Why Womens Mental Health Services - Cockburn Health.

Thanks to Dr. Felice Watt, Dr Kiri Von Kier and Dr Nicole Grainger, Registrar from Fiona Stanley Hospital Cockburn Health, South Metropolitan Health Service.

In this session the team Fiona Stanley Hospital, Cockburn Health, tell us about their new women's mental health facility, the specific mental health needs of women, the impacting factors in society and what to ask when assessing women's mental health.

Kealan Devaney on behalf of Dr. Emma Crampin and Dr Nathan Gibson

Having a new women's mental health service is an important step in providing safer, inclusive, and tailored mental health services to women in WA. Services that are set-up to prioritise women's biopsychosocial needs can prevent re-traumatisation and the harms that can occur on mixed-gender mental health wards.

Safety of the therapeutic environment is crucial to recovery. Women-only units provide a safe environment free from real or perceived threats. This is harder to guarantee in mixed settings where women have vastly higher rates of reported sexual harassment and assaults.

Specific mental health needs of women need to be part of the toolkit.

Traditional psychiatric care has been largely gender-neutral, contributing to underdiagnosis of conditions such as autism and ADHD, over diagnosis of personality disorders, and a failure to recognise the impact of trauma in women. Hormonal changes throughout the reproductive lifecycle of women need to be considered in psychiatry training.

Tailored interventions for perinatal mental health and premenstrual dysmorphic disorder need to be offered. Also gender and intersectional factors significantly impact women's mental health, affecting minoritised, First Nations, disabled, and LGBTQI+ individuals.

Key Messages

1. **Women often encounter gender-based violence and feel unsafe** in mixed mental health wards.
2. **Prevalence of disorders:** Women have higher rates of certain mental health disorders compared to men.
3. **Social Determinants of Health**: Gender inequities and socioeconomic disadvantages significantly impact women's mental health.
4. **Reproductive Life Cycle**: Consideration of the impact of the reproductive life cycle, particularly hormonal changes during the menstrual cycle, pregnancy and menopause, is vital to understanding mental health.
5. **Use gender-specific mental health and reproductive health assessment forms:** Taking a comprehensive reproductive mental health history is essential.
6. **Biological Differences**: In addition to hormonal influences, there are other biological factors affecting women's mental health presentation and treatment.
7. **Trauma-Informed Services**: Mental health services need to be trauma-informed along the trajectory of service design, entry to service, assessment and treatment, and pathways through discharge.
8. **Gender informed services:** Mental health services also need to be gender informed.
9. **Training should include women's mental health through the lifecycle for every psychiatrist and clinician.** Knowing the specific mental health needs of women equips multidisciplinary teams for person-centred care.

- **189 sexual safety incidents reported to the OCP in 2023/24**
- 56% alleging assault/harassment and 78% occurring in inpatient units.
- **That's 2.8 per week** in WA inpatient wards – **most victims are women.**

5 Key Areas to ask about when assessing women:

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

'Cockburn exists not just to provide treatment, but to offer a space where women can reclaim their stories, reconnect with themselves and find strength in community.'

Kiri Von Kier, Psychiatrist Cockburn Health

Women with schizophrenia – Although women have a better course in terms of psychosocial functioning, antipsychotics can cause higher prolactin levels which can increase the risk of breast cancer and osteoporosis.

Women have a higher risk of fatal heart arrythmias.

Try out the *Womens Reproductive Health History Form* – Dr Nicole Grainger, Registrar at Cockburn
The form is a SMHS form and is part of a quality improvement project at Cockburn Health. Attendees were keen to use it and to provide feedback via the survey to help refine its design.
Not incorporating it into routine practice was considered a missed opportunity for the training of junior doctors.

Womens Reproductive Health History Form:MR708 Reproductive Mental Health History.pdf
Give feedback here: www.surveymonkey.com/r/V79VVMT

'Having a structured form like this, it is fantastic. I think we should use this assessment form so that we don't miss anything. We have RMOS who can do it in their routine practice.' Madhavan Seshandri, Step-Up Step-Down

What is the difference at Cockburn?

- We have an exercise physiologist who provides recommendations and advice as to the use of exercise in treatment. Exercise is an evidence-based treatment for women with schizophrenia, and very helpful in treating anxiety, depression and in women with trauma.
- Our **vocational GPs** are a treasure and so important in our women's treatment – for contraception, hormonal and physical health treatments in their stage of the lifecycle.
- **What's next for us?** Just recently we're working on becoming breastfeeding accredited facility. We'd really like to progress access to and positions for Aboriginal mental health workers.

What about mums caring for babies and kids?

Question: *'One the major challenges that we see in referring mums is that they've got kids and it's not possible for them to find others to look after them and we would want them to be together.' Womens and Newborns Health Service*

Dr Felice Watt: *'My dream, would be to have a day hospital, with a crèche nearby - that would be truly wonderful.'*

Referrals: Cockburn Health is a statewide, voluntary and unlocked ward. Talk to your MDT and patients first, then refer via EBM:**https://fsfhg.health.wa.gov.au/~/media/HSPs/SMHS/Hospitals/FSFHG/Files/PDF/FSH-CH-Adult-women-referral.pdf**

Gender Responsive Mental Health Care - Women's Health Victoria (whvtraining.com.au) Monash Uni Short Course- Women's Mental Health short course- HER Centre Australia Professor Jayashri Kulkarni	Prescription Drugs: Analyzing Sex and Gender – Stanford University Issues-Paper_2024.11.26_Towards-a-gendered-understanding-of-women's-experiences-of-mental-_health-and-the-mental-health-system_2n.pdf

Recording : Chief Psychiatrist's Community of Practice - Why a women's mental health service Cockburn-20250506_045852-Meeting Recording.mp4