

**"The hidden cost of being diagnosed with a condition men can't get"**

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# The Sydney Morning Herald

Exclusive National [Women's health](#)

## The hidden cost of being diagnosed with a condition men can't get

**Kate Aubusson**

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Australia's "gender-neutral" healthcare system is failing women in their most vulnerable stages of life, according to a new report that found dramatically higher rates of mental illness among women with physical conditions that don't affect men.

More than half of Australian women now live with mental health issues, and one in four have severe mental health conditions, [according to the latest report](#) by advocacy group the Liptember Foundation and the George Institute of Global Health.



Belinda Clarke, 46, found her PTSD compounded by three traumatic births and two life-threatening health conditions in quick succession. STEVEN SIEWERT



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Women with female-specific physical health conditions, such as endometriosis, gynaecological cancers and birth trauma, have significantly higher rates of psychological distress than healthy women or those whose health concerns are also experienced by men.

The findings are based on a nationally representative survey of 7000 women conducted by Neilsen in March.

Liptember Foundation research lead Katrina Locandro said women were “being failed by a system that was never designed with their needs in mind”.

“Women’s mental health is not a niche issue. It needs to be a national priority,” she said.

The survey found an alarming rise in body image issues for 14- to 19-year-olds (from 48 per cent in 2024 to 64 per cent in 2025) as well as suicidal thoughts and self-harm (16 per cent to 25 per cent) in the same age group.

More than one in three menopausal or perimenopausal women had depression or anxiety (37 per cent).

The researchers also found 45 per cent of women with female-specific physical health conditions reported severe mental distress versus 24 per cent of women in the general population.

But 43 per cent of women did not seek support, for reasons including that they believed they could manage on their own, they couldn’t afford support, and they didn’t consider their mental health issues serious enough to warrant it.

Report co-author Professor Bronwyn Graham, a clinical psychologist and director of the George Institute’s Centre for Sex and Gender Equity in Health and Medicine, said there was a dangerous and false assumption among decision-makers that healthcare systems were working fine for women.

“We see such strong sex and gender differences in the prevalence rates, risk factors and symptoms of mental illness, but we are still taking a sex and gender-neutral approach to addressing these issues, and it’s just not good enough,” she said.

“It does not serve men well, either. We have to take a sex and gender-responsive approach because the system just isn’t working for anyone.”

Belinda Clarke still can’t talk about the traumatic birth of her son Caleb. He turned 16 last week.

“If I start to unpack it with my trauma therapist ... I can’t breathe,” Clarke, 46 said.

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Clarke says she still gets flashbacks to her eldest son's traumatic birth 16 years ago. STEVEN SIEWERT

When Caleb was born, Clarke suffered a life-threatening postpartum haemorrhage. Her GP diagnosed her with postpartum depression, but antidepressants didn't touch the sides of the psychological effects of her trauma, Clarke said.

"I was in a very dark space ... I was having terrible flashbacks. I still do," she said.

Clarke was diagnosed with post-traumatic stress disorder after her second traumatic birth with her son, Cody, now 14.

Her mental distress would be compounded when her heart stopped during the caesarean section birth of her third child, Bella, 10. Within two years, Clarke was diagnosed with a severe kidney disorder and a meningioma brain tumour.

"It was like a tidal wave. I could never come up for air," Clarke said.

"If I had someone to help me with my trauma from the beginning, right back to the midwives at my son's birth, I think I would still have it, but I could have worked through it."

A third of women with mental health issues who had experienced physical birth trauma had PTSD: 2.1 times more than the general population with mental health issues. These women were also 12 times more likely to have perinatal psychosis, 11 times more likely to have prenatal anxiety and nine times more likely to have perinatal depression, according to the report.

Women with physical postpartum conditions and mental health issues had extremely high rates of perinatal anxiety (51 per cent) and perinatal psychosis (19 per cent).



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Graham said there was a lack of education for health professionals about how the stressors over the course of a woman’s life can compound mental health concerns.

“I don’t think it’s a coincidence that some life stages where we see the risk in mental health are also the life stages where women have been expected to care for others,” Graham said, referring to the periods women are childbearing, caring for young children and caring for ageing parents.

“We know that hormonal fluctuations can increase vulnerability to mental health conditions, but then you’ve got those same times of societal, cultural expectations of needing to look after everybody. That’s a perfect storm.”

Black Dog Institute head of clinical research Professor Jill Newby said the report was overwhelming and sobering.

“When physical and mental health problems occur together, they don’t just add up, they multiply, especially for female-specific issues,” Newby said.

“There’s also increased stigma for issues like vaginal issues and pain having sex. They can be isolating, place pressure on relationships and increase the risk of depression, anxiety and trauma.”

The report found that women with endometriosis had more than double the rate of premenstrual dysphoric disorder (11 per cent) of all women with mental health issues. Rates of Alzheimer’s were 14 times higher among women with the added burden of ovarian or cervical cancer, and four times higher for women with breast cancer as well as mental health issues.

Bulimia was six times more likely among mentally distressed women who also had fertility issues, and women who had miscarriage or stillbirth were 1.8 times more likely to experience PTSD (33 per cent) and suicidal thoughts and self-harm (20 per cent).



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### **The Liptember foundation will present these policy recommendations to federal Health Minister Mark Butler at a forum in Canberra next week:**

- Gender-targeted psychological support in health services, such as endometriosis clinics
- Tailored mental health provisions during puberty, pregnancy, motherhood and menopause
- Embedding mental healthcare in policies and services for women's sexual and reproductive health
- Sex and gender-responsive approaches that integrate mental and physical health in medical and allied health curriculums
- A national mental health screening program for expectant mothers that includes anxiety
- National guidelines for menopause that address anxiety and depression in perimenopause
- A fully bulk-billed national telehealth service for mental health support
- Restore the Better Access 20 Medicare-funded mental health sessions per year
- Standardised national guidelines for counsellors and peer workers so they are eligible for the Better Access scheme

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**Kate Aubusson** is Health Editor of The Sydney Morning Herald. Connect via [Twitter](#) or [email](#).