

## Oral Abstracts

Alphabetical order by surname

**Abstract title:** The Effect of Sex Hormones on TMS Measures of Cortical Excitability: A Literature Review  
**Presenter:** Dr Tracy Barbour, Ana Maria Rivas-Grajales, Michael Kritzer-Cheren, Massachusetts General Hospital

**Background:** Transcranial magnetic stimulation (TMS) is an effective treatment for major depressive disorder (MDD), and TMS treatment is dosed based on an individual's resting state cortical excitability, measured using the motor threshold (MT). Sex hormones may affect cortical excitability and impact how frequently motor threshold determinations are conducted during a course of TMS treatment. However, data on how sex hormone changes affect TMS dosing is limited. **Aims:** We reviewed the literature examining the effects of sex hormones and hormonal treatments on TMS measures of cortical excitability. **Methods:** We conducted a review of the available literature on the effect of sex hormones and hormonal treatments in TMS-derived measures of cortical excitability. PubMed, EMBASE, and PsycINFO databases were searched independently by 2 of the authors. The following query: "(luteinizing hormone) OR (follicle stimulating hormone) OR (gonadotropin-releasing hormone) OR (sex hormones) OR (estrogen) OR (progesterone) OR (testosterone) OR (spironolactone) OR (finasteride) AND (transcranial magnetic stimulation)" was used. **Results:** Variations of endogenous estrogen and progesterone have modulatory effects on TMS-derived measures of cortical excitability. Specifically, higher estrogen was associated with greater cortical excitability, while higher progesterone with lower cortical excitability. **Conclusion:** This highlights the importance of additional investigation into the effects of hormonal changes on TMS outcomes. These results also justify the recommendation to perform more frequent motor threshold assessments in patients receiving high doses of estrogen and progesterone such as in the case of in vitro fertilization, hormone replacement therapy and gender-affirming hormonal treatments.

**Abstract title:** Positive ageing: reframing midlife, menopause and beyond  
**Presenter:** Ms Niki Bezzant, Author and journalist

Midlife and menopause are not what they used to be. Just look at representations in the media: 40 years ago The Golden Girls depicted women in their 50s and 60s in ways that to GenX women look like women in their 80s; today we have the Jennifers (Lopez and Anniston) portraying a youthful glow in their 50s, and the women of the Sex and the City reboot embracing life and sex in killer heels. Despite this, stereotypes and bias around ageing still abound; women are subject to ridiculous beauty standards that value youth above all; gender representation in business and government for older women is poor, and women themselves internalise a lot of cultural misogyny around what it means to be in an older body. I reckon it's time to change that. In this talk I'd like to:

- explore some of the pressures midlife and older women face that affect their perceptions of self; their confidence; their mindset around ageing.
- extend a challenge to all present that we re-frame menopause from looking at it as solely as a challenge of endurance at best (and a deficiency state at worst) to an opportunity; even a gift.
- challenge the medical community to lead the charge by changing the language they use around women and ageing
- propose GenX women as the generation to change the narrative on ageing and embrace pro-ageing thinking.

This talk will be based on my own research as a journalist and author on menopause and women's midlife health, as well as the work of others in this area, and my lived experience as a midlife woman.

**Abstract title:** All About Her: Psychological Support for Self-actualisation Through Menopause  
**Presenter:** Ms. Kirstin Bouse, All About Her - The Centre for Menopause

Prompted by the experiences of women themselves, increasing focus is being given to the psychological and emotional challenges they face during their menopausal years. Descriptions of women's unease and confusion if not angst and distress, reveals that there is much going on in their hearts and minds. Women speak of wrestling with a body that is both unfamiliar and a source of suffering. They share how they don't know who they are anymore and their increasing desire to escape a life they had wanted at the time and worked hard to build. They doubt their competence and their ability to cope. While these experiences appear to be a by-product of menopause, paradoxically, they reflect the 'fodder' for significant personal growth. For those prepared to 'do the work', grappling with the changes in their identity, values, needs and wants provides a pathway to self-acceptance, a rich life and fulfilling relationships. Providing opportunities to reflect on who they have been, therapists can help women identify the parts of themselves they wish to shed and those they wish to 'bring with them' into their next chapter. From this place, they can be guided through a process of uncovering, making sense of, and embodying, their emerging 'new' Self. This presentation brings together psychological theory and research in relation to developmental psychology, identity, meaning-making, and stress-related growth. It will explore how these integrate with schema, acceptance and commitment and somatic treatment modalities, to support women towards experiencing meaning, purpose, and joie de vivre. To self-actualise.

**Abstract title:** Perinatal anxiety disorders - Common, but not often Recognised or Treated  
**Presenter:** Dr Prabha Chandra, Professor and Head of Psychiatry at NIMHANS (Keynote Speaker)

Most new mothers are anxious and some may struggle with worries such as- I hope the baby will be healthy, what if she isn't? I hope I will not have too much pain during labour, what if I don't get pain relief? Why is my baby not gaining enough weight? Is my breast milk not enough? What if he stops breathing when I am asleep? Anxiety that needs some clinical intervention may occur in up to 20% of women in pregnancy and in nearly 65% this persists into the postpartum. Comorbid depression is common (in almost 2/3rds of women) and may often mask the anxiety leading to inadequate treatment and persistence of distress. With increasing information available online, many mothers with anxiety focus on the worst case scenarios leading to catastrophizing thoughts, avoidant behaviour and even thoughts of self-harm. Anxiety in pregnancy may affect fetal outcomes, increase hospital visits and is a risk factor for postpartum depression. It may also be a manifestation of childbirth related Post Traumatic Stress Disorder. Using clinical case vignettes from the speaker's perinatal mental health specialty clinic, the presentation will focus on risk factors, early identification and prevention of perinatal specific anxiety. The talk will also discuss psychological and pharmacological interventions and describe experiences of using Trans-cranial Magnetic Stimulation (TMS) in pregnancy for severe anxiety disorders as well as the role of digital support for anxiety symptoms among mothers in the community.

**Abstract title:** ADHD in Females

**Presenter:** Dr David Chapman, HER Centre Australia

ADHD is largely under-diagnosed in females, with many presenting for the first time in adulthood. This presentation aims to explore some of the reasons for this and to explore some of the features more strongly associated with females, than with men with ADHD. Participants will learn to be aware of ADHD as a possible diagnosis in complex presentations, including with psychological and physical features. The presentation will take an evolutionary stance in speculating on observed differences, and approach this neurodiverse condition in terms of dysregulation, rather than deficit. References – a selection Andersen & Teicher 2000 Sex differences in dopamine receptors and their relevance to ADHD, Neuroscience & Biobehavioral Reviews, Volume 24, Issue 1, 2000, Pages 137-141, Antoniou, et al. 2021 ADHD Symptoms in Females of Childhood, Adolescent, Reproductive and Menopause Period. *Materia socio-medica* vol. 33,2 (2021): 114-118. Nussbaum 2012 ADHD and Female Specific Concerns: A Review of the Literature and Clinical Implications. *Journal of Attention Disorders*. 2012;16(2):87-100. Quinn & Madhoo 2014 A Review of Attention-Deficit/Hyperactivity Disorder in Women and Girls. The primary care companion to CNS disorders. Roberts et al 2018 Reproductive Steroids and ADHD Symptoms Across the Menstrual Cycle *Psychoneuroendocrinology*. 2018 February; 88: 105–114. Young et al. 2020 Females with ADHD: An expert consensus statement taking a lifespan approach providing guidance for the identification and treatment of attention- deficit/ hyperactivity disorder in girls and women *BMC Psychiatry* (2020) 20:404

**Abstract title:** Treating Anorexia Nervosa with Transcranial Magnetic Stimulation Applied to an Individualised Brain Target Functionally Connected to a Causal Network

**Presenter:** Dr Leo Chen, HER Centre Australia

**Background:** Anorexia nervosa is a serious psychiatric condition with high morbidity and mortality, for which existing treatment paradigms demonstrate suboptimal therapeutic efficacy and duration of treatment effect. The need exists to explicate illness mechanisms. Targeting these in novel, precision interventions offer therapeutic promise. **Aims:** This presentation outlines the process of translating functional neuroimaging and Human Brain Connectomics (a field of research concerned with brain network connectivity) to the design of a novel, individualised treatment approach for anorexia nervosa, which will be evaluated in an upcoming clinical trial. **Methods:** Using a causal lesion mapping approach, the brain regions and network that are specific and sensitive to anorexia nervosa were identified. Using an individual's functional magnetic resonance imaging, we compute the personalised cortical region(s) functionally connected to this network. This cortical target can be directly and non-invasively modulated with transcranial magnetic stimulation (TMS).

**Results:** A protocol trial protocol was devised to evaluate if TMS applied to individually derived cortical target(s) functionally connected to a causal network specific to anorexia nervosa can treat the reduced oral intake, resultant weight loss and the psychological symptoms in this condition.

**Conclusion:** Through the identification of causal lesions that result in anorexia behaviours, it is possible to derive a causal brain network for this syndrome, which can be directly modulated using non-invasive brain stimulation. This Human Brain Connectome- informed approach to novel therapy development can be applied to treat anorexia nervosa.

**Abstract title:** Impact of COVID-19 on Health of Menopausal Women: A Scoping Review

**Presenter:** Catherine (YanHong) Dong, Alice Lee Centre for Nursing Studies Yong Loo Lin, School of Medicine National University of Singapore

**Background:** Menopausal women are vulnerable to the negative impact of COVID-19. There are studies on the role of menopause in COVID-19 and its indirect impact on health among peri- and postmenopausal women respectively. However, a comprehensive review is lacking.

**Aims:** This scoping review aims to map and summarise the direct impact of contracting COVID-19, and the indirect consequences of the pandemic on the health of peri-and postmenopausal women. **Methods:** Searches for published studies were conducted in CINAHL, Cochrane, EMBASE, PubMed, Scopus, Web of Science, PsycINFO and ProQuest from inception to 26 Oct, 2022. Grey literature and reference lists of included studies were searched. Results are presented as a narrative synthesis and tables. **Results:** Thirty-eight studies were selected in this review. Overall, a majority of studies (n=31) suggest that menopausal women were negatively impacted, while lesser studies (n=21) concluded that they were not and some studies (n=14) produced both negative and neutral results. Twenty- three studies presented on the direct health impact of COVID-19 infections on menopausal women. Eleven studies focused on the indirect impact of COVID-19 in terms of contact restriction measures on menopausal health during the pandemic compared to before the pandemic. Six studies described the different indirect impact of COVID-19 on the health of menopausal women with various characteristics or lifestyles.

**Conclusion:** The direct and indirect impacts of COVID-19 on menopausal women on physical, mental health and social wellbeing are largely negative.

**Abstract title:** Independent effects of acute estradiol or progesterone on perimenstrual changes in suicidal ideation and progesterone metabolites: A crossover randomized controlled trial

**Presenter:** Dr Tory Eisenlohr-Moul, University of Illinois Chicago (Virtual Presentation)

**Background:** In our recent randomized crossover trial, perimenstrual administration of combined estradiol (E2) and progesterone (P4) reduced perimenstrual exacerbation (PME) of suicidal ideation (SI) and related constructs (especially depressive symptoms) relative to placebos. The present three- period crossover trial extended this work by examining the unique effects of perimenstrual administration of E2 and P4 against placebo on SI, along with related affective symptoms and neuroactive steroid (NAS) metabolites (3 $\alpha$ ,5 $\alpha$ -tetrahydroprogesterone or allopregnanolone/ALLO, 3 $\alpha$ ,5 $\beta$ -tetrahydroprogesterone or pregnanolone/PA) that might underlie PME of suicidality. **Methods:** A transdiagnostic sample of naturally cycling individuals with past-month suicidality (N(per-protocol)=23; N(intent-to-treat)=44) completed three double-blind, counterbalanced Conditions: perimenstrual administration of (1) .1mg/day transdermal E2 (plus placebo pills), (2) 200mg/day oral micronized P4 (plus placebo patch), and (3) placebo patch and pills. At three laboratory visits per condition (+7, +14, and +22 days after a positive ovulation test), participants provided blood samples assayed (via GC/MS) for E2, P4, ALLO, and PA. **Results:** Despite P4-specific maintenance of ALLO and PA in the perimenstrual phase, P4 (vs. PBO) was associated with greater PME of SI, with no other significant effects on cyclical symptoms. In contrast, E2 administration (vs. PBO) attenuated perimenstrual worsening of SI, depressed mood, hopelessness, anxiety, overwhelm, rejection sensitivity, and perceived burdensomeness.

**Conclusions:** PME of affective symptoms and SI may be prevented with perimenstrual E2 supplementation, implicating E2 withdrawal/depletion as a mechanism of these symptoms. P4 (and 3 $\alpha$ -reduced metabolite) withdrawal does not appear to regulate PME of affective symptoms or SI, and P4 administration may worsen SI.

**Abstract title:** Preliminary reflections from a Publicly funded Women-Only Acute Inpatient Mental Health Unit in Melbourne

**Presenter:** Dr Sara George Eraly, Western Inpatient Psychiatric Unit- Western Health

**Background:** Western Inpatient Psychiatric Unit(WIPU) is a first of its kind publicly-funded women-only acute inpatient mental health unit in the culturally diverse Western suburbs of Melbourne.

The unit is supported by a multidisciplinary team and has 16 beds, including 6 intensive care area beds. WIPU was established on the background of high numbers of female consumers requesting accommodation in the female wings of mixed gender units and ongoing sexual safety incidents occurring across mixed gender units. WIPU aims to provide culturally safe, recovery-oriented and trauma-informed care in a safe and therapeutic environment. Similar facilities are rare, the lack of data remains a concern. **Aims:** Our aim is to explore the quantitative and qualitative characteristics of 150 consumers admitted over a period of 6 months since the initiation of operations at WIPU.

**Methods:** Data will be analysed to describe pathways of care, length of stay, rates of compulsory treatment besides participant characteristics and unique challenges. Women service users' and clinicians' experiences will also be synthesised from questionnaires and feedback forms. **Results:** Preliminary findings from consumer feedback indicated themes around feeling safe and heard.

Participant characteristics indicated higher than anticipated rates of severe mental illness, sexual trauma, domestic violence, homelessness and substance use. We also describe the models and philosophy of care besides pathways of care and liaison with stakeholders. **Conclusions:** Establishing women-only psychiatric units could be an effective way to promote mental health and well-being of vulnerable women with acute mental health concerns; more relevant research.

**Abstract title:** Using neuroscience to inform the development of novel treatments for eating disorders (Panel discussion)

**Chair:** Dr Claire Foldi (Monash University). **Panellists:** Dr Robyn Brown (University of Melbourne), Dr Trevor Steward (University of Melbourne), and Dr Kristi Griffiths (University of Sydney)

Eating disorders (ED) are complex psychiatric illnesses associated with numerous medical comorbidities and sequelae and women are overrepresented in all ED diagnostic categories. They have a population prevalence of approximately 4-5% and are one of the deadliest mental health conditions, with alarmingly high mortality rates. Despite this substantial public health burden, we still know remarkably little about the underlying biology of eating disorders which speaks to the paucity of effective treatment strategies available. Both anorexia nervosa and binge eating disorder are associated with emotional dysregulation, repetitive negative thoughts, compulsive behaviour, and disruptions in reward and cognitive processing that override the homeostatic maintenance of energy balance and survival. A better understanding of the neurobiology that underpins the development and maintenance of ED symptoms will enable a more targeted approach to treating these disorders, including both targeted neuromodulatory and pharmacotherapeutic approaches. We will discuss how neuroscientific evidence gained from both preclinical studies in animal models and human brain imaging can be used to ultimately improve outcomes in individuals with eating disorders. We will also present a pathway for integration of a co-design framework in the neuroscience research process, in line with the guidelines being developed by the Australian Eating Disorders Research and Translation Centre.

## Women's Mental Health Clinic

At Belmont Private Hospital, we understand that mental health is a deeply personal journey. Our recently opened Women's Mental Health Clinic is committed to providing compassionate, specialised care to empower women facing challenging aspects of an illness.

**Areas of focus include:** Perinatal mental health, trauma, mood disorders and hormonal imbalances.

Group therapy programs are tailored to provide the individual with strategies and tools to assist in their recovery and transition to wellness. Our skilled allied health team offer a wide array of evidence-based therapy including Cognitive Behaviour Therapy, Dialectical Behaviour Therapy and Acceptance and Commitment Therapy. Our dedicated team of psychiatrists are currently accepting referrals.

**For further information please contact us on 1800 700 274 or visit [belmontprivate.com.au](http://belmontprivate.com.au)**

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**Abstract title:** Gendered Violence and Suicidality: Prevention Not Cure

**Presenter:** Ms Zoe Francis, Women's Health in the South East (WHISE)

**Background:** Emerging evidence clearly demonstrates that victim survivors (Team, 2017), perpetrators (Scott J. Fitzpatrick, 2022) and child victim survivors (Meyer, 2023), all have significant increased risk of death by suicide (Michael B. Maclsaac, 2017). Considering these findings they propose targeted suicide prevention strategies for people of all genders, who have been victims or perpetrators of interpersonal violence (Meyer, 2023). **Aims:** Women's Health in the South East (WHISE) identifies a gap in the recommendations in the emerging evidence-base on the links between gendered violence and suicide. Recommendations are service system or response centric. WHISE seeks to strategically support a stronger integration and prioritisation of the primary prevention of gendered violence and gender transformative practice in suicide prevention policy and practice. **Methods:** WHISE will work in intersectional partnerships, guided by an evidence-based Theory of Change to integrate and prioritise the evidence-base of the primary prevention of gendered violence (Watch, 2021) and gender transformative practice into the mental wellbeing sector in our region. Results and **Conclusion:** The short term and mid-term results of the work at the regional level led by WHISE are pending but are backed by a strong evidence-base. In the long term this work will reduce gendered violence, which in turn will improve mental health outcomes for women who are most frequently victimised and for men, who are over-represented as perpetrators. (The Men's Project & Flood, 2018). Moreover, in reducing gendered violence it will in turn reduce vicarious victimisation of gendered violence in young people and children, in turn improving mental health outcomes across the lifespan.

**Abstract title:** Cognition during menopause

**Presenter:** Associate Professor Caroline Gurvich, HER Centre Australia

**Background:** Approximately two thirds of women report cognitive symptoms during menopause, predominantly related to memory and attention. For some women, this is a minor inconvenience, for other women, the cognitive symptoms induce anxiety, impact self-esteem and raise concerns about early onset dementia or possible attention deficit hyperactivity disorder. **Aims:** The aim of this research is to characterise cognitive symptoms experienced during natural and early, surgical menopause, as well as report on the association between cognition and other menopausal symptoms (such as sleep and mood) **Methods:** This study draws on two separate databases. MENO\_COG is an online, longitudinal study of cognition during the menopause transition. 1938 women have commenced the online survey with 645 women having a complete dataset, including subjective cognition and menopausal symptoms, for at least one time point and 210 women with neuropsychological assessment results. EM\_COG (Early menopause and cognition) is a prospective, longitudinal study for women aged 30-44 years who are at high familial risk and/ or high inherited risk (BRCA 1/2) of ovarian cancer. 36 women have completed a neuropsychological assessment at baseline and then are grouped according to whether they have risk-reducing bilateral oophorectomy (BSO, n=16) and re-assessed at 3, 12 and 24 months post-BSO (or equivalent timepoints for the non-BSO group, n=20). **Results:** Preliminary findings indicate that women experience a range of subjective and objective cognitive symptoms associated with natural and surgical menopause, primarily relating to memory and attention. **Conclusions:** Findings will contribute to resources and strategies that can assist women manage cognitive changes that may be experienced in association with menopause.

**Abstract title:** Pregnancy loss and psychological morbidity: The potential role for exercise to support the physical and mental wellbeing of previously expectant women.

**Presenter:** Dr Tegan Hartmann, Charles Sturt University and Dr Danielle Girard, University of South Australia

**Background:** Early pregnancy loss or miscarriage can result in the development of mental health disorders such as depression. Currently, there is limited information regarding interventions to prevent the development of psychological disorders. Exercise may be a feasible intervention to promote the physical and mental well-being of previously expectant women. **Aims:** This scoping review aimed to assess the current body of literature pertaining to pregnancy loss (miscarriage), psychological morbidity, and exercise as an intervention to reduce psychological morbidity. **Methods:** The scoping review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews. The following databases were searched: PubMed, Scopus, Embase, Emcare and PsychInfo, using predefined search terms, inclusion and exclusion criteria. **Results:** The initial search yielded a total of 1649 studies, following title and abstract screening, zero (0) studies met the eligibility criteria for this review. **Conclusion:** Results from this scoping review indicated an alarming lack of research regarding exercise as a tool to prevent and/ or manage psychological morbidity associated with pregnancy loss. While exercise may be used as a cost-effective intervention strategy, further investigations into appropriate exercise prescription are warranted.

**Abstract title:** Towards Gender-Responsive Mental Health Care: A Desktop Review of Promising Practice from Prevention to Systems Design

**Presenter:** Dr Sianan Healy and Ms Kate Johnston-Ataata, Women's Health Victoria

**Background:** Gender is recognised as a critical, overlaying social determinant of mental health by the WHO. Along with sex, it strongly influences individuals' mental health outcomes, with women (cis and trans-inclusive) and gender diverse people experiencing poorer mental health on average. Understanding of the prevalence, risk factors, biology, and lived experience of mental ill-health among this cohort is lagging, however, and awareness of effective gender-responsive approaches to mental health is even more limited. Women's Health Victoria share preliminary findings from their desktop review of current Australian and international evidence on gender-responsive approaches to improving the mental health and wellbeing of women, girls and trans and gender diverse people over the lifecourse. **Aims:** We aimed to conduct a desktop review of Australian and international examples of promising gender-responsive mental health practice along the spectrum of intervention from prevention through to response and system design. **Methods:** We searched Clinicians Health Channel, Psychinfo, Medline and grey literature for articles and reports from 2003 onwards. Search terms included: women's mental health services, gender-responsive mental health programs and services, gendered health promotion, feminist psychology, prevention and treatment of suicide and suicidal behaviours, anxiety, depression, borderline personality disorder, eating disorders, and body image. **Results:** We found small-scale programs and RCTs internationally; while often preliminary, they showed overwhelmingly positive results. **Conclusion:** Gender-responsive mental health care is critical to redressing poorer mental health outcomes among women (cis and trans inclusive) and gender diverse people. We found that gender-responsive mental health approaches showed positive results and the need for increased investment in research and practice.

**Abstract title:** Maternal and infant outcomes following maternal exposure to SARS-CoV-2 during pregnancy in an Australian cohort

**Presenter:** Associate Professor Rachel Hill, Monash University

**Background:** Infections during pregnancy can adversely impact the mother and their developing infant and increases the risk of neurodevelopmental disorders in the child. Whether infection with SARS-CoV-2 poses a similar risk is largely unknown. **Aims:** To understand the long-term impact of SARS-CoV-2 infection during pregnancy on maternal and child outcomes. A secondary aim is to identify early biomarkers of neurodevelopmental impairments in the child. **Methods:** Women infected with SARS-CoV-2 during pregnancy and non-exposed controls were recruited from Monash Health, Australia (N=120 mother-infant dyads). Demographics, biospecimens and clinical data are collected prospectively at multiple time points from birth-15 years using standardised sample collection and neurological and behavioural scales. We present here the birth data. **Results:** Edinburgh postnatal depression scale scores were significantly higher in SARS-CoV-2 vs. non-exposed mothers ( $p < 0.05$ ). Mothers exposed to SARS-CoV-2 showed significant and prolonged elevations in serum proinflammatory cytokines IL-6, IL-1 $\beta$ , and IL-17A ( $p \leq 0.01$ ). SARS-CoV-2 exposed infants scored lower on the sensory profile 2 questionnaire auditory domain than non-exposed infants ( $p \leq 0.05$ ). Infant buccal DNA (N=48) analysed on an Illumina MethylationEPIC BeadChip showed over 200 differentially methylated sites in SARS-CoV-2 exposed infants that were located on genes involved in neurodevelopment including 'dendrite morphology' and 'axogenesis'. **Conclusions:** Mothers exposed to SARS-CoV-2 are experiencing higher rates of depressive symptoms and elevated pro-inflammatory cytokines compared to non-exposed mothers. Child DNA shows differential methylation of gene pathways involved in neurodevelopment. Longitudinal follow up will enable further identification of behavioural impairments caused by SARS-CoV-2 exposure and novel biomarkers of neurodevelopmental dysfunction.



**Abstract title:** Sleeping well: The impact of sleep on mental health across the female lifespan  
**Presenter:** Dr Melinda Jackson and Dr Sumedha Verma, Turner Institute for Brain and Mental Health, Monash University

Sleep disturbances, such as insomnia, are more prevalent in women, and can affect them across the lifespan. Changes in sleep can also occur in the presence of mental health conditions. In this symposium we discuss the latest research exploring the relationship between sleep and mental health in women at different life stages. Insomnia is a recognised risk factor for future mental health issues, particularly depression and anxiety. A/Prof Melinda Jackson will present data from a 9-year longitudinal cohort study (Australian Longitudinal Study on Women's Health) on the relationship between sleep disturbances and mental health outcomes in young women, and will discuss the impact of different treatment approaches to address sleep to improve mental health outcomes. Sleep changes significantly across pregnancy and postpartum periods. Parents commonly experience changes to the duration, timing and quality of their sleep across perinatal periods, which may be influenced by the sleep of their baby as well as factors that lie outside of this. Available parent-focused sleep interventions remain limited in research and clinical practice. Dr Sumedha Verma will detail some of the sleep and related outcomes parents experience, and pathways forward for supporting parental sleep health. Our final speaker will discuss research into sleep and mood changes during perimenopause and menopause. This symposium will offer novel approaches to addressing mental health challenges of women across the lifespan through improving sleep.

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**Abstract title:** Women in prison: Insights from the Inside  
**Presenter:** Dr Victoria Jackson, Monash Alfred Psychiatry Research Centre

**Background:** Although women only make up 8% of Australia's prison population, the growth in this incarcerated group has soared over the past decade, seeing an increase of 64% compared to a 45% increase in incarcerated male offenders. A similar expansion of women in prison has been observed globally, with the increase in women prisoners almost doubling that of the overall prison growth. **Aims:** This presentation seeks to explain why more women are being imprisoned, consider the unique challenges faced by women in prison, and illustrate some of the mental health factors disproportionately affecting women offenders. **Methods:** The cases of some anonymised women prisoners will be presented to highlight the importance of trauma, age, motherhood, biology and co-morbidity. Approaches to treatment will be discussed, including the limitations of providing mental health care in justice settings. **Results:** Five cases will be presented with qualitative analysis of the central issues, including complex trauma; treatment-resistant psychosis; personality disorder; perimenopausal mental illness; longitudinal care; and contemporary therapeutic practice. **Conclusion:** The incarceration of women is topical at both a local and global level. The complexity of issues facing these women is a valuable means of understanding a variety of diagnostic concepts, and the place of contemporary and innovative clinical responses.

**Abstract title:** The Development and Running of Women's Mental Health Inpatient and Community Services (Panel Discussion)  
**Chair:** Professor Jayashri Kulkarni AM, HER Centre Australia (Moderator). **Panel:** Ms Sharon Sherwood (Cabrini Health), Ms Anna Gould (Lived Experience Advocate), Dr Jennifer Babb (Alfred-Ramsay Health), Dr Karishma Kulkarni (WPARC) and Dr Lyndall White (Queensland Health).

The high level of acuity of illness in people admitted to psychiatric inpatient units has led to increased incidents of violence against women admitted to inpatient psychiatric units. Special mental health units for women provide a safe setting and the opportunity to develop female focussed programmes and treatments. The first private Australian mental health hospital for women was opened at Cabrini Health, Victoria in September 2021. A number of other specialist women's mental health facilities include the Alfred Ramsay Health public mental health unit for women, the Women's Prevention and Recovery Care (WPARC) centre in Melbourne's west, a PARC service for women in Springvale Victoria, a special trauma hospital for women in Wollongong and new women's mental service developments in Brisbane, Queensland. In this symposium, leaders from women's mental health services will discuss key issues. Areas to be covered include the rationale for such services, the types of mental health issues experienced by women, the different types of treatments needed, women-specific programmes, recognition and management of trauma issues, the qualities and skills needed in staff working in women's mental health services, and many other aspects. The panel will constitute Professor Kulkarni (Moderator), Ms Sharon Sherwood (Cabrini Health), Ms Gould (Lived Experience Advocate), Dr Jennifer Babb (Alfred-Ramsay Health), Dr Karishma Kulkarni (WPARC) and Dr Lyndall White (Qld Health). Each panel member will speak for 5 minutes, then questions posed by the Moderator will be discussed by all. Questions from the audience are invited and an interactive session is anticipated.

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**Abstract title:** Providing recovery-oriented and trauma-informed care in a subacute women's residential setting: unique perspectives and challenges  
**Presenter:** Dr Karishma Kulkarni, Claire Cashman, Dr Sneha Varghese, Dr Chloe Kindred, Western Health

**Background:** The Yanna Yanna Prevention & Recovery Centre (YYPARC) is a 12-bedded women's mental health facility that began operating in September 2022, established through funding directly resulting from the Victorian Royal Commission into Mental Health. YYPARC provides a voluntary mental health recovery program in a residential setting for women (ages 25-65 years) for a maximum period of four weeks along with a single participant facing homelessness being able to reside for a maximum period of six months. YYPARC has an integrated program of individual and group work provided by the Wellways recovery team and Western Health mental health clinicians. **Aims:** To discuss the model of care and participant characteristics at Yanna Yanna PARC. **Methods:** Descriptive characteristics of participants who have attended YYPARC since its opening alongside qualitative descriptions of specific participant experiences including their feedback about the program. **Results:** Since beginning of operations, YYPARC has provided care to 64 participants and has included children (0-5 years) residing on site with their mothers. The program also caters to those identifying as nonbinary/genderfluid attempting to provide a sexually safe setting for participants to receive care. The program liaises with services including child & adolescent psychiatric service, family violence support services and parenting support services. **Conclusion:** YYPARC provides trauma-informed and recovery oriented mental health care in a gender-sensitive and culturally safe setting.

**Abstract title:** Impact of menopausal symptoms on the working lives of women: a survey of NHS employees in the UK

**Presenter:** Dr Rebecca Lewis, Newson Health Limited

**Context:** With 1.5 million people, the National Health Service (NHS) is one of the top five largest workforces globally. Over 75% of the NHS workforce are female, the majority between the ages of 40-60 years. Menopausal symptoms are common, persistent, and often devastating, especially for people who work in high-pressured, demanding work environments. Previous research shows that many women fail to seek the advice and treatment they need. **Objective:** To explore the experience of peri- and postmenopausal women who work in the UK health sector. **Methods:** We constructed an online survey that was shared on social media, and via appropriate email lists. The survey consisted of a combination of multiple-choice questions, Likert-type scales, and free text options. Participation was anonymous and not remunerated. **Results:** The survey was completed by 1,264 women, 88% of whom stated they worked within the NHS, and 12% worked outside of the public health service. A majority of those sampled stated their menopausal symptoms had negatively impacted their working life in a significant way. Interestingly, women whose symptoms were predominantly cognitive/ mood-related, were 63% more likely to a significant negative impact on their working lives, compared to women whose symptoms were exclusively physical. Many women were unable to make changes to their current work arrangements. Within the NHS, only 18% had been able to make changes because of their symptoms. This figure was 35% higher for the private sector. Additionally, 45% of the women surveyed had not been able to reduce their working hours, either due to employer inflexibility or financial constraints. Almost half the respondents (48%) had thought about quitting their job as a result. Of those surveyed, 34% felt unable to raise these issues with their managers, and 80% said they had not received any formal education about the menopause. Conversely, of those who had started HRT, 74% felt it had improved their ability to carry on working. **Conclusions:** Acknowledging its limitations (small sample size, bias due to self-selection), this study reveals the stark impact of unaddressed menopausal symptoms within the health sector at a time when retention of staff is crucial. Further work might gainfully look at the secondary effects of staff menopausal symptoms on clinical decision-making and patient care.

**Abstract title:** Violence against women, a lifetime of mental health issues?

**Presenter:** Professor Deborah Loxton, University of Newcastle

**Background:** Research using Australian Longitudinal Study on Women's Health (ALSWH) data has consistently revealed links between experiences of violence and mental health conditions. This presentation draws together published and new ALSWH findings, to provide a life course perspective on violence against women.

**Aims:**

1. Describe the mental health impact of physical, psychological, and sexual violence experienced in childhood and adulthood for three generations of Australian women over a 25 year period.
2. Provide insight into the lived experience of violence.
3. Examine factors that might help to improve mental health among women who have experienced violence.

**Methods:** ALSWH data are from over 47,000 women born 1989-95, 1973-78, and 1946-51, who complete regular surveys. Quantitative data include survey and linked administrative data (e.g. Medicare). Qualitative data are from responses to a free text survey question that asks women to add anything that they feel is relevant to their wellbeing. **Results:** Violence against women adversely impacts women's mental health across generations and over time. Women who have lived with violence experience poorer mental health related quality of life, higher rates of depression and anxiety, and more mental health symptoms than women who have not experienced violence, and this deficit lasts decades. Women's own insights reveal the importance of social support, findings reflected in the quantitative data.

**Conclusion:** Further examination of the different types of social support, and levels of this support is warranted. Social support offers a clear avenue for intervention to mitigate the impact of violence against women on mental health.

**Abstract title:** An Overview of Menopause

**Presenter:** Dr Karen Magraith, Past-President of the Australian Menopause Society

**Background:** Menopause is defined as the final menstrual period, or more accurately, as permanent cessation of ovarian reproductive function. Perimenopause is the time leading up to menopause and until one year after the final period. This presentation will give an overview of definitions and hormonal changes, and symptoms that may be experienced during perimenopause and after menopause. Menopause occurs in the context of the other circumstances of women's lives, including health status, social and occupational circumstances, mental health vulnerabilities and societal attitudes. Not all symptoms that women experience at mid-life are attributable to menopause, but it can be difficult to distinguish. There also long-term health consequences of menopause including increased risk of cardiovascular disease and osteoporosis, and the approach to assessment and management should be holistic. The presentation will briefly discuss treatment options for symptoms. Healthy lifestyle choices are important for current and future health. Menopausal hormone therapy is the most effective treatment for symptoms, but non-hormonal medications may assist women with contraindications or those who prefer not to use hormones.

**Abstract title:** Digital Innovation and Co-Design in Women's Mental Health

**Presenter:** Roisin McNaney, Pranita Shrestha, Ling Wu, Lin Sze Khoo, Dharshani Chandrasekara, Patrick Olivier, Action Lab- Monash University

**Introduction:** Mental health is a significant concern for women, with unique challenges and experiences that require specialised attention. Digital innovation and co-design methodologies offer exciting opportunities to address these challenges effectively. This workshop aims to explore the intersection of digital innovation and co-design in women's mental health, providing participants with practical tools and insights to create innovative and inclusive solutions.

**Objective:** The primary objective of this workshop is to empower participants to develop digital interventions and co-design methodologies specifically tailored to address women's mental health concerns. By combining knowledge from the fields of digital technology, mental health, and co-design, participants will gain a holistic understanding of the challenges faced by women and work collaboratively to design innovative solutions.

**Workshop Structure:**

- Getting to know you ice breaker
- Exploring Digital Innovation
- Co-design Principles and Methodologies
- Interactive Group Activities
- Wrap-up and Closing

**Expected Outcomes:**

- Enhanced understanding of the unique mental health challenges faced by women
- Knowledge of digital innovation trends and technologies in women's mental health
- Proficiency in applying co-design principles and methodologies to create inclusive solutions
- Networking opportunities with professionals and experts in related fields

**Conclusion:** This workshop on digital innovation and co-design in women's mental health aims to equip participants with the knowledge, skills, and confidence to develop impactful solutions that address the specific mental health needs of women. By fostering collaboration and leveraging digital technologies, we can create a more inclusive and effective approach to supporting women's mental well-being.

**Abstract title:** Is menopause a psychosocial hazard at work?

**Presenter:** Ms Grace Molloy, Menopause Friendly Australia

Safework Australia model workplace health and safety regulations require a person conducting a business or undertaking to manage the risk of psychosocial hazards in the workplace. These new requirements impose a duty of care on company directors and workplace leaders to identify and reduce hazards that may cause psychological harm. The symptoms of a stress-related psychological workplace injury are almost identical to those of menopause. Menopausal aged women account for 26% of the Australian workforce. Three in four will experience physical and psychological symptoms with one in four reporting severity. During their menopause years, women are at most risk of suicide and up to 4 times more likely to experience a depressive episode. A lack of general awareness, poor GP education and a failure identifying menopause creates complexity in managing symptoms. While validated research in Australia is emerging, 700 Australian women were surveyed by HR provider CircleIn, with 73% reporting higher levels of anxiety and stress during menopause. In the US, the Mayo Clinic commented that the relationship between work outcomes and menopause symptoms may indeed be bidirectional. As workplaces adopt strategies to reduce psychosocial hazards, research is promptly required to understand the relationship between menopause and psychological injuries. Given the increased risk of a mental health episode during menopause, does menopause increase the risk of a psychological injury? Is menopause therefore a psychosocial hazard? Answering these questions benefits women and employers. Those experiencing difficult symptoms may receive more appropriate treatment and workplaces may more adequately manage psychosocial risk.

**Abstract title:** A VITAL lived experience leading to a novel interventional platform for women's mental health

**Presenter:** Associate Professor Erin Morton, Flinders University

**Background:** My suboptimal lived experience in entering peri-/menopause drove the creation of a novel platform for national healthcare intervention. Despite representing the majority of Australians in peri-/menopause, and even with the advantage of 20 years of medical research experience, perimenopause's arrival and subsequent impact on my mental health and work productivity were a complete surprise. **Aims:** To apply my previous research experience to create a peri-/menopause registry prioritising what consumers – not purely clinicians or researchers – think most important, share data via appropriate circumstances, & enable this community to have a voice in making even more change and translation into improved health outcomes. **Methods:** I began a qualitative content analysis – aka explored social media, scientific journals, clinical society websites etcetera, and became even more concerned about the lack of knowledge and support available on the sheer range of symptoms and intensities, subsequent costs, time commitments, and impact on daily function. But peri-/meno wasn't my specialty, so I reached out nationally to gather expertise across all relevant specialties and backgrounds, including consumer networks, to kickstart the changes needed. Results – "VITAL", the Virtual registry of peri-/menopause in Australia, has recently launched, enabling the perimenopause community to not just report on their symptoms but advise on our registry questions & volunteer for both committees and further research. Our platform has been deliberately designed to enable future embedding of randomised clinical trials, authorised data sharing, wearable compatibility, and international rollout for even greater translational impact. **Conclusion:** Hoping my own lived experience helps others in future.

# Data Dissect is proud to power the Modern Registry Solutions

for A/P Erin Morton's VITAL Registry, collecting community data to measure the actual burden of perimenopause and menopause across Australia and Dr Patrick Russell's Lily Registry, a state-wide clinical quality registry for medically unstable people with an eating disorder.

\*The Data Dissect Platform is a next-generation cloud-based Registry as a Service (RaaS) solution.

Contact [projects@datadissect.com.au](mailto:projects@datadissect.com.au) to learn more

**Abstract title:** Memantine - A new Treatment for Borderline Personality Disorder

**Presenter:** Dr Eveline Mu, HER Centre Australia

**Background:** Borderline Personality Disorder (BPD) is a highly prevalent and complex psychiatric illness. A key component of the neurobiological pathophysiology of BPD is thought to relate to chronic stress inducing glutamate dysregulation and overactivity. Therefore, molecular mechanisms capable of regulating glutamate excitotoxicity represent novel and promising treatment targets. Memantine is an uncompetitive, low-affinity glutamatergic N-methyl-D-aspartate (NMDA) receptor antagonist that selectively blocks excessive NMDA receptor activation. **Aims:** The current study aims to determine if memantine can improve BPD symptoms. **Method:** A 12-week, double-blind, placebo-controlled trial of adjunctive memantine. Twenty-nine participants received placebo while thirty-six received daily oral memantine 10mg for 7 days, with subsequent titration to daily oral memantine 20mg. Primary outcome measures included the Zanarini Rating Scale for Borderline Personality Disorder (ZAN-BPD) and the Borderline Evaluation of Severity over Time (BEST). Secondary outcomes included the Borderline Personality Disorder Severity Index, fourth edition (BPDSI-IV). All outcomes were assessed at baseline and week 12. **Results:** In total, of 113 individuals with BPD who were screened for eligibility, 56 individuals meeting inclusion/exclusion criteria were randomised to memantine, and 42 to oral placebo. In the intention to treat analysis, all the primary outcomes in the memantine group were improved significantly from baseline to week 12 except "impulsivity" in ZAN-BPD and subscale C in BEST. The "abandonment" and "total" subscales in BPDSI-IV significantly decreased in the memantine group which was not found in the placebo group. In an explanatory analysis of cognition, significant longitudinal change was found in 'Maze Total Errors' ( $p = 0.04$ ; change% = -15.41%) in the memantine group while no significant change of Cogstate score was found in the placebo group. In the efficacy outcome analysis, the percentages of positive outcomes in ZAN-BPD and BEST subscales were higher in the memantine group than in placebo group. No serious adverse events were not found in either memantine or placebo group at week 12. **Conclusion:** Memantine is a well-tolerated drug that can improve BPD symptoms. It is a promising novel treatment for BPD as it targets glutamate dysregulation. Future studies should be conducted to further explore the benefits of memantine in reducing the cognitive disturbances associated with BPD.

**Abstract title:** Building Connection and Wellbeing through LEGO® - using LEGO® to create safe and non-threatening spaces to explore ideas. (Workshop)

**Presenter:** Ms Elen Nathan, Occupational Therapist

**Background:** This hands-on interactive workshop will introduce the therapeutic use of LEGO®, exploring ways LEGO® can be used to facilitate difficult conversations safely, and create deeper reflections through the hands-on building process.

**Abstract title:** Female hormones and mental health – 'Why is this important?'

**Presenter:** Dr Louise Newson, Newson Health Limited (Keynote Speaker)

**Background:** For far too long, the menopause has simply been considered as a condition which either affects periods or fertility. Few people have thought about the important role of oestrogen, testosterone and progesterone on the brain. These hormones can have very beneficial effects and when the levels of these hormones reduce, many symptoms including low mood, anxiety, reduced

self-esteem and feelings of hopelessness can occur. The widespread lack of understanding around the effect of hormones on mood means menopause-related psychological symptoms can be misdiagnosed – or often missed completely. The highest rate for suicide among females is in the 50-54 age group, precisely at the average age of menopause. This is unlikely to be a coincidence. In addition, far too many perimenopausal and menopausal women are either offered or prescribed antidepressants for their low mood. Some women are prescribed other medication including antipsychotics.

In this presentation I will discuss how female hormones affect the brain and its function. Common and less common symptoms of the menopause and the health risks associated with low hormone levels will be explored. The evidence regarding management of mood-related symptoms with hormones, including testosterone, will be discussed also with reference to clinical cases. Practical tips regarding individualising treatment regimens will be given. I am really hoping this presentation will allow people to think about female hormones in a very different way so all women will receive the advice, care and treatment they deserve to improve their mental health.

**Abstract title:** Prevalence and nature of negative mood symptoms in perimenopause and menopause

**Presenter:** Dr Louise Newson, Newson Health Limited

**Context:** Between one and two thirds of women report deterioration in mental health during the menopause transition. Perimenopause and the early postmenopausal period are associated with a 2-to 4-fold increased risk for clinical depression, and suicide rates peak in women aged 45 to 49 years. Antidepressants are effective, but side effects are common and may exacerbate other menopausal symptoms. The most effective treatment for mood symptoms due to hormone deficiency is hormone replacement therapy (HRT). In comparison with antidepressants, HRT benefits all menopausal symptoms including mood, is better tolerated, and has long-term health benefits. Many women and health care professionals are unaware that hormone imbalance can have such a detrimental impact on mental health, and that HRT is a safe, effective management option. Poor access to the right care, at the right time, is associated with adverse health outcomes. **Objectives:** To explore the prevalence and nature of mood symptoms and mood disorder in an unselected cohort of British women, and to gain insight into how they are currently managed. **Methods:** We conducted an on-line cross-sectional survey of perimenopausal and menopausal women between 1st and 9th December 2022. The survey was advertised and disseminated via the Balance and Newson Health social media platforms. It consisted of multiple-choice questions, and participants were invited to leave free-text comments. Participation was anonymous and voluntary. **Results:** The survey was completed by 5744 women. The majority (79%) were aged between 46 and 60 years, and 85% were White. 96% of women reported a negative change in their mood or emotions since onset of perimenopause. The most common symptoms were: feeling anxious or stressed (84%), more easily overwhelmed (79%), low or tearful (72%), angry or irritable (67%) and flat or blunted (55%). Two thirds of women had sought help for their symptoms, usually from their GP. 19.1% had been formally diagnosed with a mood disorder. 38.5% of women had been offered antidepressants rather than HRT; 4.6% had been treated with more than two antidepressants. 13.4% of women had received CBT. **Conclusions:** Mood symptoms are common in the menopause transition, and 1 in 5 women are diagnosed with a formal mood disorder. Most women seek help, usually from their GP, but are often offered antidepressants rather than HRT. Approximately 1 in 10 women accessed counselling (CBT), which is a useful adjunct to pharmacotherapy. Better patient and clinician education is needed to raise awareness about the efficacy and safety of hormone therapy to treat mood symptoms in peri-/menopausal women.



**Abstract title:** All in the balance™: using a digital app to track menopause symptoms, educate and empower women to take charge

**Presenter:** Dr Louise Newson & Dr Rebecca Lewis, Newson Health Limited (Keynote Speaker)

**Context:** The award-winning balance™ app, co-created by women affected by the menopause and healthcare specialists, has been downloaded well over half a million times since it launched in 2019. It aims to help users track symptoms, access personalised content, and take part in a peer community. The balance™ app is a custom-designed app to support women before, during and after their menopause. It is used by over 120,000 women monthly in 150 different countries. The app has over 2.5M weekly views split mainly between the symptom tracker, the community forums, and educational content. But how has the app made a positive difference to its users? **Objective** To explore the views of balance™ app users about their experience with the tool. **Methods:** We carried out an online survey of 1062 women who had used the balance™ app for at least ten months, comparing their responses at ten months to their own scores at the outset (paired sample test). The survey was conducted via the balance™ app, it was voluntary and not remunerated. **Results:** The results showed significant positive effects on access to adequate treatment, symptom awareness, and empowerment. Of those surveyed, 73% said they had been able to access the treatment they needed, and after ten months of use there was a marked reduction (44%) in hospital visits. The proportion of women able to recognise the symptoms of menopause increased from 60% to 87%, and the proportion of women who reported improved mental health doubled from 33% to 66%. Confidence to seek help increased from 47% to 86% after ten months of use. Most women who completed the survey were in work, and after ten months of use, 84% said they had become advocates for workplace change, and 74% said they had become more confident talking about the menopause in their workplaces. Of those surveyed, 53% were able to make positive adjustments to their work, and 44% reported they thought less about resigning or reducing their hours. **Conclusions** The balance™ app appears to be an effective way to empower women to access the care they need, learn about their symptoms, and feel more empowered. More women could benefit from this digital health technology if it were offered more widely.

**Abstract title:** From Woe to Woah! A Journey of Diagnosis and Treatment of PMDD

**Presenter:** Dr Michelle Oppert, University of South Australia

**Aims:** This presentation aims to share a lived experience from the woe of confusion around premenstrual dysphoric disorder (PMDD) symptoms to the woah of diagnosis and treatment. Sharing with academic and PMDD peers, this account demonstrates how persisting through years of poor mental and physical health led to a diagnosis of PMDD. Holistic, effective care has resulted in control and self-compassion over PMDD for the first time in decades. **Background:** PMDD is a severe exacerbation of cognitive and/or physical premenstrual symptoms in the days leading up to menstruation. For example, anxiety, depression, irritability, conflicts, fatigue, overwhelm, and physical pain or discomfort. PMDD can negatively affect relationships, employment, and economic status. **Methods:** A diagnosis was sought for various mental and physical health problems over many years. Several specialists were seen, including a gastroenterologist, psychologist, psychiatrist, gynaecologist, and endocrinologist. Diagnosis of anxiety disorders were present for some time, and pharmaceutical treatments regularly failed, further confusing the diagnoses. Social and professional relationships suffered, and physical health deteriorated. Unexplained joint pain was the cue for the psychiatrist to assess the cyclical patterns of symptoms, leading to a diagnosis of PMDD. **Results:** Following diagnosis, a referral to a women's mental health psychiatrist led to appropriate medication plans to manage PMDD successfully. **Conclusion:** After 27 years of suffering from PMDD, the combination of personal persistence, mental health support, holistic healthcare, and access to advocacy groups have helped provide control and self-compassion. With the proper diagnosis and support, others with PMDD can markedly improve their lives.

**Abstract title:** First Nations Male Mental Health clinicians' accountabilities in working with women within the clinical and cultural spaces?

**Presenter:** Mr Cory Paulson, First Nations Health Wellbeing and Service Development

As a First Nations Man working within Mental Health there exists the clinical expectation to work with all consumers. Priority placed to working with First Nations consumers as a First Nations clinician and then where needed with Non-First Nations consumers. This is to acknowledge the existence of the two spaces I inhabit within Mental Health as a First Nations clinician these being Clinical and Cultural spaces. Within the clinical space exist person centred gender specific needs of our consumers and cultural needs of our consumers. As a First Nations male clinician it was a tricky and complex space to navigate. This discussion will unpack how I navigated the two spaces of clinical and cultural when working with First Nation and non-First Nations women impacted by mental health illness and Alcohol and other Drug use while working in the clinical space of Regional Rural Hospital setting. **Method of presentation:** An oral presentation to establish the clinical underpinnings of MH and AoD service provision and the First Nations cultural consideration in Mental Health and AoD service with the NSW Hospital setting with a tertiary level ward. Followed by a 5 minute explanation of lived experience situations as a First Nations Male clinician engaging with Female consumers First Nation and non-First Nations and the fundamental skills required to navigate those situations. Discussion about skills two-way communication (verbal, non-verbal, listening, body language), spatial awareness, and rapport building within clinical settings such as general consult rooms, Emergency Departments, Acute MH setting, and in community. All leading to a discussion prompted by questions from the audience that arise.

**Abstract title:** Menopause in the workplace and implications for mental wellbeing: a case study

**Presenter:** Ms Laura Riccardi, Women's Health in the South East (WHISE)

**Background:** Menopause is associated with physical and mental health symptoms ranging in type, severity and duration. These can have a significant impact on work performance (D'Angelo et al., 2023), with up to 83% of women experiencing menopause affected at work (Circle In, 2021). In addition to menopausal mental health symptoms, such as anxiety, depressive symptoms, memory loss and inability to concentrate, the impact of symptoms on work performance can impact self-confidence and self-efficacy and is related to other risk factors for poor mental health outcomes, such as financial stress. Unsupportive working conditions are also an identified risk factor for poor mental health outcomes (Carbone, 2020). Therefore, to support optimal mental health and retain women in the workforce, it is incumbent on policymakers and employers to support employees experiencing menopause. Women's Health in the South East (WHISE) is developing a case study to examine workplaces that have implemented policies to support menopausal employees. **Aims:** Highlight development and implementation of menopause policies, including barriers to implementation, consultation with staff and promotion of policies Demonstrate impact of existing menopause workplace policies on employees and organisations Support broader development and implementation of menopause workplace policies to improve symptom management, workforce participation, and improve mental health outcomes **Methods:** To develop the case study, WHISE conducted semi-structured qualitative interviews with staff at organisations with menopause workplace policies. Interviews have been transcribed for thematic analysis. **Results and conclusion:** Results are pending; however, early thematic analysis indicates that implementation of menopause policies is feasible, supports workforce participation and can have positive implications for women's mental health and workforce participation or satisfaction.

**Abstract title:** Working Occupationally with Women in Secure Settings - Guidelines and An 8-Week Group Program Designed for Occupational Therapists Addressing Women-Specific Needs in Forensic Mental Health

**Presenter:** Mr Luka Ritter, La Trobe University

**Background:** In 2023/4, Forensicare will be opening a new 48-bed medium-secure unit designed specifically for women. The majority of forensic services are designed for men and do not address the realities of women's lives. These environments then do not meet the needs of or address systemic factors related to women's access of forensic services. **Aims:** The aim of this project was to build capacity within the Forensicare OT team to work with female patients. Method: Consultation with current patients and staff at Thomas Embling Hospital took place to determine their needs in this area. Additionally, a literature review including database searches and investigation of grey literature was conducted. Based on this knowledge, the project team then created the set of best practice guidelines and an 8-week group program, Celebrating Women, designed to address women's health needs. Feedback was sought from OTs and the lived experience team to ensure their needs were being met. **Results:** Key project outcomes included submission to the state government as part of Forensicare's clinical accreditation process, and a commitment from senior clinical staff to implement a pilot of the 8-week group program by the end of 2022. **Conclusion:** OTs play a key role in providing opportunities for occupational participation and skill development in the forensic setting, and are well placed to address women's health - an area that has historically been neglected. Further work is needed to design quality intervention programs to address this critical area of need for women.

**Abstract title:** The positive mental health impacts of work on marginalised women

**Presenter:** Ms Donnette Rushworth, The Big Issue

**Background:** More than 53,000 Australian women experience homelessness every night without safe or secure housing. And we know the largest causes of homelessness in Australia are domestic violence and family violence, which overwhelmingly affects women and children. Ten years ago, The Big Issue saw an urgent need to expand our social enterprises and provide safe, female-friendly employment opportunities to women, and thus created the Women's Workforce.

In this session The Big Issue will discuss women in the workplace and share stories from their Women's Workforce social enterprise, discussing the positive impact and influence that work has on women experiencing marginalisation, their mental health and reconnecting with the community.

**Abstract title:** The Lily Registry, a clinical quality registry for medically unstable people with eating disorders

**Presenter:** Dr Patrick Russell, Royal Adelaide Hospital

**Background:** definitions of medical instability for people with eating disorders and guidelines for their inpatient stabilisation are largely underpinned by expert opinion. Because patients are physiologically preconditioned to privation, correction of hemodynamic parameters and biochemical abnormalities might be too low a standard; 'physiological buffer' is a concept poorly defined. A clinical quality registry (CQR) could help. **Aims:** to collate data and gain insight into medical instability of inpatients with complications of eating disorders. **Methods:** opt-out consent will be used to enrol consecutive adult and paediatric medical inpatients with eating disorders in metropolitan South Australia. Clinician data entry will occur at admission, during weekly MDT meetings and at discharge; QR codes will facilitate daily bedside nursing data entry; patient-reported symptom questionnaires will be emailed weekly after opt-in consent, and at 3, 6, & 12 months after discharge. Hemodynamic and biochemical data will be linked from the electronic medical record. Rate of weight gain, meal plan consumed, and time to stability will be related to symptom burden, novel insights gained through latent class analysis, and readmission rate. Results will be looped back to clinical teams providing care and the directorates responsible. **Results:** The Lily Registry will define the practice and improve outcomes for South Australian inpatients with medical complications of eating disorders. **Conclusion:** The Lily Registry will generate novel insights, help clinicians develop greater expertise and improve the care provided to this vulnerable population. This registry could be a cost-effective CQR across Australia.

**Abstract title:** The impact of COVID-19 related stress on peripartum maternal mental health during COVID-19

**Presenter:** Dr Susanne Schweizer, University of New South Wales & University of Cambridge

**Background:** Stress during pregnancy has long been associated with poor postpartum outcomes for mother and child. During the pandemic we showed that women who were pregnant between May and September 2020 (T1) reported more symptoms of depression and anxiety than non-pregnant age and country-matched women. Both cognitive (intolerance of uncertainty, worry) and social (loneliness, social support) vulnerabilities partially accounted for the impact of COVID-19-related stress on pregnant women's mental health. **Aims:** The current study aimed to establish the impact of COVID-19 related stress on postpartum mental health and whether cognitive or social vulnerabilities would modulate the impact of COVID-19-related stress on postpartum maternal mental health. **Methods:** Of 742 pregnant women from the COVID-19 Risks Across the Lifespan (CORAL) cohort included at T1, 318 women completed the final survey at T4 (10/2021-04/2022). Participants were based in the UK, US, and Australia and all measures were completed online. **Results:** COVID-19-related stress was associated with higher levels of maternal depression, anxiety and distress over and above T1 mental health. The effect of COVID-19-related stress on maternal mental health, our modelling showed, was not accounted for by changes in cognitive or social factors from T1 to T3 (12/2020-04/2021). **Conclusions:** The findings of this cohort study suggest that targeting pandemic-related stressors in the antenatal period may improve maternal and infant outcomes. Pregnant individuals should be classified as a vulnerable group during pandemics and should be considered a public health priority, not only in terms of physical health but also mental health.

**Abstract title:** Disempowering the bully- a nuanced statewide approach to care of women experiencing eating disorders.

**Presenter:** Ms Helen Searle, Alfred Mental and Addiction Health-Statewide Womens Health Service

A specialist women's mental health service which includes eating disorders has been developed providing inpatient and Hospital in the Home beds. The model of care was co-designed with 131 women with lived experience and carer lived experience as well as peak mental health and eating disorder bodies. Model of care suggestions were consistent: 1) eating disorder treatment should focus on both psychological and physical health. 2) recognition and support for co morbid psychiatric disorders 3) criticality of involving lived experience in the training of staff and delivery of care 4) need for in-home care. Team members identified that they were lacking in skills, knowledge and confidence to adequately support clients with eating disorders. Measuring staff confidence with working with individuals experiencing eating disorders, including the provision of meal support in the home and whether confidence was improved after attending an education series delivered by the lived experience workforce. Education co-designed and delivered by individuals with lived experience of an eating disorder and those who have supported women experiencing eating disorders. Delivered in two one hour modules for multidisciplinary team members, and included models on distress tolerance, meal support, scaffolding; utilising evidence based modules developed by Alfred Health, The Victorian Centre of Excellence in Eating Disorders and Eating Disorders Victoria. Surveys identified knowledge and confidence prior to training, after, and after the first in home contact. Further research will examine how we support staff in the delivery of care, the experience of care and outcomes of those utilising the service.

**Abstract title:** Evaluating Perceived Safety of Consumers Identifying as Female in Single-Sex Versus Mixed Gender Inpatient Psychiatric Facilities (The Women's Safety Project)

**Presenter:** Dr Alexandria Simpson and Dr Genevieve D'Mello, Alfred Health

Mental illness is the leading cause of disability and constitutes the highest burden of non-fatal illnesses for women in Australia. Inpatient psychiatric treatment is required for many women in Australia, and over the past 5 decades, women have been treated in mixed-gender psychiatric units. Unfortunately, while admitted to these units, women are at risk of sexual, physical and emotional abuse. This compounds women's already increased risk of developing PTSD and negatively impacts their capacity to receive effective treatment. To this day, there is only one women's-only mental health unit in Australia, which is run through Cabrini Health. The aim of this consumer and carer co-designed study is to evaluate the perceived safety of individuals identifying as female during their inpatient psychiatric admission, and to explore contributing factors. We hope to raise awareness and effect changes to improve the safety of women receiving psychiatric care. The study has two components: a quantitative survey, and a qualitative focus group. The study will be conducted over two sites: a mixed-gender inpatient psychiatric unit and a female-only inpatient psychiatric ward. The study populations consist of: consumers identifying as female admitted to the inpatient psychiatric unit, carers of consumers and staff working on these units. The purpose of the survey is to quantify the perceived safety of those identifying as female whilst receiving inpatient care. The focus group series will explore factors contributing to women's perceived safety during an inpatient psychiatric admission. Results will be compared between the population groups and across the two sites.

**Abstract title:** Te Ruahinetanga in Aotearoa: why we need to consider our whakapapa to make empowered steps forward

**Presenter:** Dr Samantha Newman, GP and founder of FemaleGP Clinic, New Zealand

This presentation will review how and why knowledge and understanding of ruahinetanga [menopause] is mandatory to psychological and physical wellbeing. It will look at perimenopause and menopause through a culturally safe lens for wāhine Māori, the indigenous women of NZ, to demonstrate how menopause needs to be seen as part of the life journey. In Māoridom consideration of whakapapa, what has come before, guides how to move forward. Through understanding previous hormonal physical and psychological health and that of the whanau [family], not only improves personal wellbeing, but achieves the direct diagnosis. Understanding the patient as a whole, supported by Te Whare Tapa Wha, Maori Health Model by Sir Mason Durie, Dr Samantha will demonstrate how she works with her patients and how menopause sits as an integral component of General Practice.



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## Leaders in Women's Mental Health

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**Abstract title:** Theta Burst Transcranial Magnetic Stimulation to Treat Premenstrual Dysphoric Disorder – An Open Label Pilot Study

**Presenter:** Dr Elizabeth Thomas, HER Centre Australia

**Background:** Premenstrual Dysphoric Disorder (PMDD) is a depressive disorder that occurs in a cyclical pattern due to hormonal changes in the menstrual cycle. Existing treatments provide no or only partial symptomatic relief, highlighting the clear need for effective and safe treatment. Brain stimulation, specifically theta burst stimulation (TBS), has demonstrated efficacy in treating depression, and may be a promising approach to treating PMDD mood symptoms. **Aims:** This pilot study aims to evaluate the effectiveness of prolonged intermittent TBS (piTBS) for treating mood and other psychological symptoms in PMDD. **Methods:** Twelve participants were enrolled in the study over a 4-month period, during which they were required to complete the Daily Record of Severity of Problems (DRSP) scale every day. Months 1 and 2 (pre-treatment phase) involved the completion of mood questionnaires and cognitive assessments once in the follicular phase (7 days +/-2 after menses) and once in the late luteal phase (10 days +/-2 after ovulation). In Month 3, (treatment phase), participants received 10-minute sessions of piTBS over 5 continuous days in the late luteal phase. Stimulation intensity was at 120% of the individual's calibrated resting motor threshold. Mood questionnaires and cognitive assessments were administered on Day 5 of treatment. Mood questionnaires were repeated again at the end of Month 4 (follow-up phase). **Results:** While results are pending, initial findings suggest improvements in psychological symptoms during treatment and follow-up luteal phases compared to the pre-treatment luteal phase. Results will also compare cognitive performance between pre- treatment and treatment luteal phases.

**Abstract title:** Migrant and refugee women's experiences of mental health and wellbeing

**Presenters:** Dr Giang Tran and Delaram Ansari, Multicultural Centre for Women's Health

**Background and Aims:** Migrant and refugee women experience poorer health outcomes compared to Australian-born, non-Indigenous women, and this health disparity likely extends to mental health. Currently, there is limited research on the specific experiences of migrant and refugee women in the area of mental health across research, policy and practice. To address this gap, the Multicultural Centre for Women's Health conducted the Building Bridges project which aimed to explore migrant and refugee women's experiences, and access to mental health and wellbeing support services. This project was funded by the Diverse Communities Mental Health and Wellbeing Grants 2021-2022, Victorian Department of Mental Health. **Methods:** From November 2022 to May 2023, nine focus groups were held with a total of 99 migrant and refugee women from various cultural backgrounds in Victoria, Australia. These focus groups were facilitated by trained bilingual health educators in participants' preferred language. To gain a deeper understanding of the context, an additional eight interviews were conducted with service providers and community-based organisations. **Results & conclusion:** The findings suggest that there are many factors that impact migrant and refugee women's mental health and wellbeing. More specifically, this project shows the barriers that hinder access to culturally responsive and appropriate mental health services. Furthermore, this paper highlights the importance of using an intersectional approach and centring the migrant and refugee women's experiences in designing strategies that are aimed to improve their health and wellbeing.

**Abstract title:** Empowering Midlife Women: The Multidisciplinary Approach to Well-being

**Presenter:** Dr Talat Uppal, Dr Ghalia Abu Mohsen, Women's Health Road

Women's Health Road (WHR) is the name of our multidisciplinary team (MDT) medical centre, because patients are on journeys with varying health-based needs at different times of their lives. It is run out of a cottage located opposite the Northern Beaches Hospital, operating as a hybrid model, providing both virtual and face to face care. The services provided include a colorectal surgeon, obstetrics and Gynaecology needs, general practice, midwifery, and a physio. We are accredited by RACGP standards, with a niche for women's health. MDT care of menopausal women is a unique approach that recognises the diverse and complex needs of women transitioning through this significant life stage. Menopause, characterised by the cessation of menstrual cycles and hormonal fluctuations, is associated with a wide range of physical, emotional, and psychological changes. This abstract highlights the importance of a MDT model in managing the health and quality of life of menopausal women. It details a comprehensive assessment including both the physical symptoms associated with menopause, such as hot flushes and vaginal dryness, but also the psychological/emotional aspects, including mood swings and sleep disturbances. The MDT team collaborates to provide individualised treatment plans tailored to the specific needs of each woman, extending beyond symptom management, to include disease prevention and health promotion. Through education and counselling, and use of a WHR patient portal, women are empowered to make informed decisions regarding their health and actively participate in their own care. The model aims to elevate the lives of the women we serve.

**Abstract title:** Single Session Interventions in Eating Disorders: Are they useful?

**Presenter:** Professor Tracey Wade, Flinders University

**Background:** Single session interventions (SSI) are developing a greater evidence-base in youth mental health but have limited evidence to date in eating disorders. **Aims:** This presentation will summarise work conducted with SSIs to date that impact disordered eating and treatment. **Methods:** Three different studies will be described. The first evaluated SSIs for women at risk of developing an eating disorder. Participants (n=130) were randomised to a SSI on imagery rescripting, a SSI on psychoeducation about adaptive brain and genes that give hope for recovery, or control. The second evaluated SSIs provided to women (n=85) on the waitlist for treatment for an eating disorder. Participants were randomised to waitlist as usual, a face-to-face SSI on cognitive remediation therapy, and a psychoeducational SSI. The third ongoing adaptive trial design examines the use of three different SSIs for people provided in a 2-week period between assessment and the start of therapy: participants were randomised to SSIs on adaptive brain, behavioural activation, or managing stress such that it reduces the need to self-harm. **Results:** Use of SSIs showed significant reductions in disordered eating and improvements in body image in the high-risk sample. Use of even very brief SSIs increased by threefold the likelihood that people would complete treatment for an eating disorder. Early indications suggest that use of SSIs between assessment and treatment significantly reduces dietary restriction. **Conclusion:** SSIs have several important and useful applications in eating disorders.



**Abstract title:** Exploring the Relationship between Mania with psychosis and Hormones

**Presenter:** Ms Jessica Woodward and Ms Yasmin Shah, Monash Health

A symposium and panel discussion on the relationship between mania and hormones. The aim of this session is to bring together experts, researchers, clinicians, and mental health professionals from different disciplines to share insights and advancements in understanding the role hormones may play in women experiencing mania and psychosis. In my capacity as Senior Nurse/clinician for a Youth psychosis team I have observed a significant number of young women coming through our service who appear to exhibit a direct correlation between their Episode of mania (with psychosis) and their menstrual cycle. We know studies have suggested a potential link between hormonal imbalances and the onset, duration, and severity of manic and psychotic symptoms. The objective of the symposium is to foster a collaborative and multidisciplinary platform where we can exchange ideas, present the latest research findings, and engage in meaningful discussions surrounding the relationship between mania, psychosis, and hormones. By facilitating this, the aim is to enhance the collective understanding of these phenomena and explore potential implications for assessment, treatment, and patient care – specifically for youth psychosis teams.

**Abstract title:** Trauma-informed Interventions, prevention for women impacted by the justice system

**Presenter:** Ms Felicitiana Zsha, Mindology Counselling

Drawing from my lived experience within the justice system, where I directly faced the challenges and consequences of trauma and domestic violence, I highlight the importance of incorporating firsthand experiences into policymaking and practice. A key issue I shed light on is the urgent need for trauma-informed interventions that target the root causes of domestic violence and its impact on women's incarceration rates. It is crucial to acknowledge the high prevalence of victimisation and trauma among incarcerated women, with studies showing that nearly 98% have experienced victimisation and about 85% have endured violence. These statistics underscore the significance of implementing effective mental and spiritual health interventions to address trauma. Such interventions have the potential not only to transform individual lives but also to break the cycle of intergenerational trauma. I advocate for trauma-informed approaches within a person-centred framework, with prevention as a critical strategy to reduce rates of DFV, as well as women's incarceration rates. Community-based solutions and addressing the underlying issues around mental health, poverty, addiction, are important topics of discussion. Reallocating resources towards supportive programs and interventions, we can foster a more equitable and just society.

My aim is to challenge conventional notions of punishment for women who have experienced trauma and violence and advocate for a compassionate approach rooted in trauma-informed care, prevention, and comprehensive reintegration. This approach emphasizes the importance of incorporating the voices and experiences of incarcerated women in shaping policies and practices, promoting their agency and empowerment throughout the process of transformation and social change.

## Poster Abstracts

Alphabetical order by surname

**Abstract title:** Depression and the Oral Contraceptive pill

**Presenter:** Ms Haniya Al-Azzawi, HER Centre Australia

**Background:** The Oral Contraceptive Pill (OCP) is the most common form of birth control used by women. The hormones in OCPs, estrogen and progesterone, can impact mood. However, this relationship remains inadequately addressed. Depression is the main reason reported for discontinuation of OCP use. Various combinations of oral contraceptives exist that appear to have differential risks for triggering depression onset. In particular, the progesterone component of OCPs may dictate depressive outcomes as progesterone demonstrates mood-deteriorating effects.

**Methods:** In this cross-sectional study, data was obtained from 400 women aged between 18 and 48 years. Women taking oral contraceptives (OC users) and women not taking oral contraceptives (OC non-users) were recruited. An online survey consisting of several questionnaires relating to mood was administered to all participants. Depressive symptoms were assessed using the Beck Depression Inventory (BDI) and Centre for Epidemiological Studies (CES-D) scales. The incidence of depression was compared between both groups. **Results:** Preliminary results indicate that OC users have lower mean scores on the BDI ( $\bar{x}$  = 9.47, SD = 8.9) and CES-D ( $\bar{x}$  = 13.3, SD = 11.1) compared to OC non-users (BDI:  $m$  = 10.1,  $SD$  = 10.4; CES-D:  $m$  = 16.1,  $SD$  = 13.6). These results did not adjust for covariates.

**Conclusion:** The relationship between oral contraceptives and mood is complex with several covariates that must be accounted for. Preliminary results demonstrate that lack of adjustment for these variables may not accurately represent the factors that can make women more susceptible to developing depression on OCPs. Nonetheless, these preliminary results suggest that OCP users are not at an increased risk of depression.

**Abstract title:** Parenting in a Pandemic: Women's Mental Health and Wellbeing during Covid 19

**Presenter:** Ms Ada Castle, Women's Health East

**Background:** Perinatal anxiety and depression will affect up to 1 in 5 Australian mothers (PANDA, 2023). The global COVID-19 outbreak and subsequent restrictions in Victoria presented additional challenges for those who became new parents during 2020. **Aims:** The project aimed to capture the lived experience of women from the eastern metropolitan region of Melbourne who parented a new baby under the Victorian COVID-19 restrictions of 2020 with a particular focus on the impact on their mental health. **Methods:** The project employed qualitative data collection methods. Eighteen mothers took part in either a focus group, interview or submission of a written piece between March and June 2021. Six perinatal practitioners were also interviewed. Data was collected and thematically analysed. **Results:** The findings poignantly highlight the lived experience of becoming a new mother during COVID-19. Six key themes were identified: 'Formal support' [Perinatal appointment structure and delivery; Mothers/parents groups], 'Informal support' [Loneliness], 'Birth and hospital support' [Restrictions to partner or support person; Physical and emotional support; Hospital discharge; Birth trauma], 'Access to allied health and other postnatal supports', 'Health anxiety' and 'The mental load'. **Conclusion:** The COVID-19 pandemic presented additional challenges for new mothers which impacted on their mental health in significant ways. While some experiences were unique to the pandemic environment, COVID-19 also amplified many existing challenges. The research provides valuable learnings in the provision of perinatal and maternity care and highlights the importance of lived experience to inform policy and practice.

**Abstract title:** Anorexia Nervosa – Paradigm shifts associated with anorexia nervosa sufferers who attended the same girl’s school from 1969-1972.

**Presenter:** Mrs Maggie Charters, Lived experience and Post MAPrc Higher Degree Student

There is, currently, no perfect cure for anorexia nervosa (AN). The present study uses case studies of sufferers with AN (N=3) to investigate shifts in paradigms. The participants were in the same years in a Melbourne girls’ high school between 1969-1972. The participants hadn’t seen each other for 50 years after graduating from year 12. One of the participants in this study is the researcher, M. Charters. This generates her interest in solving the problem. Through a series of interviews and questionnaires, participants identify the purposes and parameters of their self-starvation in their teen years. Shifts in paradigms, recurring triggers, and their locus of control are also considered. This study demonstrates that participants were traumatised at a young age by poor parenting or weight-bullying. All participants identified their low self-esteem, fear of gaining weight and body dysmorphia, as being linked to their troubled homelife. Therefore, family therapy is highly recommended to reduce the impact of generational abuse. In addition, further research and the implementation of programmes to educate teenagers on the dangers of AN, are crucial to reducing the high incidence of AN. Because of the serious impact of AN, sometimes leading to death, and the escalating rise of family breakdowns, further research on shifting paradigms should be, extensively, investigated.

**Abstract title:** The association between internalised weight bias and biopsychosocial outcomes in a population under 25

**Presenter:** Miss Tiarna Foster, University of Wollongong

**Aim:** To synthesise and evaluate the evidence for internalised weight bias (IWB) on biopsychosocial health outcomes in individuals >25 years to identify gaps for future studies around IWB. **Methods:** Five electronic databases were searched in April-May 2022 to find studies that investigated the association between IWB and biopsychosocial outcomes. Peer-reviewed articles with participants ≤25 years, at least one validated measure of IWB, one measure of a biopsychosocial outcome, and one observational, were included. Excluded articles involved systematic literature reviews, case study reports, intervention studies and meta-analyses, grey literature, pilot, and feasibility studies. Quality assessment was carried out using the American Dietetic Association Quality Criteria Checklist. The protocol for this search was registered with PROSPERO, ID number CRD42022323876. **Results:** Two hundred and sixty-six papers were identified. Nineteen were eligible for extraction, (15 cross-sectional and 4 prospective). Weight Bias Internalization Scale and the Weight Self-Stigma Questionnaire were the most commonly used tools to assess IWB with large heterogeneity in the tools used to assess bio-psychosocial measures. IWB was found to have positive associations with psychopathology, eating disorder symptomatology, increased BMI, being female, experiences of weight stigma and to be negatively associated with quality of life, body image, physical activity, social ability, self-esteem, and socioeconomic status. **Conclusions:** It is evident that IWB is positively associated with adverse biopsychosocial outcomes in children and youth, with greater research being required. IWB may be more clinically relevant in assessing at-risk youth than physical weight alone due to its psychosocial aspects and ability to transcend beyond BMI. Research would benefit from better assessment tools designed for children and youth that accurately measure IWB. Future research should focus on increased diversity, longitudinal studies to determine causality and intervention trials in youth-specific populations.

**Abstract title:** The relationship between early life trauma and empathy in adults with borderline personality disorder

**Presenter:** Ms Elle Haryanto, HER Centre Australia

**Background:** Borderline Personality Disorder (BPD) is a highly heterogeneous psychiatric condition that is often best characterised by interpersonal dysfunction. Though increasing empirical support has established childhood trauma as a salient trigger, a paucity of research exists specifically relating experience of trauma to BPD’s social cognitive symptoms. Empathy, which involves a cognitive and affective component, functions as an ideal framework for understanding the aberrant social cognitive capacity in BPD. **Objective:** The current study aims to compare cognitive and affective empathy in BPD patients and healthy controls. It will also explore the relationship between childhood trauma type/severity and empathic capacity in BPD patients. **Methods:** This study analysed participant responses on the retrospective, self-report Maltreatment and Abuse Chronology of Exposure (MACE) questionnaire, in addition to performance on the computer-based Multifaceted Empathy (MET) test. **Results:** A total of 70 patients with BPD and 52 healthy controls were included in the study. Preliminary results have revealed that BPD patients had poorer performance in the MET than healthy controls when inferring mental states, indicating a deficit in cognitive empathy. However, there did not seem to be a significant difference in affective empathy across the two groups. Data on early life trauma to be analysed. **Conclusion:** These findings support the notion that deficits in empathy, particularly in the cognitive domain, may partially account for the turbulent interpersonal relationships associated with BPD.

**Abstract title:** The Prevalence of Polycystic Ovarian Syndrome in women with Borderline Personality Disorder, and their Combined effects on Cognition

**Presenter:** Ms Tasmia Islam, HER Centre Australia

**Background:** Borderline Personality Disorder (BPD) is a debilitating and highly stigmatised psychiatric disorder which affects approximately 1 in 10 women. It is characterised by impulsivity, emotional-instability, and self-harming behaviours. Current literature suggests that it may be triggered by genetic or environmental factors, most notably, early-life trauma. However, a formal aetiology has not been established. Due to its heterogeneous nature, BPD shares similar biological symptoms such as hyperandrogenism, with women who have Polycystic Ovarian Syndrome (PCOS). In doing so, it has been discovered that there is a relatively high prevalence of PCOS in BPD populations, as well as cognitive impairment in the areas of memory, visual attention, and executive function. **Aims:**

- To investigate the prevalence of PCOS in an Australian female BPD population
- To compare the cognitive performance between individuals with PCOS, and without PCOS, within a female BPD population

**Methods:** Females with BPD were recruited via the “Alison Project” and completed the “Clinical assessment tool for PCOS diagnosis” to identify whether or not they have PCOS. All participants then underwent computerised cognitive testing on the Cogstate Battery. Their scores for each of the 11 tests were calculated, and compared between the PCOS vs non-PCOS groups. **Results:** A total of 124 participants with BPD were included in the study, revealing 28 of them to be having PCOS as well. The prevalence of PCOS in this BPD sample was found to be 22.5%. This is greater than the prevalence of PCOS in the healthy Australian population of reproducing women, which current literature suggests to be 10%. Preliminary results also indicate that participants who have both BPD and PCOS did not significantly vary in their cognitive performance in comparison to BPD participants with no PCOS (within the domains of executive functions, attention, and memory). **Conclusion:** These findings suggest that BPD participants perform similarly across cognitive tasks, irrespective of

their PCOS diagnosis. There may be an underlying relationship between PCOS and BPD in avenues other than cognition, which enable them to concurrently occur in many patients.

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**Abstract title:** From 18-102, the mental health of women over time and across generations.

**Presenter:** Professor Deborah Loxton and Natalie Townsend, University of Newcastle

**Background:** Mental health is one of five priorities of the Women's Health Strategy 2020-2030, reflecting the need for a gendered approach to mental health, and the provision of early intervention and targeted service provision. This presentation offers an overview of mental health across the life course for four generations of women from across Australia. **Aims:** 1. Describe the mental health related quality of life over a 25 year period for women born 1989-95, 1973-78, 1946-51 and 1921-26. 2. Describe the proportion of women in each generation who indicate experiencing diagnosed mental health conditions and symptoms across the study period. 3. Identify those ages where women are most likely to experience compromised mental health related quality of life. 4. Consider what women write about their lived experience of mental ill health. **Methods:** The Australian Longitudinal Study on Women's Health has collected survey data from three age cohorts of women now aged 45-50, 72-77, and 97-102 since 1996, and from a fourth cohort now aged 28-34 since 2012. **Results:** Overall, younger women were more at risk of experiencing mental health issues than women who were older. Of particular concern were the very large proportions of women in the youngest cohort who indicated they had experienced suicidal ideation and psychological distress. **Conclusion:** Given the best predictor of present mental health is past mental health, early identification and intervention are critical. This paper supports the notion of mental health screening much earlier than the antenatal period and for continued screening at different life stages.

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**Abstract title:** Neurological outcomes post-traumatic brain injury : A systematic review on intimate partner violence.

**Presenter:** Miss Tusyita Menon, Jeffery Cheah School of Medicine and Health Sciences, Monash University Malaysia

**Background:** The global incidence of intimate partner violence (IPV) has risen exponentially since the COVID-19 pandemic. Traumatic brain injuries (TBI) are a known consequence of physical violence. Although extensive research into the correlation of intimate partner violence and traumatic brain injuries has been conducted, there is a paucity of evidence on the effect of psychological stress on neurological outcomes post-traumatic brain injury. **Aims:** To elucidate the effect of psychological stress on neurological outcomes among intimate partner violence survivors with a traumatic brain injury. **Methods:** This systematic review was conducted using four databases, namely OVID MEDLine, Scopus, PubMed and Embase. The primary keywords employed were 'intimate partner violence', 'stress', and 'traumatic brain injury'. Men, women and non-binary individuals involved in either heterosexual or same-sex relationships with a history of IPV were included. Non-English studies, animal studies and research involving the paediatric age group were excluded. **Results:** 14 studies were included in the full-text review. One of the primary domains of discussion identified was the prevalence of post-traumatic stress disorder, depression and anxiety among IPV survivors with a brain injury. Women with IPV-related TBI with current symptoms were six times more likely to have IPV-related PTSD than women with no IPV-related TBI history. In addition, comorbid depression and PTSD scores are higher among women with probable TBI as opposed to women without TBI. **Conclusion:** The relationship between psychological stress and neurological outcomes are bidirectional and synergistic in nature. Women with IPV-related TBI experience overall poorer neurological and psychological outcomes.

**Abstract title:** ADHD in women and AFAB people across the lifespan

**Presenter:** Ms Elyssa Osianlis, HER Centre Australia

**Background:** Attention-deficit/ hyperactivity disorder (ADHD) has the capacity to impair daily functioning and quality of life, yet remains under-recognised in women and people assigned female at birth (AFAB). Current research suggests sex differences in ADHD experience, however the limited evidence base has not investigated potential impacts of hormonal fluctuations in women and AFAB people. Understanding how hormonal life phases may influence ADHD and co-occurring mental health symptoms is necessary to holistically understand ADHD in women and AFAB people. **Aims:** The aim of the study is to investigate ADHD and associated comorbid mental health symptoms across hormonal life phases in women and AFAB people. **Methods:** A sample of 198 adults self-identifying as women/AFAB and having ADHD symptoms completed an online survey measuring symptoms of ADHD (ASRS), depression, anxiety (DASS-21), PTSD (PCL-5), emotional regulation (DERS-36), hormonal life phases as well as retrospective ADHD and comorbid mental health symptoms. **Results:** Preliminary results indicate self-reported ADHD symptoms vary according to menstrual cycle phase as well as menopause status. ADHD symptoms appear to worsen in the luteal phase of the menstrual cycle, in comparison to the follicular phase. 99% of menopausal women reported a worsening of ADHD symptoms during menopause. Additionally, anxiety and PTSD symptoms were positively associated with ADHD symptoms. **Conclusion:** This is the first empirical evidence of how ADHD symptoms may vary across hormonal life phases in women and AFAB people. Preliminary findings emphasise the need for further investigation of ADHD in women and AFAB people in a hormonal context.

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**Abstract title:** Australian women's stress over time during the COVID-19 pandemic in 2020

**Presenter:** Ms Natalie Townsend, University of Newcastle

**Background:** Australian women have never lived through anything like the pandemic and its associated policy changes. This poster presents research that tracked stress over a six month period during the pandemic in 2020, for three generations of women (aged 25-31, 40- 45, and 69-74) living in New South Wales and Victoria, Australia. **Aim:** For April to October 2020: 1. Describe age and state of residence differences in stress over time. 2. Describe the relationship between: stress and case numbers over time. stress and policy announcements over time. **Methods:** The Australian Longitudinal Study on Women's Health conducted fortnightly surveys from April to October 2020 for women aged 25-31, 40-45, and 69-74. Women were asked about their stress levels at each survey. Case numbers were obtained from ABC.net.au. Policy announcements were collected from the ABC News daily coronavirus blog. **Results:** In both states, women aged 25-31 reported higher rates of high stress, followed by women aged 40-45, and then 69-74. The percentage of young women reporting high stress varied over time and peaked when local case numbers peaked, and also when there were policy announcements. In contrast, women aged 69-74 had stable low rates of high stress. **Conclusion:** The high rates of stress reported by young women highlights the urgent need for increased availability of mental health services, especially during emergencies. The results imply that policy changes impact stress. As such, national guidelines and training on how government officials and media communicate information on emergencies like the pandemic should be developed.

**Abstract title:** 'You can't believe everything you hear' (Video piece)

**Presenter:** Bee Williamson, Lived Experience Consumer

When you live with schizophrenia, you can't believe everything you hear. For my presentation at this conference, I have recorded a speech about hearing the voices of the natural world. You can also view a short film of my art and music that I put together for MOJO film festival. Going back even further in time, I have included footage of a monologue, based on candid journal entries, which I performed at Theatreworks, Acland Street, as part of Swimming in My Head (Commonwealth Games Access Arts Festival in March 2006).

**Abstract title:** Understanding Brain Fog During Menopause: The Everyday Memory Questionnaire-Revised (EMQ-R) and Associated Predictors

**Presenter:** Ms Chen 'Vanessa' Zhu, HER Centre Australia

**Background:** Brain fog is frequently reported during the menopausal transition. There are no standardised scales to measure brain fog across the menopausal transition. Predictors of brain fog, such as lifestyle factors or other menopause symptoms, remain unclear. **Aims:** This study aimed to evaluate the factor structure of the EMQ-R. This study also aimed to identify the commonly reported everyday cognitive symptoms and the relevant predictors (i.e., lifestyle factors) in menopausal populations. **Methods:** 417 women aged from 40 to 60 were recruited from the general community. Confirmatory factor analysis (CFA) was conducted to test the model fit of the bifactor structure of the EMQ-R. ANOVA, MANCOVA, and Regression and Classification Tree were used to explore the relationship of brain fog with menopausal stage and possible predictors including age, BMI, marital status, education, alcohol intake, caffeine intake, number of parity, mindfulness, MHT, view towards menopause, vasomotor, psychosocial, physical, and sexual symptoms, as well as sleep, depression, anxiety, and stress complaints. **Results:** CFA indicated that the EMQ-R has a good fit in menopausal populations. A significant difference was identified in retrieval scores but not in attentional scores across menopausal stages. Preliminary findings indicated that several predictors were associated with brain fog. **Conclusions:** The EMQ-R may serve as a potential instrument to assess brain fog in menopause. Increased memory retrieval complaints reported by the peri-menopausal group suggests a transition-related memory retrieval dysfunction during menopausal transition. Findings on predictors, particularly modifiable lifestyle predictors, will help improve understanding of cognitive changes during menopause.

**A special thank you to our delegate gift bag donations:**



## The Cubit Family Foundation Conference Grant



Through the generous philanthropic support of The Cubit Family Foundation, we are proud to have facilitated the attendance of passionate Early Career Researchers and Clinicians from low-and-middle-income countries to join this ground-breaking event. Our successful applicants received funding that covers return travel to Melbourne, conference registration and accommodation.

This invaluable opportunity will enable our recipients to learn from and network with world-leaders in women's mental health, gain international recognition, and use valuable conference tools to influence their own local scientific and medical communities.

Eligible applicants demonstrated a strong commitment to research or clinical practice in a range of women's mental health topics. We hope you join us in welcoming these special guests to Melbourne, Australia.

## Our Grant Recipients:

### Dr Yumna Minty

Lecturer, University of Witwatersrand, Johannesburg, South Africa

### Associate Professor Nil Ean

Associate Professor at Department of Psychology  
Royal University of Phnom Penh, Cambodia

### Dr Yvette Nel (von Heynita)

Joint appointee Lecturer, University of the Witwatersrand and Psychiatrist, Tara Psychiatric Hospital, South Africa

### Ms Priscilla Osei-Bonsu

Clinical Psychologist, Village of Hope University of Ghana, West Africa

### Dr Chantrea Sieng

Psychiatrist at Calmette Hospital  
University of Health Sciences, Cambodia