

7.2.2 SUBMISSION FOR INQUIRY INTO WOMEN'S PAIN

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RECOMMENDATION

That Council endorse the submission of Attachment 1 'Monash Council - Submission for Inquiry into Womens Pain' to the Victorian Government's Inquiry into Women's Pain.

INTRODUCTION

The Victorian Government is holding an Inquiry into Women's Pain, in recognition of the gendered differences in experiences of accessing care, treatment, and services for pain conditions.

Initiated by Council's Gender Equity Advisory Committee, it is proposed that Monash Council make a submission into this Inquiry. A submission has been prepared in consultation with Council staff and members of Advisory Committees.

COUNCIL PLAN STRATEGIC OBJECTIVES

Inclusive Services

Community development and advocacy to support the Monash community.
Fostering an equitable, just and inclusive Monash.

BACKGROUND

The Victorian Government is currently holding an Inquiry into Women's Pain, because of the real and enduring challenges that women and girls face when seeking care and support for pain (and anyone who may experience similar health issues or gender-based discrepancies in care, including those assigned females at birth and anyone who identifies as a woman, though they may have a different sex at birth).

According to the Inquiry, "chronic pain affects a higher proportion of girls and women than men around the world; however, women are less likely to receive treatment. Research has also shown that women generally experience more recurrent pain, more severe pain, and longer-lasting pain than men.

Medical gender bias routinely leads to a denial of pain and therefore, lack of pain relief and associated treatment for women. This occurs for various health conditions, including cardiovascular, neurological, reproductive, and autoimmune conditions."

The Inquiry seeks to hear lived experience of women and girls as well as the views of clinicians and organisations which will form the basis of recommendations to improve patient care. Safer Care Victoria, the Victorian Women's Health Advisory Council, and the Pain Inquiry Subcommittee will lead the delivery of this inquiry.

A final report of the Inquiry into Women's Pain will be delivered to the Victorian Women's Health Advisory Council by December 2024.

DISCUSSION

While Monash Council has a limited role in providing direct care, treatment or services for pain conditions for women and girls, Council as an organisation can provide insights to the Inquiry given the range of services Council does deliver that intersect with experiences of pain; the level of closeness with our community leading to an understanding of some barriers and enablers for women and girls to access services; and the opportunities that Council may have to advocate for women and girls in this space.

It is clear from consultation that there are indeed gendered differences in the experiences of accessing care, treatment and services for pain conditions. For example, through the consultation we heard that women have had experiences with pain being dismissed, diminished or misunderstood; a lack of awareness from health professionals about reproductive and post-partum health issues for women; and intersecting issues for example for women with disabilities, younger or older women, and women who may not be proficient in English or with technology.

Our Advisory Committee members and Council staff identified a range of barriers for women accessing care, treatment and services for pain conditions and likewise several recommendations for improvements that could be made. This includes a range of ways to increase community and professional understanding of women's pain including through education and awareness; considering the introduction of menstruation and menopause leave and associated policy; educating People Leaders on how to manage staff experiencing chronic pain; continuing flexible working arrangements. Other recommendations to the Inquiry focus on enablers that could be initiated by other organisations such as improved education for medical professionals, more women's health clinics and GPs, and better training in the fitness industry.

Council has a strong commitment to gender equality through the Gender Equity Framework and Gender Equality Action Plan, and commitments under the *Gender Equality Act 2020* to promoting gender equality for our community and staff (more than half of whom are women).

Through the submission Council can both amplify the voices of our community and consider ways to address this imbalance where this is within Council's control and make recommendations to others where appropriate.

FINANCIAL IMPLICATIONS

There is no cost involved in providing a submission to the Inquiry. If in future Council decides to act on any of the recommendations specifically for Council (for example changes to the Enterprise Agreement or increased funding for lactation consultations) there may be costs involved; however, those would not be implemented without further consultation and approval.

POLICY IMPLICATIONS

The submission to the Inquiry into Women's Pain is consistent with Council's endorsed Gender Equity Framework. The Framework contains six principles, one of which is 'advocacy', and states

that Council will amplify the voices of our community. This submission aims to do that through collating and reporting on women's lived experience to effect change.

The submission is also consistent with the Monash Health and Wellbeing Plan 2021-2024, particularly the action under sections 19 to 'proactively address and respond to all forms of discrimination, including ... gender' and 22, 'Actively promote empowerment and dignity, challenge discrimination and respect human rights to advance gender equity'.

Within the development of the new Health and Wellbeing Plan, one of the health priorities is 'reducing injury and harm' which encompasses reproductive health in line with Victorian health priorities. There is scope to therefore incorporate some of the information that has arisen from the submission into the new Health and Wellbeing Plan as appropriate.

CONSULTATION

In preparing this submission, consultation was undertaken internally and with all of Council's Advisory Committees. Members of all Advisory Committees were given the opportunity to (anonymously) share their lived experiences of pain and accessing health services, as well as their thoughts on how Council could advocate for improvements in future.

Alongside this, feedback was sought from Council's Active Monash, Health Promotion, Aged and Home Care, Libraries, Maternal and Child Health, People and Safety, and Youth Services teams. Key staff were asked to identify:

- Council's role (if any) within the scope of this Inquiry.
- Any barriers or enablers for girls and women to access care, treatment and services for pain conditions.
- Opportunities for Council or others to advocate to improve the care, treatment and services for pain conditions.

These teams, as well as members of the Gender Equity Advisory Committee, also provided feedback on the final draft of the submission.

SOCIAL IMPLICATIONS

Council has for many years worked towards greater equality, diversity, inclusion and the prevention of gender-based violence. Council is committed to promoting gender equality in everything we do and ensuring that people of all genders enjoy the same opportunities, rights and respect. However, as part of our Gender Equity Framework Council also recognises that women and gender diverse people have historically and continue to experience discrimination on the basis of sex and gender. Women's experience of pain and seeking care for that pain is gendered, and the submission to the Inquiry reflects Council's understanding of this and support for improving gender equality in this sphere. Council also acknowledges that 'women' in this Inquiry includes anyone who experiences similar health issues or gender-based discrepancies in care. This includes those assigned female at birth and anyone who identifies as a woman, though they may have a different sex at birth.

HUMAN RIGHTS CONSIDERATIONS

The proposed submission does not limit, restrict or interfere with an identified human right. To the contrary, the aim of the Inquiry and therefore the proposed submission is to work towards equality of access to healthcare for people of all genders.

GENDER IMPACT ASSESSMENT

A GIA was not completed because this agenda item is not a 'policy', 'program' or 'service'. However the Inquiry is trying to address gender inequality in the provision of services for pain, and Council has taken an intersectional approach in the writing of the submission. This includes noting that, for example, women with a disability, women of different ages, or women from different backgrounds, may experience more disadvantage when seeking health care or services relating to pain than others.

CONCLUSION

Monash Council has prepared a submission to the Inquiry into Women's Pain. This submission includes clear gendered experience of pain through examples of lived experience of our community. It also identifies Council's role, barriers and enablers for women and girls, and a list of recommendations for Council and others to consider to better promote gender equality when it comes to pain. It is recommended that Council endorse Attachment 1 which will then be submitted to the Inquiry for consideration.

ATTACHMENT LIST

1. Monash Council - Submission for Inquiry into Womens Pain [**7.2.2.1** - 12 pages]



Inquiry into Women's Pain

City of Monash Submission 2024

Background to Submission

Monash City Council has a long history of working towards greater gender equality, diversity, inclusion, and the prevention of family violence and gender-based violence. We promote gender equality in everything we do – from policies to the physical environment, our culture, council services and community work.

Our commitment to gender equality helps us to meet our obligations and commitments, including but not limited to those under the *Gender Equality Act 2020*, *Monash Health and Wellbeing Plan 2021-2025*, *Monash Gender Equity Framework*, and *Monash Gender Equality Action Plan*. Council recognises the gendered differences in experiences of accessing care, treatment, and services for pain conditions, and believes it is of vital importance that as a community we work towards improvement.

Council plays a limited direct role in providing care, treatment, and services for pain conditions for women and girls, however as the level of government closest to our community Council may be the first place that many people go to seek information on health care. People from culturally and linguistically diverse (CALD) backgrounds in particular may refer to Council resources or seek resources in their preferred language via their local Council.

As a Council, we:

- deliver a wide range of services for our community and are responsible for Public Health and Wellbeing Plans;
- can assist in identifying barriers and enablers for girls and women to access these services;
- can identify potential opportunities for Council to advocate for improvements in this space;
- can act as an amplifier for the voices of our community, through listening to lived experience of our diverse community members particularly through our various Advisory Committees;
- are a large employer, with 60.1% of our workforce identifying as women.

This submission was prepared by the Gender Diversity and Equity team in consultation with key internal stakeholders as well as the following Advisory Committees, made up of community members, Councillors, and local service providers:

- Disability Advisory Committee
- Environmental Advisory Committee
- Gender Equity Advisory Committee

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- LGBTQIA+ Advisory Committee
- Multicultural Advisory Committee
- Positive Ageing Network
- Monash Youth Committee

Monash Council acknowledges that in this submission we will use the terminology 'women' and 'girls' but that this Inquiry includes anyone who experiences similar health issues or gender-based discrepancies in care. This includes those assigned female at birth and anyone who identifies as a woman, though they may have a different sex at birth.

Any questions can be directed to: genderdiversity.equity@monash.vic.gov.au



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Amplifying the Voices of our Community

a) provide an opportunity for girls and women from across our community to share their experiences of pain and pain management in their own words, and for these experiences to be heard and acknowledged.

We wanted to ensure that we amplified the voices of our community and provided women with an opportunity share their lived experiences of pain. We consulted with members of our various advisory committees and asked them to anonymously share with us and the Inquiry their experiences of pain and accessing health services, as well as how Council could advocate for improvements in future. Along with these community members, we also heard from some staff members who wanted to share their own experiences and anecdotal evidence of other women's experiences of pain.

Reproductive and menstrual pain and treatment

We heard clear examples of women's pain and other symptoms being dismissed or diminished by health care professionals. This often related to issues specific to women such as menstruation, reproductive health, or contraception. For example, one woman told us:

"[I have] lived with menstrual challenges my entire life and had many a doctor tell me it is 'normal' and used terms like 'slight discomfort' to describe what was debilitating pain..."

Another woman said she had experienced,

"Ignorance, gender insensitivity and shame around discussing matters of sexual health. This includes the experience of General Practitioners treating side effects of women's contraceptive medication (whichever form they may be) lightly and not considering symptoms seriously. This was regardless of the gender of the GP doctor."

Other women also spoke of their experiences of pain associated with conditions such as endometriosis and adenomyosis. It was clear from these experiences that there is limited understanding even from health care practitioners about some of these conditions:

***"Pain experience:** [As] someone who has lived experience of women's pain due to endometriosis and adenomyosis, one of the challenges of experiencing an invisible pain condition is navigating the social and emotional challenges associated with the condition. The impacts of my condition are commonly misunderstood and not recognised as a whole-body issue or something that can be experienced at any time, not just associated at the time of my period. It is also a delicate balance of being open and honest about my experience and masking the pain due to feeling like my mood and presence is a burden on others. While people have been supportive, lack of knowledge and understanding can impact the level of support provided. Trying to function through pain to work or stay socially connected further takes its toll on my body and often leads to being easily exhausted, to the point where my body is barely able to move, I feel nausea, dizzy and can't drive. With pain frequently requiring me to stay home, this is often isolating and lonely. Experiencing pain and fatigue daily,*



takes a toll on my ability to maintain a positive state of mental health and requires more energy and effort to stay mentally healthy.

Care and service experience: When it comes to seeking care, services, and treatment I found it overwhelming to take the first step and knowing where to go. While I started with the GP, it has been challenging to find a qualified specialists that can provide answers and treatment and has taken 7 years to get a diagnosis. Through my journey I have experienced 3 separate GP's, 6 specialists services requiring a range of tests multiple times. I've experienced GP's who try to just prescribe the pill without further investigation and GP's that sent me for specialist testing, which at the beginning was not with highly trained endometriosis specialists. It has only been through research in a lived experience peer support group on Facebook that I have found a recommendation for a professional that is highly trained in endometriosis. Through that recommendation the specialist was able to identify endometriosis on an internal ultrasound and advise that I require laparoscopy and excision surgery. For the first time, I felt like my pain was being validated. From my experience, not all "specialists" have the same level of training, which means things are often not picked up earlier which can be challenging due to the nature of the endometriosis. While surgery is gold standard for diagnosis of endometriosis, having more highly qualified and trained specialist in women's reproductive health issues would support the initial stages of diagnosis and allow women's pain to be understood, validated and treatment options/plans provided.

Another challenge in getting support is affordability. I opted to drive 2 hours to see a specialist that was highly trained and that if needed, would operate on me through the public system (at a hospital that is also 2.5hours away from home). The public system is otherwise a gamble on the quality of the surgeon with the right specialist training, along with wait times extending to 18 months. Private health insurance is costly (and you are still left thousands of dollars out of pocket). Self-fund is a financial gamble due to potential total cost blowing out due to limitations of understanding the extent of someone's condition until in surgery (therefore surgery could go longer and require an overnight stay). The time and costs of 7 years' worth of investigation on appointments and tests has been costly. More affordable quality services need to be available for women to seek the help they need without the delay in treatment times.

Treatment experience: From my lived experience perspective of pain associated with endometriosis and adenomyosis, I am yet to experience a physician who will take a holistic approach and listen to my needs when it comes to treatment. While I have done my own research and understand the limitations of pain management options, western medicine is very quick and persistent to prescribe hormonal treatment for pain management as a quick fix, which isn't an option for me due to side effects. Through my experience, other pain management options for endometriosis and adenomyosis such as lifestyle changes (nutrition, diet, stress, sleep, etc), Naturopaths, Pelvic Floor therapist have not been presented as options to explore yet. While surgery may potentially effectively reduce endometriosis pain, unfortunately for the diagnosis of adenomyosis, it's either a hysterectomy or pain management from non-surgical approaches, which is also yet to be explored. Services need to be more well equipped to provide more holistic treatment options and referral pathways to support women in managing pain.



Changes to care in the workplace: From my lived experience, some of the key changes within the workplace to better support women is providing additional sick leave days. As someone who experiences their period every 21 – 25 days and is debilitated and unable to work almost every menstrual cycle for at least 1 day, this puts a lot of stress on my allocated accrued sick leave and financial impact of not having any. The stress of getting sick from anything else means I have no sick leave. In addition, the flexibility of working from home has greatly helped me manage my pain and allowed me to still participate in the work. Lastly, given all the costs involved to receive diagnosis or treatment, requiring one medical certificate that covers the year to support workplace processes while also not burdening the worker with additional cost.”

Intersectionality

Monash Council acknowledges that people’s lives are complex, and that people may experience intersecting or overlapping instances of discrimination or disadvantage. Some women spoke to the intersections of gender and disability, and the additional barriers that women with a disability face when trying to access care and health services. For example, one woman noted that:

“I’m aware of the dismissal of women with disabilities health concerns when visiting GPs and medical professionals. There is a need for medical professionals to have more training to understand people living with disabilities needs and around communicating with women in particular with disabilities.”

Others talked about the intersections of age and gender, with doctors sometimes having limited experience in working with younger people who may or may not be able to voice their own needs, and who have a right to make decisions about their bodies.

The intersection of gender and cultural background is also a consideration, as some women may struggle to express their pain conditions or needs in the English language, and finding a treating doctor that understands and respects cultural boundaries may also be an issue.

Breastfeeding and childbirth

Issues relating to breastfeeding were raised by several people. For example, one woman shared with us that,

“My first experience of pain was during the birth of my first child. I wanted to breastfeed and signed up as a member of the Australian Breastfeeding Association, attended the Breastfeeding sessions at the local council and also asked for support from the nurses in the hospital. However, within 6 weeks I experienced three breast abscesses from mastitis and also later on a milk fistula from the constant draining of the abscesses. I felt very alone in this process as often the doctors did not have much experience with this in the hospital setting. I then got referred to the breast specialist centre where I was told to stop breastfeeding and it was not seen as a concern given, they often dealt with breast cancer. I was struggling with the pain of my breast, the stress of feeding my child and the constant exhaustion from my body. If it wasn't for the lactation nurse at the hospital that supported me to continue breastfeeding it would have greatly impacted my mental health and I managed to breastfeed for 18 months successfully.”

Another woman said that,



"I experienced significant nipple pain, exhaustion and distress when trying to breastfeed my first child and knew that something wasn't right. I tried to seek help from my midwife and a public hospital lactation consultant, who both suggested that as I'd had an (emergency) caesarean section, it couldn't possibly be a matter of 'retained product' causing the problem. When I finally – in desperation - sought the care of a private lactation consultant the first thing she did was refer me to get an ultrasound which confirmed it was indeed retained product. The relief of knowing that I wasn't imagining the problem was overwhelming. Once I had that fixed through a D&C, my breastfeeding issues were resolved, and I continued to breastfeed my child very happily for 2 years. If it hadn't been for that third opinion, I would have had to stop breastfeeding because of a long-standing myth within the profession that a c-section couldn't result in retained product, and a dismissal of my nipple pain and concerns."

We also heard that women's pelvic floor dysfunction – often but not always as a result of childbirth - can be a significant issue for many women, with some women not leaving the house for fear of not knowing where public toilets are available. This has a huge impact on these women and their capacity to have full and equal participation in community life.

b) listen to the experience of girls, women and clinicians to identify the barriers and enablers when accessing care, treatment and services for pain conditions.

Barriers

Our community and staff identified several **barriers** for women accessing care, treatment, and services for pain conditions. These include:

- Lack of bulk billing GPs, and cost of attendance at GPs.
- Lack of lactation support for new parents in the hospital setting and/or limited understanding of some conditions by lactation supports.
- Lack of understanding of breast abscesses and milk fistula from doctors and GPs.
- Lack of understanding of expected pain post-birth and abnormal pain. This is often when staff are referring back to GPs suggesting further investigations such as ultrasounds for wound infections.
- Women not understanding the health care systems (for a range of reasons) and being unable to advocate for themselves.
- Cultural barriers – for example some cultures have male heads of family where permission for medical care needs to be sought and approved first.
- Social stigma around women's health issues – for example, menstruation still often being seen as something that should not be discussed in public, and the dismissal of period pain as 'normal'.
- Additional barriers for women from non-English speaking backgrounds.



- Many GP services have now transitioned to digital booking-only. This may be a barrier to accessing quality services for older women or women without access to technology.
- Lack of training on women’s health issues for personal trainers/in the fitness industry.
- Lack of personal trainers specialising in women’s health.
- Financial barriers - particularly those who do not have a supportive family network, or those who live with a low socio-economic status.
- Access and travel barriers – services located in other municipalities.
- Wait lists barriers – to access public services.
- Doctors with limited experience working with young people.
- Lack of trust with GPs – where a patient feels heard and represented.
- Lack of GP education around pain and its genuine impacts on daily functioning.
- Lack of sick or personal leave when needed to manage pain conditions.
- Requirement to get a medical certificate for each instance that time off work is required due to reproductive pain.
- Additional barriers experienced by women with a disability including lack of understanding from health professionals in how to communicate with women with a disability.

Council’s Role

c) describe the impact of the current service delivery system on care for pain conditions.

In making this submission we spoke with staff from teams across our Aged Care, Health Promotion, Maternal and Child Health, Sport and Active Recreation, Youth Services, and People and Safety portfolios. We asked staff in these teams to identify their current role (if any) in understanding the experience of or providing services relating to the pain of women and girls, as well as any opportunities for Council to advocate for improved care in the future.

Maternal and Child Health

There are some services of Council that have more direct interaction with women’s experiences of pain. For example, our Maternal and Child Health nurses commonly deal with postpartum pain. Our staff encourage analgesia for wound pain post-delivery as well as other supportive measures, for example ice



and gentle ambulation. Staff also support breastfeeding and non-breastfeeding mothers with breast pain (engorgement, mastitis, and nipple pain) and for severe pain, would refer them back to the GP. If staff hear reports from women that their pain wasn't managed well or they aren't getting support, staff can refer them to different GPs. Staff also support the effect of pain on mental health and refer women to services that can support this.

Home Care

Our Home Care staff support women over the age of 65 (or over the age of 50 for Aboriginal and Torres Strait Islander women) with assistance with maintaining their home and daily tasks, which may help those who are suffering from pain or other medical conditions. This assistance is limited to cleaning, food shopping, and some personal care such as showering. Staff identified that women requiring these services do need to enrol with My Aged Care and potentially the assessment process, including disclosing confidential details, may be a barrier for some women.

Active Monash

Our Active Monash staff work with many women who use our recreation centres, pools, gyms and use personal training services or come to community active recreation events. This team recognised that in the personal training and fitness industry there is a gap in women's health and training. For example, a lot of the programming, training and recovery is based around men only. There is very little information on training women around menstruation, menopause, post-pregnancy, pelvic floor dysfunction, and so on. Sometimes a woman may have experienced pelvic floor dysfunction, and this is not factored into programming, which can lead to further damage and pain. Many trainers are not educated enough to know how to change programs to make them safer for women's needs or even have conversations around their unique issues or concerns.

Monash Council has offered numerous pelvic floor seminars over the years, and this is an area of great concern for many women as it affects many areas of their life, sometimes not even leaving the house for fear of knowing where public toilets are available. Being able to bring pelvic floor dysfunction into the spotlight and talking about it in classes, seminars, personal training sessions and so on, helps destigmatize the issue, provide useful information and appropriate training options.

Health Promotion

Issues of women's pain have not yet been raised in partnership meetings or among the council partner networks. However, there is scope for health promotion activities and events that focus on community education and awareness. Council's Health Promotion team coordinate the development and implementation of Council's Municipal Health and Wellbeing Plan, which may be another way to incorporate learnings around gendered issues of pain into Council services.

Youth Services

Issues of pain management are not really a common theme presenting with Council's Youth Services clients or group participants. Often the engagement is around other issues such as social isolation, anxiety, disengagement from school or family issues. As a Youth Service, Council supports young people experiencing social and emotional challenges through individual support and programs. In addition to the



social and emotional support, Council can assist with referrals to other clinical and social services (e.g. Psychologist, Centrelink etc), as well as support young people to advocate for themselves as they navigate the medical system.

When themes of pain conditions are explored, Council's Youth Services role would be to provide a safe space to explore how the pain is impacting their daily functioning and what their support network is. Staff may recommend seeking medical advice from a GP and support the client to make a GP appointment.

Staff may also practice communication skills, assisting the young person to increase their confidence to voice their experiences and concerns to medical professionals or family members.

Staff are very aware of the need to take an inclusive approach and for example understand the impacts of conditions such as endometriosis on trans men.

Council as Employer

As an employer, around 60.1% of Council's staff are women. Council's People and Safety team is aware that the Enterprise Agreement does not currently - but could in future – contain a provision for reproductive leave/menstrual leave or similar. Some staff have certainly raised the issue in recent times and the People and Safety team have flagged this item for consideration during the next round of Enterprise Bargaining. There is an opportunity for Council to provide a leading role in the way in which women's pain is provided for within leave provisions. Council is also aware of the competing perspectives around menstrual leave – for example, some research has raised concerns about it reinforcing gendered stereotypes and stigma around menstruation. There may therefore need to be a nuanced and multi-pronged approach to ensuring that we have improved understanding and support across the workplace of reproductive health and wellbeing. This could be achieved through increased education which may include, for example, a 'menstrual and menopause policy' that explores opportunities for people to work where most comfortable, the use of heat packs where helpful, in introducing or continuing flexible working arrangements, and leave (without the need for a medical certificate) when required.

Recommendations

d) identify opportunities to improve the care, treatment and services for pain conditions.

e) consider appropriate models of care, service delivery frameworks, workforce skill mix, and other areas requiring change.

Our staff and community identified several opportunities to improve the care, treatment, and services for pain conditions. Some of these opportunities are within Council's service provision and control while others will need to be considered by other providers/the Victorian Government. Suggestions include:



General recommendations:

- Help increase women's understanding of their own needs and ability to advocate for themselves through education and awareness raising.
- Create supportive community and social networks.
- Support and education for community for local care providers who specialise in women's health.
- Improving education for community about pain and the impacts pain has on daily living.
- More training for medical professionals to understand the needs of people living with disabilities and communicating with women with disabilities.
- Increase in public women's clinics and women's health GPs.
- Increased Medicare benefits to support ongoing GP appointments and accessing specialists.
- Funding support for commonly used medication.
- Increased funding for research into common pain conditions impacting women.

Maternal and child healthcare:

- GPs trained in shared care obstetrics.
- Women's Health GPs who specialise in the area.
- Access to free lactation consultants that meets with the mother where they are at and empowers them.
- More lactation support required in the hospital setting for new parents.
- Improved understanding of breast abscesses and milk fistula for doctors and GPs.

Active recreation and personal training:

- Include a mandatory component about women's health needs in all certificate 3 and 4 courses in Fitness.
- Better referral networks to trainers have access to good quality allied health professionals in the area to refer for various women's health conditions.
- Support specialised practitioners.

Opportunities for Council:

- Advocate to reduce the disparities in pain management - an example measure could be to collate information of medical services/GPs that focus on women's health.



- Further lactation support is required for the local councils (increased funding for one-on-one support).
- Improving access for services to operate in community buildings to improve access for all women especially those who are vulnerable.
- Support specialised practitioners to work within current programs who can support pain for example a sexual Health Nurse as part of MCH who can support reproductive health including period pain and postnatal care pain.
- Identify a range of health conditions where women experience high rates of pain and exploring this.
- Development of a working group or advisory group for women and girls to address pain.
- Offer health promotion events for community focused on education and awareness, e.g.:
 - Taking opportunity in Pain Awareness Month (September) to run a series of events, or deliver this as an interactive program where attendees can do an activity whilst listening to a presenter, e.g. art activity where participants can be creative in expressing pain or their experiences etc.
 - Women's Health Week – engage a speaker or run an event addressing women's pain and dive further into the topic.
- Consideration of provision for reproductive or menstrual leave in future Enterprise Agreements alongside a more holistic menstruation and menopause policy.
- Provide information on Council's website or via brochures on women-specific health care available in Monash (e.g. where to find GPs that specialise in women's health).
- Engage community with lived experience in consultations.
- Council or advisory groups could advocate for increased education around more common pain conditions, signs, and symptoms and when/and how to see help.
- Education for People Leaders on how to manage staff experiencing chronic pain conditions.
- Flexible working arrangements or leave options for people experiencing pain conditions.
- Reduce the need for medical certificates for sick leave where someone has a chronic illness or experiences ongoing menstrual or other pain.

Monash Council is grateful for the opportunity to contribute to the Inquiry into Women's Pain.

Please direct any further queries to: genderdiversity.equity@monash.vic.gov.au