GP fact sheet

Mind the shift: Mental health in the perimenopausal patient

Aim

To equip general practitioners (GPs) with the tools to identify and manage perimenopausal mental health concerns and guide appropriate referral pathways.

Learning objectives

1. Understand the mental health impact of hormonal shifts during perimenopause
2. Differentiate psychiatric conditions from hormonally driven symptoms
3. Explore menopausal hormone therapy (MHT) use and lifestyle adjuncts as first-line strategies
4. Identify when specialist mental health care or hospital-based treatment is required

Introduction

Perimenopause is a complex life phase marked by hormonal turbulence, often mimicking or triggering mental health issues. Women may present with anxiety, rage, low mood, or sleep disruption – but these are frequently misattributed to life stressors or dismissed entirely. GPs are central to validating experiences, ruling out underlying psychiatric conditions, and coordinating care. An informed approach, with compassion and clinical curiosity, helps avoid underdiagnosis and ensures timely support.

Assessment and diagnosis

Key indicators

- Symptoms inconsistent with prior mental health history
- Coinciding with menstrual irregularity
- Emotional volatility with no clear psychological triggers
- Symptoms worsening cyclically

Suggested screening tools

- Menopause Rating Scale (MRS)
- GAD-7, PHQ-9
- Sleep diary
- Symptom tracker
- Bloods: hormone panel, thyroid function, iron

Management strategies

Lifestyle and non-medical adjuncts

- Daily movement
- Reduced alcohol and caffeine
- Mediterranean-style diet
- Evidence-based psychoeducation and skills groups, mindfulness, journalling, nutrition education and sleep hygiene
- Support groups and social connection

Medication and hormonal support

- Consider MHT if no contraindications and aligned with symptom profile
- SSRIs/SNRIs for anxiety and/or depression
- Melatonin or short-term sleep aids if sleep severely affected

Key conversational tips for GPs

What to say	What not to say
You're not imagining this – hormones can significantly affect mood.	It's probably just stress or your age.
Many women experience similar changes – it's not just you.	Everyone goes through it, you'll be fine.
Let's explore whether hormones may be playing a role here.	You just need to think more positively.
There are evidence-based treatments and supports available.	It's just a phase, it will pass.
We can explore both medical and psychological options for support.	There's not much to do unless it gets worse.

What GPs commonly see and how Avive's programs can help

Symptom / theme	Description	How Avive programs can help
New-onset anxiety	Heightened worry or panic, often without clear trigger	• Psychiatrist-led review to assess hormonal versus psychiatric origin • Anxiety and mood disorders inpatient or day programs offering anxiety education and skills-based therapy
Irritability or rage	Sudden anger, often described as "out of character" or "snapping"	• Hormone-informed psychiatric support • DBT-informed anxiety and mood disorders inpatient program offering emotional regulation skills
Low mood or tearfulness	Sadness, hopelessness, or crying spells	• MHT assessment • Psychoeducation • Inpatient and/or day program focused on anxiety and mood stabilisation
Sleep disturbance	Trouble falling asleep or staying asleep; early waking	Embody inpatient program offering integrated holistic education and skills focused on sleep, nutrition and exercise
Forgetfulness / brain fog	Cognitive sluggishness, poor concentration	Sleep and nutrition support through Avive's embody inpatient program
Loss of joy / identity	Feeling disconnected, flat, or unsure of role and purpose	• Purposeful living and identity-focused therapy • Peer support and values realignment offered through anxiety and mood disorders inpatient and day programs
Physical complaints	Fatigue, headaches, body pain, palpitations - often unexplained	Multidisciplinary team screens medical vs psychological cause; integrated wellness support; embody inpatient program using movement as a strategy to manage physical complaints
Relationship tension	Withdrawn or reactive in personal relationships	• Interpersonal educations and skills offered through anxiety and mood inpatient and day programs • Psychiatrist-led family meetings

Streamlined transfer of care – three simple pathways

We assess clinical and funding suitability and may provide a decision within hours.

Inpatient

Within hours

- 21-day psychiatric care (flexible based on need)
- Ideal for stabilisation, medication review, or short-term therapy
- Detoxification and dual diagnosis (mental health and substance use)
- Early intervention encouraged – crisis not required
- Hospital transfer facilitated where possible

Day Program

Within days

- Day-based group therapy, tailored in length and intensity
- Streamlined access to multidisciplinary support including psychiatrist review
- Suitable for step-down or standalone care

Cloud Clinic

Within weeks

- Telehealth psychiatric consultations
- General mental health care including 291 and 293 appointments (bulk-billed for all MM2-MM7 regions)
- ADHD diagnostic assessments and treatment (ECG required)

Call Avive's referrer hotline 1800 284 830

Monday to Friday
8:00am – 5:30pm

or

Send clinical summary

Send referral and, if applicable, recent psychiatric review/assessment via:

Inpatient or day program referral
Email: help@avivehealth.com.au
Medical Objects: Avive Clinic Brisbane
Fax (Brisbane): 07 3523 4088
Fax (Mornington Peninsula): 03 9125 9851

Cloud Clinic
Email: help@cloudclinic.com.au
Phone: 1800 573 297

When to refer
Psychiatrist, day program or inpatient admission

Referral pathway	Appropriate when
Psychiatrist	• Diagnostic uncertainty • Medication concerns • Mental illness and hormone link
Day program	• Symptoms impact daily function but do not require admission • Suitable for group-based CBT or emotion regulation skills • Be reviewed by a psychiatrist sooner (no private practice wait lists)
Inpatient admission	• Suicidal ideation or self-harm • Severe distress or functional decline • Failed outpatient treatment or rapid deterioration • Be reviewed by a psychiatrist sooner (no private practice wait lists)

Note: Our clinical intake team will support GPs in determining the most appropriate program based on the patient's presentation, goals, and support needs.

How Avive's programs help

Avive Health's women's mental health pathway supports perimenopausal women with:

- **Streamlined access to a psychiatrist** – for differential diagnosis, hormonal and mental health interface management
- **Inpatient care for acute needs** – emotional overwhelm, crisis, or functional decline
- **Day programs** – structured evidenced-based group therapy, emotional regulation and mindfulness
- **Integrated care** – where appropriate, coordinated support involving psychiatry, endocrinology, and allied health
- **Education and empowerment** – understanding perimenopause and tools for emotional resilience
- **Peer connection –** therapeutic group settings offering normalisation and support from others in the same phase

We work closely with referrers to ensure fast, compassionate, and coordinated care.

Reviewed by Dr Megan Deutsher PhD. v1.0 – Updated September 2025.