

Department of Health

Submission in response to Issues related to menopause and perimenopause

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OFFICIAL

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Introduction

The Department of Health Victoria welcomes the inquiry into Issues related to perimenopause and menopause and is pleased to make a submission to the Senate Community Affairs Reference. The primary focus of this submission is on the physical and mental health impacts of perimenopause and menopause. The submission also considers other criteria and areas of deficit and provides recommendations for how the commonwealth could work more closely with Victorian government to build a stronger healthcare system that better supports women. Contributions to this submission were kindly received from the Departments of Families, Fairness and Housing (Office for Women), and Jobs, Skills, Industries and Regions.

Menopause is a significant natural event in the life of all women. Conditions including dysmenorrhoea, fibroids and menopausal symptoms will affect around 80% of women in their lifetime, however, they often go under-diagnosed and untreated¹. In Victoria, one in three women reported being impacted by perimenopause or menopause, according to the Women's Health Engage Victoria survey². For about 30% of the survey participants, conditions such as menopause resulted in poor mental health.

At the Victorian Department of Health, we want a future where Victorians are the healthiest people in the world. We see it as our job to support Victorians to stay healthy and safe, and to deliver a world-class healthcare system that ensures every single Victorian can access safe, quality care that leads to better health outcomes for all. The department acknowledges the significant impacts of menopause and perimenopause on women and is deeply committed to improving the health and wellbeing outcomes of Victorian girls and women through a range of policies, services, initiatives, programs, and investment into women's health.

The Victorian Women's Sexual and Reproductive Health plan 2022-2030 was developed to strengthen the sexual and reproductive health of Victorian women, girls and gender diverse people. The Victorian Government committed \$153 million to improve health outcomes for girls and women as part of 2023/24 State Budget. We have established the first Victorian Women's Health Advisory Council that is led by women, for women, to guide reforms that will support an integrated and equitable Victorian health system.

Key messages

- **Normalise menopause** – Further investment to reduce stigma, stereotypes and myths associated with Menopause.
- **Focus on education and early intervention** – Development and promotion of accessible and culturally appropriate resources.
- **Improve education on and access to Menopause therapies** – This includes the development, and broad promotion of information on therapeutic and care options.
- **Menopause and younger women** – Additional messaging and education for younger women.
- **Investment into research** – An increase in funding perimenopause and menopause research and its translation.
- **Menopause at the workplace** – Equip workplaces with a better understanding of menopause.
- **Build workforce capacity** – Work closely with primary care services and GPs to ensure optimal health and wellbeing outcomes for patients.
- **Commonwealth and state collaboration** – Continue strengthening state and commonwealth partnership.

¹ The Women's Royal Hospital, <https://www.thewomens.org.au/health-information/menopause-information>

² Women's Health Engage Victoria Around the Table survey was developed by the Department of Health to better understand the health and wellbeing needs and aspirations of women and girls in Victoria. The Survey was open for six weeks, between 4 September and 13 October 2023, and attracted 1772 responses. The *Listening to women's voices* survey report is now available: <https://engage.vic.gov.au/lets-talk-about-improving-womens-health-in-victoria>

a) Economic consequences of menopause and perimenopause

Current challenges

Menopause affects women's socioeconomic security. Estimates from the Australian Institute of Superannuation Trustees suggest that menopause costs women more than \$17 billion in lost earnings and superannuation³. This is a significant contributor to the gender income gap in our country. The impacts of menopause on a woman's capacity to work contribute to this gap, and subsequent levels of poverty in retirement.

Out of the 590 Victorian women, who disclosed perimenopause and menopause impacts in the Victorian Women's Health Survey 2023, many reported reduced productivity, being forced to take on roles with reduced responsibility and seniority, and the need to take time off work. Limited or no career progression and loss of income were key concerns. Some participants mentioned that menopause has significantly impacted their savings and superannuation and even pushed them to retire early.

Women who work in more physically demanding roles, felt limited in their ability to participate in the workforce due to the difficulties experienced with managing perimenopause symptoms, such as menorrhagia. We also heard from some women about the limited affordability and availability of a range of treatments for menopause, such as Hormone Replacement Therapy (HRT).

Our response

Since 2016, the Victorian Government has assisted women in different stages of their careers into employment through Jobs Victoria services, including through the Jobs Victoria Mentors Program which provides targeted supports to jobseekers who face significant challenges finding and maintaining employment.

The Jobs Victoria Fund previously provided wage subsidies of up to \$20,000 for employing jobseekers from key cohorts, including women over 45 years. This program previously supported over 4,700 subsidised jobs out of which approximately 60% were for women. The Victorian Government's \$245.7 million Sick Pay Guarantee pilot program provides up to 38 hours sick and carer's pay at the national minimum wage. The Priority Workforce Projects (closed) 'earn and learn' sought to equip jobseekers who needed extra support to find work, including women 45 years and over.

"Perimenopause/menopause for me has meant chronic pain and nausea on and off for many years, along with multiple other symptoms such as night sweats etc and memory and cognitive impacts. This has meant I've had to take time off work, as well as drop back 2 levels at work for around 30 months out of the last 8 years." (Engage Vic Survey, 2023)

"Menopause has been hugely impactful but I have had no support. Apart from reading Jean Hailles literature which is wonderful. Menopause has impacted my work and home life so much that I have resigned as a manager of a Maternal and Child Health service." (Engage Vic Survey, 2023)

b) Physical impacts of menopausal and perimenopausal symptoms

Current challenges

Menopause affects women's physical health and wellbeing. 60% of women had mild to moderate menopausal symptoms⁴. However, 20% had symptoms so severe that they significantly interfered with daily life. Common symptoms include changes in menstrual periods, hot flushes and night sweats, problems sleeping, anxiety, emotional changes, heavy bleeding, memory difficulties, overactive bladder or discomfort, pain in muscles and joints, tiredness and genital dryness⁵. The long-term effects of menopause include bone loss and

³ Measuring what matters: Understanding our economic and society while informing policy making, AIST Submission to Treasury
https://treasury.gov.au/sites/default/files/2023-03/c2023-379612-australian_institute_of_superannuation_trustees.pdf

⁴ <https://www.jeanhailles.org.au/health-a-z/menopause/menopause-symptoms>

⁵ Ibid.

increased fracture risk, central abdominal weight gain and increased risk of cardiovascular disease due to lower production of oestrogen as well as diabetes and cancer⁶.

A study conducted by Gartoulla et al. suggested that 75% of post-menopausal women aged younger than 55 report vasomotor symptoms⁷. 42% of women aged 60 to 64 continued to experience symptoms. Between 68 and 86% of post-menopausal women had sexual symptoms including low libido and vulvovaginal atrophy⁸. Osteoporosis was reported by 14.6% of women over 45 years and 29.2% of women over 75 years⁹.

The average age of onset for menopause was five years earlier for Aboriginal women compared to non-Aboriginal women. Further, only 36% of Aboriginal women living in rural areas reported menopausal symptoms, half the rate of urban non-Aboriginal women.¹⁰ Aboriginal women experience increased health risks, such as bone loss and increased fracture risk, central abdominal weight gain¹¹ and increased risk of cardiovascular disease¹² due to lower production of oestrogen as well as diabetes¹³ and cancer.¹⁴

A recent comprehensive review of evidence on Menopausal Hormonal Therapy (MHT) found it is an effective and safe treatment for the relief of menopausal symptoms for healthy women. However, amongst women who use MHT there is a small but proven increase in the prevalence of breast cancers¹⁵. Women who use MHT for a long time also develop risks of cardiovascular events, like heart attacks and strokes¹⁶. Using the lowest dose of MHT for the shortest time needed via the safest delivery system can mitigate this risk, but requires thorough and personalised assessment, close medical monitoring, and timely patient advice¹⁷.

Our response

Women require support to manage the transition through menopause while considering current and future health risks and promoting healthy lifestyles for ageing. The Victorian women's sexual and reproductive health plan 2022-2030 includes initiatives promoting positive sexual health and related screening and testing services.

Cardiovascular health and cancer screening for women in the life phase of perimenopause and menopause are health priority. The Victorian Heart Hospital provides tailored cardiovascular care and access to world-leading expertise in obstetrics, nephrology, intensive care, and many other specialties. Cancer screening and early detection resources, support and services are available through Cancer Council Victoria and the Better Health Channel funded by the Department of Health.

Both the Royal Women's Hospital (Melbourne) and Monash Health run menopause clinics and provide information, services and referrals for women, including for those with menopause symptoms after cancer. The department also funds the National Ageing Research Institute to continue supporting older women with achieving improved health and wellbeing outcomes.

The Victorian Budget 2023/24 provides women's health with the focus and funding it deserves, including:

- \$65 million for 10,800 additional laparoscopies: these will help treat debilitating endometriosis that affects one in every nine girls and women.
- \$58 million for 20 new comprehensive women's health clinics and a dedicated Aboriginal-led women's clinic, to overcome some of the barriers to treatment that women face such as cost, confidentiality, geographical location of services, cultural and communication barriers. The clinics

⁶ Ibid.

⁷ Gartoulla et al. (2015) Moderate to severe vasomotor and sexual symptoms remain problematic for women aged 60 to 65 years, *National Institute of Health*, <https://pubmed.ncbi.nlm.nih.gov/25706184/>.

⁸ <https://www.jeanhailes.org.au/health-a-z/menopause/menopause-symptoms>

⁹ <https://www.jeanhailes.org.au/health-a-z/menopause/menopause-symptoms>

¹⁰ Jurgenson, JR et al 2014, Exploring Australian Aboriginal women's experience of menopause: a descriptive study, *BMC Women's Health* 14: 47.

¹¹ <https://www.aihw.gov.au/reports/overweight-obesity/overweight-and-obesity/contents/overweight-and-obesity>

¹² <https://www.aihw.gov.au/reports/heart-stroke-vascular-diseases/cardiovascular-disease-in-women-main/summary>

¹³ <https://www.aihw.gov.au/reports/diabetes/diabetes/contents/summary>

¹⁴ <https://www.aihw.gov.au/reports/cancer/cancer-in-indigenous-australians/contents/about>

¹⁵ Madsen et al. (2023) A Review of Hormone and Non-Hormonal Therapy Options for the Treatment of Menopause, *International Journal of Women's Health*, Vol. 15, published 2 May 2023.

¹⁶ Ibid.

¹⁷ Ibid.

will mean women can access specialists – gynaecologist, urologist, along with specialist nursing and allied health – in one spot, making it easier and faster to access the world-class care women need and deserve.

- \$12 million for research initiatives that will directly benefit women's health, such as an inquiry into women's pain and early work to establish a Women's Health Research Institute.
- \$10 million to establish nine sexual and reproductive health hubs in addition to the 11 existing hubs and to continue funding the Local Public Health Unit networked hub and spoke primary care model, to provide clinical services that, when they are available through a GP, are associated with out-of-pocket costs.
- \$5.3 million for a mobile women's health clinic to improve access to specialised women's health services for women in regional and remote Victoria.
- \$2 million in grants to women's health NGOs to provide women's health and wellbeing support programs, particularly online.
- \$2 million for women's health specialists' scholarships, to improve workforce capability and capacity.

c) Mental and emotional well-being of individuals experiencing menopause and perimenopause

Current challenges

Due to a lack of research specifically exploring the mental health of perimenopausal women, the impact of the menopause, especially transition phases, on mental health and wellbeing are poorly understood.¹⁸ Women often experienced symptoms of depression, anxiety, and cognitive changes in early perimenopause, meaning that menopause-related hormone changes are often missed as a key factor to address these mental health issues.¹⁹ Where a diagnosis of perimenopause is missed or not understood, patients may miss out on vital treatment related to hormonal changes. There is evidence that stressful events, and women's psychological reactions to them, can impact on the frequency of vasomotor symptoms during menopause.²⁰ Women aged between 45 and 54 have the highest rates of recurrent depression of all women. Women with no previous history of depression in this age group are two to four times more likely to experience depression during menopause.²¹

"Peri menopause has made me feel like a crazy person with no control over my mind or body. It is not 'normalised' to talk about it, so it also feels quite isolating." (Engage Vic Survey, 2023)

Survey participant from the Victorian Women's Health Survey 2023 identified that their stress levels were compounded by a lack of community discourse about their conditions. There was a prevailing sentiment that this is a time that all women must cope with and that they should do so privately ('in silence'). Social isolation was also exacerbated for women whose early menopause prevented them from being able to have children and led to feelings of shame and loss. Some women who had experienced mental health issues told us about how these were reduced once they began taking Hormonal Replacement Therapy (HRT) medications.

"I also started suffering from anxiety age 45 but since I start HRT it went, and 'normal' anxiety/worries resumed which aren't so debilitating." (Engage Vic Survey, 2023)

Our response

The 2023-24 Victorian State Budget includes over \$20 million to support women's mental health and wellbeing. In 2020-21, the Victorian government invested over \$100 million to establish Australia's first Specialist Women's Mental Health Service, known as the Women's Recovery Network (Wren). Wren enables more than 750 women each year to access tailored and dedicated therapeutic mental health care.

¹⁸ Kulkarni J 2018, Perimenopausal depression – an under-recognised entity, *Australian Prescriber* 41:183-5.

¹⁹ Kulkarni, J 2022, Depression: A major challenge of the menopause transition, *Medicine Today* 23 (10).

²⁰ Arnot, M, Emmott EH and Ruth Mace 2021, The relationship between social support, stressful events, and menopause symptoms, *PLoS One*, 16 (1).

²¹ Kulkarni, J 2022, Depression: A major challenge of the menopause transition, *Medicine Today* 23 (10).

As part of the Victorian Women's Health reform, we are creating Women's Health and Wellbeing Support Groups and Programs in the community. Five menopause programs were funded by the Department of Health until June 2027 and will commence operations between January and July 2024. Those programs will provide peer-to-peer support, improve women's quality of life, reduce stigma and empower women with the knowledge they need to better manage their health. Funded programs included multicultural, LGBTQIA+ and First Nations women as well as women residing in regional areas.

d) Impacts of menopause and perimenopause on caregiving, family dynamics and relationships

Current challenges

Menopause often coincides with the challenging stressful midlife events, such as caring for elderly family members and children, the death of parents, children leaving home, relationship problems and work stress. A national study found that a majority of kinship carers were females, aged above 40 years. Given that a significant proportion of kinship carers are women around the average age for the onset of menopause,²² and women experiencing menopause often face an additional economic burden,²³ there is the potential that this demographic is confronted with compounded economic struggles.

e) Cultural and societal factors influencing perceptions and attitudes toward menopause and perimenopause

Current challenges

Sex, gender, intersectionality and diversity inform experiences of menopause and perimenopause and access to treatment, care and support. In Western cultures, menopause has historically been treated as an issue that women must manage themselves in private. Engage Victoria Survey participants told us they were expected to bear menopause symptoms in silence, using phrases such as, "put up with it" and "suck it up". We heard that many of the symptoms of menopause were 'invisible' to others.

*"I feel unprepared about menopause. I don't know what to expect and feel anxious about it".
(Engage Vic Survey, 2023)*

There are also many misconceptions and outdated views about effective options for menopause transition. Awareness and access to services continues to be a challenge as it is often not discussed in families, communities, workplaces, or health care settings. Women felt the burden of having to explain and/or justify their discomfort and related issues to others. Some survey participants did not have the information to understand how to manage menopause symptoms and were missing out on treatment as a result.

Research has also demonstrated a correlation between the way a culture views menstruation and menopause, and the experience of menopausal symptoms²⁴. Studies have also shown that women tend to have worse experiences of menopause in countries where women's value is connected to youth and fertility, with ageing associated with decline.²⁵ Social factors, such as the experience of systemic discrimination and racism, and socioeconomic status, can shape the experience of menopause for migrant women and women of colour, including an increase in vasomotor symptoms.²⁶

²² Jurgenson, JR et al 2014, Exploring Australian Aboriginal women's experience of menopause: a descriptive study, *BMC Women's Health* 14: 47.

²³ Mitchell, R., Gu, J., & Sherman, K. (2023). Managers need menopause training to protect profits and retain women in senior jobs. Macquarie Business School, the Lighthouse. <https://lighthouse.mq.edu.au/article/august-2023/managers-need-menopause-training-to-protect-profits-and-retain-women-in-senior-jobs#:~:text=The%20financial%20impact%20for%20women>

²⁴ Morrison et al (2010), Relationships between menstrual and menopausal attitudes and associated demographic and health characteristics: The Hilo Women's Health Study, *Women Health*, 5(50): 397- 413. Published July 2010.

²⁵ Ibid

²⁶ Hickey, M et al 2022, Normalising menopause, <https://www.bmj.com/content/377/bmj-2021-069369>

Our response

The Victorian Government has been a leader in destigmatising menopause and identified it as a priority in the first Victorian Women's Sexual and Reproductive Health plan released in 2017 and again in 2022 when the current plan was released. The 2022-30 plan has a priority action to reduce stigma associated with perimenopause, premature menopause, and post-menopause. *Our equal state*, Victoria's gender equality strategy released in 2023, has a strong focus on the need for cultural change in progressing gender equality.

The Victorian Government provided funding to Jean Hailes for Women's Health to develop a range of resources for health professionals and the community. In 2021, Victorian Government funded the Ilbjerri Theatre company for the production of "Goodbye Auntie Flo", a play created by the mob for mob, exploring the ups and downs of menopause. In 2021, Flesh after Fifty art project brought together a collection of images and new art installations that explored social issues of health and empowerment for older women. The project generated a debate around construction of images of older women.

f) Level of awareness amongst medical professional and patients

Current challenges

The lack of awareness of menopause and early menopause amongst health professionals was identified in the Engage Vic survey. GPs were a primary source of information, but participants mentioned that their symptoms were often dismissed, and they were not given menopause management advice. Some were prescribed anti-depressants for anxiety instead. This has resulted in women needing to 'doctor shop' to access the care and support they needed.

"Lack of expertise in women's health, almost impossible to see a Dr who understands women's health issue (menopause and interaction with other conditions)". (Engage Vic Survey,

Our response

The Royal Australian College of Obstetrics and Gynaecology has available 'A practitioner's toolkit for managing the menopause'. The Better Health Channel, via the Jean Hailes for Women's Health website provides information on menopause for consumers and clinicians.

"I wish more doctors were aware of non standard HRT options, such as micronised progesterone and estrogen patches, and that these items were subsidized by Medicare". (Engage Vic Survey, 2023)

g) Level of awareness amongst employers and workers

Current challenges

Menopause is an important gender equality and age equality issue. During the ages of 45 and 55, when most women experience menopause, nearly 70% of Australian women are in paid employment.²⁷ The impacts of menopause on women and gender diverse people with disability are likely to be even more pronounced due to systemic barriers and limited pathways in employment.

Research undertaken by social enterprise Circle in partnership with the Victorian Women's Trust, surveying more than 700 people, found that one in eight women experiencing menopause stepped out of the workforce due to their symptoms. Another two in eight said that they would do the same if they could afford to.²⁸ Research conducted by Monash, LaTrobe and Yale Universities also found that many women feel anxious about speaking with their managers and colleagues about experiencing menopausal symptoms due to a fear of being stereotyped as 'old'.

²⁷ Workplace Gender Equality Agency 2021

²⁸ Circle In 2021, Driving the Change: Menopause and the workplace, <https://circlein.com/driving-the-change-menopause-and-the-workplace/>

Menopause is often stigmatised in the workplace and seen as an undesirable ageing process. This could also influence an employer not to hire middle-aged women. There is minimal research on what support women want at the workplace as well as what works.

Our response

The Victorian Government delivers the Women's Health Atlas, which displays health and social wellbeing indicators by sex for every local government area in the state. Sexual Health Victoria provides reproductive health professional workforce development, including clinical training and education resources. The Centre of Excellence in Rural Sexual Health offers a range of online learning modules and resources and has worked with the sector to develop nurse-led models of care. Alongside these established providers, new initiatives were launched to address other workforce needs via the Women's sexual and reproductive health: key priorities 2017–2020.

Continued workforce development is delivered by Jean Hailes for Women's Health throughout Victoria and Australia who disseminate evidence-based information and resources to health professionals. The Better Health Channel and the Australian Menopause Society offer information on menopause in the workplace, including workplace training. Sustainability Victoria launched its Menstruation and Menopause Policy in March 2023, providing support and relief to staff members who are experiencing symptoms of menstruation or menopause. This includes policy offers for additional paid leave as well as other flexible work options.

Recommendations for the Commonwealth

Normalise menopause

We heard from women that they would like public conversations around the experiences of menopause to be normalised. There is an acute need for a cultural change within Australian society, to normalise ageing and respect for older women. An example of normalising ageing can be found in the UK. Post-menopausal women sharing their experience have featured in media campaigns and in the workplace, menopause is included in the high school curriculum, and organisations are encouraged to develop menopause policies and support employees managing their symptoms.²⁹

Associated concerns such as the fear of ageist discrimination should be addressed. Aboriginal women, women from multicultural backgrounds and diverse gender people especially require support for self-expression and provision of culturally safe and appropriate care options. Embedding intersectionality as a key principle of addressing menopause will ensure that systemic forms of discrimination and inequality experienced are given appropriate attention.

Focus on education and early intervention

Increased exposure and knowledge sharing around perimenopause and menopause would increase women's preparedness and decrease associated surprise and stress. Women should be empowered to express their feelings and menopause concerns with confidence. Menopause related advice and care should be provided by all primary care professionals and GPs where individualised treatment is provided.

Improve education on and access to Menopause therapies

Women across the board are telling us that they do not know enough about available perimenopause and menopause therapeutic care options and are not accessing treatment as a result. It is important to improve research and information on MHT and HRT to ensure that women can benefit from it. Building capacity for the healthcare sector to deliver menopause care. Similarly, to the work taking place in the UK, it is recommended to also reduce the cost of HRT prescriptions.³⁰

Menopause and younger women

Additional messaging and education are needed for younger women experiencing perimenopause and menopause to improve their overall health and wellbeing and support management of menopause while

²⁹ Ibid.

³⁰ UK Government 2022, Women's Health Strategy for England, <https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england#menopause>

considering benefits and risks of existing options, such as MHT and HRT. Social isolation should be addressed through additional community-based support.

Investment into research

It is recommended to develop a nationally consistent approach to employer training, data collection and research about menopause and its impacts on women. Data collection should intentionally capture the impact of menopause for different groups, including First Nations, multicultural women and gender diverse people. Recommended areas of research include the impacts of menopause on women's mental health and wellbeing, impact of menopause on women at the workplace especially for essential workers, and impacts of menopause on priority populations, especially First Nations women over 40 years.

Menopause at the workplace

As most women remain in paid employment during menopause, it is important that the workplaces are menopause friendly and inclusive. Ensuring women remain in the workforce will contribute to their financial security and overall productivity of our society. Workplace culture and policies require further review to ensure menopause is normalised. We also encourage the consideration of the possibility of menopause leave in the Commonwealth Government and private sector, and related investments in research to understand the impacts of menopause on women in the workplace.

Building workforce capacity

Targeted capacity building opportunities are required for primary care health providers, especially GPs. Fields recommended for targeted capacity building include perimenopause and menopause screening, diagnostics, treatment, and monitoring. Customisation of treatment for each patient is important for best health outcomes and risk minimisation.

Commonwealth and state collaboration

The commonwealth should continue working closely with jurisdictions under the National Health Reform Agreement to progress models of care/investment that achieve best care and service delivery objectives, such as multidisciplinary care models, improved referral pathways and service provision in the lowest acuity setting.