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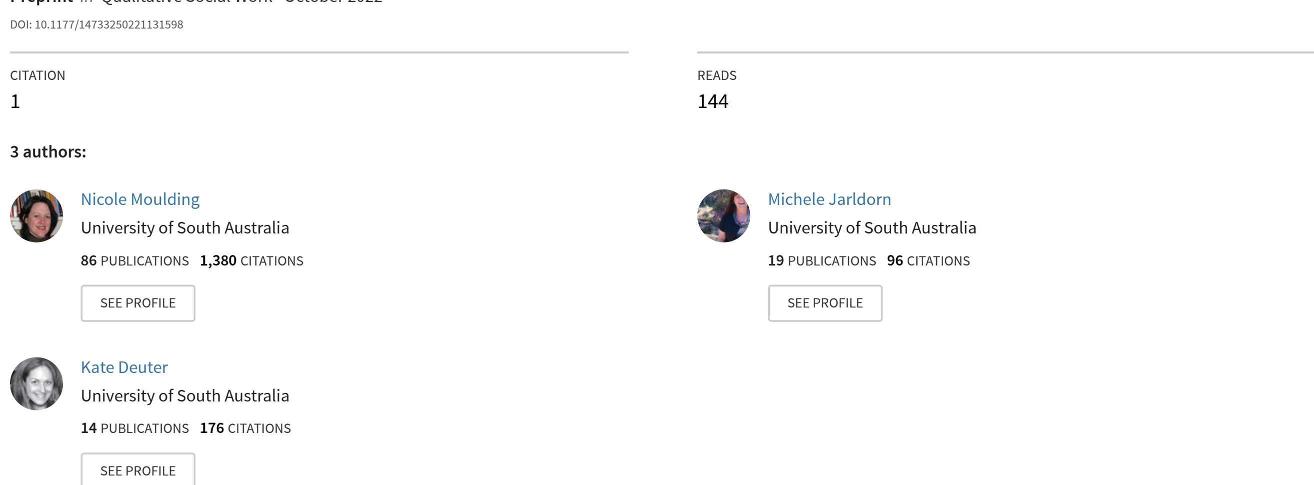

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What do young women want? Using a qualitative survey to explore the potential for feminist-informed mental health peer support

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Abstract

Intersecting gender and other social inequalities are pertinent to women's mental health across the life course. Gendered violence and other forms of gender inequality in particular play a key role in the higher burden of psychological distress carried by young women. However, the context of gendered violence is often minimised or overlooked entirely when young women seek help or advice around mental health concerns. This is especially the case for young women under the age of 30 years. This paper reports on a research study exploring how young women in Australia understand their mental health, and the scope for new approaches to support that better address their needs. A qualitative survey undertaken with 52 Australian young women was used to explore the nature of their mental health experiences, sought to learn about the strategies they used when experiencing poor mental health and the scope for mental health peer support as an alternative approach to intervention. Responses from a diverse group of young women demonstrated that they understood the role that gendered violence and gender inequality played in their mental health. Findings point to the risk of slippage between young women's understandings of their lived experience and those of traditional service providers, demonstrating the risks associated with minimising or ignoring of the gendered nature of young women's mental health problems.

Keywords:

Young women, women's mental health, gendered violence, gender inequality, peer support

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Introduction

Young women across the globe increasingly report struggling with mental health and wellbeing. Gender inequality and gendered violence play key roles in the disproportionately high rates of psychological distress among young women (Townsend et al., 2022). Studies carried out in the UK, the USA, Australia and Italy have shown that around half of

women who disclose mental health problems have experienced violence and abuse (AVA and Agenda, 2017; Franzway et al., 2019; Scott and McManus, 2016). Women who have experienced abuse are almost six times more likely to report psychological distress than women who have not (Bonomi et al., 2009; Romito et al., 2005). Women under the age of 30 carry the heaviest burden of distress because they face the highest risks of gendered violence *and* poor mental health (Moulding, 2016), with other forms of intersecting social disadvantage playing a significant role in their mental wellbeing (Winker and Degele, 2011).

Intersecting gender and other social inequalities are pertinent to women's mental health across the whole life course (Sayer, 2007). However, long-standing, prejudicial assumptions that younger women in particular are *inherently* emotionally unstable can mean that their difficulties can be tolerated, discounted or dismissed in ways that those of other groups are not (Moulding, 2006). While there is strong evidence that much of the heavier burden of common mental health problems carried by young women is a direct consequence of gendered violence and other forms of social inequality (Winker and Degele, 2011), there has been minimal attention from researchers to the contribution of these gendered social experiences to poor mental health and wellbeing (Moulding et al., 2021). This paper reports on a research study exploring how young women in Australia understand their mental health, and the scope for new approaches to support that better address their needs.

Mental health peer support for young women

The common assumption in the mental health field that women are more willing than men to seek professional help and talk about their experiences is inaccurate, particularly for young women, and is instead based on gendered and ageist stereotypes (Scott et al., 2012). Moreover, despite some progress in more recent years, a medical model of mental illness persists in the Australian mental health system, with a focus on what is wrong with the *individual* rather than what is wrong with their situation (Mead and MacNeil, 2006; Moulding, 2016). The dominant medical model of mental illness positions professionals with an inordinate amount of power over the people they work with (Beresford, 2002). Once diagnosed with a mental illness, young women are likely to experience pathologising notions of mental illness from treating professionals that ignore the social contexts in which problems arise (Moulding, 2016; AVA and Agenda, 2017: 5). Consequently, gendered experiences, including gendered abuse, are rarely acknowledged, while the ways in which gender inequalities intersect with other social inequalities are commonly overlooked.

Because young women's mental health involves significant gendered and intersectional dimensions that are not addressed in mainstream treatment models, it is important to consider approaches to the provision of support that are informed by a more social view of mental health (Lawn et al., 2008; Pound et al., 2011). In recent years, peer support has received increasing attention as an alternative approach to the traditional provision of mental health support (Gallagher and Halpin, 2014). Within the existing literature, peer support is described as founded on key principles of respect, shared responsibility and the belief that significant interpersonal relationships and a shared sense of community lay the foundation for recovery (Bland et al., 2015). Importantly, peer support has been identified as having the capacity to provide young women with a safe environment where they can enhance their social skills, gain confidence, recognise personal strengths and gain opportunities to assume new roles and responsibilities (Pound et al., 2011: 7–8). However, much of the existing research and practice in this area has been focused on non-reciprocal relationships in tertiary mental health care settings where a peer support worker is employed in a professionalised role based on their more 'advanced' stage of recovery (Gallagher and Halpin, 2014). While this type of peer support can play an important part in recovery from serious mental health problems, it is not particularly relevant to most young women. Despite the potential of peer-to-peer support, like most mainstream mental health care, peer support in tertiary mental health care also overlooks the unequal gendered social contexts in which mental health problems arise for young women; as such, questions of causation are generally side-stepped, and an individualistic medical model of mental illness is left largely undisturbed (Moulding, 2016). Because of this eliding of gender in mental health care, there are gaps in the provision of support for young women that takes into consideration the context of their experiences. Concerningly, when young women's needs are taken out of context, they are often perceived as difficult to engage or 'hard to reach', leaving them to fall through gaps in the service system (Agenda and AVA, 2019).

An intersectional lens attend to how young women's lived experiences of mental health and wellbeing is influenced by the intersection of gender inequality and discrimination with other forms of social disadvantage; this includes socio-economic disadvantage, cultural differences, the impact of colonisation on young Aboriginal women, disability, sexualities and gender identity. In exploring alternative approaches to supporting young women outside

mainstream mental health services, an intersectional lens contribute to a deeper awareness of how multiple disadvantages influence the wellbeing of young women. Early evidence from the UK demonstrates that mental health peer support, both face-to-face and online, framed by an intersectional lens can improve social connectedness in young women, a key risk factor for poor mental health (Newbigging and Abel, 2006; AVA and Agenda, 2017).

There are no gender-specific programmes in Australia dedicated to the provision of mental health peer support for young women. Therefore, this study aimed to explore the potential of this approach in the Australian context, with the driving research question asking, 'What is the scope of mental health peer support for young women?' The second aim was to gain a more specific sense of young women's perceptions of the main causes of their mental health struggles and was specifically concerned with the scope for online mental health peer support given the context of COVID and that young women are often comfortable using online technologies (Flanders et al., 2017). The study was therefore guided by a third aim to explore how young women in Australia might view this type of approach, and how well online peer support might respond to the nature of their specific struggles.

Methodology

The study was theoretically framed by the feminist concept of situated intersubjectivity, which understands gender inequality as a product of intertwined discursive and material oppressions that are open to contestation and change (McNay, 2004). The research was also framed by the understanding that race, class, age, ableism and sexuality intersect with experiences of gender inequality and oppression in complex and diverse ways (Crenshaw, 1994), and by a 'feminist ethics' (Lindemann, 2019), concerned with giving voice to groups of marginalised young women. The study used a qualitative online survey (Terry and Braun, 2017) to investigate young women's experiences of mental health, their experiences of services and their preferred models of support. Ethical approval was obtained from the University of South Australia (# 203550). The survey was designed to capture key demographic information, alongside a series of open-ended questions with space for longer, text-based responses about experiences of mental health and peer support. The survey was piloted with six young women. Based upon their feedback, some adjustments were made to the language used within certain demographic questions, while other questions were reshaped for readability. A QR Code was created for the survey link, and the study information was distributed nationally through community organisations, social media sites and via flyers around our university campuses.

The key eligibility criteria for participation were that young women were aged between 18 and 30 years; lived in Australia; self-identified as a woman or non-binary person; and had experiences of mental health problems. While an initial approximation of sample size was necessary for planning (Braun and Clarke, 2021), rather than seeing saturation as an exact number, the decision to close the survey was driven by the idea of 'information power' (Malterud et al., 2016), which is determined by a combination of appropriate study aims, sample specificity, the questions posed, and the analysis strategy deployed by the researchers.

Fifty-two (52) young women from across Australia completed the survey. After the final question, participants were invited to leave their name and contact details if they were interested in participating in an online focus group that would explore the issues they had raised in greater depth. Seven young women participated in two focus groups, and from these, four young women were recruited to online co-design workshops. In the co-design workshops, the research team and the young women collaborated to create a wire-frame prototype of a peer support mental health website designed by and for young women. A forthcoming publication will report on the process and outcomes of the focus groups and co-design workshops.

The survey data was analysed through thematic analysis. Conducting a thematic analysis requires researchers to be reflexive and cognisant of their values (Braun et al., 2022); in recognition of this, the research team undertook a process of inter-rater reliability, checking for alignment within coding frames and revising the themes and sub-themes until agreement was reached (O'Conner and Joffe, 2020). The theoretical lens of situated intersubjectivity and intersectionality had several important implications for the approach to thematic coding and data analysis. First, attention was paid to how young women constructed their experiences of mental health problems through the use of specific mental health and other discourses. Second, there was consideration to how material, gender and other social inequalities were impacting on the young women's mental health and their experiences of support. Third, there was specific reflexion of the intersectional nature of both the discourses the young women drew on to explain their mental health problems and the material dimensions of their experiences; this means that there was an attempt to account for

how gender and other social identities and inequalities intersected in young women’s experiences of mental health and in their preferences for mental health peer support.

Findings

Before exploring the five overarching themes identified in the data analysis, it is useful to outline some of the key demographic characteristics of the sample (see Table 1). While the study did not seek a representative sample in the strict sense of the term, the 52 young women who completed the online survey were fairly representative of the main groups of young women in the Australian population. Most participants lived in outer and inner suburbs, all but two had completed high school, with 20 respondents indicating they had completed a bachelor’s degree or higher. Despite this level of education, most were earning well under the median weekly Australian wage.

Table 1.

The table layout displayed in this section is not how it will appear in the final version. The representation below is solely purposed for providing corrections to the table. To preview the actual presentation of the table, please view the Proof.

Participant demographics.

Characteristics	Category	Number
Gender identity	Woman she/her	48
	Non-binary	4
Sexuality	Hetero/straight	27
	Queer	12
	Bisexual	8
	Lesbian/Gay	3
	Prefer to self-describe	2
Age	18–22	19
	23–26	18
	27–30	15
Language/Culture	Aboriginal or Torres Strait Islander	1
	CALD	14
	Anglo	37
Disability/chronic health condition	No	44
	Yes	8
Location	Close to a capital city (metro area)	29
	Outer suburbs of a capital city	15
	In, or close to, a regional centre	5
	Rural area	3
Highest level of education	Year 10	1
	Year 11	1
	Year 12	18
	Advanced diploma	11
	Bachelor’s degree or higher	21

Annual income AUD	Under 20k	16
	20k–30k	10
	30k–49k	13
	50k–69k	4
	70k–89k	4
	90k +	2
	Prefer not to say	3

Five overarching themes were identified in the survey data: (1) Ups and downs; (2) 'Living in a world that feels broken'; (3) Social connection plus alone-time; (4) 'Holding space' and helping one another and (5) 'Nothing about us without us'. Selected extracts illustrating these themes and related sub-themes are presented below.

Ups and downs

When asked how their mental health was 'right now', many spoke of experiencing common mental health problems such as anxiety and depression, with some identifying stress as a factor: '[my] mental health is currently manageable, though there is still the experience of episodes of being depressed...'; 'Stress and anxiety present'; 'stress and burnout'; and 'Burnt out, unmotivated but not sad, mildly anxious, often dissociating, very fidgety, easily overstimulated'. Others wrote about struggles with eating disorders and related feelings of pressure and stress: 'Anorexia nervosa – stress with high school exams, perfectionism. Binge eating disorder'.

The idea of 'managing' their mental health arose often throughout the responses; for example, one young woman said '[I'm] managing depression, GAD, OCD and PTSD with a psychologist really well...' while another described her mental health as, *'Mostly manageable, however with moderate impact on my ability to work and function'*. Another young woman mentioned shifting mental health as affecting her ability to seek work, *'I struggle a lot with anxiety, particularly social anxiety, and this is currently an issue for me in relation to seeking work'*. Not dissimilarly, another young woman rated the severity of her mental health difficulties against the extent to which it affected her ability to work and socialise:

> My mental health affects me daily, but isn't bad enough to have major negative impacts on work, friendships, etc. Having ongoing health conditions that went undiagnosed for 9 months contributed to my contamination OCD. Also have other diagnoses (depression, anxiety).

An emphasis on the impact of mental health on capacity to work and maintain friendships in the above extracts indicates that these are important considerations for young women who are dealing with mental health difficulties. Other participants described their current mental health in ambivalent ways, for example, one said that her mental health is, '*not great, but not terrible either*' while another was more positive when she said, '*At this very moment I'm relaxed. In general lately I've been ok, considering getting in back living again after the [COVID] lockdown ending*'.

Throughout their accounts, young women often described their mental health as shifting over time, with more and less difficulty experienced at different points. For example, one young woman said that her mental health at the moment felt, '*Lower than average, [I am] easily triggered and reliant on family and friends*'. Some young women also tended to 'downplay' the severity of their mental health difficulties and the impact on their lives. As one young woman said: '*my mental health right now is better than it was, but pretty unstable and unsteady, with lots of trauma symptoms...*'.

While this young woman began by saying she feels better than she previously did, 'trauma symptoms' are often severe and debilitating (Kezelman and Stavropoulos, 2012). This downplaying of mental health struggles by some of the young women sits alongside their frequent references to trying to 'manage' their mental health themselves, which could point towards a strong sense of responsibility for their own wellbeing and dedicated efforts at self-care; we return to this issue later.

'Living in a world that feels broken'

The young women were asked what experiences they believed had contributed to their struggles with mental health, with the example of 'experiencing harassment, abuse and/or violence' provided in brackets after the question. One young woman said, in a broad and highly evocative way, that she experiences, '*existential anxiety from living in a world that feels broken...*' specifying as the key contributors, '*family pressure to find work, social comparison in a digital age, academic pressure from myself and my parents*'. Many other young women referred to experiences of abuse alongside other problems related to work stress and family: '*Sexual assault. Family pressure. Work pressure...*'; '*Abusive childhood (emotional physical, CSA). Abusive partner (emotional, sexual) ...*'; and '*Domestic violence, long-term sexual assault, incest/molestation, neglect, harassment...*'. Another participant situated her experiences in the wider context of patriarchy:

> My experiences with mental health and many of my friends' experiences with mental health issues have been sparked by men. Sexual assaults, rape and even general societal norms that make women feel as though they are the inferior are really the core reasons my friends have sought mental health support.

Others described multiple contributing experiences ranging from structural, state and interpersonal violence and abuse:

> Family violence – witnessing and experiencing physically and emotionally, illness as a child, chronic health issues from teenage years, childhood homelessness and shelter living, running away from violence, police discrimination and racism, death in custody of a sibling, visiting family in prisons as a child, poverty, childhood risk of removal, early school leaver, queer, etc.

> I witnessed human trafficking when I was overseas. I was around a lot of violence in my childhood and my aunt was murdered by her husband. Many female members of my family have experienced sexual abuse and rape, including myself...

> Lifelong difficulties with socialising and relating to others. Growing up in a low-support and high-conflict family. Lots of childhood bullying. Never having someone to confide in, whether family or even a best friend across my whole life. High academic pressures. Constantly worrying if I am autistic. Having no motivation and a mental block for basic self-care tasks and for seeking help then making everything worse. Capitalism.

These accounts provide insights into the highly complex histories that impact upon young women's mental health: While far from the only factor identified, different forms of gendered violence nonetheless emerged as one of the most common experiences identified by 27 (52%) of the young women as a contributor to their mental health struggles. While examples were provided of the types of experiences that might be implicated in young women's mental health difficulties, the question about what they saw as contributors to their mental health problems was open-ended and the respondents were free to specify for themselves their own view of the contributing factors. In contrast to the focus on experiences of abuse and other social discrimination and disadvantage, some responses took a more medical view of mental health problems. For example, one participant said that her problems stemmed from '*genetics brought on by death of a close family member*' while another said that there was, 'n*o real reason, just genetics or chemical imbalances. I have not experienced any trauma or abuse*'. However, this last statement also indicates how widespread among young women is the view that abuse often lies at the heart of their struggles.

Social connection plus alone-time

The young women were asked to share any helpful personal strategies that they use to manage their mental wellbeing. Some common examples included: '*Doing fun activities, talking with good friends, maintaining boundaries with family, spending time alone...*'; '*Distraction via things like movies, TV, gaming, etc. is what helps me the most. I also find that exercising, doing yoga or getting out in nature really invigorates me after a period of feeling down...*', and; '*Self-isolation has been really beneficial to do the self-work and minimise the impact on family and friends...*'.

As pointed out earlier, there is an assumption that women are more likely than men to seek and use professional help, but this is often not the case for young women (Scott and McManus, 2016). This was confirmed in the survey, where just three respondents mentioned the importance of maintaining contact with their mental health providers and/or regularly taking their medication as key to managing their mental wellbeing. Rather, many young women identified a vast array of personal self-care strategies that they actively deploy to manage their mental health. Interestingly, while a number of young women mentioned spending time with other people, there was also an emphasis on the importance of alone-time.

Because the study was mainly concerned with the scope for mental health peer support, the young women were not specifically asked about their experiences of formal mental health services. However, the following responses to other questions nonetheless offer some important insights. In response to the question 'can you tell us a bit about the experiences you believe contributed to your mental health challenges?' one young woman answered with '*ignorant health professionals, [mental health] not being associated with particular types of experiences, [un]heard by doctors*'. Other respondents wrote that in their experience:

> The mental health care system is a minefield and often is more of a hinderance than help...
>
> Help is often hard to get so any support system offered I would be interested in,
>
> mental health treatment is very expensive and often inaccessible.

Another respondent emphasised the need for mental health support which took gender into account:

> In a patriarchal society women should be receiving far greater services...There needs to be more specialists' teams to deal with these specific instances of trauma. Increasing these services not only would mean that more women would seek help but it destigmatises these issues.

This last account makes the argument that women experience high levels of trauma because they live in a 'patriarchal society', and that there is therefore a need for a feminist perspective on young women's troubles and for a case for redress through adequate service provision.

'Holding space' and helping one another

In response to the question, 'Have you ever used your own experience of managing your mental health to support any of your friends, family or peers with their mental health?', nearly 85% responded in the affirmative. For example, one respondent talked about, '*holding space for someone else's big emotions*' as an important practice. Overwhelmingly, the young women's responses were steeped in nuanced understandings of non-judgmental support, as the following examples suggest:

> I know that having someone listen non judgementally and holding space for someone else's big emotions is one of the best things you can do for others. I also will provide techniques or knowledge I have picked up over the years if people close to me want them/may benefit from them...
>
> I talk about relevant experiences, so they feel less alone or more hopeful or less ashamed/feel less like a failure. My mental illness has helped me to be more tolerant and less judgemental and also how much it helps to have people give genuine compliments and words of affirmation and reassure them of things like that my friends are attractive, loveable, smart and I care for them...
>
> I have been able to encourage and relate to younger people with similar issues in regard to depression as I know what they are going through. They can also see through me that they can get better, and this isn't how it's going to be forever. That's a massive thing for someone who is depressed as the illness takes away hope and can leave a person feeling stuck and like this will never get better...

In these extracts, the young women described examples of informal peer support where insights into lived experience are used in combination with an intentional 'use of self' (Chinnery and Beddoe, 2014). The peer-to-peer support described here demonstrates the use of genuine empathy with other young women, non-judgmental approaches, drawing attention to shared experiences, preparedness to listen and validating other's lived experiences; these approaches echo the hallmarks of competent, trauma-informed mental health support (Kezelman and Stavropoulos, 2012). Some testimonies also demonstrated some sense of feminist solidarity with other young women and positioned themselves and others as capable of constructive responses to their gendered experiences; the young women's approaches to providing support to others was therefore inherently emotional, empathic and wholistic, contrasting with the more detached and rationalistic approach that some had encountered from practitioners (Moulding, 2016).

'Nothing about us without us'

The study sought to learn more about the types of supports women use to manage their mental wellbeing. There was a particular interest in hearing about young women's experiences of online support, particularly given the context of COVID, Australia's long repeated lockdowns and mental health services pivoting to various online supports. The young women were asked if they found that support relevant or helpful, whether they would they be interested in accessing this type of support and whether they believed it was important (or not) that young women were involved in its design.

Chatting was best

The survey responses indicated there had been a strong uptake of online support among the young women, including accessing online information about self-help for mental health problems (n=21), online information about other problems (n=13) and accessing and engaging with online resources created by people with lived experience (n=6). The young women elaborated further on their experiences of online support:

> Chatting was best as I didn't like phone calls. With Lifeline I liked it best when people took the time to stay online with me until I felt better, and were validating, kind and patient. With online forums it was good to share victories and hard moments, and have people know what it was like and what an achievement it was to do the right thing. It was a friendly network that was welcoming and inclusive, safe and supportive...
>
> Anything passive (e.g. just reading information) doesn't feel very useful as I know a lot of the information already and anything active (e.g. engaging with others in a chatroom) is more useful but harder for me personally with social anxiety...
>
> Online information is always helpful as it helps to understand what's going on and know that others have been there and do get better...

Most young women's responses emphasised a preference for real-time support over passive written information, from either online counsellors or peers. They shared their experiences of online chat rooms and forums, describing the solidarity of '*sharing good and bad times*', '*feeling validated*' and '*just reading about others' experiences*'. Although the majority of responses indicated that young women found the existing support relevant and helpful, some of their answers identified actual and potential problems around access, difficulties with putting knowledge to put into practice and the challenge of 'taking in' asynchronous written information when struggling with their mental health.

Preferring peers

Respondents were invited to discuss any forms of informal support they had used and if that had helped. Many emphasised the role of friends, saying how friends were '*understanding and provided consolation...*' or how '*I have found my friends, with their non-judgemental approach and my family, with their ability to offer practical support, more useful than formal mental health supports alone...*'.

The above responses highlight positive relationships with friends, family and a range of other members from their community, including social groups, peer support groups and religious/spiritual groups. In describing how useful

respondents found informal supports, a clear distinction was made by some between friends and family, with the latter seen as unhelpful in some cases. One young woman said, *'Talking to family often felt invalidating and upsetting'* while another said:

> I found talking with family about my mental health was not something that was a positive experience for me and was not very useful for me. I have found conversations with friends to be very useful, as these are people who have similar or shared experiences around mental health...

Specifically, friends of a similar age with lived experience of mental ill-health were viewed as offering greater emotional support, whereas family were seen to offer more practical support, while in some cases, family were not experienced as helpful.

Women-led support

Where young women indicated an interest in accessing specific online mental health support, they were asked further about what was attractive to them about this; overwhelmingly, respondents indicated that information gleaned from other women with lived experience was preferred. One young woman offered up the well-known phrase first used to describe disability rights, *'Nothing about us without us'*. Another wrote, *'Often I get put off by mental health supports because they are not women, survivor led. I would like to be able to speak to people who have had similar experiences'*. Other young women also indicated a preference for women-led support:

> Most therapy research and diagnostic criteria are based on men, so a non-man approach to support that understands and considers the specific problems women face, particularly those with intersecting identities, would be beneficial to me...

> Some struggles are very unique to women and especially those from certain backgrounds... I'm straight and Caucasian but it would be good to have support for lesbian, bisexual and transgender women and also Aboriginal women so they can feel safe and supported by peers and get specific information that can help them best...

> There is a real sense of 'sisterhood' and caring for each other that comes when women are allowed the space to support each other. I think that women supporting women in an online space can only be a good thing...

The majority of responses centred on the importance of 'women-specific spaces' and 'women being supported by women', including the need to consider gendered violence. This is not surprising given the high levels of awareness respondents displayed about the role of gender inequality and gendered violence in their own and other young women's mental health and wellbeing. Importantly, some young women also emphasised the need for intersectional perspectives on young women's mental health.

Discussion

There is strong evidence that gendered violence and other forms of gender inequality are significant contributors to the heavier burden of common mental health problems carried by young women. However, there is a tendency for mainstream services to ignore the connections between young women's struggles and the gendered social contexts of their lives (Nyame et al., 2013). The findings from this study confirm that young women themselves largely understand their experiences of mental health problems to be connected to gendered violence, and other gendered and social inequality and discrimination. Moreover, while some young women specifically mentioned trauma symptoms, these were often connected with experiences of gendered violence and abuse. While trauma discourses and trauma-informed interventions are now relatively widespread among service providers, mainstream approaches can fail to take into account the gendered social contexts in which trauma is experienced (Moulding, 2016). The findings of this study show that young women often do make this connection; this points to the risk of slippage between young women's understandings and those of traditional service providers, which could lead to minimisation or ignoring of the gendered nature of young women's problems. However, a small number of young women also suggested that 'genetic vulnerabilities' and 'chemical imbalances' were the main causes of their mental health struggles, in line with medical discourses about the biological basis of mental illness (Moulding et al., 2021); these same young women also indicated

that they did not have backgrounds of abuse. This perhaps points to the need for expanded understandings among professionals and the wider community that the causes of mental health difficulties are complex and multidimensional, and that while gendered violence is important, other aspects of the social and familial context can also play a role.

The analysis of the survey data also found that for young women, it is not merely 'what' services are available, but *how* they are provided that can lead to more positive experiences. In relation to online support, many emphasised the value of 'real time' interpersonal interaction in online forums rather than written information, indicating that they often had good mental health literacy but sought human connection, empathy and understanding to help them manage their mental health. These findings are consistent with evidence demonstrating that it is listening, empathy and the quality of the helping relationship that is more important than the use of any particular therapeutic model (Bland et al., 2015). Many respondents emphasised their desire for women-specific spaces and support from women for women, including the need to consider gendered and structural violence. The young women who contributed to the survey came from diverse backgrounds and they also recognised the need for sensitivity to the intersecting needs of different groups of young women. These findings concur with research undertaken in the UK that similarly found young women prioritised *how* mental health support was delivered, rather than what was delivered (AVA and Agenda, 2017).

The young women also identified a range of personal strategies that they adopt to manage their mental health and wellbeing. In particular, some emphasised the importance of alone-time, a similar finding to that of (Franzway et al., 2019; Moulding et al., 2021) where women recovering from intimate partner violence pointed to the importance of periods of social withdrawal in recovery from gendered violence and its effects. These findings challenge the idea that withdrawal from social contact is always counter-productive for good mental health and recovery, especially where there has been experiences of gendered violence (Franzway et al., 2019). Many young women also identified a host of other self-care strategies that they employ to address their mental health. While self-care can be important and beneficial, its valorisation is also characteristic of neoliberal discourses about individual responsibility for health and psychological wellbeing. Hence, some of the young women downplayed their struggles with mental health, and emphasised 'managing', positioning themselves as primarily responsible for their own mental health in line with neoliberal self-care discourses (Teghtsoonian, 2009). These discourses have been widespread for decades and are often mobilised by services and governments to reduce services and shift responsibility onto private individuals ~~(Moulding, 2006; Stuarewart, 2021)~~(Moulding, 2006; Stuart, 2021). This has led to what Michaeli (2017) calls 'the privatisation of responsibility...[which obscures]...the social, economic and political sources of physical, emotional and spiritual distress and exhaustion' (2017: 53)'; this same process has also been referred to as 'responsibilisation' (Teghtsoonian, 2009: 28). However, as Michaeli (2017) argues, self-care can operate as a form of politically motivated resistance to neoliberalism from within the feminist movement.

The findings from this research demonstrate that there is an unmet demand from young women in Australia for gender-specific mental health care, including peer support. Research consistently demonstrates that mental health peer support is an effective approach to improving wellbeing and social isolation for young women (Andleeb et al., 2020; Chandra et al., 2019). As noted earlier, the development of online mental health peer support is increasingly important in the context of COVID. The survey findings demonstrate that young women are interested in this type of support so long as it includes real time interpersonal interaction and input in its design from young women themselves. While the young women in this study had not had the opportunity to engage with gender-specific online mental health peer support, many appeared to be highly adept at using their own lived experience to provide empathic support and understanding to other young women; they were also optimistic about the potential effectiveness of an online programme and its relevance to them.

Young women's specific needs are too often systematically denied when seeking support from mental health care services. In acknowledging this, the qualitative survey was designed to provide young women with a safe space to share experiences and exercise choice and control. Their responses were often detailed and insightful, demonstrating that qualitative survey methods have a lot to offer researchers who are seeking useful data on sensitive issues (Terry and Braun, 2017). When questions are posed thoughtfully, written in appropriate language and piloted before release, qualitative surveys have 'the capacity to deliver rich, deep and complex data' (Braun et al., 2020: 644). The broad-based participation in this study in itself demonstrates how successful inclusive approaches to young women's mental health can be, demonstrating that many are motivated to participate in activities that speak to their needs and interests.

The limitations of the study mainly pertained to the risk that an online survey method could have been less accessible to certain groups of young women, such as those for whom English is not a first language or other young women who may lack online access. Further research is needed to evaluate the effectiveness of mental health online peer support for diverse groups of young women, and to explore the most effective strategies to increase its uptake where it is offered. Lastly, training for health professionals, including in social work, nursing, medicine and psychology, needs to pay more attention to how intersectional gender inequalities and gendered violence play into mental health and wellbeing for young women, including in field education and skills training.

Conclusion

Mental health services could be more effective for young women if they considered the gendered nature of the experiences that play into mental health and wellbeing. In particular, gendered violence and other intersectional forms of gender inequality play an increasingly significant role in the rising, disproportionate rates of psychological distress reported by young women in Australia and other countries; these have long deserved proper attention from existing primary, secondary and tertiary mental health services. While the findings from this research demonstrate that feminist approaches to mental health peer support are likely to be well-received by young women themselves, other structural changes are also required to substantially increase mental wellbeing among young women. In addition to shifts within traditional mental health services to more social and intersectional understandings of their mental health, wider systemic sexism and improvements to young women's socio-economic circumstances are required. Importantly, peer support offers opportunities for young women to better understand how gendered violence and other forms of gender oppression impact on their mental wellbeing, offering new connections that could also contribute to a new feminist activism on women's mental health. Social workers and other health professionals can play an important role in advocating for improved responses to mental health services and support for young women, drawing attention to the need for governments, policy makers, practitioners and the wider community to challenge gendered assumptions about young women and take their distress seriously.

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Queries and Answers

Q1

Query: The in-text citation “Stewart (2021)” is not listed in reference list. Please add the reference to the list, or delete the citation in all instances.

Answer: Thanks, this should be Stuart 2021. The citation is:

Stuart, H 2021 ‘Professional inefficacy is the exact opposite of the passionate social worker: discursive analysis of neoliberalism within the writing on self-care in social work’, Journal of Progressive Human Services, vol. 32, no. 1, pp. 1-16.

Also, our acknowledgements submitted with the article are missing. Should read like this: We would like to that our participants for sharing their experiences and insights and the two anonymous reviewers for their generous and constructive feedback