

Committee Secretary
Community Affairs Committee
Department of the Senate
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AUSTRALIA

Menopause Experts Group Champions in Australia



***Please see table below with all contributors contact details.*

Thursday, 14 March 2024

**Submission to the Standing Committee on Community Affairs,
Inquiry into issues related to menopause and perimenopause.**

To the Senate Inquiry Committee,

Thank you for the opportunity to make a submission for this inquiry.

This submission is made by Certified Menopause Champions in Australia, partnered with Menopause Experts Group who for the last several years have been filling an important gap within our health care system in the service and support available to women experiencing perimenopause and menopause.

[Menopause Experts Group](#) – MEG for short – was founded in 2020 in the UK by Dee Murray, a former Advanced Psychotherapist, who through her own experience, recognized the glaring gap in resources for individuals encountering perimenopause and post-menopause, and the lack of expertise to support every aspect of symptom management.

The Certified Menopause Champions are a diverse group of women – and men – with professional careers and experiences in everything from Nursing, Naturopathy, Psychology, Yoga Instruction, Dermatology, Business Management, Board Directorship, Project Management to Managing Directors, Reiki Practitioners, Vegan Chefs, Nutritionists, Community Pharmacists and Health Coaches.

Our collective experience of the desire to feel more supported in our Menopause journey has driven us to become a part of Menopause Experts Group, to find the answers we needed, but more importantly to support others so that they no longer suffer in silence, putting up with being misdiagnosed or having their symptoms dismissed.

Since its inception, [Menopause Experts Group](#) has witnessed participation from thousands of individuals, with dedicated Champions representing the Menopause cause across 20+ countries. At MEG, we remain incredibly optimistic about the future. And as we navigate the evolving space of women's health in Australia and beyond, our commitment to providing unparalleled support and expertise remains unwavering.

As the Menopause Experts Group Champions in Australia, we will comment on sections B, C, F, G of the terms of reference, as we believe this is where our experience has had the most impact to date and where those interactions with our clients will have the most relevance in guiding changes in the Australian Health Care system for women experiencing menopause.

B. The physical health impacts, including menopausal and perimenopausal symptoms, associated medical conditions such as menorrhagia, and access to healthcare services.

As Menopause Experts Group Champions, we have found that numerous women are reaching out to us for support, because being some way into their transition, and desperate for information, they have become overwhelmed and confused and have felt unsupported by their GP, and worse, dismissed, and told menopause was "just part of getting older". Some have been sent away with a prescription for an antidepressant.

The women who reach out to us are not preparing for this period of life, they are living through the menopausal transition, have had little information, and/or have been completely blindsided by the symptoms, and have been struggling for some time.

Many women we have supported have preferred to talk with another woman with direct experience rather than their GP, who they do not know well and who has not listened to them. Most women are looking for a safe pair of hands and ears to listen, validate their experiences, and guide them through, with reassurance, practical advice, and empathy.

As Certified MEG Champions we provide general information about symptoms. We direct them to evidence-based resources provided by the Australasian Menopause Society, Jean Hailes or to books and publications by reputable doctors, such as Dr. Jen Gunter. Importantly we discuss the full range of symptoms and whole of body and mind effects of menopause, beyond just the stereotypical hot flushes. Women who are seeking us out are mostly distressed by the impact menopause has had on their overall physical and emotional self, and the impact to their relationships, particularly with loved ones, which is rarely discussed.

The key themes/ symptoms that we see as being misdiagnosed and dismissed are:

- Being told blood tests indicate they are not in menopause, even though we know that is not a reliable indicator of a women's stage of transition.
- That their emotional symptoms are being diagnosed as a non-hormonal mental health issue, which then exacerbates their anxiety and depression.
- That sexual dysfunction is in their head and that breathing exercises, a glass of wine and better communication with their sexual partner will resolve the issue.
- That testing for other deficiencies, for example vitamin D or Iodine, is irrelevant, yet deficiencies in these and other areas, exacerbate the menopause experience.
- That heavy bleeding is just part of the change, or that there is only a surgical option to resolve it.

On average the women that we see, and support are visiting multiple health practitioners as symptoms grow and become categorised and they are required to make several visits to the GP for referrals. We commonly hear that it is difficult to find a GP who is up to date on menopause, so we encourage them to use the Australasian Menopause Society doctors list to find a doctor, however many women prefer to see their regular GP, not a new GP. Additionally, we hear that the most common response to menopause from a GP is that "you are too young" or "you don't tick all the boxes". We also hear that some younger GPs and older female GPs are great and up to date. It has become normal for a woman to change GPs at this time, to find one who understands and is educated in the space of menopause. In supporting women to see their own or a newly referred gynaecologist, we find they have received extremely poor support and help, and some reported coming away feeling worse.

Many women find that their health concerns are overlooked in mid-life, and as such there is a misunderstanding, even with the medical practitioners, of who is best placed to support women when it comes to menopause. With the lack of support and lack of information and understanding for what women are experiencing, beyond hot flushes, many women find themselves on the health practitioner merry-go-round, which is costly and unnecessary.

Commonly we hear about referrals for:

- Psychologist, who may also refer to a psychiatrist (mental health and cognitive function/brain fog, ADHA and ASD)
- Physiotherapist, Orthopaedic Surgeon, and Sports Physician (body pain)
- Gynaecologist and Gastroenterologist (heavy bleeding and pelvic pain)
- Dentists and Periodontist (any mouth related symptom)
- Dermatologist (rashes, skin changes)
- Cardiologist (heart palpitations)
- Endocrinologist ("hormone issues")

Most women are looking outside of the conventional medical field and are seeking help for their experience with complementary therapists:

- Naturopaths
- Acupuncturists
- Nutritionists

Some women are taking matters into their own hands and are accessing unregulated supplements, and hormone medications that they have purchased online despite there being no evidence base to support such treatments.

Some women have found it difficult to access MHT/HRT treatment and have been made to wait, however others have not had the same pushback. The overwhelming issue with MHT/HRT is that there is little explanation about choice of treatments prior to starting. Many women just get what they are given, without knowing about the options that are available to them, for example the positive, non-systemic benefits of topical/vaginal estrogen on GSM, and UTIs does not seem to be that well known; equally that a woman who is experiencing premenstrual mood dysphoric disorder (PMDD), may find can use a continuous patch of estrogen, a combination of estrogen and progesterone or progesterone alone, to help keep that condition in check, or even improve it.

Our support of the women we see makes a massive impact. Our women are empowered to ask questions. We help them put together their experience in a way that benefits them to get a better outcome when they are with the GP. The feedback we get is that the information we provide about what is happening to their body and the changes that are occurring on the inside, has helped them feel encouraged. They realise that they are not doing something wrong and not going mad. This is especially the case with the symptoms they are less aware of e.g. brain fog, aching joints, skin changes. Information is the key and having time to discuss the long list of symptoms that occur during menopause. Quite often women are shocked to discover that changes they are experiencing are because of the menopause transition.

On the whole, women really want to see GP practices taking a great role in menopause education and awareness. We know that education and information is the cornerstone of great care and patient outcomes. The evidence-based information and education sessions delivered by MEG Champions are a great start for the community to provide continuity and consistency and there is opportunity for GPs to leverage our knowledge and lived experience to help inform their steady pipeline of female patients.

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

Some women who have sought our support are at such a point of distress and crisis mentally, that they are experiencing suicidal ideation and are at the end of their rope – literally – needing immediate professional mental health support.

Women who are not at crisis point, but who are suffering with mental health issues are anxious and frightened about the menopause transition, so the simple act of validating their feelings and listening to their stories and believing them goes a long way in easing the overwhelm.

Several women that we support have withdrawn from their usual social engagements due to a loss of confidence and an increase in social anxiety. Many women are dealing with anxiety that they had not faced in their life prior to menopause and reduce their activities to limit exposure to stressful situations.

Anxiety is a common theme at this time in relation to a woman's mental health. We know of women who have become anxious when driving and have increased worry about family/loved ones. They are anxious due to brain fog and cognitive

function and thinking that they have dementia and the feeling that they are no longer competent in the workplace.

The level of anxiety around a hot flash and being client facing and dripping with sweat is severely embarrassing and unpleasant. Equally for women who have had the shame of public flooding and, in some instances, been denied leave of a meeting for a personal break (when you have your whole 5 to 7 day period in five minutes, bleeding through all clothing and any sanitary pads), they are anxious to go to work, hang out with friends or do exercise, because they are unsure when another flooding event could occur.

Having GPs and others suggest that a woman is stressed, working too hard, or burnt out and should take a break from work, attributes to feelings of burnout leading to further withdrawal and heightened anxiety.

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.

As MEG Champions women have told us that the medical profession's understanding of perimenopause and menopause and the option for treatment is considerably varied. We know some GPs are great, but many are not up to date with the latest guidance.

We have encouraged some women to ask their GP to download the AMS Practitioner Toolkit to help them with making the right decision for them. It takes some guts to do this, but some women are still being told they can't have menopause therapy because they are too old/ too young or because of the risk of cancer (when they don't have a higher risk, or a family history).

One of our MEG Champions spoke to a lady recently who was told she was too old to start menopause hormone therapy at age 61, even though her symptoms have become worse and are significantly affecting her quality of life. Another spoke with a woman who, at 48, was told for several years that she was not in menopause, despite increasing symptoms and deteriorating quality of life, only to have now been diagnosed with Osteopenia, that could have been avoided with the use of MHT.

We believe that the medical profession in general needs, and in our experience wants, more education about exploring options for women based on assessment of the women's own risks and benefits. We understand that it can be difficult for

medical professionals when working under time constraints, and this is why we are a vital support to help women be informed, to fast track the time it takes to dive deeper and get to the root cause of the problem.

We frequently hear frustrations of women who were not well informed about the range of therapies they can have or the benefits and risks. Many women are not advised of or offered the full range of available options of gels, patches, pills, and pessaries.

Further, we know that very few options for MHT are covered by the PBS in Australia. They can be restrictive, for example the transdermal patch is covered in some forms, but this doesn't allow for adjustments in dose. Gel and micronised progesterone are private and price prohibitive for many at upwards of \$50/month.

We do know of women who apply half the dose of Estradiol Gel, cutting the Estradiol patch so that it lasts them longer and they can pay less, despite it not being the therapeutic dose they were prescribed.

We are aware of MHT shortages, but generally this is discussed with the prescribing practitioner or the pharmacist, not directly with us.

Complementary, holistic approaches and nutritional advice are often seen as "woo-woo" by the medical profession, despite many women having significant improvements with this form of treatment and intervention. We absolutely support women to seek alternative advice for issues such as weight gain, constipation, sleep disturbances and vitamin deficiencies which are a common complaint and add to the feelings of anxiety.

Holistic practitioners often emphasize the importance of nutrition in managing menopausal symptoms, for which there is significant evidence. Certain foods, like sugar, exacerbate or like mint/aloe vera, alleviate symptoms such as hot flashes, mood swings, and weight gain. Holistic practitioners prescribe Herbal Supplements and Alternative Therapies, which many women find relieving for a range of menopausal symptoms.

In our experience the biggest modification that holistic practitioners advocate for is around lifestyle changes, such as regular exercise, reduction in alcohol consumption, stress reduction techniques such as yoga and meditation, and adequate sleep to manage menopausal symptoms. This type of preventative coaching is important at all stages of life, not just menopause, but we know it is especially powerful for perimenopause and menopause.

We think that a biopsychosocial approach – a trans-disciplinary model which looks at the interconnection between biology, psychology, and socio-environmental factors – to menopause care is lacking in general. We hear a lot of women say that they don't know what to do anymore for issues such as weight gain and sleep disturbances. More education around nutrition and lifestyle, for example at school and in workplaces, is an important part of supporting every woman through her change, so that they are aware of, and know how to access, the improvements that are possible and effective without pharmaceutical intervention.

At this stage of life for the women who have engaged with an alternative therapy they will be supporting their MHT with a supplement/other treatment most commonly:

- Pre and Probiotics
- Magnesium
- Vitamin D
- Fish Oil
- Acupuncture
- Massage
- Yoga
- Pilates
- Meditation
- Aromatherapy

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.

In the work environment we have been routinely told that one of the major concerns that women report is that they feel unable to talk about menopause with their superiors for fear of being misunderstood and being considered unable to perform their role. We know of women who have been courageous enough to speak up and seek support, only to be made redundant or worse have projects/tasks removed, on account of their being “fragile”, which ultimately contributes to feelings of distress and unease and often sees them leaving their workplace, and sometimes the workforce altogether.

Many women tell of making a change to their career, dropping their hours and we have supported many women who left their employment because they felt unable to keep up with the demands of work, whilst struggling with the impact of menopause. Nurses, teachers, doctors, emergency service workers, senior managers, C Suite directors across all professions, change their work responsibilities because they feel they can't continue without additional support or changes to their work. We hear of so many women in varying roles, including those vital to all economic sectors, leaving jobs they loved because they simply feel they can't continue.

We know of women who whilst doing shift work and who suffered terribly with insomnia and sleep deprivation, often awake from 3am until the alarm went off for the early shift, going to work, and administering drugs, on only 3 hours of sleep. Their anxiety of a drug accident on their watch resulted in them leaving their role and their profession. We know of other women, often those employed in roles of a caring nature, unable to care for the people they are employed to look after, not because they didn't care to do their job well, rather that they simply had nothing in the tank to operate for themselves, let alone others.

We are yet to hear of a woman in Australia who has felt supported by a menopause advocate, in the workplace, or by a menopause policy at work. We have started to see a few organisations reaching out to Menopause Champions in Australia for assistance with training, but not yet with menopause policy writing. Those who request the training, we recognise, are forward thinking and it is usually driven by a leader who is either facing their own challenges or is wanting to be prepared for themselves. Women in these organisations are in a better position to feel they can talk and have somewhere to direct their concerns about the impact of menopause on their work, however this story is few and far between.

Summary of Recommendations

As Menopause Experts Group Certified Champions, we wish to make the following recommendations for the Committee to consider:

- A. Menopause Experts Group Champions in Australia can maximise our contribution in local communities and/or nationally, to continue to improve the menopause experience for women and prevent the duplication of finite resources by:
 - i. Offering standardised and consistent information via events/small workshops for women in their local communities.
 - ii. When relevant we can tailor to specific groups of women, for example a group of age 50+ women at risk of homelessness or from culturally diverse backgrounds.
 - iii. Delivering events, online webinars and creating a directory of menopause support workers who can help women in their local areas.
 - iv. We can help prepare women for their GP appointments and support them to ask the right questions to access better choices of care.

- B. For women to access better healthcare, including better mental healthcare, for menopause we would like to see:
 - i. Menopause support champions assigned to each local community. We know that there are many nurses who left the profession due to their own menopause experience who would like to work in GP practices supporting other women. Whilst GPs/Nurse Practitioners must prescribe medications, there is a huge, underutilised role for nurses in primary care to support women with non-medical supportive, educational care.
 - ii. Additionally, we would like to see the role of menopause educators/advocates in the community as part of a valued support framework for medical professionals, including pharmacists, who are under extreme time pressures.
 - iii. Having standard pathways of care for women experiencing mental health issues related to menopause and some clear guidelines & protocols for health professionals to determine best evidence-based care for women with emotional symptoms during menopause.

C. Changes we would like to see implemented in the area of medical professionals' knowledge of menopause, include:

- i. Ensuring every medical professional working with women's health is familiar with the Australasian Menopause Society Practitioner Toolkit and also some referral pathways for referring to a specialist/endocrinologist/health coach/mental health professional.

D. We would like to see the following changes with treatments:

- i. Make all treatments affordable and fully subsidised, ideally free.
- ii. Make all treatments easily accessible.
- iii. Enable and promote long prescriptions, so that women do not have to pay for a doctor's visit to get a prescription each month – we know some women have been made to do this – or every 3 months. If the treatment is working, it should be obtainable via a long resupply directly from the chemist. This already happens in the UK and France.
- iv. MHT/HRT should be heavily subsidised as it is in the UK.

E. In the workplace we recommend:

- i. Mandatory menopause education and awareness training for all employees and especially for leaders and Human Resources departments and be openly discussed in health and wellbeing activities.
- ii. Allowing flexibility for women to work from home, particularly when experiencing heavy bleeding episodes.
- iii. Encouraging open conversations and negotiations around paid leave, in particular, when a surgical intervention is required, and or where a women may have already needed to use all of her personal leave to navigate symptoms to that point.
- iv. Reviewing the types of fabrics used in uniforms to allow better ventilation for hormonal changes.
- v. Looking at quiet and cool spaces where women, and others, are able to gather themselves, without the need to leave and go home.

F. The key messages that we think should be included in public awareness campaigns to destigmatize discussions around menopause and encourage women to seek help for their symptoms include:

- i. You are not alone. You will be supported. You will keep bouncing forward and grow. The whole medical system hears you and has your back.
- ii. Being more open about emotional health needs.
- iii. Reenforcing the importance of lifestyle changes prior to the menopause transition, really focusing on “Chronic Health”, rather than chronic disease prevention.

G. To ensure that awareness campaigns effectively reach women across diverse demographic groups, we recommend:

- i. Integrating any messaging with other awareness campaigns, as standardised care. Move away from individual campaigns and provide a general health awareness program for women’s health to include breast screening, cervical screening, bowel screening, heart health & menopause health screening. Tackling the key determinants of health and wellness in Australian women.

H. We strongly believe that the best strategy to support women in rural and remote areas is telehealth/telemedicine.

Telemedicine and digital health platforms offer numerous opportunities to improve access to specialized menopause care by overcoming barriers such as geographic distance, transportation issues, and scheduling constraints. Here's how they can be leveraged:

- i. Remote Consultations: Telemedicine allows menopause specialists to provide remote consultations to women regardless of their location. Through video conferencing or telephonic appointments, women can receive expert advice, diagnosis, and treatment recommendations without the need to travel long distances.
- ii. Expanded Reach: Digital health platforms can extend the reach of menopause specialists to underserved and rural areas where access to specialized care may be limited. Women living in remote regions can connect with experts virtually, reducing disparities in healthcare access.
- iii. Convenience: Telemedicine offers greater convenience for women managing busy schedules or mobility limitations. They can schedule

appointments at times that suit them best and access care from the comfort of their homes, eliminating the need for time-consuming travel and waiting rooms.

- iv. Improved Follow-Up Care: Digital health platforms enable seamless communication between patients and healthcare providers, facilitating ongoing monitoring and follow-up care. Women can easily communicate their symptoms, track their progress, and receive adjustments to their treatment plans as needed.
- v. Education and Resources: Telemedicine platforms can serve as educational tools, providing women with access to informational resources, self-care tips, and support groups specific to menopause. Digital platforms can also offer interactive modules or webinars on topics such as symptom management, hormone therapy, and lifestyle modifications.
- vi. Integration with Primary Care: Telemedicine can enhance collaboration between primary care providers and menopause specialists. Primary care physicians can consult with specialists virtually to receive guidance on complex cases, leading to more coordinated and comprehensive care for women experiencing menopausal symptoms.
- vii. Remote Monitoring Devices: Digital health platforms can integrate with wearable devices and health monitoring apps to track menopausal symptoms such as hot flashes, sleep disturbances, and mood changes. This data can provide valuable insights to healthcare providers for personalized treatment planning.
- viii. Prescription Refills and Medication Management: Telemedicine platforms can streamline the process of prescription refills and medication management for menopausal women. Through secure online portals, women can request refills, receive electronic prescriptions, and access medication adherence reminders.
- ix. Privacy and Confidentiality: Telemedicine platforms prioritize patient privacy and confidentiality, ensuring that sensitive discussions about menopause symptoms and treatments remain confidential. Secure messaging features and encrypted video conferencing protect patient information during virtual consultations.

- I. We strongly recommend a biopsychosocial approach in the management of perimenopause, post menopause symptoms, as part of a holistic and integrated mainstream menopause care to:
 - i. Recognise the interconnectedness of the mind, body, and spirit.
 - ii. To address all symptoms including physical, emotional, mental, and spiritual well-being and promote overall health and quality of life.
 - iii. Holistic approaches should play a role in managing menopausal symptoms, most women are already seeking their inclusion in a complete care plan, so this must be integrated into mainstream menopause care and funded.
 - iv. Integrate dietary counselling and education into mainstream menopause care to help women make informed choices to support their hormonal balance and overall health during perimenopause and post-menopause.
 - v. Integrate lifestyle practices into mainstream menopause care to help women alleviate symptoms like insomnia, mood disturbances, and fatigue while promoting overall health and well-being.
 - vi. Integrate information about herbs and supplement options into mainstream menopause care allowing women to make informed decisions about complementary treatments in conjunction with conventional medical approaches.
 - vii. Recommend and support women into non-prescription therapies, such as mind-body therapies like cognitive-behavioural therapy (CBT), mindfulness-based stress reduction (MBSR), and relaxation techniques to manage stress, anxiety, and mood disturbances associated with perimenopause and post-menopause. Integrating these therapies into mainstream menopause care can provide women with additional tools to cope with emotional and psychological challenges.
 - viii. Subsidise the integration of holistic assessments and individualized care plans into mainstream menopause care, which will allow healthcare providers to tailor treatments and support to address the specific needs and preferences of each woman going through perimenopause or post-menopause. This recognises the important and effective role of holistic practitioners through their comprehensive approach to patient care, considering each individual's unique physical, emotional, and spiritual needs.
 - ix. We STRONGLY recommend a collaborative Care and Integrated Holistic approach into mainstream menopause care, which in practice means collaboration between conventional healthcare providers and holistic practitioners. This may include interdisciplinary care teams that

incorporate specialists such as nutritionists, acupuncturists, mental health professionals, and other complementary therapists to provide comprehensive support for women experiencing menopausal symptoms.

J. For insurers and policymakers to adequately cover the necessary treatments and therapies, we recommend:

- i. Provide bulk billing for HRT/MHT.
- ii. Provide Medicare rebates for health coaches/Menopause Champions
- iii. Fund workplace education programs with health coaches/Menopause Champions
- iv. Policy makers liaise with the Pharmaceutical Benefits Scheme (PBS).
- v. That the treatment options available reflect the evidence-based research and guidelines and be affordable for all e.g.: micronised progesterone.

K. For employers to be encouraged to implement supportive policies for menopausal women in the workplace, we recommend:

- i. Acknowledging menopause as a key issue for maintaining experienced and difficult to replace talent in the workforce as "Situation Critical".
- ii. There must be recognition around the need for greater communication and conversations about the drain on talent directly attributed to menopause, and the resulting impact to the growing financial insecurity and gap in available finances, to ensure that employers understand the impact they can make in this space.
- iii. Encourage employers to implement flexible workplace policies that accommodate the needs of menopausal employees. This may include flexible working hours, access to quiet or private spaces for rest or symptom management, recognition of need for more frequent comfort breaks and the option for remote work where appropriate.
- iv. Make it mandatory for employers to provide resources and information about menopause and available support services to employees, both those directly affected and their colleagues. This could include providing access to healthcare resources, employee assistance programs (EAPs), or support groups specifically for menopausal women.
- v. Include in each workplace a menopause focused wellness program, that address the physical and emotional health needs of menopausal employees. This could include offering stress management workshops, yoga or mindfulness sessions, and nutrition education.

- vi. Regularly collect and report on retention and support of menopausal employees as a Key Performance Indicator, just like the mandatory reporting of the Gender Pay Gap.
- vii. Ensure that this reporting results in adjustment of policies and workplace culture to properly support menopausal employee retention and growth.

Thank you for taking the time to review our submission, yours Sincerely, on behalf of Certified Menopause Champions in Australia, partnered with Menopause Experts Group



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