Lack of social acceptance or belonging	11%	21%	20%

○ Directionally lower vs. 2023    ○ Directionally higher vs. 2023

# ISSUE 1 Depression



Depression remains the most prevalent mental health condition among Australian women, affecting 46% of the population.

2024 saw a directional increase among 30 to 39 year olds and indigenous communities experiencing depression. There was also a significantly higher number of people who have faced homelessness/poverty or those belonging to LGBTIQ+ communities who were affected by depression.

Apart from the top triggers that affect everyone, 30 to 39 year olds are further pushed into depression due to fertility challenges, pregnancy/childbirth as a result of which managing work life balance becomes difficult and career sacrifices have to be made.

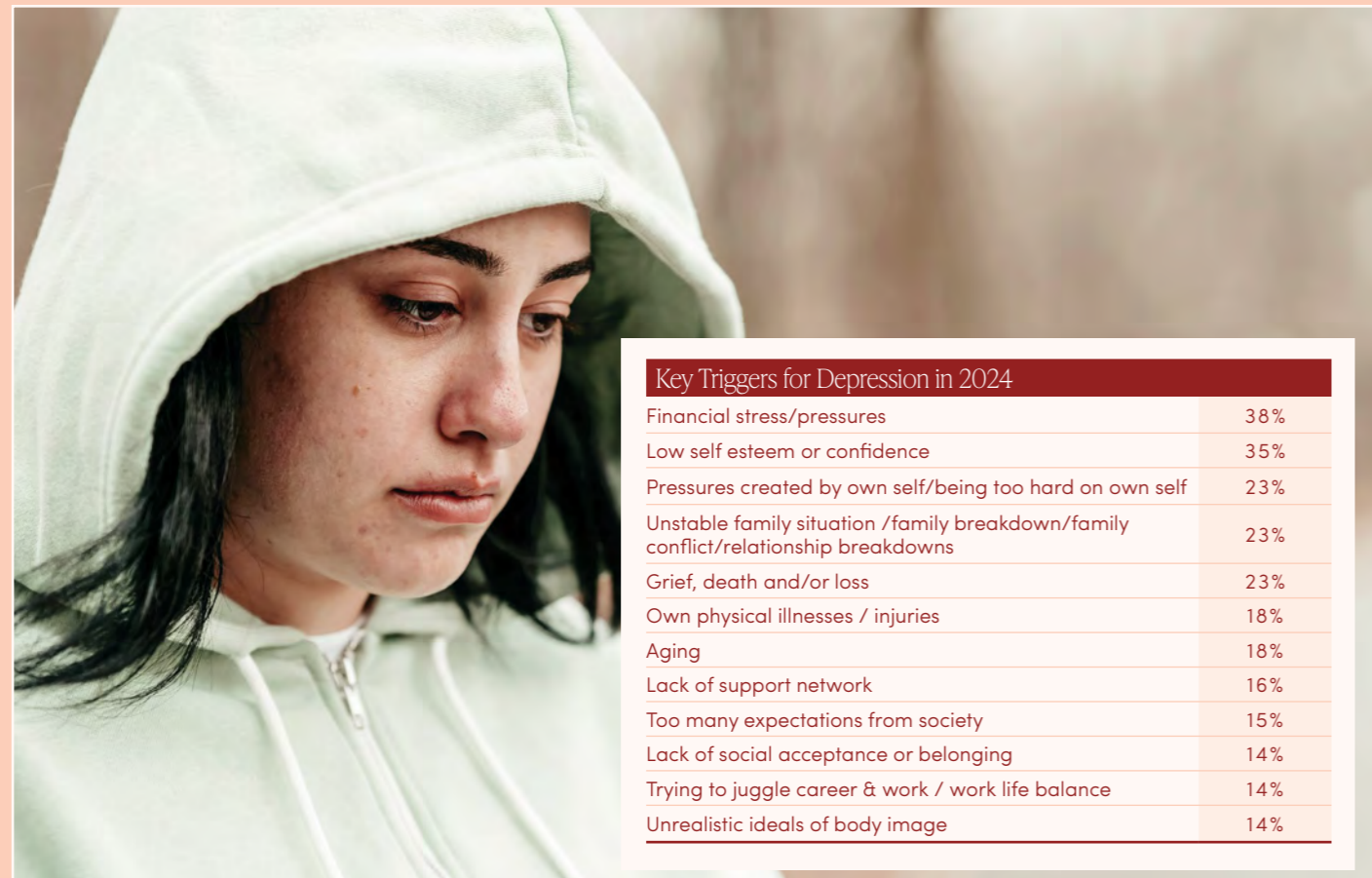
Those belonging to indigenous communities also have to deal with domestic and sexual violence along with harassment on top of the other triggers that lead to depression.

Childhood trauma, living alone, facing discrimination, addiction, financial dependency add to the depression for those who have faced homelessness/poverty.

Hormonal fluctuations and infertility challenges along with facing childhood abuse & sexual harassment are the differentiating triggers for the LGBTIQ+ community who experience depression.

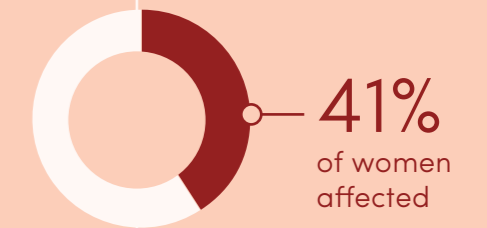
Despite the prevalence, only 1 in 2 (48%) women are seeking help for their depression. Most of these women seek help by speaking with their GP, by taking medication, seeing a mental health professional or exercising.

Those who don't are reluctant to seek help due to financial pressures or struggle to prioritise their own mental health. Worryingly, help seeking is even lower among the 30 to 39 year old age group at 41%.



Key Triggers for Depression in 2024	
Financial stress/pressures	38%
Low self esteem or confidence	35%
Pressures created by own self/being too hard on own self	23%
Unstable family situation /family breakdown/family conflict/relationship breakdowns	23%
Grief, death and/or loss	23%
Own physical illnesses / injuries	18%
Aging	18%
Lack of support network	16%
Too many expectations from society	15%
Lack of social acceptance or belonging	14%
Trying to juggle career & work / work life balance	14%
Unrealistic ideals of body image	14%

# ISSUE 2 Anxiety and generalised anxiety disorders (GAD)



Closely following depression in its prevalence, 2 in 5 (41%) of women are currently experiencing anxiety or generalised anxiety disorder (GAD). Women often face unique stressors such as balancing career aspirations with family responsibilities, which can exacerbate feelings of anxiety.

Anxiety is experienced at a higher rate for those aged 20 to 29 years old, those belonging to the LGBTIQ+ community or those who have faced homelessness/poverty or comorbidity in their lives.

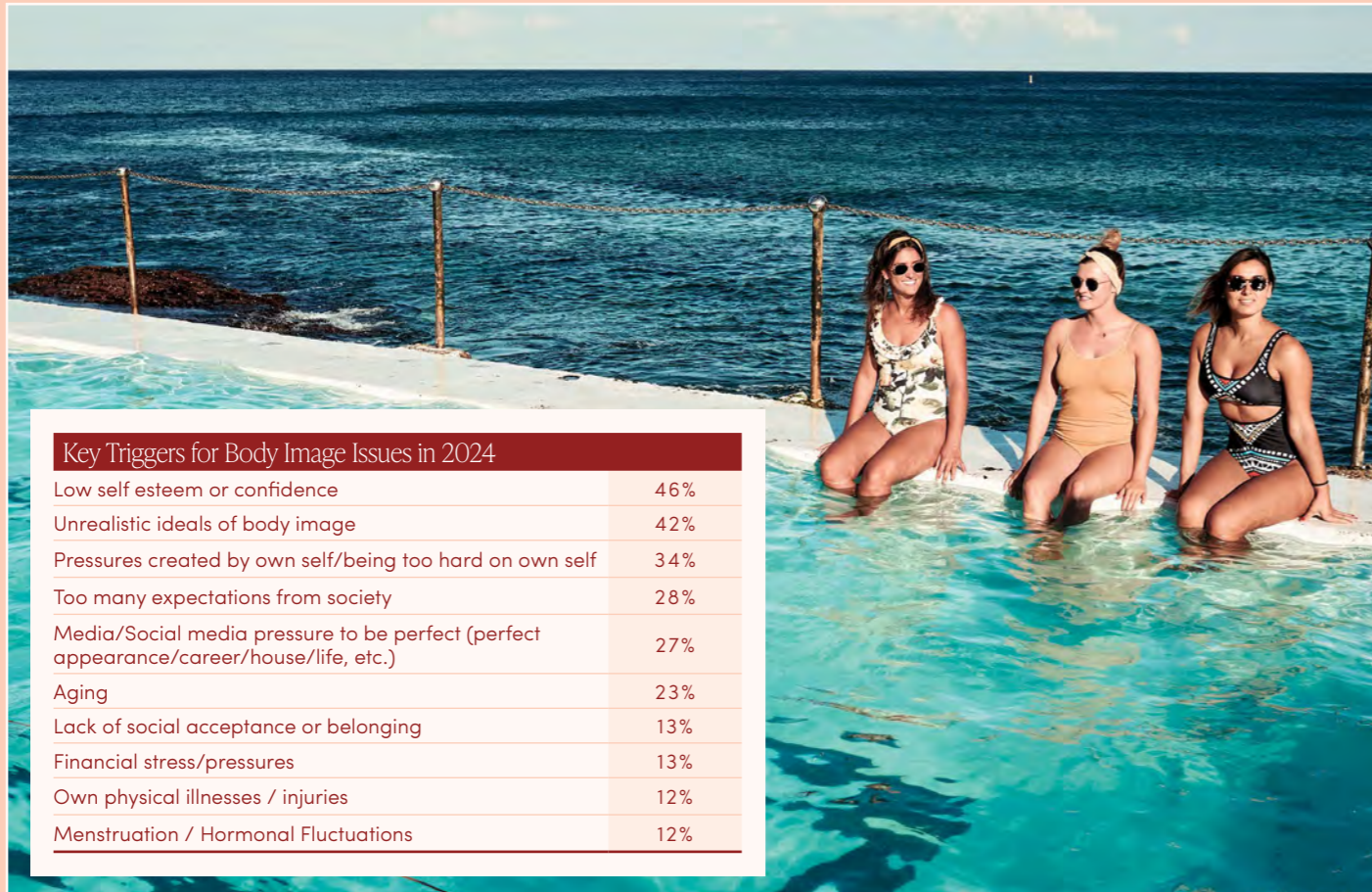
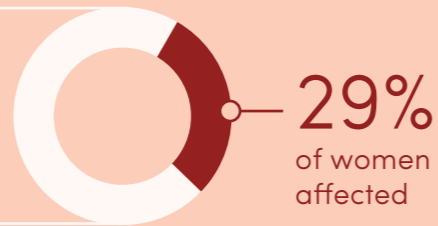
The main triggers for anxiety revolve around financial pressures, low self confidence, self created pressures & expectations from society and women trying to juggle work & life – among others. Particularly for the 20–29 year old age bracket, they experienced additional prominent triggers of high pressure/competitive work environments, and societal pressures around body image and social media.

Key Triggers for Anxiety in 2024	
Financial stress/pressures	36%
Low self esteem or confidence	35%
Pressures created by own self/being too hard on own self	33%
Too many expectations from society	20%
Trying to juggle career & work / work life balance	20%
Unstable family situation /family breakdown/family conflict/relationship breakdowns	20%
Grief, death and/or loss	18%
Own physical illnesses / injuries	17%
Lack of support network	15%
Aging	15%
Lack of social acceptance or belonging	15%

Approximately 1 in 2 (47%) women seek help for their anxiety. However, it seems that those failing to do so are unable to prioritise their own mental health among other life chores.

Seeking professional help via GPs, medication and psychiatrists along with exercising and talking to loved ones remain the top sources women seek to help address their mental health.

## ISSUE 3 Body image issues



Key Triggers for Body Image Issues in 2024	
Low self esteem or confidence	46%
Unrealistic ideals of body image	42%
Pressures created by own self/being too hard on own self	34%
Too many expectations from society	28%
Media/Social media pressure to be perfect (perfect appearance/career/house/life, etc.)	27%
Aging	23%
Lack of social acceptance or belonging	13%
Financial stress/pressures	13%
Own physical illnesses / injuries	12%
Menstruation / Hormonal Fluctuations	12%

Although it is still the third largest mental health issue affecting women, there has been a constant dip in the number of women facing body image issues from 2022 to 2024. Notably, this issue has decreased in prevalence from 38% since the 2022 research, which is a positive trend we would like to see continue.

Affecting 29% of women in 2024, body image concerns are fueled by unrealistic beauty standards propagated by media and societal expectations. These issues are particularly prevalent among younger women under the age of 29 years old, those belonging to LGBTIQ+ community or those who have faced homelessness/poverty or comorbidity in their lives.

It also appeared as an issue for older women, where 1 in 4 (27%) of women experiencing menopause also reported having body image issues.

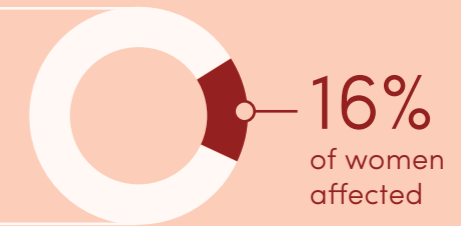
Significant triggers for body image issues revolve around low confidence, pressures created by one's own self, media and society dictating how one should look.

Out of the top 5 mental health issues, body image issues is the one women are least likely to seek help for, with only a quarter (24%) of those affected taking active steps to seek help for their mental health struggles.

Apart from the reasons that are common for other mental health illnesses, women feel that there is some sort of shame and fear of being judged that stops them from seeking help. However, if left untreated, body image issues can lead to more severe mental health issues like eating disorders and diminished self-esteem.

Of those that did seek help, it was interesting to note that women sought out exercise and speaking with friends/loved ones at higher rates to deal with their mental health issues.

## ISSUE 4 Psychological distress



Psychological distress has a significant impact on daily functioning and is experienced by 16% of women. Contributing factors include family responsibilities and financial instability, which are often more pronounced in the lives of women due to gendered expectations. Ageing and physical injuries, grief death/loss also came in as large triggers.

Psychological distress is observed at higher rates among 50 to 59 year olds, those belonging to LGBTIQ+ or indigenous communities or those who have faced homelessness/poverty or comorbidity in their lives.

There is a significant decline in the number of those seeking help to deal with psychological distress where half the affected population was previously seeking help, now the figure has dropped to 2 in 5 women (43%).

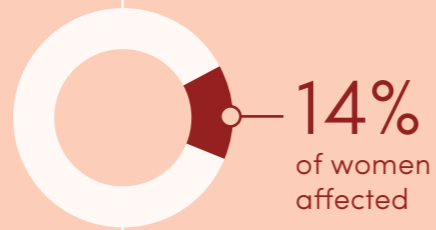
Overall, the statistics for 2024 remain constant at a general population level as well as among different cohorts versus last year.

Key Triggers for Psychological Distress in 2024	
Financial stress/pressures	40%
Pressures created by own self/being too hard on own self	32%
Low self esteem or confidence	31%
Unstable family situation /family breakdown/family conflict/relationship breakdowns	27%
Own physical illnesses / injuries	24%
Aging	23%
Grief, death and/or loss	21%
Trying to juggle career & work / work life balance	20%
Lack of support network	18%
Physical or mental illness/injuries of family members	17%
Too many expectations from society	16%

There is a need to raise awareness on the importance of addressing the issue as most of the women cited priority related reasons like; not realising the seriousness or importance of getting the issues resolved, for not seeking help. Cost is also a deterrent along with professionals not being able to help or relate to their situation.



ISSUE 5  
Post-traumatic stress disorder (PTSD)



This year, 14% of women report experiencing PTSD, stemming from experiences such as sexual violence, domestic abuse, and other traumatic events. The lingering effects of trauma can profoundly affect a woman's mental health and quality of life.

TSD has a higher prevalence amongst women aged 40 to 49 years old, those belonging to LGBTIQ+ or indigenous communities or those who have faced homelessness/poverty or comorbidity in their lives.

The triggers for PTSD are different in nature as compared to the other top mental health issues – Painful life events like childhood abuse/trauma, domestic and/or sexual violence, family breakdowns, grief/death and bullying or emotional abuse are also significant contributors apart from the general triggers.

Overall, the statistics for 2024 remain constant at a general population level as well as among different cohorts versus last year.

Key Triggers for PTSD in 2024	
Childhood abuse and trauma	32%
Unstable family situation /family breakdown/family conflict/relationship breakdowns	25%
Grief, death and/or loss	24%
Domestic violence	23%
Low self esteem or confidence	22%
Bullying/emotional abuse	20%
Own physical illnesses / injuries	20%
Financial stress/pressures	18%
Sexual harassment / sexual violence	16%
Pressures created by own self/being too hard on own self	14%
Physical or mental illness/injuries of family members	14%
Lack of social acceptance or belonging	13%
Lack of support network	13%

Positively, 6 in 10 (57%) females facing PTSD were seeking help for their mental health issues, which is the highest help-seeking percentage among the top 5 mental health issues. The most common avenues were seeing a GP, mental health professional and taking medication.

Top mental health issues facing minority groups and priority populations



Women who are part of minority groups and priority populations experience many additional challenges and barriers – and as a result, they often face additional mental health issues.

The top 3 mental health issues experienced by Australian women in 2024 were more likely to be present amongst women who faced homelessness or poverty, women who identify as LGBTIQ+, and women from Indigenous communities or those with other physical comorbidities. This suggests that a considered effort needs to be taken to target these groups to uncover effective prevention strategies and support services for those affected.

There was a lesser prevalence of the top 3 mental health conditions amongst the non Australian Born and Non English speaking women, and those who experienced pregnancy compared to other priority populations. This could be due to potential improvements in mental health support systems or coping mechanisms among these populations.

Whilst the general population experienced depression at a rate of 46%, worryingly 59% of women who faced homelessness or poverty, 55% of women who identified as LGBTIQ+, and 53% of women from Indigenous communities experienced depression. These are large disparities.

Anxiety rates were highest amongst women in the LGBTIQ+ community at 57%, although thankfully this was a decrease from 60% in 2023.

There were notable decreases in OCD, Binge eating disorder, Psychosis and Neurotic disorders across all groups; and decreases in body image issues for all minority groups and priority populations from 2023 to 2024 except for pregnant women whose rates remained steady.

Some complex mental health issues like Schizophrenia saw increases in incidence rates across indigenous women (5%) and Pregnant women (7%) compared to the general population (1%), suggesting continued challenges in managing severe mental disorders across these priority populations.



“This year's report highlights a concerning increase to certain mental health issues affecting women in indigenous communities. We will advocate strongly for these women, helping to decrease the burden of mental illness by addressing the triggers underlying their mental health conditions.”

Luke Morris, CEO & Founder

## Mental health issues currently faced by minority groups and priority populations

The below table shows the incidence rates of particular mental health issues broken down by minority group/priority populations

	Non-Australian born		Non-English speaking		Indigenous Women		Homelessness /poverty		LGBTIQ+		Pregnant		Comorbidity	
	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024
DEPRESSION	41%	41%	39%	40%	42%	53%	59%	59%	59%	55%	29%	39%	50%	49%
ANXIETY & GENERALISED ANXIETY DISORDER (GAD)	34%	33%	33%	31%	36%	40%	48%	45%	60%	57%	31%	32%	45%	42%
BODY IMAGE ISSUES	31%	26%	32%	29%	35%	33%	38%	34%	48%	45%	25%	25%	34%	31%
PSYCHOLOGICAL DISTRESS	14%	16%	15%	17%	21%	22%	23%	21%	23%	23%	11%	11%	18%	18%
POST-TRAUMATIC STRESS DISORDER (PTSD)	10%	11%	12%	8%	19%	25%	26%	27%	24%	24%	20%	12%	17%	17%
SOCIAL PHOBIA	11%	10%	12%	11%	16%	21%	18%	19%	20%	20%	10%	14%	15%	14%
OBSESSIVE-COMPULSIVE DISORDER (OCD)	6%	7%	10%	6%	21%	13%	12%	11%	18%	13%	10%	8%	10%	9%
BINGE EATING DISORDER	7%	5%	9%	7%	11%	6%	10%	9%	15%	10%	10%	9%	8%	7%
SUICIDE AND SELF-HARM	4%	5%	8%	6%	10%	14%	11%	10%	21%	20%	5%	10%	8%	7%
SUBSTANCE USE DISORDERS (DRUG AND ALCOHOL ABUSE)	4%	3%	4%	2%	9%	14%	11%	10%	11%	10%	13%	5%	6%	6%
SPECIFIC PHOBIAS (INCLUDING) AGORAPHOBIA	4%	2%	3%	5%	4%	7%	7%	6%	7%	8%	1%	2%	5%	5%
BORDERLINE PERSONALITY DISORDER	3%	2%	3%	2%	9%	7%	8%	6%	12%	8%	7%	10%	4%	4%
DYSTHYMIA (ALSO REFERRED TO AS PERSISTENT DEPRESSIVE DISORDER)	2%	2%	2%	2%	5%	4%	6%	6%	6%	7%	4%	2%	4%	4%
PERINATAL ANXIETY (INCLUDING ANTENATAL AND POSTNATAL PERIODS)	3%	2%	5%	4%	11%	9%	4%	4%	5%	4%	17%	12%	3%	3%
BIPOLAR MANIA	1%	1%	1%	2%	3%	6%	3%	7%	4%	4%	3%	9%	2%	2%
PERINATAL DEPRESSION (INCLUDING ANTENATAL AND POSTNATAL PERIODS)	2%	2%	4%	3%	11%	7%	4%	3%	4%	3%	18%	7%	3%	2%
ANOREXIA NERVOSA	1%	2%	3%	3%	5%	3%	3%	3%	6%	5%	4%	4%	2%	2%
BIPOLAR AFFECTIVE DISORDER	2%	1%	3%	1%	4%	6%	4%	4%	5%	5%	4%	6%	3%	2%
BULIMIA NERVOSA	2%	1%	1%	2%	6%	3%	2%	2%	4%	4%	6%	2%	2%	1%
PSYCHOSIS AND NEUROTIC DISORDERS	1%	0%	1%	0%	3%	3%	2%	2%	4%	2%	6%	1%	1%	1%
SCHIZOPHRENIA	1%	0%	1%	0%	3%	5%	2%	2%	2%	2%	3%	7%	1%	1%
DEMENTIA	1%	1%	2%	1%	5%	2%	2%	1%	2%	0%	6%	1%	1%	1%
ALZHEIMER'S	0%	0%	0%	1%	2%	0%	1%	1%	0%	1%	2%	3%	0%	1%

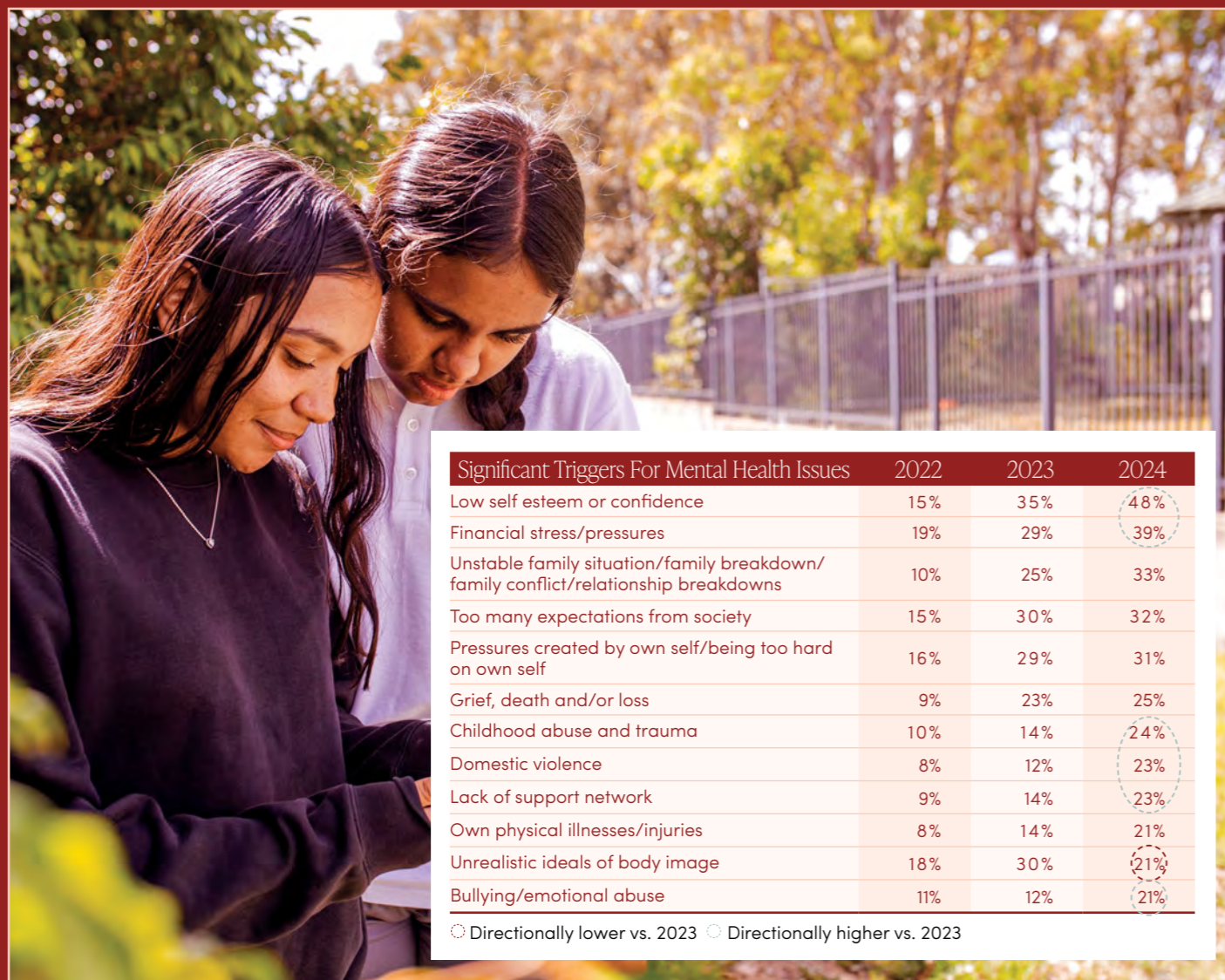
↑ Significantly higher vs. 2023 ↓ Significantly lower vs. 2023 ○ Directionally lower vs. 2023 ◐ Directionally higher vs. 2023

## Deep Dive - Mental health of women in Indigenous communities

Depression is the leading mental health issue amongst indigenous women, occurring in 53% of women in 2024. This is an increase from 42% the year before and is also a significant increase from the general population who experience depression at a rate of 46%. The rates of certain mental health conditions in indigenous communities jumped in areas such as PTSD (from 19% to 25%), suicide and self harm (10% to 14%), substance use disorders (9% to 14%) and bipolar mania (from 3% to 6%). These particular incidence rates are also considerably higher than the same mental health conditions faced by the general female population.

A closer look at the numbers reveal that all significant triggers underlying mental health issues amongst this minority group are seeing a growth proportion wise, pointing to an increased need in addressing these triggers as a preventative measure.

Help-seeking is also in decline. While 7 in 10 indigenous women were seeking help in 2023, 6 in 10 are seeking help today which is significant and an area that needs to be addressed.



## Life stages and their impact on women's mental health

Life stages significantly impact a woman's mental health, influenced by biological, psychological, and social factors that vary across different ages and milestones. Each stage has its own responsibilities, challenges and struggles—and in order to improve the mental health of women, we must highlight these issues so we can adequately address them.

Concerningly, it's younger generations who are more likely to be impacted by stress, anxiety and body image issues. Middle-aged women are more likely to be facing behavioural and personality disorders, as well as perinatal depression, while older women are more likely to be experiencing loneliness, comorbidities, and a sense of lost purpose.





# Mental health issues currently faced by age group

## Primary School



Social acceptance, bullying, moving schools, instability at home, family breakups

## 20s



Transitioning from high school to uni/first job, moving cities, academic, financial and social pressures, infertility, substance abuse, domestic abuse, family breakups

## 40s



Insecure employment, financial pressures, keeping family together, domestic abuse, health issues (e.g. cancer), family breakups

## 60s



Multimorbidity, mood disturbance (depression), loss of purpose, family breakups



## High School

Transitioning from primary to high school, seeking out a sense of belonging, hormonal fluctuations, academic pressure, developing self-esteem and self-awareness, eating disorders, family breakups



## 30s

Pregnancy (anxiety, postnatal depression), infertility, financial pressure maternity leave, career sacrifices, superwoman syndrome, time constraints, ageing family members, family breakups



## 50s

Children moving out of home, seeking out personal fulfilment, retirement, loss of purpose, financial pressures, menopause, health issues, ageing parents, family breakups



## 70s

Multimorbidity, mood disturbance, loneliness, active mind/inactive body, grief and loss of loved ones, financial pressures, low self-esteem or confidence, unstable family situation, relationship breakdowns, own illness and injuries

The below table shows the incidence rates of particular mental health issues broken down by life stage.



	14-19 years		20-29 years		30-39 years		40-49 years		50-59 years		60-69 years		70+ years	
	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024
DEPRESSION	50%	47%	45%	43%	39%	44%	43%	45%	53%	50%	48%	49%	43%	45%
ANXIETY & GENERALISED ANXIETY DISORDER (GAD)	48%	41%	53%	48%	41%	44%	43%	42%	44%	39%	37%	38%	27%	27%
BODY IMAGE ISSUES	57%	48%	48%	45%	35%	31%	26%	25%	26%	23%	21%	18%	15%	16%
PSYCHOLOGICAL DISTRESS	15%	14%	14%	15%	16%	15%	19%	15%	17%	20%	18%	16%	11%	12%
POST-TRAUMATIC STRESS DISORDER (PTSD)	13%	11%	13%	13%	13%	15%	18%	17%	17%	17%	11%	13%	5%	7%
SOCIAL PHOBIA	18%	18%	13%	12%	11%	14%	16%	16%	14%	12%	12%	10%	6%	8%
OBSESSIVE-COMPULSIVE DISORDER (OCD)	15%	8%	10%	10%	11%	12%	9%	8%	6%	6%	5%	5%	5%	4%
BINGE EATING DISORDER	14%	12%	14%	12%	8%	8%	6%	6%	3%	3%	3%	3%	1%	2%
SUICIDE AND SELF-HARM	19%	16%	9%	9%	7%	7%	7%	6%	4%	4%	3%	3%	2%	1%
SUBSTANCE USE DISORDERS (DRUG AND ALCOHOL ABUSE)	7%	3%	6%	6%	5%	8%	9%	6%	5%	5%	4%	3%	2%	1%
SPECIFIC PHOBIAS (INCLUDING AGORAPHOBIA)	3%	4%	4%	4%	4%	5%	5%	4%	4%	5%	4%	3%	2%	3%
BORDERLINE PERSONALITY DISORDER	5%	5%	5%	5%	5%	4%	4%	4%	3%	2%	2%	1%	0.67%	0.50%
DYSTHYMIA (ALSO REFERRED TO AS PERSISTENT DEPRESSIVE DISORDER)	3%	2%	2%	3%	3%	2%	3%	4%	4%	3%	3%	3%	3.13%	2.86%
PERINATAL ANXIETY (INCLUDING ANTENATAL AND POSTNATAL PERIODS)	3%	2%	5%	4%	6%	7%	4%	3%	1%	1%	1%	0.15%	0.34%	0%
BIPOLAR MANIA	2%	13%↑	1%	2%	2%	3%	2%	2%	1%	1%	1%	1%	0.34%	0%
PERINATAL DEPRESSION (INCLUDING ANTENATAL AND POSTNATAL PERIODS)	1%	3%	5%	5%	6%	5%	3%	1%	0%	0%	0%	0%	1.06%	0.31%
ANOREXIA NERVOSA	9%	8%	4%	4%	2%	2%	1%	1%	0%	2%	0%	0.34%	0%	0%
BIPOLAR AFFECTIVE DISORDER	3%	3%	2%	2%	3%	3%	3%	3%	2%	2%	1.45%	1.12%	1.11%	0.41%
BULIMIA NERVOSA	3%	3%	3%	3%	2%	1%	2%	2%	1%	1%	1.16%	0.50%	0.52%	0%
PSYCHOSIS AND NEUROTIC DISORDERS	1%	1%	1%	1%	2%	2%	2%	1%	1%	1%	0.36%	0.42%	0.52%	0.41%
SCHIZOPHRENIA	0.58%	0.46%	1%	1%	1%	2%	1%	1%	1%	1%	1.24%	0.35%	0.36%	0.31%
DEMENTIA	0.27%	0.00%	0.86%	0.10%	1.87%	1.49%	1.58%	0.63%	0.34%	0.20%	0.36%	0.46%	0.36%	1.50%
ALZHEIMER'S	0.00%	0.43%	0.32%	0.91%	0.54%	1.06%	0.60%	0.52%	0.16%	0.20%	0.36%	0.34%	0.34%	0.20%

↑ Significantly higher vs. 2023 ↓ Significantly lower vs. 2023 ○ Directionally lower vs. 2023 ◐ Directionally higher vs. 2023

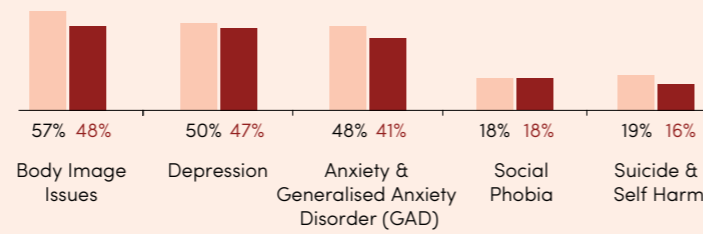
# 14 to 19 years



The mental health of Australia's most impressionable age group is thankfully dealing with their mental health slightly better than 2023, with the incidence rates of most mental health issues declining. The exception to this is the dramatic increase in teens experiencing bipolar mania (increasing from 2% to 13%). This could be due to better access to specialists for diagnosis or support with the condition and increased levels of awareness of the condition and its symptoms.

However, this age group still experiences the highest rates of body image issues (48%) social phobias (18%), suicide and self harm (16%) and anorexia nervosa (8%). These issues are a direct result of internal triggers this age group are experiencing, including low confidence, self created pressures, expectations from society and unrealistic body image goals. Help seeking is relatively high compared to other age groups at 54%, the first choice of seeking help being a discussion with parents (55%).

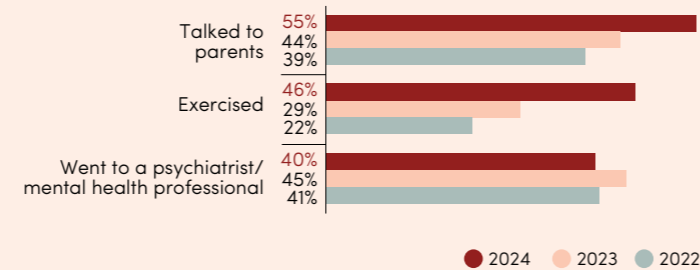
## Top 5 Mental Health Issues Faced Currently



## 14 to 19 years

Top 3 triggers	2022	2023	2024
Low self esteem or confidence	37%	56%	49%
Pressures created by own self/being too hard on own self	31%	52%	44%
Too many expectations from society	27%	47%	42%

## How they sought help



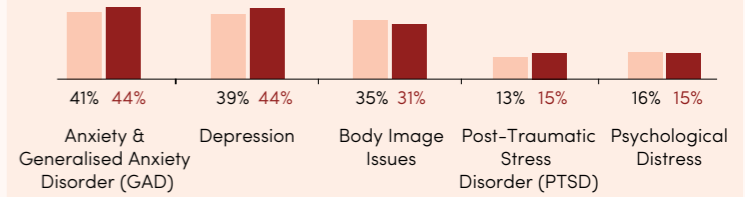
# 30 to 39 years



There is a directional increase seen in depression (44% in 2024 compared to 39% in 2023) and substance use disorders (8% in 2024 compared to 5% in 2023) among the 30 to 39 year old age group compared to 2023 data. Low confidence, financial pressures and self-created pressures are the top 3 triggers for mental health issues.

There has been a significant decline in 30 to 39 year old women seeking help for their mental health issues as compared to last year, with only 49% seeking support compared to 57% the previous year. Of those that did seek help, 46% saw a mental health professional and 43% took medication, which was an increase of 14% from 2022.

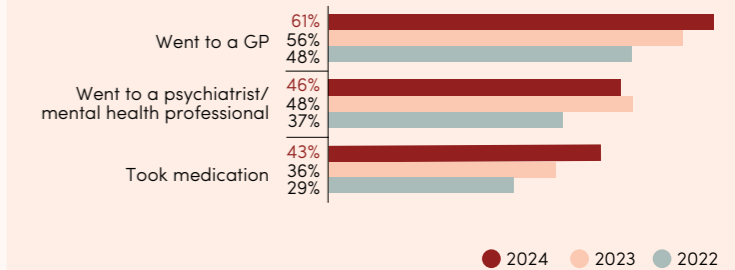
## Top 5 Mental Health Issues Faced Currently



## 30 to 39 years

Top 3 triggers	2022	2023	2024
Low self esteem or confidence	29%	43%	43%
Financial stress/pressure	27%	37%	39%
Pressures created by own self/being too hard on own self	25%	38%	37%

## How they sought help



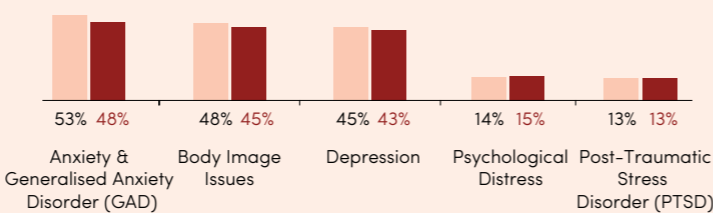
# 20 to 29 years



The top mental health issue impacting women in this age group is Anxiety & Generalised Anxiety disorders, with 48% women impacted compared to 41% of the general female population. It is positive to see that internal triggers like low confidence, self created pressures, unrealistic body image goals, trying to juggle career and work are seeing a downward trend this year compared to 2023; however the incidence rates remain high.

Childhood abuse and trauma was not a significant trigger in the last two years however this figure has almost tripled since 2022, now sitting at 20% of women in this age group citing it as a trigger for their mental health issues. PTSD was experienced by 13% of women in this age group, which ranked it among the top 5 issues this year instead of binge eating disorder in 2023. This age group is also the second lowest in terms of help seeking, sitting at only 47%. However, of those that seek help the majority look for professional support.

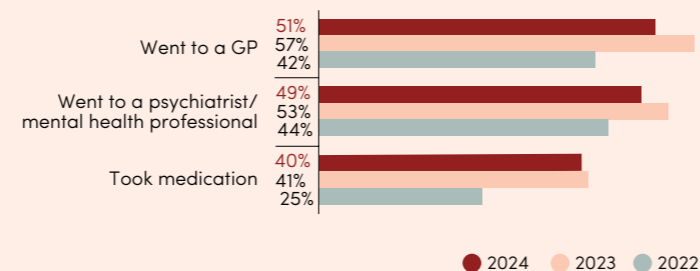
## Top 5 Mental Health Issues Faced Currently



## 20 to 29 years

Top 3 triggers	2022	2023	2024
Low self esteem or confidence	36%	56%	51%
Pressures created by own self/being too hard on own self	34%	52%	44%
Too many expectations from society	26%	43%	39%

## How they sought help



# 40 to 49 years

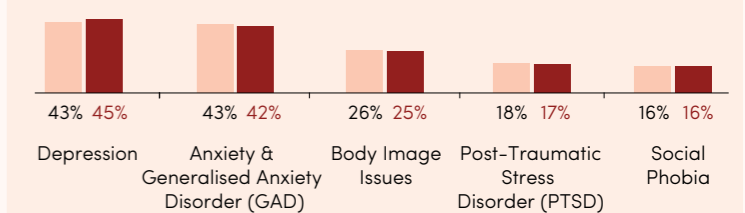


Social Phobia was among the top 5 mental health issues for this age group with 16% of women experiencing it. Triggers like low self confidence and lack of social acceptance and belonging are gradually increasing which might be fuelling the growth of social phobia.

PTSD is most prevalent among the 40 to 59 year old age bracket at 17% compared to 14% of the general female population in 2024.

Financial stress/pressures remain the top trigger for mental health issues in this age group. Grief/death/loss, hormonal fluctuations and menopause also start creeping in as significant triggers at this stage. It appears 1 in 2 women seek help, although mainly professional when it comes to managing mental health.

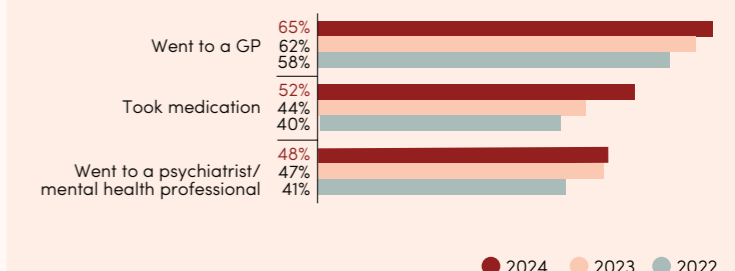
## Top 5 Mental Health Issues Faced Currently



## 40 to 49 years

Top 3 triggers	2022	2023	2024
Financial stress/pressure	31%	42%	43%
Low self esteem or confidence	24%	41%	41%
Pressures created by own self/being too hard on own self	24%	32%	34%

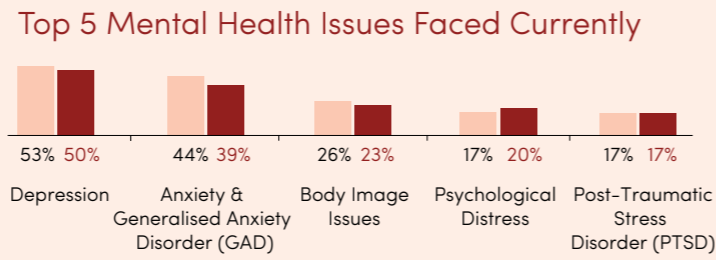
## How they sought help



# 50 to 59 years



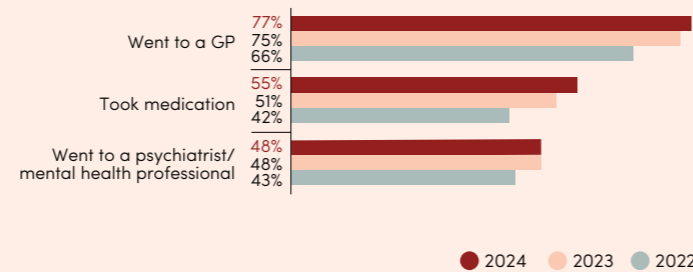
The 50-59 age group is the most affected by depression (50%) and psychological distress (20%) compared to any other age group. Menopause, ageing, physical ailments resulting in low confidence serve as the main triggers, along with financial pressures, managing societal expectations and coping with lack of societal acceptance. Trying to juggle career work/work life balance as a mental health trigger has seen an increase compared to 2023 (15% vs. 21% in 2024). Interestingly, women in this age group were the most likely to reach out for help at 54% along with 14-19 year olds. 3 in 4 women were reaching out to their GP's, and there was an increase in women relying on mental health tools/information provided at work to manage their mental health compared to 2 years ago.



## 50 to 59 years

Top 3 triggers	2022	2023	2024
Menopause	25%	37%	41%
Low self esteem or confidence	29%	43%	40%
Financial stress/pressure	33%	40%	39%

## How they sought help



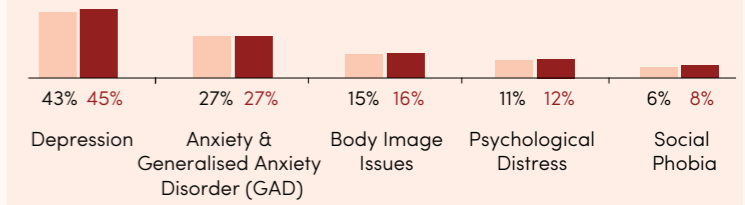
# 70+ years



The mental health of women in the 70+ age group remains similar to 2023, however Social Phobia is now among the top 5 mental health issues for this age group with 8% of women experiencing it this year. For this age group there is a significant trend in the types of triggers these women experience relating to physical health, illness and injury; encompassing the multifaceted issue of ageing and its impact on mental health. The financial burdens associated with a decrease in physical health also have mental health implications.

Living alone, lack of support network and retirement/loss of purpose also proved to be considerable triggers for this age group compared to others.

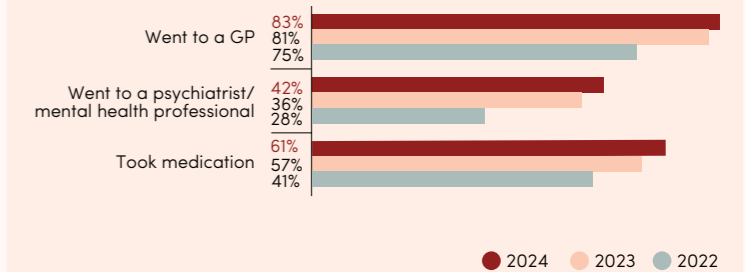
### Top 5 Mental Health Issues Faced Currently



## 70+ years

Top 3 triggers	2022	2023	2024
Ageing	49%	50%	56%
Financial stress/pressure	32%	43%	37%
Own physical illnesses/injuries	25%	38%	37%

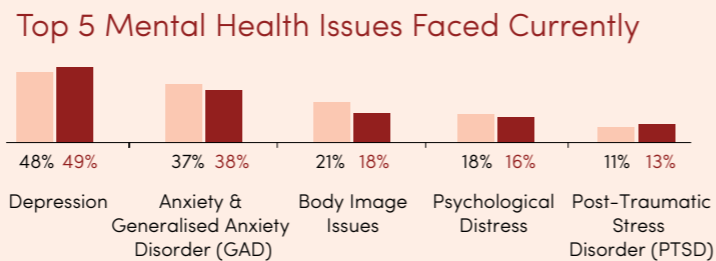
## How they sought help



# 60 to 69 years



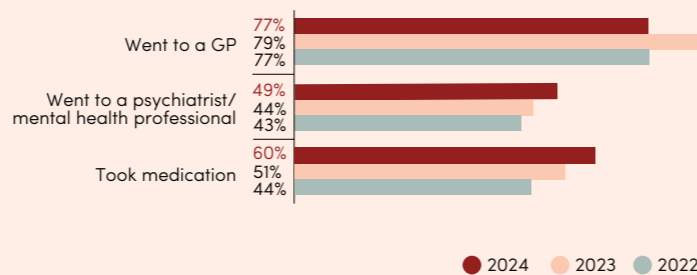
The mental health of women in the 60-69 age group remains similar to 2023, with the only variation being the significant decline in those seeking help where the percentage has dropped from 50% to 44%. Interestingly, this age group was the least likely to seek help compared to other age groups. Depression is the leading mental health condition for women in this age group at 49% and PTSD is now among the top 5 mental health issues with 13% of them experiencing the condition. Major triggers for this age group remain stable with aging, low self esteem and financial pressures appearing consistently.



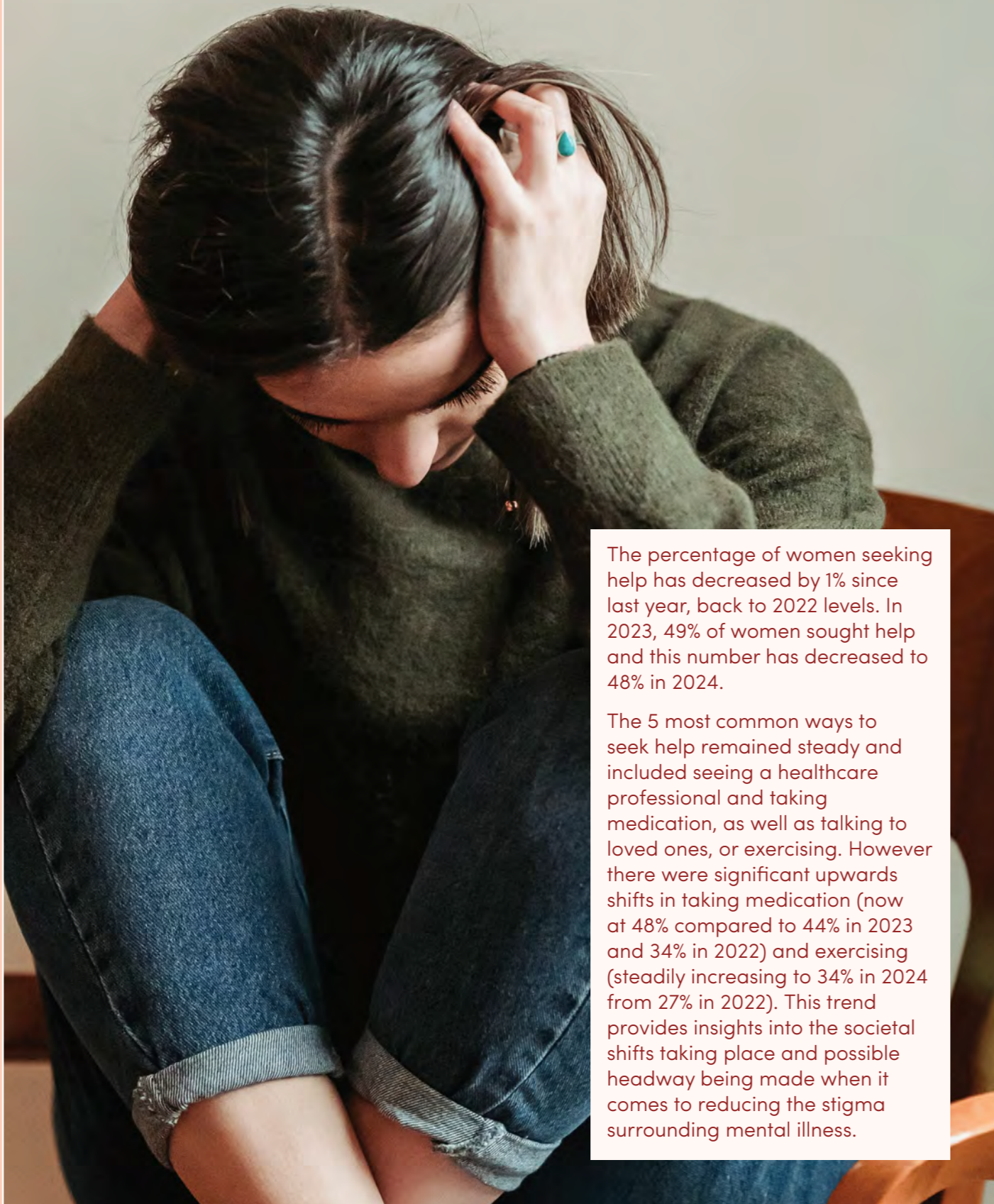
## 60 to 69 years

Top 3 triggers	2022	2023	2024
Ageing	39%	41%	41%
Low self esteem or confidence	26%	36%	39%
Financial stress/pressures	32%	32%	36%

## How they sought help



# Australian women seeking help for their mental health



The percentage of women seeking help has decreased by 1% since last year, back to 2022 levels. In 2023, 49% of women sought help and this number has decreased to 48% in 2024.

The 5 most common ways to seek help remained steady and included seeing a healthcare professional and taking medication, as well as talking to loved ones, or exercising. However there were significant upwards shifts in taking medication (now at 48% compared to 44% in 2023 and 34% in 2022) and exercising (steadily increasing to 34% in 2024 from 27% in 2022). This trend provides insights into the societal shifts taking place and possible headway being made when it comes to reducing the stigma surrounding mental illness.

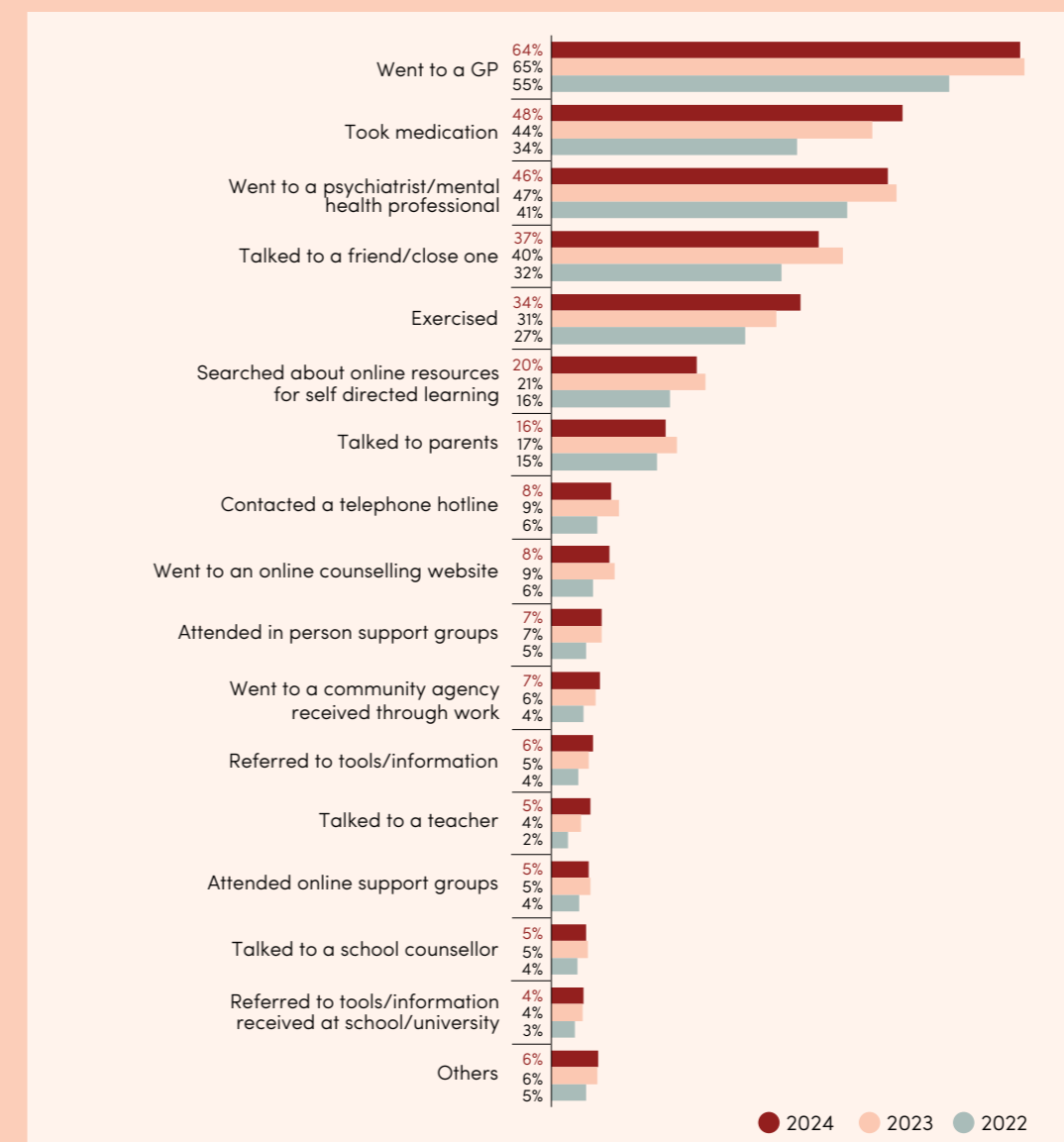
Women in this study outlined that the 3 most helpful sources of help were:

- 1 **Exercise** (64% found this very helpful)
- 2 **Went to a psychiatrist/ mental health professional** (63% found this very helpful)
- 3 **Took medication** (62% found this very helpful)

The sources of help that most women found Not at all helpful were:

- 1 **Talked to a school counsellor** (22% found this not-at-all helpful)
- 2 **Referred to tools/ information received through work** (18% found this not-at-all helpful)
- 3 **Attended online support groups** (16% found this not-at-all helpful)

## Types Of Help Sought & Their Helpfulness



In 2023 49% of women sought help and in 2024 this number decreased to

**48%**

It appears that the most helpful source of help, and most accessible to the general female population is exercise - which is a great outcome. However second to that is specialist mental health support from a professional which in turn can result in the prescription of medication. Although great news that these sources are the most helpful and effective, they are not necessarily widely accessible due to cost, waitlists and service location.

## Barriers to seeking help

There are many barriers to seeking help for mental health issues, and the most common barriers experienced by women in 2024 remain the same, however the number of women who can't afford it or feel financially burdened has increased from 31% to 33% making it the second largest barrier; with the first being that women feel they can manage their mental health issues on their own at 39%.

With a general theme for barriers around women failing to prioritise their mental health, there's a lot of work to be done to shift this 'burden mentality' that women find themselves believing, and instead make time for themselves and their mental health before issues snowball.

Secondly, the financial costs involved are a real barrier for most, where only the fortunate and affluent are able to access support and help from the most effective sources (like mental health professionals).

Importantly, it is noted in this year's findings that 15% of women stated they don't find it easy to

access resources/support services – which is a gradual increase year on year from 6% in 2022. This is a result of a variety of factors like not being able to get an appointment with a mental health professional or struggling to navigate the current mental health system or identify which support service is the right one for them.

There has also been a steady and concerning increase in women who feel that the right support services for women are not available – increasing from 3% in 2022 to 7% in 2024. Although this seems like a small percentage, the message is loud and clear that women need specific, gender focused support services in order to get the most effective mental healthcare, tailored to their specific needs and issues.

These challenges and barriers need to be decreased in order for women to increase help seeking behaviours and feel confident that they are getting the most effective help.

Barriers to seeking help	2022	2023	2024
I think I can manage my mental health issues on my own without any help	34%	39%	39%
I am reluctant to seek help because of the financial burden/ I cannot afford it	22%	31%	33%
I don't think my mental health issue are serious enough to seek help at this time	29%	33%	31%
There are other important things going on in my life right now	20%	28%	25%
I don't think it would be helpful or effective for me	18%	22%	23%
I am embarrassed/ashamed to seek help	13%	22%	22%
I do not have the time to address my mental health needs	15%	19%	18%
I am reluctant to seek help because of the fear of being judged	11%	20%	18%
I do not find it easy to access resources/support services	6%	12%	15%
I do not think it is important	12%	14%	14%
I do not know where to seek help	6%	11%	10%
I am reluctant to seek help because it is a taboo/stigma	5%	10%	10%
I do not have support from family/loved ones to seek help	5%	9%	9%
I tried but am unable to find support/services/treatment needed	4%	8%	9%
The right support services for women is not available	3%	5%	7%
No one I know has ever sought help	3%	5%	5%
Others	7%	8%	10%

○ Directionally higher vs. 2023   ● Directionally lower vs. 2023



## Women in the workforce & the associated mental health implications

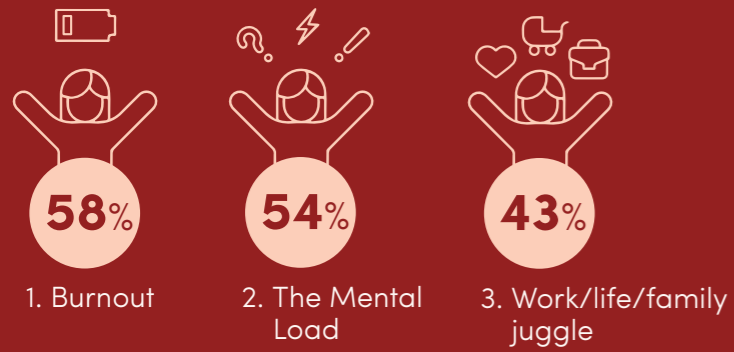


2 in 5 (40%) working women in Australia stated that their mental health has deteriorated in the past 12 months due to their work demands.

The decline in mental health was significantly greater among 20 to 39 year olds, those belonging to the LGBTIQA+ community and those who have faced homelessness/poverty or comorbidity in their lives.

Worryingly, of the working women experiencing a decline in their mental health, the majority (62%) did not seek help.

Top 3 Triggers & Reasons for deteriorating mental health of working women in the last 12 months:



**2 in 5**

(40%) working women in Australia stated that their mental health has deteriorated in the past 12 months due to their work demands.



Main Triggers & Reasons for deteriorating mental health of working women in the last 12 months:

Across the board, Burnout was the leading reason for 58% of working women experiencing a decline in their mental health, followed closely by the mental load (54%) and the work/life/family juggle (43%).

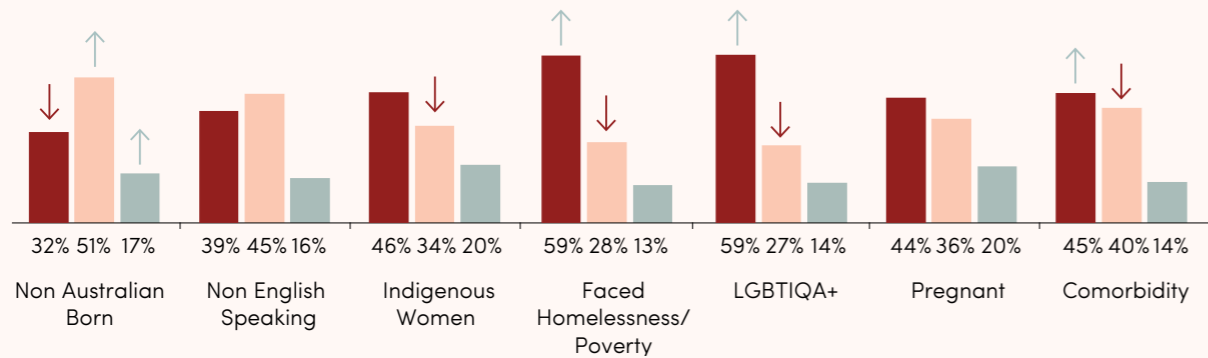
In terms of specific life stages, Burnout disproportionately affected 20-29 year olds; with 65% of working women citing it as a trigger for their deteriorating mental health in this age bracket.

Sexual harassment at work was a more prominent trigger for those in the 14-19 year old (18%) and 20-29 year old (10%) age brackets compared to the general population (6%).

Unsurprisingly, those in the 30-39 year old and 40-49 year old age brackets cited caring for children as a key trigger at higher rates than the general population for their deteriorating mental health in the workplace at 36% and 32% respectively.



	14 to 19 years	20 to 29 years	30 to 39 years	40 to 49 years	50 to 59 years	60+ years	Metro	Regional
My mental health has declined in the last 12 months	38%	50% ↑	47% ↑	39%	34% ↓	20% ↓	40%	41%
I haven't noticed any effect on my mental health, positive or negative	46%	33% ↓	38% ↓	46%	55% ↑	68% ↑	45%	45%
My mental health has improved in the last 12 months	15%	16%	15%	15%	10% ↓	12%	14%	14%



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



## What Employers need to know

**45%**

of women who have jobs stated that their employers offer support programs for women facing mental health issues. This is significantly higher for indigenous communities (57%) and pregnant women (59%).



**7 in 10**

women won't shy away from accessing these programs if they were to need them.

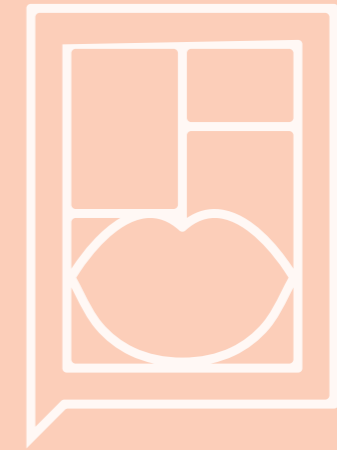


Nearly **8 in 10**

women with a job feel there is a gap in what employers should be doing to facilitate women's mental health at the workplace.

“Liptember Foundation is committed to ensuring every woman, no matter their financial resources or situation, has adequate access to mental health care and we are constantly advocating for change at a national level based on the findings from this research”

Luke Morris, CEO & Founder



## Conclusion and implications

In a world where mental health is increasingly recognised as a critical component of overall wellbeing, taking a gender-specific approach to treatment and support is crucial to ensuring the best outcomes for women.

Since this research began in 2022, it's clear to see the benefits that year on year data can provide, ensuring timely analysis of data trends. Measuring societal awareness and mental health triggers helps define key areas for targeted and preventative mental illness initiatives with the aim to reduce the mental health burden on Australian women over time.

This year's research findings will also underpin advocacy efforts for policy reform and meaningful legislative change that takes gender into account when developing programs, policies and support services for mental health/illness, bettering mental health outcomes for Australian women.

The challenge of improving women's mental health nationally remains a significant task, but one that the Liptember Foundation team is committed to delivering, with ongoing informed advocacy, education, awareness and investment.

## Glossary of terms

- Psychological distress: a general term used to describe a range of unpleasant feelings or emotions that impact levels of functioning
- Anxiety and anxiety disorders include generalised anxiety disorder (GAD), post-traumatic stress disorder (PTSD), social phobia, specific phobias (including agoraphobia), obsessive compulsive disorder (OCD) and perinatal anxiety (including antenatal and postnatal periods)
- Affective or mood disorders include depression, perinatal depression (including antenatal and postnatal periods), dysthymia (also referred to as persistent depressive disorder) and bipolar affective disorder
- Psychotic disorders include schizophrenia, psychosis and neurotic disorders
- Personality disorders include borderline personality disorder and bipolar mania
- Eating disorders include anorexia nervosa, bulimia nervosa and binge-eating disorder
- Substance use disorders include drug and alcohol abuse
- Other conditions include dementia and Alzheimer's
- Body image issues: the mental and emotional feelings a person associates with their own body. When negative body image or dissatisfaction occurs, it can lead to a variety of mental illnesses such as eating disorders, body dysmorphia, anxiety and depression
- Survey incidence rate: the rate at which individuals or units from a population are chosen to participate in a survey
- Standard error: a measure of how much an estimate is likely



to differ from the actual value, indicating the uncertainty around the estimate

- 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
- Gender-diverse: an umbrella term to describe gender identities that are beyond the binary framework
- Cisgender: a person whose gender identity corresponds with the sex assigned to them at birth

- 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 simply identifying as male or female
- Confidence interval: a range of values so defined that there is a specified probability that the value of a parameter lies within it

## References

Kessler Psychological Distress Scale (K10) (Kessler et al. (2003)  
Kessler, R.C., Barker, P.R., Colpe, L.J., Epstein, J.F., Gfroerer, J.C., Hiripi, E., Howes, M.J, Normand, S-L.T., Manderscheid, R.W., Walters, E.E., Zaslavsky, A.M. (2003). Screening for serious mental illness in the general population. Archives of General Psychiatry, 60(2), 184-189.

Liptember Foundation. (2022). The mental health gender gap: understanding women's mental health In Australia. Exploring the mental health issues, triggers and stigma faced by Australian women, non-binary and female-identifying people in 2022.

Liptember Foundation. (2023). Women's mental health in Australia: Identifying gaps and trends for better mental health. Exploring the mental health issues, triggers and barriers faced by Australian women, non-binary and female-identifying people in 2023.

## Appendix

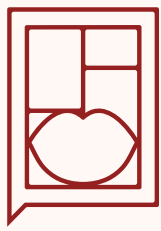
We have made a few changes in this year's questionnaire listed, as below:

- 1 In the previous year's research we asked questions around the increased cost of living and the impact that had on the mental health of Australian females in 2023. This year, we asked questions around women in the workforce and the associated mental health implications for Australian women.





# Uncovering the Reality: Examining Multi-dimensional Aspects of Women's Mental Health in Australia 2024



**Liptember  
Foundation**