Government of **Western Australia**
South Metropolitan Health Service
Fiona Stanley Fremantle Hospitals Group

FIONA STANLEY hospital
Cockburn health

Why a women's mental health service?

…introducing Cockburn Health


Women's Day
Donate
International Women's Day
International Women's Day
International Women's Day
International Women's Day
International Women's Day
International Women's Day

Some definitions…

Sex: the classification of living things, generally as male or female according to their reproductive organs and functions assigned by chromosomal complement" ("biology")

Gender: a person's self representation as male or female, or how that person is responded to by social institutions based on the individual's gender presentation. Gender is shaped by environment and experience.

Institute of Medicine, 2001

Sex and gender are not dichotomous; frequently the terms are used interchangeably (Howard et al, 2014)

Background

- In Australia **women have higher rates** of some mental health disorders.
- **Women aged 50-54** have the **greatest risk of completed suicide of women** in Australia -10.0 deaths per 100,000 population (ABS 2023).
- **Certain groups** of women face even **greater mental health disparities**: Aboriginal and Torres Strait Islander women, LGBTIQ+ community, perinatal women, migrant and refugee women, women with disabilities, young women, carers, women in prison, single women and those who have experienced trauma or abuse.
- Women in mental health units often **encounter gender-based violence** and **feel unsafe in mixed wards**.

Prevalence of disorders: females relative to males

- Mood disorders (e.g. depression) x 2
- Anxiety disorders x 2
- PTSD x 2.5
- Eating disorders x 4
- Hospitalised for self-harm x 2
- More likely to attempt suicide x 2
- Psychological distress x 2 in young women compared to young men

Women’s mental health

Overall rates of psychiatric disorders are almost identical for men and for women, but big **differences are found in the patterns of mental illness**. Women’s mental health considers the influence of psychopathology and treatment on:

1. **female gender** – consideration of the social determinants of mental health and illness esp. gender roles and gender-linked trauma
2. **female sex** – biological factors (e.g. brain sexual dimorphism, pharmacokinetic sex differences and female specific comorbidities)
3. **female reproductive life cycle**

1.Female gender

Key social determinants

- **Gender inequities** - women are more frequently subject to socioeconomic disadvantage factors.
- **Domestic**, family and sexual **violence** and associated trauma is a significant risk factor
- **Compounding** of risk factors

Australian Bureau of Statistics 2021-2022

1 in 6 women

1 in 18 men

had experienced **physical or sexual partner** violence

1 in 4 women

1 in 7 men

had experienced **emotional abuse** by partner

1 in 6 women

1 in 13 men

had experienced **economic abuse by current/previous cohabiting partner** since age of 15

1 in 5 women

1 in 16 men

had experienced **sexual violence** since age of 15

Violence in against women and mental health

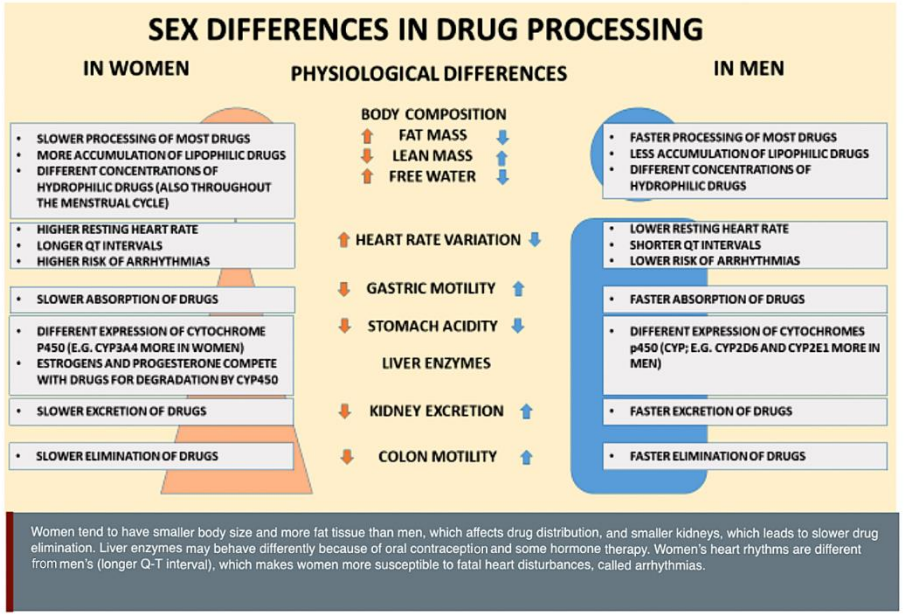
Anxiety disorders x4	Depressive disorders x3
PTSD x7	Substance use disorders x2

1. **Severity and duration of exposure to violence is highly predictive** of the severity of mental health outcomes.
2. **Prevalence** of domestic violence and abuse is **increased in** those who present to **mental health services**.
3. A narrow focus on diagnosing mental health symptoms **may prevent** recognition of trauma and abuse, impacting on **victims accessing support and treatment services**.
4. **Trauma informed** services - a priority
5. Consider **trauma specific treatments**.

2. Sex/biology - example

Women are different:

- smaller kidneys
- more fat tissue
- liver enzymes behave differently if on the pill or hormone therapy.
- Longer Q-T interval so there is an risk of fatal heart arrhythmias.



From - Prescription Drugs: Analyzing Sex and Gender – Stanford University

3. Female reproductive life cycle

Vital to consider impact of reproductive life cycle – menarche, menstrual cycle, pregnancy and postpartum period, perimenopause.

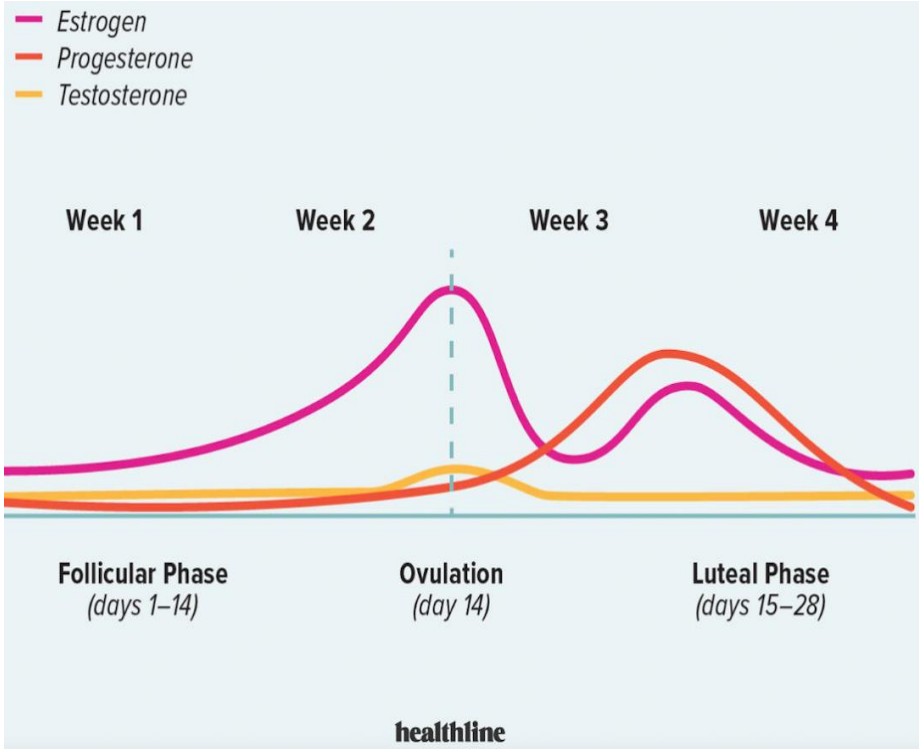
Estrogen and progesterone -

- act as neurotransmitters
- facilitate or inhibit transmission via glutaminergic, serotonergic, dopaminergic and GABAergic pathways.
- impact on mood, behaviour and cognitions.

Hormonal transitions impact brain structure and function.

Hormonal transitions: menstrual cycle

- Premenstrual dysphoric disorder
- ADHD
- Schizophrenia
- Post traumatic stress disorder
- Bipolar affective disorder
- Borderline personality disorder
- Impact of hormonal contraception



Schizophrenia in women

- Higher incidence in women over 40
- Slightly later onset than in males.
- Young women have a better course
- Women's symptoms vary over menstrual cycle and after menopause
- More affective /anxiety symptoms; better social functioning
- Estrogen implicated
- Different profile of comorbidities

- Pharmacokinetic differences – sensitivity to side effects;
- Dosing and drug medication delivery across reproductive lifecycle.
- Antipsychotics impact on prolactin – increased risk of osteoporosis, breast cancer, sexual dysfunction, infertility. Prolactin- lowers estrogen
- Consideration of contraception, encourage screening, prevention and management of obesity, cardiac risk factors.

FSH Cockburn Health

Cockburn Health is a stand-alone 75 bed inpatient facility.

A contemporary purpose-built mental health facility in 2023 - leased by WA Health in 2024, opened 5 August 24.

The hospital is non-authorised hospital, and for voluntary female patients only. Referrals received statewide.

FSH Cockburn Health will provides inpatient services for women over the age of 18 -

- Women's Mental Health (33 beds currently open)
- Eating Disorders
- Alcohol and Other Drug (AOD) Behavioural and Withdrawal Management

Cockburn Health.

Principles of care

- Women centred
- Holistic
- Multidisciplinary
- Recovery focused
- Cultural security
- Trauma informed
- Reproductive and sexual health
- Inclusive of non-binary and transgender individuals who identify as women

Clinical workforce

- Nursing
- Psychiatry
- **Vocational GP**
- Social work
- Occupational therapy
- Clinical psychology
- Pharmacy
- Dietetics
- **Exercise physiology**
- (Aboriginal liaison officer, lived experience peer support)

Standardised Statewide Clinical Documentation –

Where are the women's health parts?

- **Non-specific to sex or gender**
- Nil reproductive health prompts

Endocrine *(Include heat/cold intolerance, diabetes)*

GENITOURINARY *(Dysuria, Polyuria, Haematuria)*

- **Reinforces a gender-neutral approach to psychiatric assessment**
- Completed by junior doctors
  - **55.6% of junior doctors had never enquired about reproductive history** when taking a mental health history
  - 33.3% rarely, 11.1% sometimes

Polycystic ovarian syndrome is the most common endocrine disorder in women of reproductive age, with diagnosis often initiated by the identification of **menstrual irregularities** such as oligomenorrhea and amenorrhea[1]

Training?

…Reproductive psychiatry is not included in the basic psychiatry training curriculum…..

Consideration of hormonal status relies upon the experience, background and **training of treating psychiatrist**.

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WOMEN'S MENTAL HEALTH REPRODUCTIVE HISTORY

SURNAME	UMRN	
GIVEN NAMES	DOB	GENDER
ADDRESS		POSTCODE
	TELEPHONE	

Staff name: _____ Delegation: _____ Ward: _____

Menstrual? ☐ Yes ☐ No – please move to Menopausal section

Menstrual cycle *Tick relevant box.*	☐ Regular ☐ Irregular ☐ Amenorrheic ☐ Unsure If irregular – ☐ Primary ☐ Secondary	
	Date of last menstrual cycle?	
	Cycle duration?	
	Length of menstruation?	
	Flow? (rate 1-5) *Scale: 1. Mild …5. Severe*	
	Pain? (rate 1-5) *Scale: 1. Mild …5. Severe*	If dysmenorrhea – ☐ Primary? ☐ Secondary?

Premenstrual symptoms *Indicate duration.*	Emotional Symptoms	
	Physical Symptoms (e.g. headache, fatigue, joint or muscle pain, weight gain, breast tenderness, acne).	
	Suicidal thoughts	
	Impact on function (rate 1-5) *Scale: 1. Minimal …5. Severe*	

Menopausal	**Perimenopausal?** ☐ Yes ☐ No ☐ Unsure **Postmenopausal?** ☐ Yes ☐ No ☐ Unsure **Menopausal?** ☐ Yes ☐ No ☐ Unsure If experiencing symptoms related to peri / post menopause, detail below and note frequency: Physical: Vasomotor: Mood: Genitourinary:

Pregnancy history	**Is the patient pregnant?** ☐ Yes ☐ No ☐ Unsure				
	Is the patient postpartum *(up to 12 months)*? ☐ Yes ☐ No **If yes, was the outcome of this pregnancy a live birth?** ☐ Yes ☐ No				
	Is the patient currently breastfeeding and/or lactating? ☐ Yes ☐ No				
Previous pregnancies	Year	Duration	Outcome	Complications	Mental Health
Date	Name			Signature	

1. **Orientation provided with every RMO** term on how to use the form, trauma informed approach to taking a reproductive history.

2. **Prompts for further enquiry** and investigation, referral to in-house GP, psychoeducation, cycle tracking –
   - Amenorrheic ▢
   - Irregular ▢
   - Unsure ▢

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WOMEN'S MENTAL HEALTH REPRODUCTIVE HISTORY

SURNAME	UMRN	
GIVEN NAMES	DOB	GENDER
ADDRESS		POSTCODE
	TELEPHONE	

Contraception use		Type (Name)	Side effects
	Current		
	Previous 1		
	Previous 2		
	Previous 3		
	When?		
	Treatment		

Hormone Replacement Therapy History

Medication	Dose	Date prescribed	Duration	Side effects

Over the counter and prescribed medication details

Medication	Dose	Date prescribed	Duration	Side effects

Other gynacology history e.g. Polycystic ovary syndrome (PCOS), Endometriosis, Assisted Reproductive Technology (ART)?

Are there any other issues the patient would like to discuss?

Plan:

Referral to patient's GP required ☐ Yes ☐ No

Psychoeducation provided ☐ Yes ☐ No

Currently Menstrual Cycle symptom tracking? ☐ Yes ☐ No

Date Name Signature

3. **Feedback surveys from users** and stakeholders, audit cycles each term

4. **Revision of Statewide Standardised Clinical Documentation** to facilitate integration into other services

Referrals process

(a) Services with access to Bed Management System (EBM)

- List the patient on EBM
- Referrals will be “acknowledged” by CNS/CNM on EBM

(b) Services without access to EBM use the referral and email to the ward email listed on the bottom of the referral.

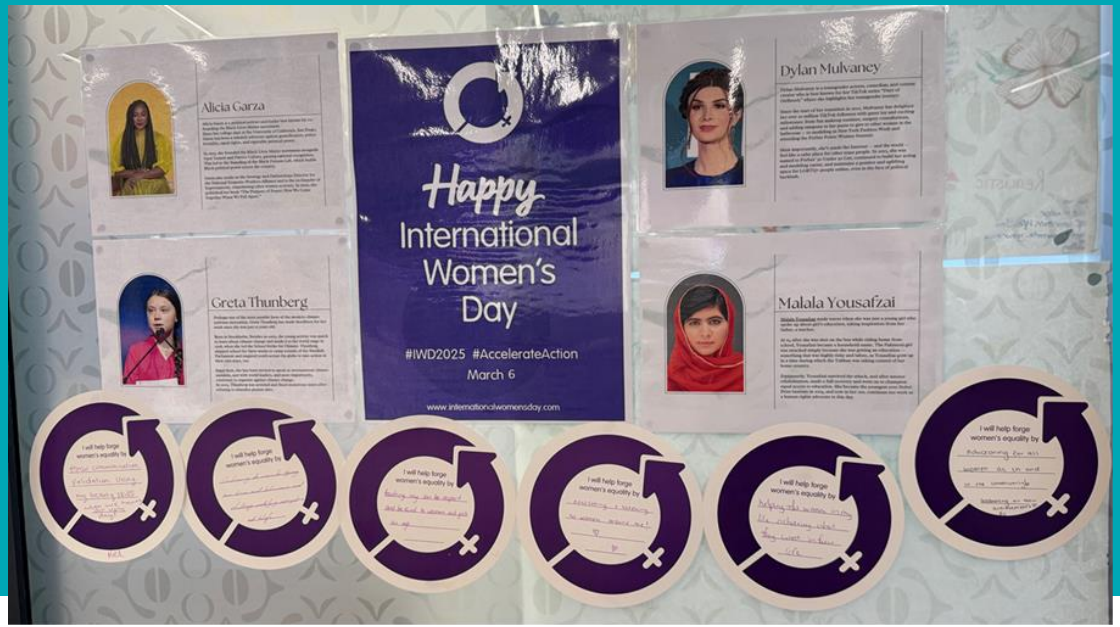
Referrals are reviewed, additional information requested as required and discussed by consultant in collaboration with the CNS/CNM.

(a) https://fsfhg.health.wa.gov.au/~/media/HSPs/SMHS/Hospitals/FSFHG/Files/PDF/FSH-CH-Adult-women-referral.pdf

5 factors to ask about when you assess women

1. **Exposure to** domestic, family and sexual violence and trauma.
2. Place in the **reproductive life cycle –** impact on them?
3. Any Female/gender related **comorbidities**
4. Periods of increased risk and **populations** at increased risk
5. Referral to Cockburn – helpful to **discuss setting with patients**.

Questions ?



- International Women's day at Cockburn Health

Helpful references

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Gender Responsive Mental Health Care - Women's Health Victoria (whvtraining.com.au)