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Committee Secretary, Senate Standing Committees on Community Affairs
PO Box 6100, Parliament House, Canberra ACT 2600

Written response submitted via email: community.affairs.sen@aph.gov.au

Dear Clinical Care Standard Team

Response to Issues related to menopause and perimenopause

The Australian Psychological Society (APS) commends the Government on its Inquiry into Issues related to menopause and perimenopause (The Inquiry). This important life transition has been absent from public discourse for too long. We welcome the opportunity to provide input regarding the psychological impacts on people* experiencing (peri)menopause.

The APS is the peak professional body for psychologists in Australia. We advocate on behalf of our members and the community for the implementation of evidence-informed prevention, intervention and systemic reform approaches that deliver health and wellbeing for all Australians. Our work is informed by the United Nations international human rights conventions[2] and the Sustainable Development Goals[3] which champion health and wellbeing as a human right for all.

The APS is a strong advocate for effective, evidence-informed psychological interventions as first-line treatment for mental health concerns, alongside interventions recommended by medical practitioners as part of a multidisciplinary team.

In our submission, we have sought evidence-informed and practice-based evidence from our members. We have also heard some very moving lived experience accounts from our members which are indicative of the importance of this inquiry to them.

On the following pages, the APS has responded to the relevant Terms of Reference (TORs). If any further information is required from the APS, I would be happy to be contacted through the national office on (03) 8662 3300 or by email at z.burgess@psychology.org.au

Yours sincerely

Dr Zena Burgess, FAPS FAICD
Chief Executive Officer

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*Similarly to the Australasian Menopause Society[1], the APS acknowledges that not people who experience menopause identify as women. Given this, we have attempted in this submission to use gender inclusive language. However, when reporting research, we have used terminology which is consistent with the authors' reports.

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c. the mental and emotional well-being of individuals experiencing menopause and perimenopause, considering issues like mental health, self-esteem, and social support;

d. the impact of menopause and perimenopause on caregiving responsibilities, family dynamics, and relationships;

There is no doubt that (peri)menopause is highly significant psychologically, as the associated physiological changes affect many aspects of life including mood, cognition, body image, sex and sexuality[4]. Given this, both practice-informed evidence and psychological science can provide valuable insights to support all Australians affected by (peri)menopause.

We have chosen to combine our responses to TORs *c* and *d* as many impacts of (peri)menopause on mental health and relationship dynamics are intertwined. Although we have outlined typical experiences reported by our members and the available scientific evidence, it is important to knowledge that every individual's experience of menopause is different[5,6]. Such experiences may include:

- **Mood swings and rage –** hormonal changes associated with (peri)menopause are associated with changes in hormonal levels which can have far reaching implications. Recent research found that 'mood swings' including anger and irritability were the most prevalent emotional change[7]. Over 80% of mildly depressed perimenopausal women reported feeling moderately to severely irritable[8]. Such fluctuations in mood can be challenging for the individual experiencing them as well as significant others (such as family members and kin) who may not know the best way to provide support or find the unpredictability difficult.
- **Anxiety and depression -** during the perimenopausal transition, the risk of depression increases by almost threefold[9]. This is due to changes in hormonal levels (as evidenced by relief from symptoms after HRT) having multiple effects including to increase the fear and anxiety response, interrupting emotional control as well as the cumulative impact of other symptoms[9]. People who experience early menopause are also more likely to experience depression and anxiety[10]. Importantly, these symptoms may be exacerbated by sleep disturbances[11]. Psychological treatments are effective in providing relief[12].
- **Hot flushes and night sweats –** are common symptoms of menopause which, despite their physiological basis, (1) can be moderated by psychological processes[13] and, (2) can impact on, or interact with mental health[14]. Evidence suggests that cognitive and behavioural strategies can assist with the perception, appraisal, and ultimately behavioural reactions to these symptoms[13,15], adding to the importance of psychological aspects of health care.
- **Disruptions to sex and sexuality** – in many people, menopause impacts sex and sexuality. Menopausal symptoms such as decreased libido and vaginal dryness or atrophy may negatively alter the experience and desire for sex[16,17]. Body image concerns, such as feeling less attractive, may also compound such issues. Together, these changes can ultimately impact relationship(s) - an important aspect of wellbeing. It is imperative that access to qualified health practitioners, including psychologists, is available to address such concerns. This is particularly important given that menopausal negative impacts on sexuality are associated with depressive symptoms[18]. Research suggests that screening for depression is vital for people who report negative sexual symptoms during menopause[18].
- **Changes in cognitive function –** many people experiencing menopause report negative changes in memory or sharpness of cognition or concentration known as "brain fog"[9]. A growing body of evidence suggests that such changes in function are associated with changes in sex hormone levels[19]. Importantly, these cognitive symptoms appear to also be adversely impacted, but not fully explained, by other menopause symptoms such as sleep disturbances, anxiety and depression[20,21]. People report feeling frustrated, discouraged, and concerned about (peri)menopausal cognitive changes as they are concerned that others will

consider them as less capable (for example in a workplace setting). Cumulatively, this can impact on self-esteem and contribute to poor mental health and wellbeing.

- **Sleep disturbances –** although many women experience insomnia (as much as 36% aged 30), approximately half experience marked sleep disturbances at aged 54[9]. Importantly, sleep underpins our ability to cope with stress, our cognitive function and mood so this can have multi-fold repercussions[22,23].
- **Changing body and self-image** – evidence shows that menopause is associated with weight distribution[24,25] . In addition, associated symptoms such as sleep issues and mood changes can lead to weight gain.[24,26,27] Changes in weight distribution are also associated with increased risk of other significant health conditions such as type 2 diabetes, stroke, and heart disease[24,28].
- **Existential considerations** – The average age to experience menopause is 51 years, however, more than 10% of people experience menopause before 45, with many before the age of 40[7,10,29,30]. Physiologically, menopause signals the end of a women's reproductive capacity. This reality is particularly challenging when menopause occurs earlier than expected or suddenly[10]. In addition to experiencing (peri)menopausal symptoms, the individual has to come to terms with the concept of no longer being able to have children which may induce devastating feelings of loss[10]. This may also include a change in feminine identity and a shifting of roles in a family dynamic[7].

Psychologists, as experts in mental health and wellbeing, are well placed to assist people experiencing menopause. A recent systematic review and meta-analysis shows that cognitive and behavioural therapies (such as CBT) are effective in reducing a range of menopause symptoms including hot flushes, depression, anxiety, fatigue, quality of life, and night sweats[15]. In addition, strategies such as self-compassion may also provide relief[31].

Importantly, as indicated by the Inquiry's TOR, it can be difficult for partners, kin, and significant others to appreciate the breadth and severity of (perimenopause) symptoms and their impact on daily life. Psychologists are well placed to assist partners and significant others with any challenges or changes in relationship dynamics due to (peri)menopause.

APS recommendations:

- Consistent with The National Women's Health Survey, improve awareness and the Australian community's understanding of the symptoms and impact of (peri)menopause[4]. This will not only help to reduce the taboo regarding this natural transition it will promote help seeking behaviour. The facilitation of open conversations to normalise this significant life transition is important, for example, in educational settings.

- Fund sustainable research programs with long term follow up to investigate the impact of psychological support on menopause.

- Provide access to appropriate psychological care to address the multi-faceted physical, emotional, existential, and social impacts of (peri)menopause.

e. the cultural and societal factors influencing perceptions and attitudes toward menopause and perimenopause, including specifically considering culturally and linguistically diverse communities and women's business in First Nations communities;

Despite menopause having a physiological basis, there is increasing evidence to suggest that social and cultural expectations play a significant role in how someone experiences and is supported throughout (peri)menopause[5,32]. Cultural differences in the phenomenological experience of menopause may provide insights into how we can better support people who are in this transition in Australia. For example, in a study of Chinese women in Taiwan, participants described menopause in terms of "achievement" and "wisdom and maturation"[33]. It is seen as a positive process to enable time to enjoy life[34]. While there may be some biological differences, western cultural attitudes are often

associated with loss (of fertility, youth, and/or beauty)[34]. Changing social attitudes may help to contribute to a more positive experience of menopause.

As reported recently by experts in the field:

> *"The increasing evidence for the effectiveness of psychological techniques strengthens the idea that social attitudes and perceptions of the condition can impact its severity"* (p. 21)[34].

First Nations Australians often do not discuss menopause which may contribute to a barrier in seeking healthcare[35]. It also appears that western English language may not appropriately describe menopause for Aboriginal and Torres Strait Islander understanding[36]. Importantly:

> *The experience of the menopause is subjective and can be interpreted in many ways, both socially and culturally. There is no clear consensus on how Aboriginal women view menopause or what influences may play a role in the development of this view. Further uncertainties include whether menopause is seen as a natural transition, whether it is influenced by poor health, what coping mechanisms are used if any, and whether or not this transition is a highly private experience.* (p. 3)[35]

It is clear from the little available evidence that more research is needed to understand and support our First Nations people experiencing menopause[6,32,36].

Transgender (trans) and gender diverse people may find the experience of menopause confronting. In particular, a person who was assigned female at birth who identifies as a man but has not undergone medical transition (for example, taking gender affirming hormones) may find the changes difficult as they are associated with the experiences of a different gender. Many trans people will never experience menopause because they will continue to take hormones throughout their life[37]. Unfortunately, there is not much data regarding the trans experience of menopause and the best ways to provide support[37].

APS recommendations:

- Support public health interventions to reduce the stigma and increase community awareness, acceptance and celebration of menopause.

- Urgently fund research investigating the specific support needs of our First Nations, culturally and linguistically diverse, and LGBTIAQ+ communities.

f. the level of awareness amongst medical professionals and patients of the symptoms of menopause and perimenopause and the treatments, including the affordability and availability of treatments;

Although discussions regarding (peri)menopause are becoming more open and frequent, the level of understanding/awareness of (peri)menopause is too variable and must be an area of focus for the community and medical/health professionals. Too often, people experiencing bothersome menopause symptoms are not seeking help. For example, "fewer than half the women under 44 years who reported bothersome symptoms attributed to menopause had discussed these symptoms with a doctor." (p. 3)[4] The is particularly problematic as late recognition of early menopause is significantly associated with risks of poor bone health, and negative cardiovascular outcomes[4,38].

We have identified several concerns raised by members and the available scientific evidence:

- **Recognition** - The difficulty with the definition of menopause is it can only be determined retrospectively. Yet people can experience changes many years before menstruation stops (known as perimenopause). Because of a lack of awareness or recognition of symptoms, particularly in younger people, changes may be attributed to other factors such as stress or other health issues[39]. We have heard of reports about medical practitioners not investigating the potential impacts of menopause when women present with anxiety and depression [see 38].

As previously described, this can have multiple negative psychological and physical health outcomes as well as leaving individuals feeling unsupported.

- **Expense of treatments** – Our members report that hormone replacement therapy (HRT) can be expensive but is necessary to maintain daily life which can lead to difficult financial decisions.
- **Conflicting information and medical opinion regarding HRT –** previous research received wide media coverage which suggested HRT was associated with high risks of adverse outcomes[40]. More recent evidence, however, is more nuanced and stratifies risk by age and other factors[41].
- **Medicalisation -** Even the language surrounding the 'diagnosis" of menopause is often medicalised and, therefore, associated with disease or dysfunction. This may be appropriate when there is early onset menopause due to medical intervention or other causes but 'diagnosis' is not appropriate to describe a natural phenomenon. Health professionals must be mindful of how this is conveyed to patients as it may perpetuate stigma and shame.
- **Taboos or cultural barriers –** as previously described, individuals from some cultural groups may be reluctant to seek help regarding symptoms due to cultural taboos or lack of awareness of menopause[42].
- **Practitioner barriers** – primary healthcare practitioners reported short appointment times, a lack of confidence, and dearth of culturally appropriate information regarding menopause as potential barriers to them supporting migrant women[43].

APS recommendations:

- Enhance training for health professionals to identify and address the psychological impacts of (peri)menopause. This is particularly crucial for young people who experience early onset menopause.

- Optimise the ways in which health practitioners can holistically support people experiencing (peri)menopause, ideally through the development of National Safety and Quality Health Service Standards[44]. Standards should be patient-centred, increase routine screening, and help support family and kin.

- Expand the provision of specialised (peri)menopause health services which can provide in-depth exploration of the potential benefits and risks of evidence-based treatments according to individual circumstances.

- Decrease the cost of HRT, dependent on evidence-based health economic analysis.

g. the level of awareness amongst employers and workers of the symptoms of menopause and perimenopause, and the awareness, availability and usage of workplace supports;

Despite recent progress, it is important to note that there is still stigma surrounding (peri)menopause in the workplace which can ultimately impact income, career path, and job satisfaction[45]. Importantly, stressful work environments can exacerbate menopausal symptoms. In contrast, positive workplaces with higher levels of support, are associated with lower levels of menopausal symptoms[46]. Unfortunately, it appears that often the way in which a workplace manages the issue of (peri)menopause is dependent on individual supervisors' personal experience and understanding.

Not only can the symptoms of menopause lead to discomfort or stress at work, if not addressed, they may contribute to a decision to retire early[45,47]. We have heard reports of 'gendered ageism' where people experiencing menopause are disregarded, or overlooked[34,48] despite comprising approximately 17% of the workforce[48]. Consistent with the Australian Institute of Superannuation Trustees' submission to the Measuring what Matters consultation, we recommend a full understanding of "the extent to which [peri]menopause impact women's employment and retirement decisions, and how these impact their super balances and retirement incomes". (p. 17)[47] From an

equity stance, it is unacceptable that a person experiencing menopause should have to retire due to a natural physiological process.

Current evidence as well as insights provided by members suggest the following are important considerations:

- **Flexibility** – although formal leave provisions may be greatly appreciated, some suggest that flexibility is just as important. Women also appreciated the ability to work flexibly or from home during extreme weather or times when they were experiencing symptoms such as excessive bleeding[46]. Workplaces should not be seen to 'hide' people experiencing menopause away, just because they are experiencing (peri)menopausal symptoms.
- **Agency over environment –** people experiencing menopause symptoms (for example hot flushes) may find it helpful to be able to adjust their environment such as air conditioning, having access to cold water etc[49].
- **Overcoming the taboo –** unfortunately, the reality is that the symptoms of menopause often coincide with women's career peak (in terms of seniority) and so they may not want to come across as 'weak' or incapable [see 49].
- **Formal workplace policies** – one advantage of workplaces formalising a menopause policy is to help normalise the experiences in workplace settings[50]. It is also important that discussions regarding adjustments for individuals remain confidential if desired[51].
- **Culture of knowledge and support** – Research suggests that peri and post-menopausal women believe that managers should know what menopause is and how the symptoms might impact on work life, although stressed that every individual experience is different[51]. Although workplaces may be concerned with the productivity of people experiencing menopause, we argue that it is important to also foster an inclusive workplace culture [see 52]. This may require new knowledge and training[51], cultural (for example, discouraging jokes about older women experiencing symptoms), as well as physical adjustments[49].

APS recommendations:

- Utilise the expertise of psychologists, specifically, organisational psychologists, to design workplace policies and initiatives to best support individuals experiencing (peri)menopause.

- Undertake more research into the best ways to support people experiencing (peri)menopause in the workplace[52].

The APS would like to acknowledge and sincerely thank the members who so kindly contributed their time and evidence-informed knowledge, experience and research to this submission.

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