



BANKSIA BULLETIN

SEPTEMBER 2024

Mental health for women, girls & those with periods

Destigmatising Premenstrual Dysphoric Disorder

Premenstrual Dysphoric Disorder (PMDD) affects 3 - 8% of people with periods, and is a more intense form of PMS that can cause emotional and psychological distress, sometimes making everyday activities like work, school, exercise, or self-care feel overwhelming. For those living with PMDD, these symptoms can be so challenging that they may lead to thoughts of self-harm or suicide, which is why it's important to seek support and care [1]. While PMDD is connected to the menstrual cycle, it's not caused by a hormonal imbalance. Instead, researchers believe it's triggered by the natural hormonal changes that happen in the luteal phase, the period between ovulation and menstruation. During this time, levels of follicle-stimulating hormone (FSH) and luteinizing hormone (LH) decrease, while progesterone and estrogen rise, which can bring on PMDD symptoms. These feelings can last for one to two weeks, often improving when hormone levels drop as the body prepares for the next period. If you or someone you know is struggling with PMDD, know that you're not alone, and support is available to help manage these difficult moments [2].



From the Banksia Library

Welcome to Your Period by Yumi Stynes &

Dr Melissa Kang (former Dolly Doctor!) is an

enlightening and engaging guide that demystifies

menstruation for young readers. With its conversational tone and practical advice, Stynes & Kang offer a refreshing perspective on periods, addressing common concerns and breaking down myths with humor and empathy. The book's inclusive approach and straightforward explanations make it an invaluable resource for anyone looking to understand and embrace this natural part of life.



Pregnancy & Post-Partum

Pregnancy and the postpartum period bring many changes, both joyful and challenging. Unfortunately, these times can also pose increased risks to mental health. Research shows that women face a heightened risk of suicide, especially during the first year postpartum and those who give birth to multiples [3]. Perinatal mental health conditions, such as depression and anxiety, are also prevalent, with as many as 1 in 7 women experiencing postpartum depression [4]. It's so important that women are met with understanding, early intervention, and compassionate mental health care. Recognizing signs of distress and ensuring access to timely support is crucial.



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Some risk factors that contribute to this vulnerability include birthing multiples, hormonal changes, previous mental health issues, lack of support and Financial and relationship stress.

To support mothers who may be struggling, consider:

Regular Screenings: Incorporate mental health screenings into routine prenatal and postpartum care.

Mental Health Education: Educate families on the signs of perinatal mental health challenges and encourage early intervention.

Access to Resources: Provide mothers with information about local mental health services and support groups.

Practical Support: Offer help with daily tasks to reduce stress and give new mothers a break.

Emotional Support: Be a compassionate listener and validate their feelings and experiences.

By addressing these risk factors and fostering supportive environments, we can help mothers navigate the challenges of pregnancy and postpartum with greater confidence and care.



Aboriginal and Torres Strait Islander mothers face significantly higher rates of mental health challenges compared to non-Indigenous women. This disparity is driven by factors such as historical trauma, socio-economic disadvantages, and limited access to culturally sensitive healthcare [5]. A culturally respectful and tailored approach is key to supporting these mothers. Grounding mental health services in community engagement and cultural understanding will ensure that Aboriginal and Torres Strait Islander women receive the care they deserve.



In lesbian and queer relationships, the non-birthing parent also experiences unique

mental health challenges during the pregnancy and postpartum periods. This partner often faces emotional and logistical stress, which can deeply affect their well-being. It's vital that they receive support that acknowledges their role and includes them in the care process [6].

Ways to Support the Non-Birthing Parent:

Involvement in Care: Ensure the non-birthing parent is included in prenatal appointments and birthing plans.

Emotional Support: Provide space for them to express their concerns and feelings.

Access to Counseling: Offer counseling services that address their unique emotional needs.

Inclusive Practices: Create a welcoming environment where both parents feel valued.

LGBTQ+ Education: Understand the specific challenges faced by non-birthing partners in queer relationships.

Offer Practical Help: Assist with everyday tasks to relieve stress.

Provide Emotional Support: Listen with compassion and validate their experiences.

Encourage Self-Care: Remind the non-birthing parent to take time for themselves.



Medical Gaslighting

Medical gaslighting, where healthcare providers downplay or dismiss a person's symptoms, remains a pervasive issue. This can lead to delayed diagnoses for conditions like endometriosis or fibromyalgia, prolonging suffering. Medical gaslighting occurs due to a range of reasons, including the treating professional being unfamiliar with the presentation, implicit bias or medical paternalism, which is reinforced due to the nature of the medical model of treatment. It's important to note that Medical Gaslighting typically doesn't come from purposeful manipulation of patients or deceitful motives. It is more often than not driven by systemic constructs and biases. Being able to recognise Medical Gaslighting and know how to respond is critical to advocating for your own health and wellbeing needs, receiving timely diagnosis and treatment and building a care team that centres your views and experience in their treatment approach [7].



Common signs of Medical Gaslighting are:

- Ignoring or belittling your concerns and invalidating your emotions and experiences.
- Attributing symptoms to anxiety or stress without investigation or dismissing/trivialising symptoms.
- Providing vague or inconsistent responses.
- Ignoring alternative diagnoses or treatment options.

What it might sound like:

Why seek a second opinion? I've already given you a diagnosis.

You just need to lose weight.

It's just anxiety or stress...

It's all part of being a woman.

It's probably nothing.

What you can do:

- Document symptoms - keep a detailed record to present a clear picture (a health app might be useful).
- Seek a second opinion - Get another perspective if you feel unheard.
- Advocate for yourself - be assertive about your concerns and ask for thorough explanations.
- Bring support - Having a trusted person with you can help validate your experiences and provide moral support.
- Ask them to explain their process in reaching a diagnosis or treatment outcome and asking why/how come? What are the next steps from here?
- Seek help from a therapist or Social Worker - This may help with the emotional burden of unmet medical needs, and also provide avenues for medical advocacy and resources.

Spotlight on...

The Senate Inquiry into Menopause & Perimenopause

On the 18th of September 2024 the Australian Parliament's Senate inquiry into Menopause and Perimenopause was released and brought much-needed attention to these significant life stages that impact so many women, yet often go under-recognized in both healthcare and the workplace. The inquiry aimed to improve understanding, care, and support for women navigating these transitions, recognizing the physical, emotional, and social challenges they can bring. One of the key highlights was the recognition of the lack of awareness and education surrounding menopause and perimenopause, not only among women but also within the medical profession. The report recommended **increased education for healthcare providers** to ensure early diagnosis and appropriate treatment options for women experiencing symptoms. It also emphasized **the need for public health campaigns to raise awareness** and normalize conversations about menopause, making it easier for women to seek help. **Workplace support** was another major focus, with the report recommending that employers implement menopause-friendly policies, such as flexible work arrangements and better access to support services. The inquiry acknowledged that menopause can significantly impact a woman's ability to work, and ensuring supportive workplaces could make a meaningful difference in women's professional lives. The inquiry's recommendations also included the **expansion of Medicare** to cover more treatments related to menopause and the improvement of access to Hormone Replacement Therapy (HRT), recognising the need for affordable and equitable healthcare solutions. This inquiry represents an important step toward ensuring that women in Australia receive the understanding, care, and support they deserve during menopause and perimenopause. It encourages ongoing dialogue and action, fostering a more compassionate and informed approach to these natural yet often challenging life stages [8].

At Banksia, we are celebrating the step forward that comes from the Senate Inquiry, whilst also recognising the way we have to go to achieve true health equity for women, girls and those who menstruate. There is support and you are not alone. -



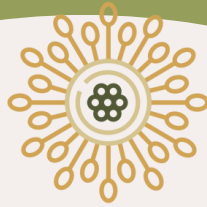
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