

Menopause & Wellbeing in Blackpool



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Introduction to Healthwatch

Healthwatch was established in April 2013 as part of the implementation of the Health and Social Care Act (2012). Healthwatch Blackpool is the independent consumer voice for health and social care, listening to the views of local people on issues that matter. Our ultimate aim is to ensure that local people have a voice, acting on feedback and driving change.

Healthwatch Blackpool: Our Approach

- Listening to people and making sure their voices are heard.
- Including everyone in the conversation – especially those who don't always have their voice heard.
- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change.
- Partnering with care providers, government, and the voluntary sector – serving as the public's independent advocate.



Thank you

Healthwatch Blackpool extends a heartfelt thank you to everyone who participated in our project. This includes members of our community, dedicated health professionals and supportive local employers who gave their time to complete our survey, be interviewed or take part in focus groups. Your voices are instrumental in our work.

List of abbreviations

HRT	Hormone Replacement Therapy
VCFSE	Voluntary, community, faith and social enterprise
BMS	British Menopause Society
CPD	Continuous Professional Development
QOF	Quality and outcomes framework
CBT	Cognitive behavioural therapy



Definitions

NICE (1) defines menopause as when a woman has not had a period for 12 consecutive months. This occurs when the ovaries stop producing the hormone oestrogen and no longer release eggs. According to the NHS, menopause occurs between the ages of 45 and 55, however it can affect individuals earlier. Menopause occurring before the age of 45 is defined as early menopause, affecting approximately 5% of the population. Premature menopause occurs before the age of 40 and affects approximately 1% of the population (2).

Before periods stop fully, individuals may experience less regular periods as oestrogen levels fall, defined as perimenopause (3). During perimenopause, individuals may experience physical symptoms such as hot flushes, night sweats, muscle pain, heart palpitations and many other symptoms (4). Changes in hormones can also impact mental wellbeing and some individuals report feeling anxious, depressed, stressed, angry and irritable. In addition to this, the lack of sleep can impact mental health for some individuals, and living with the physical symptoms and changes during menopause can also impact confidence and self-esteem (5). Menopause is unique to individuals and can vary in frequency, lasting for months or several years. Some may experience no symptoms or symptoms that are short-lived, whilst others experience severe and distressing symptoms for a prolonged period of time.

It is worth noting that when referencing women throughout this report, this is inclusive of individuals with female-assigned sex at birth.

Background

It is estimated that there are around 13 million people who are perimenopausal or menopausal in the UK, which equates to a third of the UK female population. In addition, 8 out of 10 menopausal people are in work (6), with more than a third reporting that their menopause symptoms impact their work life. A survey by the British Menopause Society also showed that 50% of individuals reported an impact on their home life, and 50% of individuals had chosen not to seek support from a healthcare professional for their menopause symptoms (7). In addition, women's experiences of menopause may vary depending on several factors, including socio-economic deprivation in childhood and adulthood (8), ethnicity (9) and disability (10). These factors may also influence their access to health care, for example, the lower HRT prescribing rates in practices from the most deprived quintile (11) and for Black and Asian women (12).

The National Institute for Health and Care Excellence (NICE) promotes personalised care for menopause. Their guidelines recommend clear explanations about the stages of menopause, treatment benefits and risks (including hormone therapy and non-hormonal options), and supportive lifestyle changes. NICE also emphasises open communication, encouraging women to discuss their symptoms, including psychological and sexual impacts, as well as scheduling regular reviews to monitor symptoms and treatment effectiveness (13).

This project also links closely to the Women's Health Strategy (2022), which is a 10-year plan aimed at tackling gender inequalities in healthcare and improving the overall health and well-being of women and girls in England. It emphasises the need for personalised care and better communication between women and healthcare providers, as well as improving the current knowledge gap in women-specific health issues. The strategy pays particular attention to menopause care, reproductive health and mental health, with a focus on empowering women to make informed choices about their care by increasing access to reliable information(14).

At present in Blackpool, there are no dedicated NHS menopause clinics, meaning local individuals experiencing perimenopause/menopause generally seek support through their local GP for symptoms. Despite this, a local provider exists offering menopausal care which has a women's health department. They offer consultations with gynaecologists, however this can only be accessed privately (15). There are no menopause specific support groups within the community to our knowledge.

Introduction to the project

Healthwatch Blackpool were commissioned by Public Health Blackpool to complete some insight work into individual's experiences with menopause and perimenopause.

Previously, Healthwatch Blackpool have heard experiences of menopause support and the impact upon mental health through our information and signposting function, as well as in previous projects such as Priority Wards. Gathering additional insight from our local community was identified as a priority for Healthwatch Blackpool.

In addition, informing Public Health's local suicide prevention work was a driver for this project, as suicide deaths in women tend to be higher in middle age. There is growing evidence around the link between menopause, poor mental health and suicide, which needed to be explored.

Specific attention has been given to:

- Individuals who are or have been experiencing perimenopause/menopause.
- Professionals, including medical professionals and large employers in Blackpool who support individuals who are perimenopausal/menopausal.
- Family members, loved ones and friends of individuals who are perimenopausal/menopausal.

Aims

The project aimed to gain an understanding of the impact of menopause on individuals, with a particular focus on the impact on mental health. This included gathering insights from individuals themselves on how menopause affects their mental wellbeing, the effectiveness of current care and treatment options and preferred areas for improvement in menopausal support. Additionally, the project explored coping mechanisms used by individuals to manage symptoms and reduce the impact on mental health. Furthermore, the project aimed to understand the experiences of medical professionals and employers, including their level of confidence to provide adequate support and potential areas where this could be improved. Finally, the project sought to understand the impact of menopause on loved ones, from a family member, friend or partner perspective.

Objectives

- Identify women with lived experience to co-design and co-produce the project.
- Co-design a survey to be distributed across Blackpool via social media, the Healthwatch Blackpool website and face to face engagements.
- Co-produce the direction of the project – where face to face engagements should be taking place, working alongside women with lived experience to conduct the engagements.
- To complete targeted engagement with women who are rarely heard, with examples being those in ethnic minority groups, people who may be experiencing homelessness, people with physical and learning disabilities, LGBTQI+ groups etc.
- To link in with professionals and employers via semi-structured interviews and a survey.
- Attending community groups across Blackpool and online platforms.



Methodology

Design

To gain a deep understanding of individual's experiences with menopause, Healthwatch Blackpool collaborated with Public Health Blackpool and through ongoing discussions, developed a mixed-methods approach. This approach utilised an online survey that incorporated both quantitative and qualitative questions, along with focus group discussions. The surveys, designed to capture a wide range of perspectives on menopause experiences, aligned with the project's goals. Focus groups provided a deeper understanding of these experiences and explored themes identified in the survey data. To ensure a comprehensive survey design, we invited individuals to an informal steering group where their menopause experiences were discussed, facilitated by a member of the Healthwatch Blackpool team. Incorporating their insights, we refined the survey and sent it to key contacts representing diverse communities for their co-design input.



Procedure

Between February and June 2024, Healthwatch Blackpool engaged with individuals, health professionals, local employers and loved ones across the town via the online survey, focus groups and one to one interviews. We created posters that included our contact details, a project overview and a QR code. This QR code allowed people to complete the survey directly on their smartphones or device. We distributed these posters to key contacts and stakeholders, as well as placing printed copies in GP waiting rooms, community centres and leisure facilities. Postcards, pictured below, were also created for distribution at engagement events and displayed in community locations such as supermarkets and local hairdressers. We also reached out to the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector and local healthcare partners to promote the project through their networks and include the survey in local newsletters. Finally, social media channels, such as Facebook and Twitter, were used to endorse our survey as widely as possible.

Across 5 months of engagements, Healthwatch Blackpool carried out 16 focus groups and 8 interviews with individuals who have previously or are currently experiencing perimenopause/menopause. We also facilitated 3 focus groups and 9 interviews with health professionals, ranging from GP's, nurse practitioners, menopause specialists and sexual health practitioners. Interviews and focus groups were undertaken within 10 local organisations, to ascertain the perspectives of directors, line managers and HR professionals in supporting individuals within employment. Finally, 1 focus group and 2 interviews were facilitated with loved ones to gather their feedback and experiences of supporting an individual through perimenopause/menopause.

Limitations

The project relied on surveys, interviews and focus groups, which can be susceptible to recall bias and may not always reflect objective experiences. In particular, line managers may be hesitant to report negative experiences within their companies regarding support for employees with menopause symptoms. The project also relied on health professionals' self-reported knowledge and practices regarding perimenopause and menopause, which may not always reflect their practices. Although we aimed to speak to a range of different health professionals with varying levels of experience, those who are more comfortable or knowledgeable about menopause may have been more likely to participate.

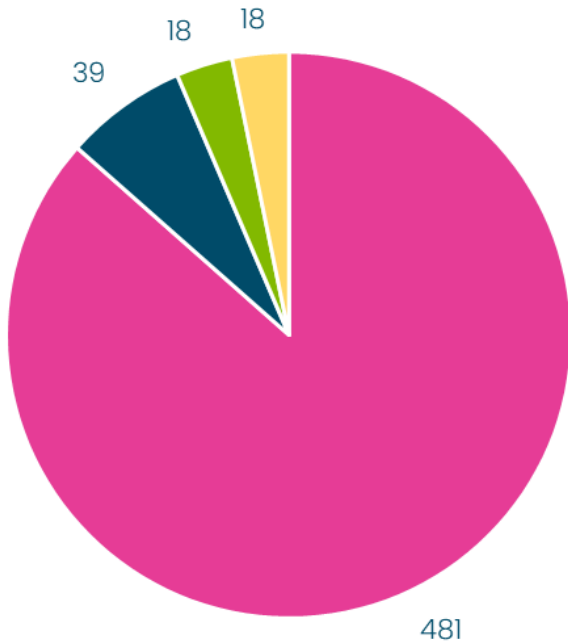
Although we used various methods such as posters, social media and engaging in the community, we may not have reached all demographics equally. Whilst focus groups aimed to facilitate conversations, those who are uncomfortable with online surveys or do not have access to smartphones may be under-represented within the survey. Whilst attention was given to facilitating and attending focus groups during the day, evenings and weekends, there were still challenges engaging with the working population.

It is also important to note that survey response were limited from those women from black and minority ethnic groups. In addition, the survey responses were not analysed by demographic factors, such as those women living in more deprived areas or with a disability. Therefore, it is not possible to identify how their experiences differ.



Summary of participants

Please select one of the following which best applies to you:



- Individual experiencing menopause
- Family member / loved one
- Healthcare professional
- Employer / line manager



Let's talk Menopause

Menopause experiences are unique to individuals.

We want to know about yours.

Complete our survey here:



Or get in touch to speak to one of our team directly on 0300 32 32 100 (option 4) or enquiries@healthwatchblackpool.co.uk



**Individual
Experience
of
*Menopause***

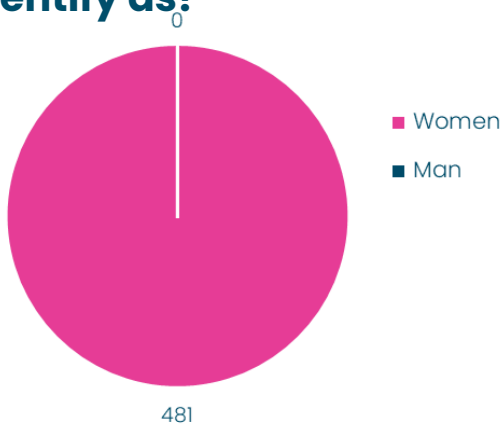




Individual Experience of Menopause

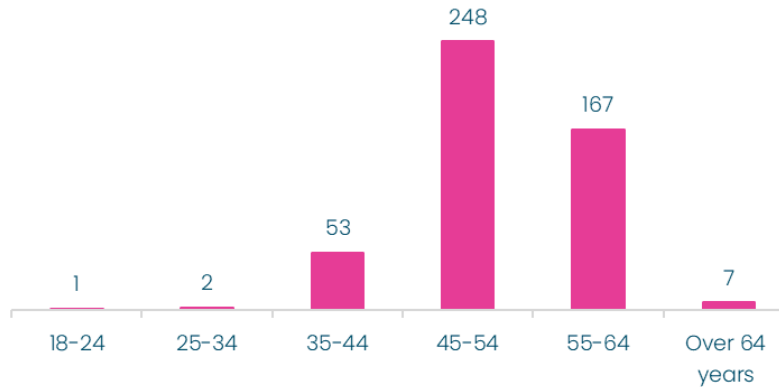
Gender

What gender do you identify as?



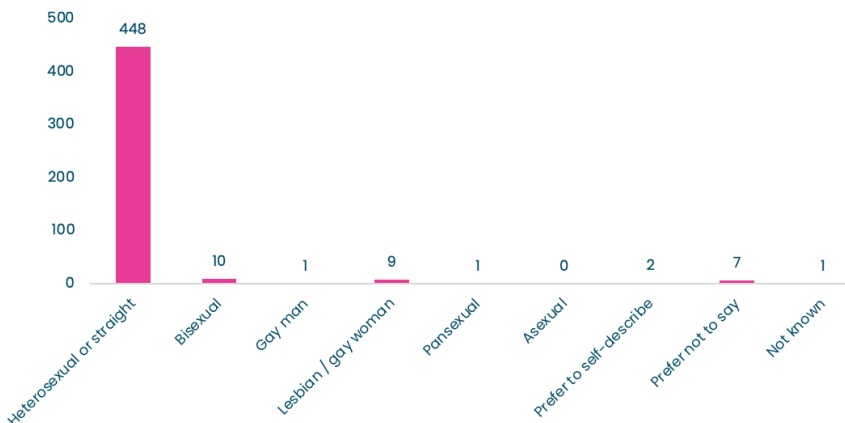
Age

How old are you?



Sexual Orientation

What is your sexual orientation?



Ethnicity

What is your ethnicity?

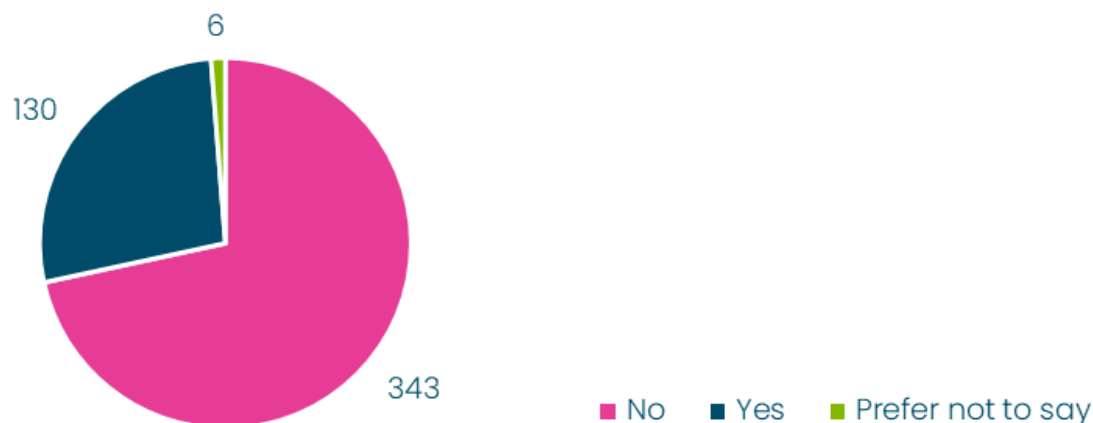




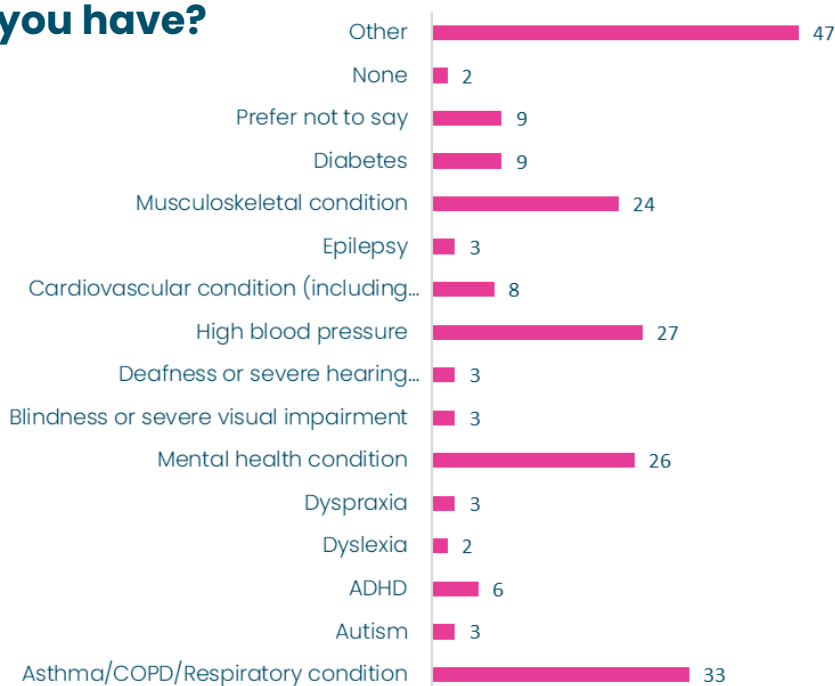
Individual Experience of Menopause

Long Term Conditions

Do you have a long-term health condition or disability?

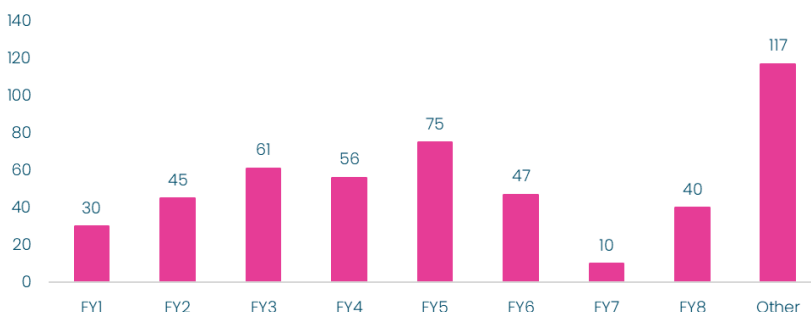


Which of the following long-term health conditions or disabilities do you have?



Postcodes

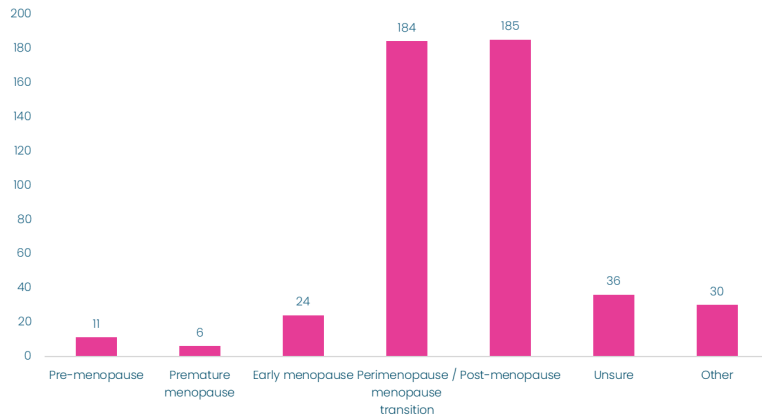
Please enter the first half of your post code:



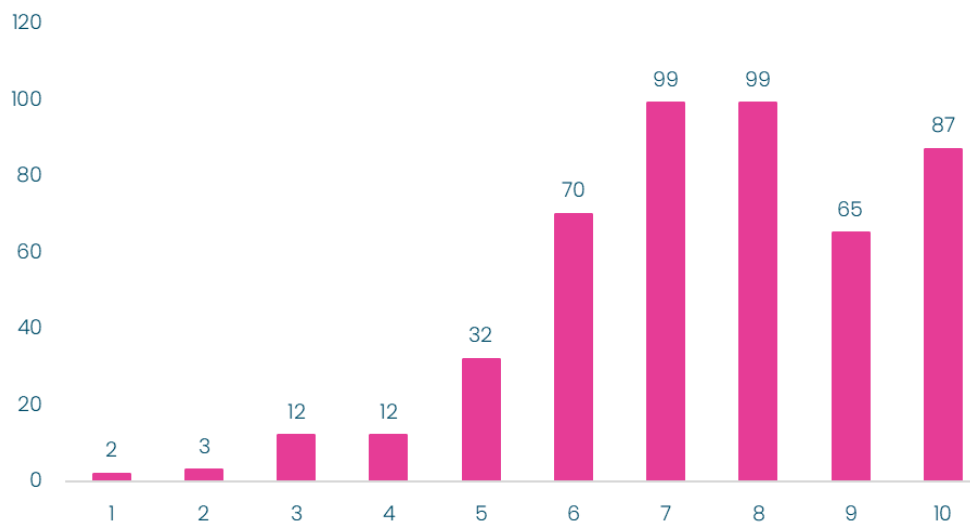


Individual Experience of Menopause

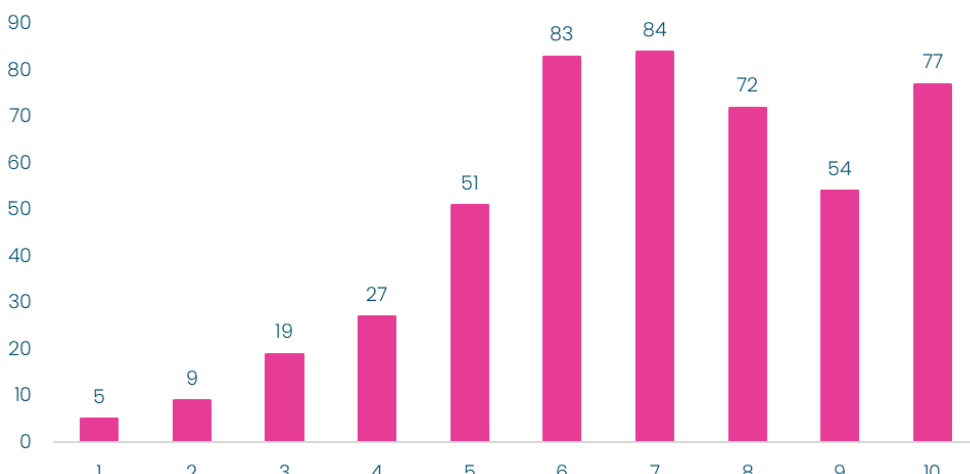
What stage of menopause are you currently in?



How would you rate your understanding of the physical symptoms of perimenopause/ menopause? (1=no understanding, 10= full understanding)



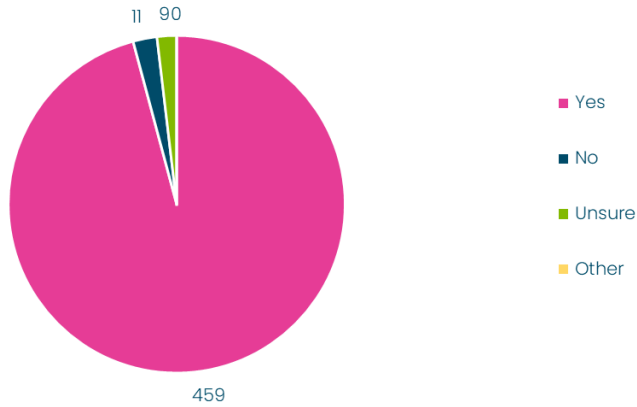
How would you rate your understanding of mental wellbeing during perimenopause/ menopause? (1=no understanding, 10= full understanding)



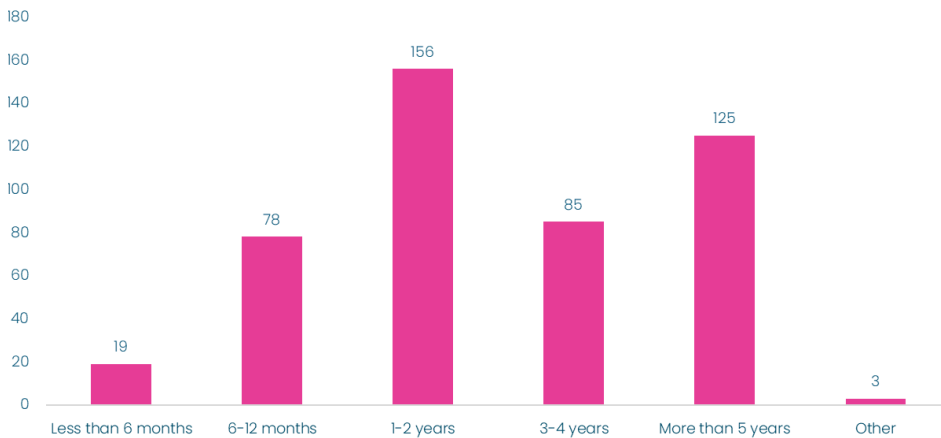
Physical Symptoms



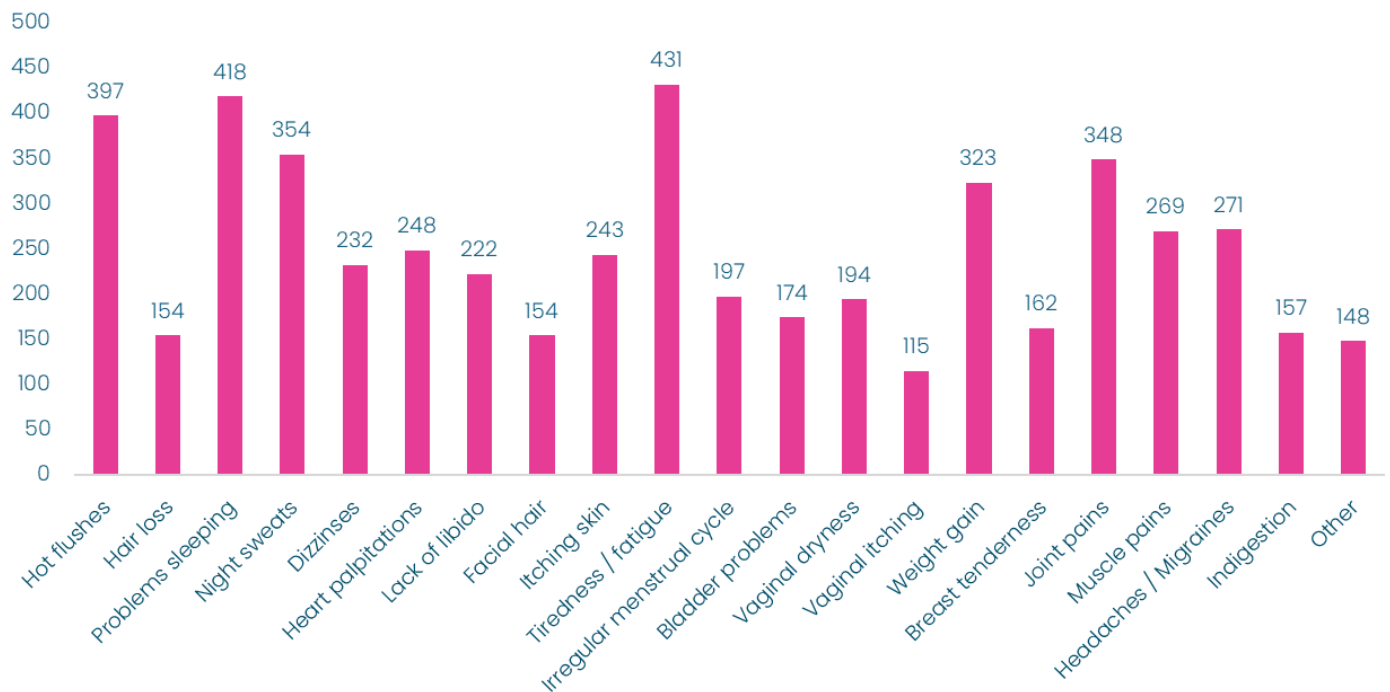
Have you experienced any physical symptoms that you associate with perimenopause/menopause?



How long have you experienced physical symptoms that you associate with perimenopause/menopause?



What physical symptoms have you experienced that you associate with perimenopause/menopause?



Physical Symptoms

Please provide further information about the frequency of the physical symptoms you have experienced:

The frequency with which individuals experience the physical symptoms of menopause varies significantly. Primarily, 157 individuals experience one or more symptoms daily, varying from hot flushes, night sweats and headaches. Many referred to difficulties sleeping and feeling exhausted, often waking up several times in the night. Similarly, an additional 19 individuals noted experiencing physical symptoms “nearly every day.”

“Daily – particularly feet and knees aching and dryness of skin, which makes it itchy. I was waking every night soaked through until I bought a mattress temperature regulator system, which has helped a lot.”

“Daily. Hot flushes any time of day or night. Muscle & joint pain constant.”

“Hot flushes can be a couple of times an hour. Weariness all the time. Joint pains were constant.”

“I am experiencing these symptoms daily. I have not slept through the night for three years now and suffer from hot sweats three times a week where I need to change my PJ's and the bed sheets.”

In contrast, 36 individuals recognised that their physical symptoms appear to be sporadic. They felt that the frequency in which they experience symptoms varied greatly and were intermittent, showing no clear pattern.

“There's no pattern, everything comes and goes, I feel like I have one condition under control and something else pops up, then the other problem starts again.”

There's not really a pattern to the frequency of my symptoms, I just ride it out when they happen, some are linked to certain times of the month though such as migraines.”

“These have been very sporadic and can vary from mild to severely disruptive.”

“Very intermittent symptoms, not all at the same time. Different symptoms seem to come and go over the period of time. 3 years post-menopause and still having symptoms.”

“Some are very often and regular, others can come and go – there is no trigger so I have no idea when it will happen.”



Physical Symptoms

As a consequence of starting HRT, 34 individuals identified a reduction in the frequency with which they experienced physical symptoms. Although symptoms have not been alleviated, individuals felt HRT has helped them to manage these better and allowed for an improved quality of life as a result.

"Prior to starting HRT, I experienced symptoms on a daily basis and had a massive impact on my life daily. I still suffer symptoms but they have improved. I still get a lot of muscle and joint pain but night sweats now occur about 7 days per month. I continue to have problems sleeping and indigestion regularly."

"Daily - now on HRT so symptoms have eased greatly."

"Due to the nature of my menopause they are well controlled via the use of HRT. Although I have experienced these over a 6-12 month window, mine are intermittent."

"Experienced the symptoms daily (hourly some days). I have in the past six months, started HRT (patches and tablets) and the hot flushes and sleep issues have disappeared. The rest is still real though!"

"I've had most of these symptoms for about a year and then in Oct 2023 the joint/muscle pain and lack of sleep became unbearable so I started on HRT. Life is much better now!!"

25 individuals felt as though their physical symptoms were exacerbated as a result of where they were in their menstrual cycle. Individuals identified an increase in symptoms prior to or during the ovulation period, with this pattern being noticeable each month.

"Each symptom at least once a month with increasing frequency and worse during ovulation and period weeks."

"Emotional/crying the week leading up to my period. Vaginal irritation before period starts."

"I find my physical symptoms are at worst in the 7-10 days prior to menstruation."

"Migraines with Aura the week before my period - two in the same week every month. Hot flashes unpredictable but mainly at night."



Physical Symptoms

22 individuals experienced physical symptoms several times a month, with a further 12 participants having experienced these for over a year.

"My migraines gradually changed from yearly to roughly every three weeks. Overall muscle tone has deteriorated."

"My symptoms happen regularly each month & throughout the month."

"A lot of the symptoms I had already but the hair loss, vaginal dryness, weight gain etc have been ongoing for over a year."

"Night sweats and sleep disturbance was the major physical symptom and has been for the last 12 years. Vaginal dryness also an issue."

If applicable, please provide further information about how the physical symptoms you have experienced have impacted your mental health: e.g. anxiety brought on by hot flushes:

The most common mental health symptom as a result of the physical symptoms experienced is anxiety, discussed by 185 women. Primarily, feelings of anxiousness are often induced as a consequence of hot sweats, with many women finding these embarrassing, resulting in them feeling self-conscious. In addition, some individuals felt they were unable to fulfil job roles to the same standard due to the symptoms of menopause, inducing anxiety surrounding the quality of their work performance.

"When a room is hot anyway and you are in a meeting, I sometimes panic that I am going to have a hot flush - this causes me to not participate fully in the meeting."

"I volunteered to work nightshift to avoid people due to the uncomfortable hot flushes & frequent urination. Also I could dress in more relaxed clothing."

"I have had anxiety about going out since having the hot flushes and lack of sleep."

"I find it very difficult to complete my job in the same way as I did a few years ago. I spend a lot of my time feeling very tired and worry that I am unable to do my job effectively."

"Anxiety from hot flushes. Consultant prescribed me sleeping tablets to help."



Physical Symptoms

In addition, 91 individuals experienced low moods and felt overwhelmed as a result of the physical menopause symptoms they experienced. The physical discomfort resulted in individuals struggling to maintain a positive outlook, causing a reluctance to partake in daily activities. Anxiety surrounding hair loss, weight gain, poor sleep quality, itchy skin and other physical symptoms contribute to low mood. As a consequence, some noted that mood swings can affect family relationships and social interactions.

"I feel very self-conscious and anxious about my appearance (facial hair and weight gain). Night sweats and trouble sleeping make me more tired and this affects my mood and it can become very low at times."

"I did get very low mood and would cry easily and feel paranoid about certain things, wasn't good enough, hated the way I looked as I put on weight."

"Interrupted sleep that impacted daily living, causing low mood and intolerance."

"Night sweats are getting worse and worse and more frequent, I wake up cold because my skin is so wet. My moods can be really low and feel really angry. I have itchy skin and vaginal dryness. I have low self-esteem. No motivation at all."

Further to this, 65 individuals discussed the impact of brain fog, poor concentration and memory issues as a result of the physical symptoms experienced. Several individuals had difficulty remembering names and details, leading to frustration, especially in professional settings. Poor quality sleep exacerbates tiredness, making it challenging for individuals to function and concentrate.

"Due to the lack of sleep and having a full-time job is difficult, concentration, tiredness etc."

"I resigned from a very good job due to the inability to remember words, and give presentations in meetings. I would describe my menopause in one word as 'debilitating'."

"Only when looking back, I realised that my mental health has been affected quite badly. I took time off work for some months, thinking that it was due to a family matter, even now it is still affecting my mental health and it is difficult to admit it to myself as I have always been a strong person. The brain fog and everything that goes with it is so hard to overcome. It seems that there is no one who understands and no help or support."

"When you are not sleeping the rest adds to the tiredness, brain fog, aching body."

"Initially I really struggled because I'm quite an active person and the level of fatigue and body aches really got me down and I felt quite low. I can deal with it a lot better now, The brain fog and the words coming out wrong as well it bothered me when I was teaching and it felt like I didn't know what I was doing. It's like I've gone down a level in dumbness – my brain is definitely worse than it used to be."

Physical Symptoms

In addition, some of the physical symptoms of menopause have led to a significant loss of confidence and self-esteem among individuals. Primarily, weight gain as a result of menopause has caused individuals to lack in confidence. Other symptoms such as joint pain, lack of libido, headaches, night sweats and tiredness contribute to some individuals re-evaluating their sense of self-worth, invoking feelings of inadequacy.

“Due to weight gain, sweating and lack of libido my self confidence is low and I don't engage in social activities.”

“Weight gain makes you less confident and headaches/tiredness prevent you from going out and doing things.”

“Problems with vaginal dryness and loss of libido has affected my confidence and the continuing bladder problems have limited holidays, days and evenings out through anxiety and fear.”

“The physical symptoms start to drag me down and make me feel fed up and like it'll never end. In general my level of anxiety has increased and confidence and self esteem have taken a huge dip too.”

Further to this, 40 individuals noted feeling depressed as a result of the physical menopause symptoms they experienced. Symptoms such as weight gain, heart palpitations and hot flushes invoke challenges with mental health, leading to low self-esteem. Although not alleviated, some individuals discussed the use of antidepressants in order to better manage these symptoms and improve their quality of life.

“Conscious of the weight I have gained leading to bouts of depression. Violent mood swings leading to guilt afterwards.”

“The anxiety has stopped me from going out of the house on my own. I'm having hot flushes every 30 minutes or so. I'm not getting enough sleep to function the following day, constantly tired and it's making me depressed.”

“Night sweats can be unbearable, result in poor sleep, fatigue, low mood and depression. I had noticed since coming off HRT the hot sweats are accompanied by palpitations.”

“Physical symptoms at times made me feel like I was going crazy... At the time menopause wasn't really discussed and so I thought that all of my symptoms were due to anxiety and depression and so spent eight years on anti-depressants when all I probably needed was oestrogen.”

Physical Symptoms

7 individuals experienced suicidal thoughts as a result of the physical menopause symptoms they experienced. Fatigue, weight gain and feelings surrounding a lack of control over one's body has resulted in severe mental health challenges for some. Other physical symptoms such as hot flushes and night sweats have also contributed to this, on occasion leading to intimacy issues and marital strain. As a result, some individuals felt that the physical symptoms experienced, combined with emotional exhaustion, makes it hard for them to see a way forward.

"Attempted suicide through feeling I had no control over my life, gaining weight, fatigue. Physical contact caused hot flushes and night sweats so unable to have any intimacy which then lead to marital problems and insecurity."

"I have felt suicidal due to a massive decline in my mental health."

"Irritable when you have continuous work all day, whilst others chatting for what seems ages, when you are trying hard to concentrate and not pass out with the heat and stuffiness of the office, had to ask doc for health and mental well being, thought it was never ending- suicide was the option. So much pain and uncomfortable working conditions, overwhelming tiredness."

"Suicidal ideation is probs main one due to lack of oestrogen and testosterone and frustration at prescribing practices where it's a battle to get help with age related hormones and associated problems, whereas men can buy viagra over the counter or easily get it on prescription. I know I need testosterone, I know I won't get it due to prescribing ignorance and a lack of equity of treatment of women medically in general."

"My mood has been so low that sometimes I do not want to get out of bed, see anyone, talk to anyone and in fact just to give up completely."

In addition, some individuals highlighted the link between menopause and fibromyalgia. Although menopause does not cause fibromyalgia, some individuals found their experience of menopause to worsen their symptoms of the condition. Many participants with fibromyalgia found that their medication alleviates some menopause symptoms, however, symptoms of fibromyalgia and menopause often overlap, complicating the distinction between the two. Those suffering from fibromyalgia found that symptoms can be exacerbated by menopause, with menopause mimicking the symptoms of this.

"A lot of my tablets for fibro take away some of my menopause symptoms – I know if I haven't taken them the night sweats come back."

"Sometimes I have hot flushes in the daytime but I was told fibromyalgia can be made worse by the menopause."

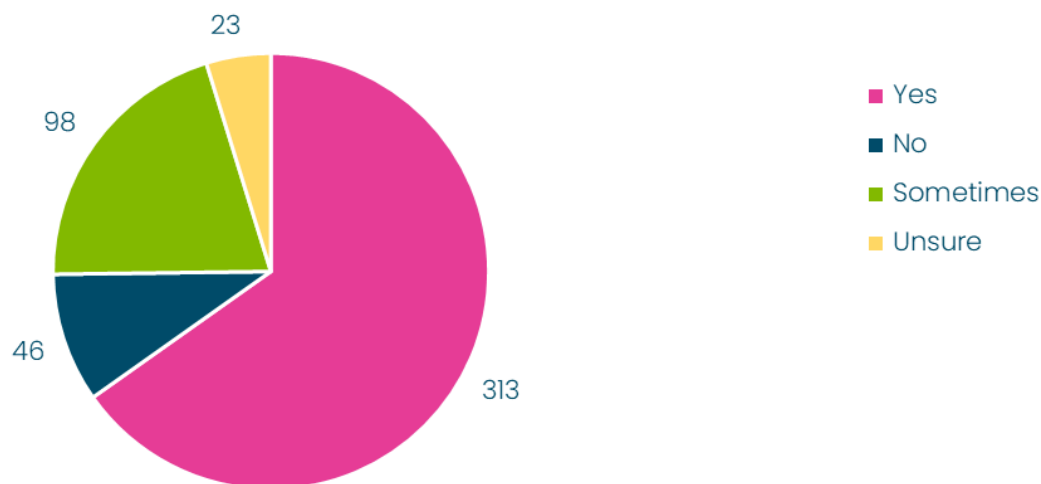
"I still had the sweats but that is because of the fibro."



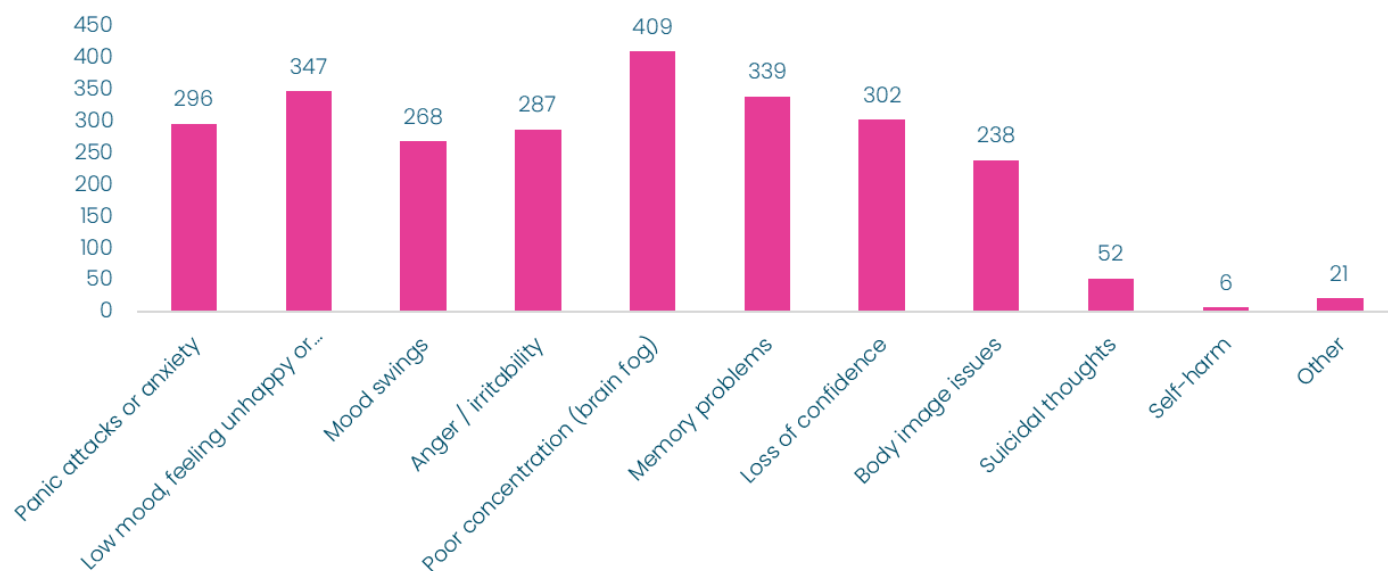


Mental Wellbeing

Have you experienced any changes to your mental health that you associate with perimenopause/menopause?



Which of the following mental health symptoms have you experienced that you associate with perimenopause/menopause?



Mental Wellbeing

Please provide further information about the frequency of the mental health symptoms you have experienced that you associate with perimenopause/menopause:

The frequency of mental health symptoms, associated with perimenopause/menopause, varies widely among individuals. Primarily, 129 individuals experience these symptoms daily or almost daily, ranging from anxiety, depression and problems with memory. Many of these individuals discussed experiencing brain fog daily, as well as issues surrounding concentration.

"Again, it is a daily battle. I get very easily irritated both at home and at work. I'm even irritated, angry when I'm supposed to be doing something I enjoy, even if I'm on my own. It doesn't make sense to me."

"Brain fog and memory problems daily and constantly throughout the day."

"Daily - I feel guilty when I shout and I can't seem to control my temper - it's like I am watching myself but am unable to stop it."

"Feeling low, depressed and anxiety 'over thinking' and panic in the night almost daily."

"Lost confidence which affected my job. Walked out of 3 jobs in succession. Anxiety on a daily basis."

A further 32 individuals reported that the mental health symptoms they experience are sporadic. They observed that the frequency of their symptoms varies significantly and are intermittent, showing no particular pattern.

"There is no frequency about it. It just seems to come and go. Some days are OK some days are hell!!!"

"The symptoms come and go, sometimes I could be anxious, other times I'm forgetful, I feel like I'm not myself."

"I find that I am less tolerable and snap at people (usually my friends and husband) then I find myself apologising to them. The frequency is sporadic between low mood and irritability, can go for months feeling fine then it hits me like a ton of bricks."

"Again very different every month, some symptoms are not present then it can differ in how bad they can be from mild to extreme."

Mental Wellbeing

31 individuals discussed the role of medication and self-help techniques to better manage mental health symptoms, aiming to help reduce the frequency in which these occur. Some individuals highlighted the role of HRT in achieving this, alongside anti-depressants. Other individuals discussed Cognitive Behavioural Therapy (CBT) and holistic remedies to help alleviate symptoms. Although not a cure, some felt these techniques and medications were crucial in allowing symptoms to be better controlled.

"Only last week I've had to go to the doctors for antidepressants due to bad anxiety and panicky feelings. Due to the menopause I thought I was going mad and 'losing' myself. It's been so frightening."

"I have experienced severe anxiety and panic attacks which have improved with HRT as have my mood swings and irritability. I still experience these symptoms from time to time whereas prior to starting HRT, I experienced them daily."

"Controlled by anti-depressants now. Experienced terrible panic attacks and anxiety."

"I have found the mental health symptoms the most debilitating. This resulted in me being signed off work for the first time in my career requiring CBT and antidepressants."

"I have now found a balance with the mental impact and through medication I am managing well, although I was suicidal prior to accessing meds."

An additional 21 individuals experience mental health symptoms weekly as a consequence of perimenopause/menopause, with a further 10 participants experiencing these monthly. 21 individuals have experienced these symptoms for over a year.

"Increased anxiety lasted for months and was then followed by a period of depression that lasted a number of weeks."

"I had the above symptoms for two years or more. I didn't know it was the menopause causing them and they came with such huge intensity that it was scary. I couldn't work properly but had a very sympathetic manager."

"The brain fog lasted a couple of years and loss of confidence lasted several years until I created some coping mechanisms to bring myself out of it - similar to dealing with the increased anxiety and depression which I have also experienced - self-help saved me."

"It was all the time at first and then it gradually got easier as I made changes and understood the triggers better. I now still get a little low about once a month and can occasionally become very teary but this is only every few months now and usually triggered by other events too."



Mental Wellbeing

A further 15 individuals felt as though the frequency in which they experience mental health symptoms is strongly linked with their monthly menstrual cycle. Individuals identified that these symptoms intensify in the days preceding menstruation and around ovulation, with some experiencing a reduction in symptoms when menstruation begins.

“All of the above symptoms are worst in the 7-10 days prior to menstruation and then when that comes it’s like the lid has been lifted off the pressure cooker for just a little while until next time.”

“My mood drops significantly the week before my period is due. I have noticed this very much in the last 12 months. I’m not sure if I have brain fog or whether it’s just general stresses of life but if I’ve not slept well or something is on my mind it does affect my memory more.”

“Week three of my cycle I struggle with work and everything I just use techniques to ride them out.”

When discussing the mental health symptoms associated with perimenopause/menopause, some individuals highlighted the role of medication and various coping mechanisms in managing these. Some individuals felt that HRT is effective for alleviating anxiety and brain fog, with others also taking antidepressants or probiotics for additional support. Holistic approaches such as meditation, mindfulness, and supplements such as starflower oil, evening primrose and magnesium are taken by some individuals to help improve mood and sleep. Organisational tools including writing pads and reminder apps are used to help with managing memory issues and brain fog.

“Anxiety seems to be sorted after taking HRT. I take probiotics for the holistic side. If I stop taking them, my brain feels foggier.”

“It’s the brain fog. My memory is poor. Sometimes I say the wrong word, I struggle retaining information and have to write everything down.”

“Meditation and mindfulness has been the best thing for me. I am now more present.”

“I need a writing pad. I currently have one for work and one for personal life, for things like putting the bins out or buying cat food.”

“Starflower oil, evening primrose for moods, vitamin b and eating healthy.”

In addition, some individuals felt that perimenopause and menopause induced mental health challenges such as anxiety and depression, lead to social isolation. Individuals discussed a reluctance to leave the house and a disinterest in social activities. Efforts to counteract this isolation included volunteering, participating in support groups and finding ways to engage with the wider community.

Mental Wellbeing

"Some days I didn't want to go out the house. I had to drag myself out or I get agoraphobia."

"This is one of the reasons we set this group up – the isolation."

"Anxiety and depression – I wouldn't go out."

"Originally I wasn't doing the things I normally do. I was being quite snappy, I wanted to be on my own and sit in my bed. I wasn't taking the time for other people or myself really."

Similarly, some participants discussed how perimenopause and menopause can lead to other mental health challenges, including a negative self-perception of oneself and a lack of confidence. Some individuals struggle with feeling as though they are perceived as less valued by society due to menopause.

"I don't like the person I've become with it."

"It's hard to separate what was just you as a person and what was menopause. You're a version of yourself but 10 times more."

"I feel invisible now. I look older and people don't treat me the same as they used to. People start to make age related jokes and this can be quite difficult."

3 individuals discussed issues surrounding memory loss and anxiety as a result of perimenopause and menopause. This was particularly concerning for those with a family history of dementia as symptoms can often overlap, complicating the distinction between the two.

"Anxiety, memory loss. You think you're getting dementia – no wonder you get anxious."

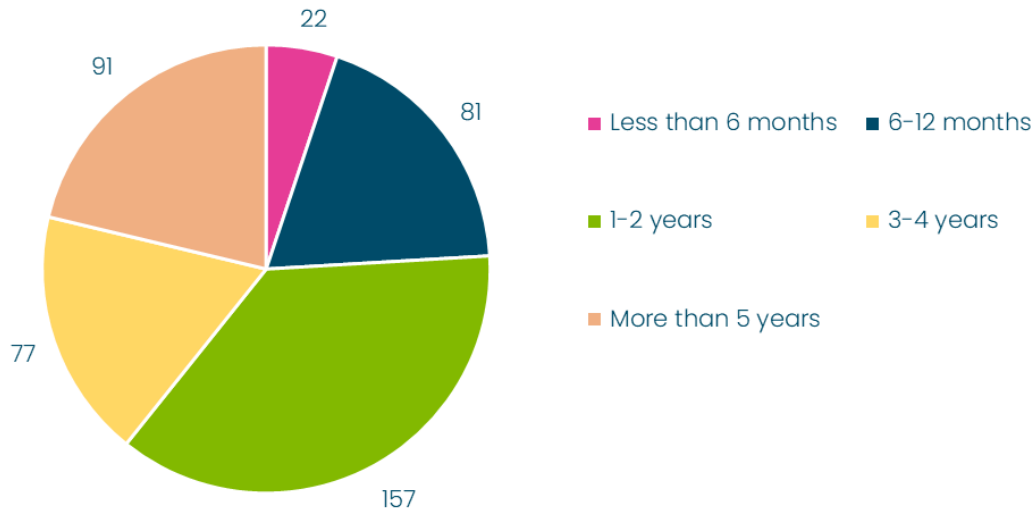
"The memory thing gets frustrating. My auntie has vascular dementia and I think I am following my auntie. This gets me anxious."

"Forget what I'm trying to say and write. Can second guess yourself that it's the start of dementia coming on – if pre-existing history of dementia in the family you start to become increasingly anxious."

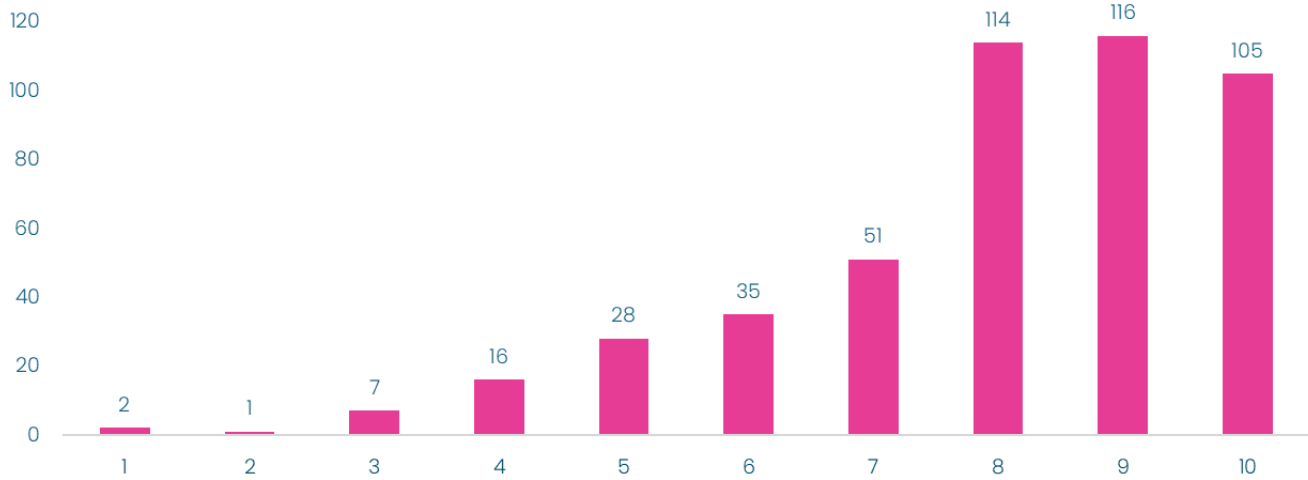




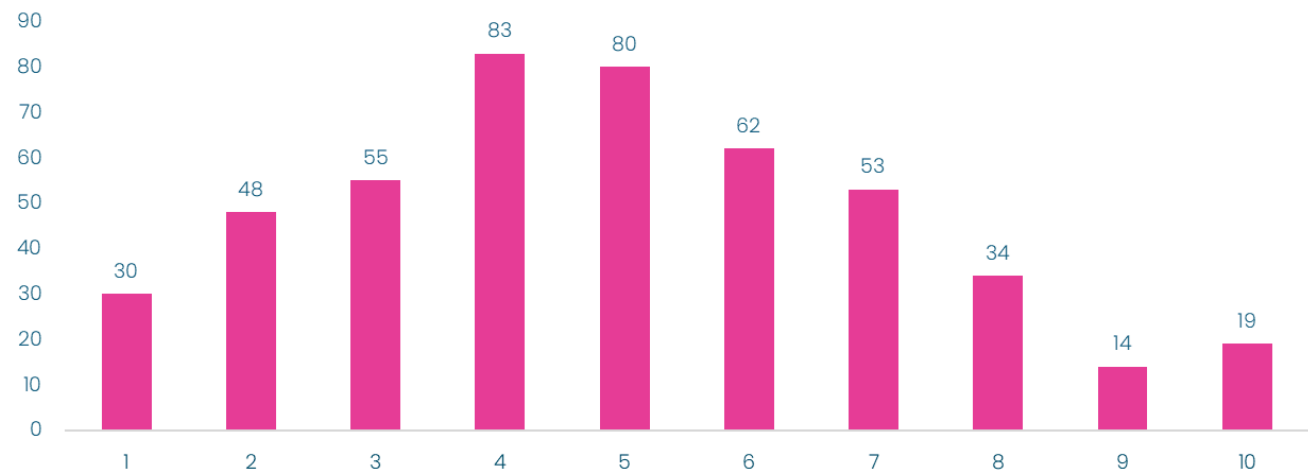
How long have you experienced mental health symptoms that you associate with perimenopause/menopause?



How would you rate your mental health before experiencing perimenopause/menopause? (1=poor, 10=excellent)



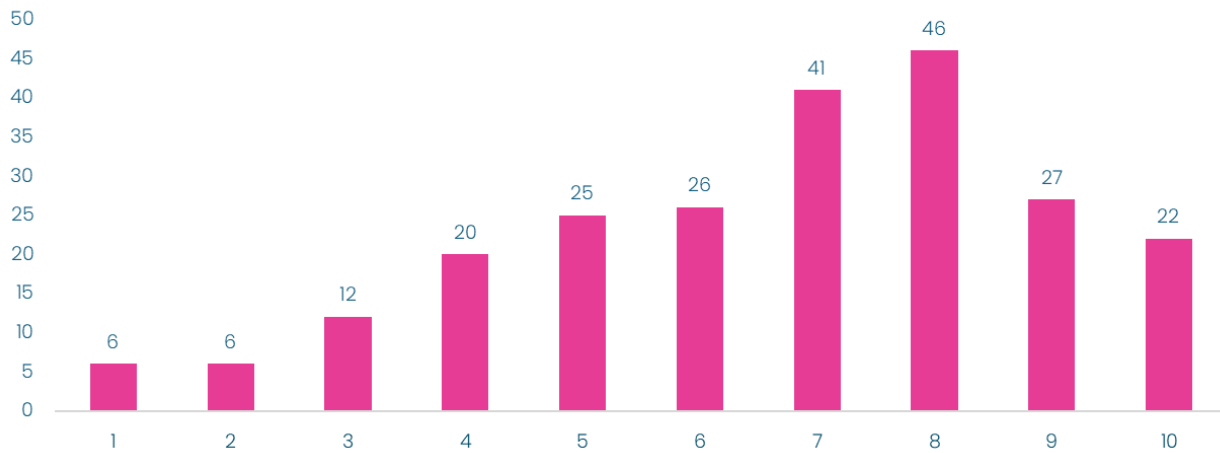
How would you rate your mental health while experiencing perimenopause/menopause? (1=poor, 10=excellent)



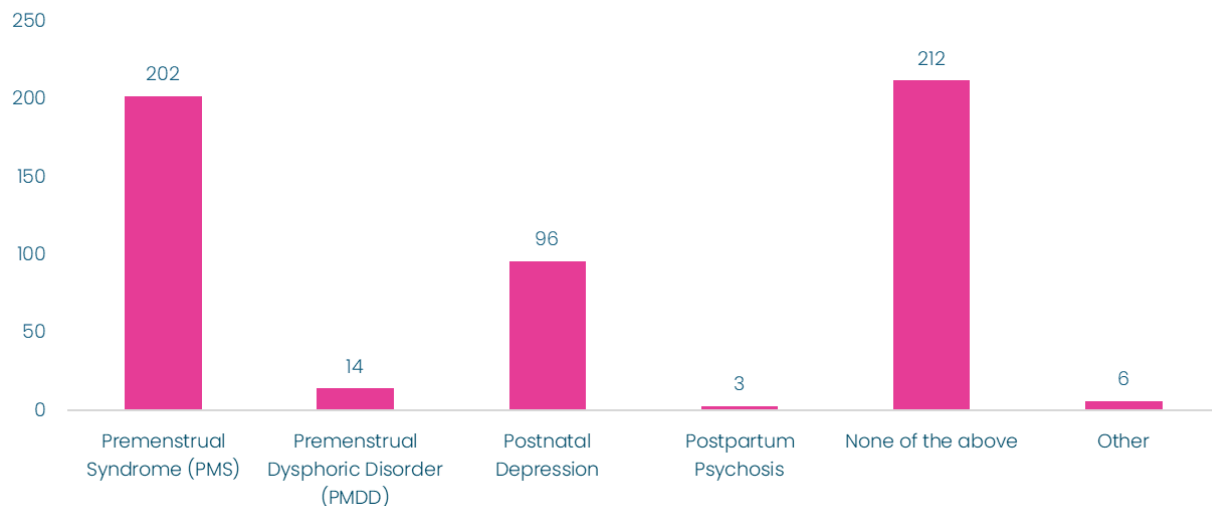


Mental Wellbeing

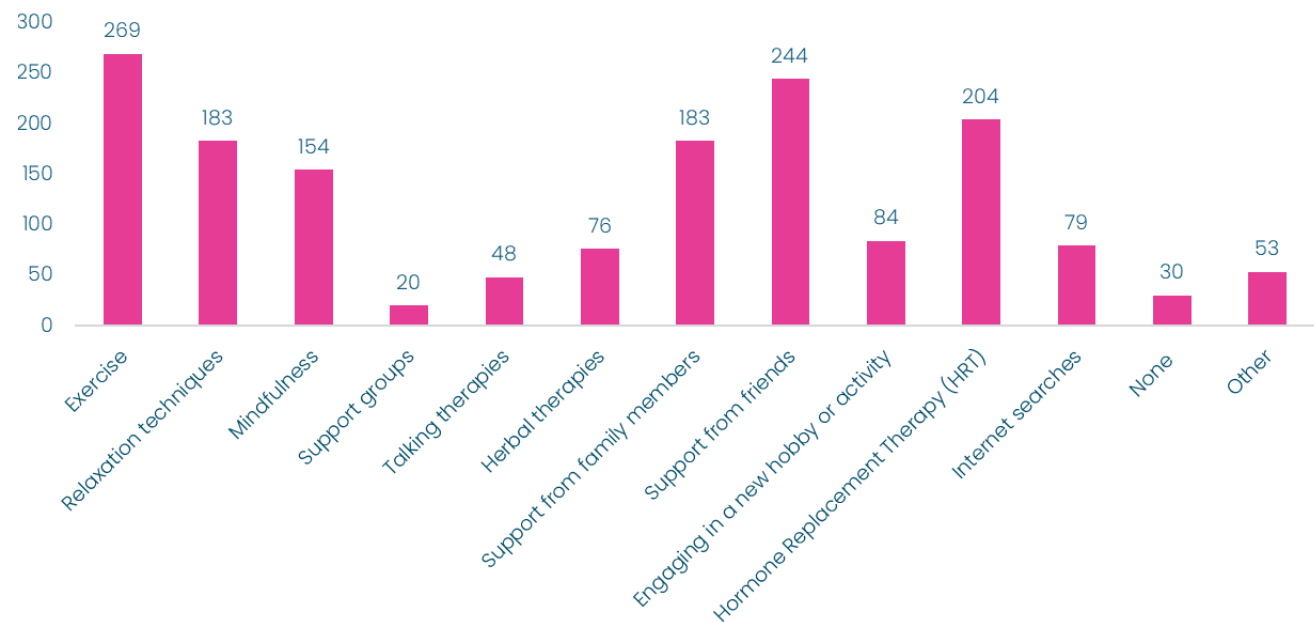
If applicable, how would you rate your mental health post-menopause? (1=poor, 10=excellent)



In the past, have you experienced any of the following menstrually-related mood disorders



What coping mechanisms have you found most helpful in managing your mental health during perimenopause/menopause?



Mental Wellbeing

When asked what coping mechanisms were helpful in managing symptoms during perimenopause/menopause, 15 individuals mentioned various holistic, alternative and supplementary medications they had tried during their menopause journey. Suggestions included vitamins, probiotics and substances containing soya.

"Cold cloths off amazon – it stays cold for ages."

"I've tried sage and black cohosh, primrose – none seem to help. I have tried starflower and that works. Magnesium OK – this really made a difference but your body gets used to it."

"Vitamin D spray is very good."

"Soya milk – contains hormones, told to drink a glass a day."

"I take magnesium to help sleep better at night and that's been really helpful. Vitamin D, Vitamin B12, iron – taking all these supplements and vitamins, turmeric, to help bones and joints."

"I've tried various natural remedies – St Johns Wort worked for a while."

"Black Cohosh – Agnus Castus – 5 years may have helped."

An additional 12 individuals engage in a healthy lifestyle, alongside self-help strategies, as a coping mechanism for their menopause symptoms. Suggestions included mindfulness, healthy eating, exercise and engaging in hobbies, enhancing quality of life.

"For me, managing stress levels. I can manage many pots and I can have high levels of stress, if you can't manage them it makes symptoms worse. Doing something mindfully, meditation, reflecting on things, whatever you're doing, doing it with a slow mindful approach."

"Managing sleep and eating a better diet. I say you have 4 pillars to menopause – sleep, nutrition, exercise and mindfulness."

"I've always done meditation and yoga and taken herbal things. A bit of being healthier. If I eat a load of crap I go home and feel a bit rotten. I have always exercised."

"I got into Reiki."

"Reflexology – very good – touching pressure points."

"I like to crochet – go to a group for my mental health."

"I'm doing more to help clear my brain, gardening and reading more, giving my brain space."

Mental Wellbeing

10 individuals discussed the benefits of online materials as a coping mechanism, referencing social media, google and audiobooks. More specifically, individuals benefited significantly from the Balance app, allowing them to track and recognise menopause symptoms.

"I just google stuff and there is information everywhere. I got an audible book that I listened to a couple of years ago. There are resources out there and a lot more than I thought there would be. I signed up to a couple of apps too."

"Dr Louise Newson is really good on Instagram."

"I've watched stuff on social media, a couple of doctors go into the muscular stuff. I've read the articles on the balance app."

"Balance app – track symptoms, some you may not even realise – got journals and articles about sleep and then you can show the data to the healthcare professionals."

"I have tried all the holistic stuff through googling."

A further 7 individuals highlighted the importance of wider publicity in raising awareness surrounding menopause, helping them to cope and feel accepted. More specifically, Davina McCall's work has allowed individuals to benefit from further information and better understand their symptoms.

"I would say it is only since Davina has gone out there that I read stuff. At the age of 46 I was just convinced I was angry and mad. It was a man saying I was ok."

"Social media – Davina McCall – she is a big advocate. I want my husband to read her book."

"I watched the Davina programme in secret. The stories were so upsetting."

"I didn't realise I was going through menopause until I watched a Davina McCall documentary."

"The culture has changed. They talk about it a lot on TV which really helps people."

Finally, 7 individuals highlighted the benefits of talking to family, friends and colleagues with regards to menopause, acting as a coping mechanism. Through utilising these support networks, individuals are given the opportunity to offload and share experiences with others who understand, finding this invaluable.

"Talking to colleagues who are going through it."

"My friend is also a great support."

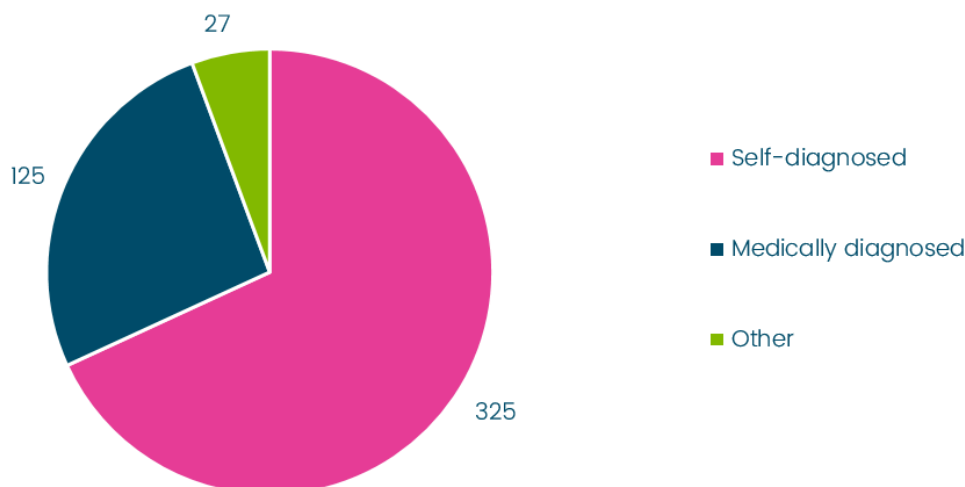
"Personally I use music, humour, family and friends and I rant a lot."

"I think talking really helps and I have some amazing friends who are also going through it."

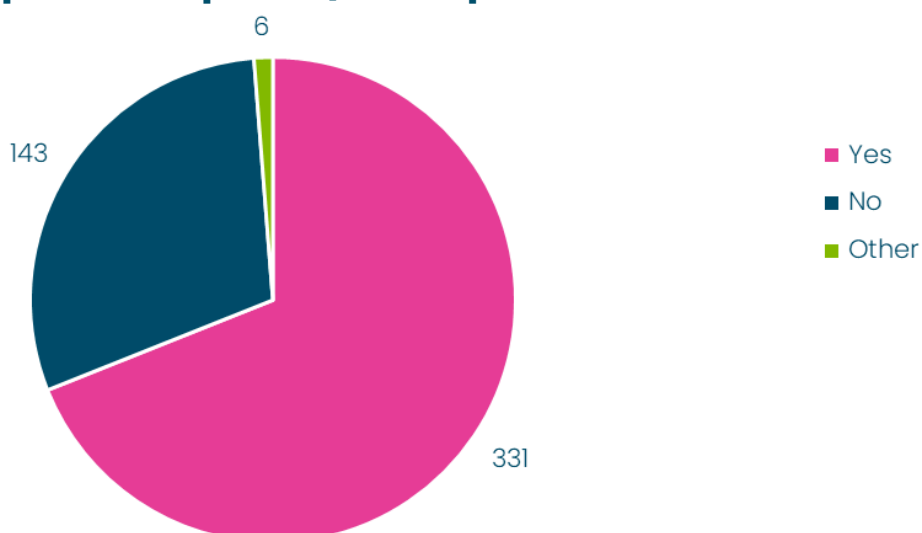


Health and Medical Support

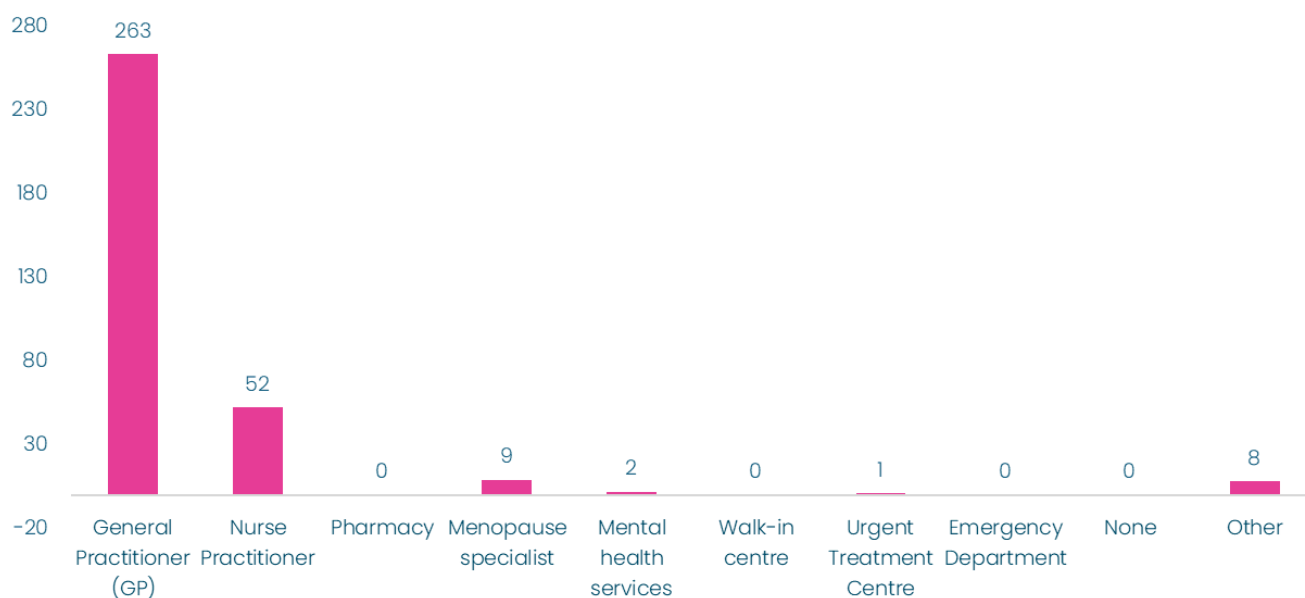
How was your perimenopause/menopause first diagnosed?



Have you sought support from a healthcare professional for perimenopause/menopause?

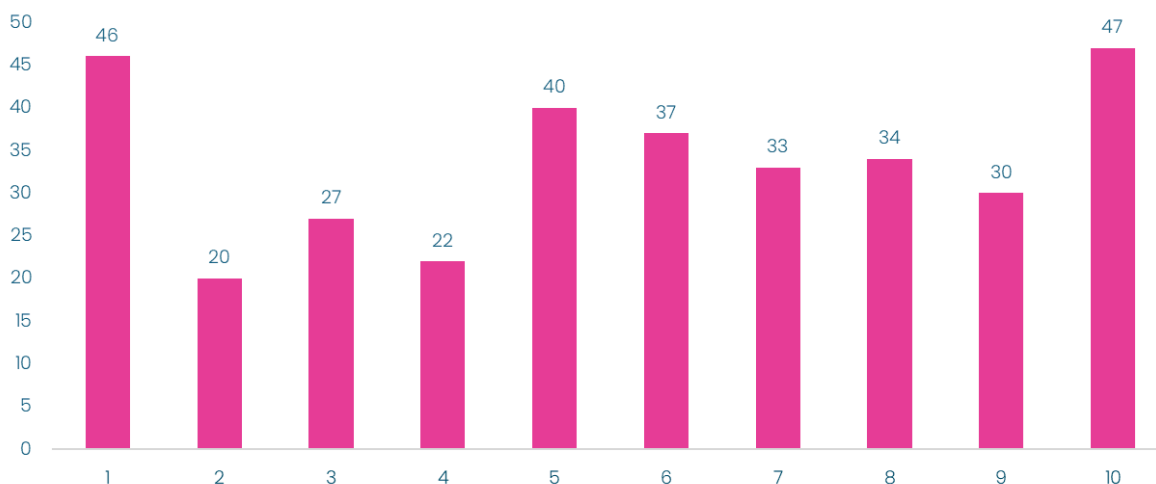


Which service did you approach first for advice?



Health and Medical Support

How would you rate the support you received for perimenopause/menopause from medical professionals? (1=poor, 10=excellent)



Please provide details of your journey to being diagnosed e.g. what did you initially present with, were you referred to other health services?

Individuals were asked to describe their journey to being diagnosed with perimenopause/menopause and the responses indicated a wide variety of experiences. 76 individuals stated that experiencing both the physical and mental symptoms led them to initially seek advice from healthcare professionals, namely their GP in the first instance.

"Chatting with friends who expressed how they were feeling, I realised that they were the same symptoms that I had. When I had a period of time off work, they suggested that was probably because of the menopause. They suggested that I see my GP."

"Heavy and painful periods led me to speak with specialist nurse at G.P surgery."

"Heightened anxiety, tearfulness, memory problems and joint pain were my first symptoms, with anxiety causing me the most distress."

22 individuals shared their experiences of being medically induced into menopause as part of treatment for cancer, endometriosis or fibroids. Others shared their experiences of menopause following a surgical procedure such as a hysterectomy. It is evident that at times, these individuals experienced a lack of communication and support following operations or treatment, and that this had a significant emotional impact.

"I had an operation – full abdominal hysterectomy so I was put into menopause. I was briefly told this was happening but not properly. Literally a couple of days after my operation I was sweating. When you don't know it is going to be like that it is really hard."

Health and Medical Support

"I was on Zoladex medication and placed in temporary menopause – I didn't know where my sense of self had gone."

"I had to have a hysterectomy. Post-surgery I had no support and literally felt like I was falling off the edge of a cliff. I sought HRT from my GP and have been taking it ever since. It absolutely transformed my life and saved me. I gradually began to feel more normal and I could go back to work. If I have ever forgotten to take my HRT I can feel the symptoms start to creep back."

When discussing their diagnosis, positive experiences with healthcare were dependent on treatment by healthcare professionals. For 36 individuals, having a clear diagnosis of menopause and subsequent timely intervention through appointments, advice and medication contributed to their positive experience with healthcare.

"She was brilliant and super helpful. I explained that the exercise alone just wasn't cutting it anymore and that I JUST WANTED TO SLEEP! Within one week of taking HRT, my hot flashes and night disturbances completely went away. Everything else I can cope with now that I can sleep!"

"I first presented with migraines and had a conversation with the nurse practitioner. The other symptoms came to light through questioning and diagnosis made. They (nurse practitioners at my GP service) have kept in touch and have provided/ signposted to resources. They have been brilliant."

"I had made a list of all my symptoms on my phone and read it to her (and cried!). She prescribed HRT and I felt better within a week. I was lucky to have such a positive experience."

"I telephoned the GP surgery to ask if I could speak to someone about perimenopause. They straight away made me an appointment with a gynae nurse, which was excellent. I described my symptoms to the nurse and she put me on HRT after a physical check."

For 33 individuals, having a knowledgeable practitioner who communicated information clearly had a positive impact on their experience. In particular, healthcare professionals were praised for their knowledge and willingness to discuss HRT options, while others were commended for accurately diagnosing or being understanding of pre-menopausal symptoms.

"The nurse I spoke with was very knowledgeable and offered me lots of information, told me it's my choice regarding HRT but when I'm ready to start, medication will be available. We discussed ongoing health needs that are similar to perimenopause which are also affected by perimenopause."

"Luckily my GP is excellent and well educated in the menopause. She checked my bloods and diagnosed early menopause."

"I went to my GP who understood that my symptoms, besides tests being negative, were pre-menopausal symptoms."

"The guy on the phone, he was really good when he phoned me to review my HRT. When I heard it was a guy, I was a bit surprised and he said 'don't worry I'm all clued up, are you happy for me to discuss this with you?' and he was clued up, he was great."

Health and Medical Support

Being listened to by health professionals and feeling that their symptoms and experience were understood greatly increased the satisfaction of 8 individuals when accessing support. This highlights how qualities such as empathy can make a significant difference for those seeking help with menopausal symptoms.

"My GP was excellent. Sat and listened to everything I had to say through my tears."

"I met with the nurse practitioner who listened and was very understanding."

"The menopause specialist nurse I saw was amazing, very supportive and understanding."

"Good experience with GP. Young lady doctor who was helpful. No blood test, she believed me straight away and put me on HRT."



Health and Medical Support

When discussing their negative experiences of support from healthcare services for perimenopause/ menopause, 73 individuals felt that there was a significant lack of knowledge in the professionals they approached. Some felt that there was a lack of dedicated menopause specialists, which resulted in limited knowledge of symptoms and treatment options. In addition, individuals shared that they felt some healthcare providers held outdated views on menopause and HRT, leading to incorrect advice. Some felt that this lack of current knowledge led to missed diagnoses and ineffective treatment plans.

“Lack of specialist within the GP surgery and I felt like I fought to be seen and heard, one GP was apathetic to menopause. Now feel like I’m side-lined with lower technical qualified pharmacy technicians, rather than a medically qualified professional with a full rounded understanding of symptoms and options available. Trying to get the balance right is trial and error and one size does not fit all, but that is the approach of local GP’s.”

“Unfortunately, my NHS GP practice experiences have all been very negative – the menopause specialist nurse does not appear to have much actual knowledge on menopause therapies other than ‘stick a patch on & off you go’. Unfortunately, due to the endometriosis, I have been warned against having a lot of oestrogen.”

“I just thought her lack of knowledge and empathy – she just wanted to diagnose me and send me off. If it was a man or young woman I’d expect it. I’d have expected her to be a bit more relatable.”

“I presented with an array of physical symptoms and found the GP lacking in knowledge and under archaic notions regarding HRT.”

“I presented with terrible symptoms and was told as I was on POP contraception I couldn’t have HRT until I’d been off it 3 months and to drink soy milk. Not only was that incorrect it was insulting and due to my mental health it took another 18 months before I approached the GP again.”

“In one year I had issues with extra heavy periods, arthritis suddenly appearing, back pain, skin issues and night sweats. At no point did anyone (including me) connect the dots. I must have visited the GP 5 or 6 times in one year! It’s only looking back at records I can see it.”

64 individuals reported feeling unheard, disbelieved, and misunderstood by healthcare professionals regarding their menopause symptoms. Participants felt frequently dismissed by doctors, at times feeling as though they would only treat one symptom at a time or being told they are “too young” for menopause, leading to delayed diagnosis and treatment. These experiences often left individuals with feelings of frustration, isolation and a lack of trust in the healthcare system.

“Dr will only address one issue at a time. Had stomach issues and mood but didn’t give me a chance to talk.”

Health and Medical Support

"I've been to multiple appointments due to perimenopause symptoms, however because of my age and because the bloods haven't highlighted anything no treatment has been given. My symptoms continue and I've lost faith in the GP therefore haven't returned and I'm trying to manage symptoms myself."

"I was suffering from anxiety and mood swings so I went to the GP and I was completely invalidated. 3 years later with severe mood swings, severe depression, severe anxiety, suicidal thoughts, severe hot flashes, I was finally diagnosed pre-menopausal and given HRT. Those 3 years before HRT were torture."

"Doctor says I'm too young and is very dismissive of my symptoms and I feel like I can't approach him now. I feel like I have to just deal and cope with what I'm going through."

"I was completely ignored for the first 7 years as always spoke to a male doctor that only asked 1 question: 'do you still have night sweats?'. As they stopped fairly quickly I kept getting told I was no longer menopausal! Never asked any other questions."

"I realised that I was struggling with lots of issues so went to the GP for blood test to check basic health and to mention the possibility of starting perimenopause. I was told I was too young to have that taken. I was 45 years old and explained that both my mother and sister had started young. I was told to take some vitamins to perk myself up and he printed off lots of information from the internet. I explained I'd find this myself but was told I might have missed something so to read them again. I felt my GP had no clue or desire to enter into a conversation about menopause. I left and went to my car and cried realising that I would have to deal with this myself."

62 individuals reported that a lack of access to support significantly impacted their experiences. In particular, individuals reported being unable to physically access appointments with their GP which resulted in some instances where individuals paid privately to access adequate care. Other individuals reported difficulty obtaining HRT medication, with some facing shortages or pharmacies being unable to fulfil prescriptions, thus creating inconsistencies where access depends on location.

"It was alright but you had to literally push it. They ran out of the tablets, they would say we can't get them and my friend could get them. It was a postcode lottery."

"I had debilitating night sweats/hot flashes, loss of sleep, loss of libido. I had to see 3 different GP's before one would prescribe HRT. I really had to fight for it."

"I then paid to see a private women's health consultant who specialised in menopause care - total cost for treatment to date is £950! The GP surgery have finally taken over prescribing but this was also difficult."



Health and Medical Support

In addition to this, some individuals described having to fight for HRT, attending multiple GP appointments or waiting extended periods before receiving a prescription, which in many cases led to prolonged suffering from both physical and mental symptoms.

"I had to go to the GP several times before agreeing to try HRT. They won't give me testosterone."

"I had a hysterectomy and was refused HRT by my GP for 12 weeks even though it is deemed as safe."

"Multiple trips to the doctors to ask for HRT. Took over a year to finally be prescribed HRT. Discouraged by GP stating it will give me cancer/ heart attack."

Responses also indicate a disconnect between GPs and other healthcare providers regarding treatment options, in particular, access to the hormonal coil due to healthcare providers having restrictions around coil fitting.

"My doctors couldn't help me with anything! I had a hormonal coil and wanted to use that as part of my HRT but because of my age I couldn't have the coil renewed and nobody could tell me if I didn't renew the coil would I get pregnant! Then nobody from my doctors could replace the coil and the sexual health wouldn't take me because I wanted it replacing as part of the HRT so I went around in circles for 12 months!"

45 individuals reported that their perimenopause/ menopause was misdiagnosed by health professionals as mental health issues, namely depression. In many cases, individuals shared that they often requested HRT, but instead felt pressured to take anti-depressants, despite feeling themselves that their symptoms were menopause related.

"Years ago I nicknamed it they think it is whinging women syndrome. You go to the doctor and they say its depression take the pill. No matter what you went with its depression. I'd go to a male doctor, she's of a certain age give her the pill. If you don't know what it is, it must be in your head, take a tablet."

"When I went to the doctor about being anxious they wanted to give me antidepressants straight away. He was trying to force me and I had to be quite stern and ask to see someone else about menopause. I went to reception and asked to speak to a certain woman. It was a battle anyway to get into the doctors. He was trying to fob me off with antidepressants."

"I went to the GP with a view of confirming it was perimenopause. Instead, the GP who was well into her 50s said no you're depressed and didn't want me leaving there until I took antidepressants. Because my sister went through similar who lives down south, she took the antidepressants and it took her ages to get off them. I was being brutally honest with the GP - I gave her the symptoms and I said I could probably go now and stab someone and she said I think you're probably depressed. I was trying to explain you can be raging one minute and calm the next minute. She said I think you should try antidepressants and I point blank said no. There were a few to and fro's and eventually she sent me packing and said we will review this in a month."

Health and Medical Support

"He actually convinced me I was depressed to the point I agreed and left with a prescription for anti-depression tablets."

"I begged my GP practice to refer me to gynecology as I knew that something wasn't right with my hormones, but they refused for years and kept putting me on more mental health medication. At one point I was on Haloperidol (anti-psychotic medication)."

"I went to a male doctor who barely looked at me. I was under a lot of stress and having panic attacks. I was in for about 3 minutes and he said I could either go down the mindfulness route or take antidepressants. There was no mention of menopause/perimenopause."

22 individuals reported mixed experiences with healthcare professionals. In many cases, individuals experienced insufficient treatment initially, usually with a GP, and thereafter sought support from other health professionals, including gynaecologists, nurse practitioners and menopause specialists. This led to much more positive experiences, where individuals reported feeling listened to, understood and receiving the correct treatment and support for their symptoms.

"Gynaecologist very helpful, GP not so much."

"The gynaecologist was superb, the GP atrocious - he didn't believe women required HRT and he wasn't an elderly man."

"I have seen 5 different GP's within my practice, had multiple tests for cancer, surgery for excessive bleeding. The last GP that I have seen has been amazing and so supportive. The others either told me to get over it as I would have more symptoms when I hit menopause or have wanted to put me on anxiety medication."

"I initially went to my GP with a list of my symptoms. She suggested it was depression related to my autism diagnosis and did not take me seriously although ordered a blood test and did nothing further. I felt dismissed and angry. 6 months later I had an appointment to review my contraception with a nurse practitioner who suggested I was in perimenopause and suggested I see a menopause trained nurse practitioner at the surgery. I did, and she listened to me, was understanding, agreed I was in perimenopause and prescribed HRT patches which made a huge difference to my symptoms."

"Attended the GP surgery several times over the past two years with concerns of my menstrual cycle and change in mood, body etc. Despite them saying they could not do anything, I then went to see the menopause specialist nurse at the surgery, who diagnosed and supported me accessing HRT straight away."



Health and Medical Support

How could your experience of the care received for perimenopause/ menopause have been improved?

The most common response to this question was individuals wanting to feel heard and that their concerns are validated, as highlighted by 92 individuals. Some reported feeling dismissed by health professionals and felt that the impact of their symptoms on their daily life was not acknowledged.

“Someone who looks and engages with you and actively listens to what you're saying makes a huge difference and doesn't make you feel like you're wasting their time.”

“Be listened to as tests to show you are premenopausal cannot be relied on.”

“Doctors or practitioners more experienced in supporting women through it. If you get a GP that is interested in menopause they are much more helpful and offer to explore different treatments. Some GPs are still quite dismissive of the impact on everyday life and managing a busy career.”

Individuals also felt that their experience could have been improved if they had been respected as partners in their healthcare decisions, and believed when they expressed that they can recognise changes in their bodies.

“Taking me seriously - listening to me. Understanding how much my life has been affected by my many and varied symptoms”

“Validation is the key. Medical professionals need to recognise that patients know their bodies better than anyone with medical training does.”

56 individuals felt that access to menopause treatment and care could be improved. For some, timely diagnosis of menopause was important, especially in those who are outside of the 'average' age range.

“Actual treatment and confirmation of the menopause.”

“I find it difficult to accept that because the average age for perimenopause is 45 I can't be treated. The nature of an average age means that some people will be younger and some will be older. The anti-depressants have helped a bit with my anxiety but I still have all of the other symptoms and I basically just feel like I need to survive the next 16 months until I turn 45 and can access the help I need.”

Subsequent access to various treatment options, supported by thorough discussions with healthcare practitioners was also sought after by individuals.

“Better supply of HRT drugs...continuity between doctor and chemist for supply.”

“By discussing different HRT options, asking about family history, looking at symptoms holistically (it turned out I had an underactive thyroid, and that heart problems run in the family).”

Health and Medical Support

Some suggested that coordination of care between services such as GP, pharmacy and specialists would also improve their access to support, as well as ongoing support through regular check-ups.

"Someone to coordinate my care between the hospital and GP. After test results to offer treatment or more support, whereas I was just left in limbo. GP not interested."

"I would like to have more regular check-ups/appointments. The only appointment I have had since the initial prescription over nine months ago was a phone appointment with a nurse practitioner, who has never met me and I do not think she was at all familiar with my medical notes/history. I would like a more thorough follow up, rather than a ten minute appointment every year."

A further 41 individuals felt that having access to a dedicated menopause specialist would greatly improve their experiences. Some felt it would be beneficial to have this within their GP surgery, whereas others felt drop-in clinics would also help individuals to access support.

"Specialist menopause centres or experts in GP centres or regionally so women get the right advice at the right time."

"Every GP surgery should have at least one GP and one nurse practitioner, skilled & trained to a high level on menopause and related issues."

"There should be at least two lead menopause specialists within GP surgeries not just one, as I am finding that my surgeries menopause lead GP is booked up weeks ahead, which isn't helpful when you need to discuss menopause related problems."

"I think in general a drop in menopause clinic, maybe once a month in various areas, would encourage more women to seek advice and support."

A number of individuals felt that specialists should be trained in supporting those individuals who are placed into menopause surgically or as a result of cancer treatment.

"Have a menopause specialist at my GP surgery - who also understands surgical menopause."

"I feel the breast care team need to have access to specialist services who are used to dealing with patients who can't go on HRT. This must be desperately needed as they put patients on to these menopause-inducing drugs every day and it is a huge shock to the system to go into an instant artificial menopause on top of just having had cancer."

A further 35 individuals felt that their experiences could be improved by training health professionals to better recognise the symptoms of menopause and understand treatment options. In particular, a greater knowledge of HRT was highlighted.

Health and Medical Support

“By the nurses who did the HRT reviews being more trained in what HRT women should be on. I had been on the wrong HRT for 5 years which caused thickening of my endometrial wall. Now doctors have stopped my HRT and it’s been nearly 6 months and I’m still waiting for a gynecology appointment.”

“Better educated health professionals both on treatments but also impact. Felt symptoms were initially minimised and attributed to other things which led me to do the same.”

“GP’s having better knowledge of HRT treatment and to stop scaremongering.”

“GP’s need much more specialist training around the menopause - more than just the basics.”

“There is very little knowledge within most doctor’s surgeries about menopause, this needs to change.”

38 individuals shared that a greater emphasis on advice and information is needed when visiting health professionals. This includes information on the wide variety of symptoms that may be experienced, greater information about HRT and signposting to other services and ways in which individuals can better support themselves.

“Being made aware of what to expect and more support given with wellbeing.”

“There are more than 30 symptoms, why are we not told this stuff? It’s about educating not just women but everyone who can support them through understanding such as employers, partners, sons, brothers, friends and family. It’s an issue which ultimately affects everyone.”

“More advice on how to manage symptoms. HRT deemed the cure and while it helped, I’m still struggling.”

“Support exploring what options were available to me, maybe a sheet with some useful websites and self-help techniques whilst exploring more medical options.”

A further 40 individuals shared their own positive experiences with healthcare professionals, sharing that their care couldn’t have been improved. Examples of good practice were highlighted, including regular check-ups, clear information, and a holistic approach where individuals felt involved in decisions about their care.

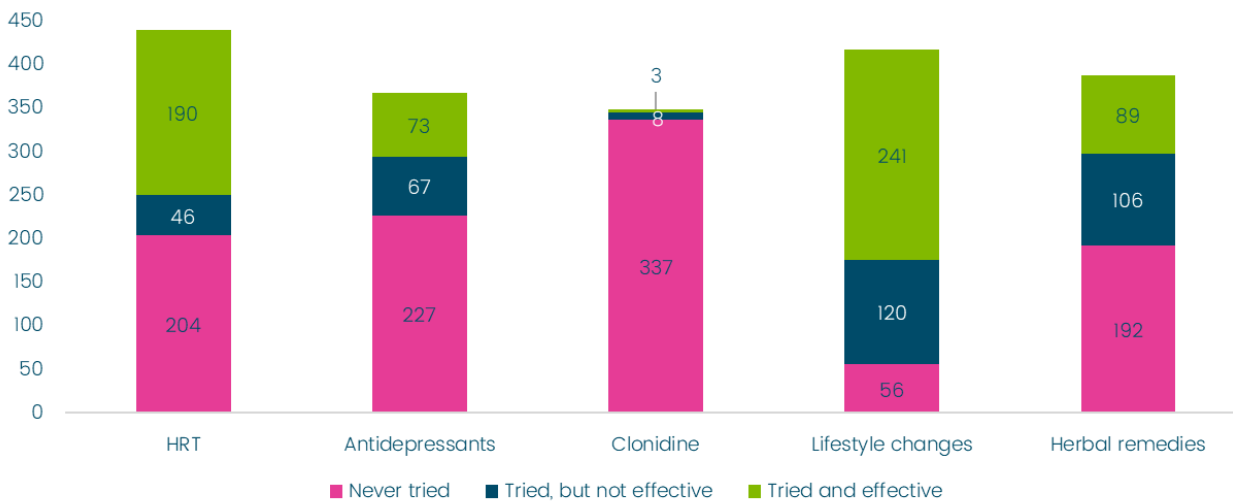
“The experience was supportive, informative and reflective. I felt very much it was my decision. I don’t think my initial appointment care could have been improved. I was also very quickly seen when I had post-menopausal bleeding.”

“The nurse has been great, while adjusting to my HRT she had regular contact with me.”

“GP was very approachable and listened to what I was saying. I cannot think of anything she could have done differently- she was professional with empathy and gave me a lot of information to ensure I understood risks v benefit to HRT. Also encouraged healthy eating and exercise which I have benefited from- as the HRT helped my symptoms, I was in a better place to address other issues. I have since lost 3 stone and exercise regularly.”

Health and Medical Support

Have you tried any other treatments for perimenopause/menopause?



The vast majority of individuals, 177, shared that they had not tried any other treatments for menopause. Some stated that this was due to being unsure of what other treatments there are for menopause, or that there is a lack of clarity of how certain treatments may react with one another or medications for other health issues.

"No because I can't get a straight answer over safety/interactions and efficacy of alternative methods and prescription medication."

"No, most herbal treatments state they shouldn't be taken whilst on HRT."

"Not yet. I didn't know what to try before asking my GP."

54 individuals shared that they had tried herbal remedies, such as vitamins and collagen supplements, reporting varying ranges of success.

"Have started to take magnesium glycinate for anxiety and to aid sleep; and turmeric with black pepper to alleviate joint pain."

"I take additional supplements on a daily basis to help with some of my symptoms. Magnesium for my joint aches and pains and vitamin D3 and K2 for bone and heart health and boosting energy."

"I tried black cohosh and sage. Both worked briefly but then symptoms returned."

"Taking collagen and omega 3 - not sure whether they have an effect really!"



Health and Medical Support

A further 26 individuals responded that they have tried other medical interventions, including different types of HRT, having a hormonal coil fitted, antidepressants and sleeping tablets. A small number of participants had also tried using testosterone, however, stated that this was only accessed privately.

“Testosterone which I have to pay for privately.”

“Testosterone gel has made great addition, improved brain function, energy levels and libido.”

“Sleeping tablets to allow rest without waking due to night sweats and to allow a deeper sleep.”

“Hormonal coil for progesterone but initially used to combat anemia due to excessive painful periods. Up to now have seen much needed improvement.”

38 individuals shared that they had made lifestyle changes as part of treating their menopause symptoms. For many, this included changes to diet, increasing exercise, and focusing on self-care through mindfulness and meditation.

“Mindfulness, writing down my thoughts in a journal about how I'm feeling even if I only write one word some days.”

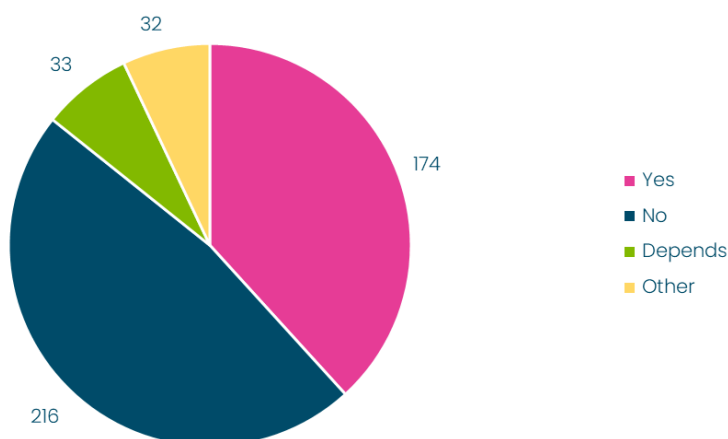
“Headspace app, tai chi and meditation.”

“Being able to voice my thoughts about it helps. I have to 'check' myself. For example today, I know I've had a busy weekend, I'm a little tired which amplifies the symptoms. So I know that today I need to be that bit extra patient and need to work in a quiet area as much as possible.”

“Wild swimming.”

“Fasting and reducing carbs have helped with night sweats in the past.”

Have you faced any barriers in accessing appropriate care for your perimenopausal/menopausal symptoms?





What barriers have you faced in accessing appropriate care for your perimenopausal/menopausal symptoms?

The biggest barriers felt by the majority of individuals were issues navigating the healthcare system to access support, experienced by 99 participants. Individuals discussed how they often struggled to access appointments with their GP, or were unable to access menopause specialists.

"Accessing a GP appointment has felt like a barrier. I feel that properly ill people should have the appointments, so I have not tried hard to seek help when I feel I needed it."

"Can't get face to face appointments on over the phone and the male doctor only offers HRT, sleeping tablets or pain killers."

"Feel that as I can't access HRT they have left me to the side. Very difficult to access appointments with anyone and feel rushed. If not emergency hard to access appointment."

Some also highlighted difficulties accessing the correct medication, including HRT and testosterone, either due to health professional's refusal to prescribe or due to the 'postcode lottery' of products available locally. In addition to this, many individuals also felt there were barriers due to health professionals prescribing anti-depressants where individuals either did not feel this was necessary or did not wish this to be part of their treatment.

"Prescribed anti-depressants but did not take."

"At times shortage of HRT patches - sometimes low availability, according to pharmacist. Need to allow plenty of time to obtain repeat prescription, yet GP won't prescribe early. Difficulty getting suitable nurse/ GP appointment when routine HRT check-up is required for continued prescription."

"Competent GPs and lack of access to testosterone in my area, postcode lottery as a colleague has prescriptions via her GP."

A small number of participants experienced barriers to access due to health professionals refusing to refer them to other specialist services. In many cases this led to individuals seeking support through private healthcare services at their own financial detriment.

"Where can you find appropriate care? Advertised specialist teams are private."

"GP not prescribing testosterone and initially would not refer me to a specialist"

"I asked last year for a referral for a menopausal specialist consultant and was denied the referral as the waiting list was too long and they would prefer to do the job in-house. When I asked if there was a way of accessing the care through private means and did the GP have any recommendations, they suggested that I did my own research and the consultation was terminated."

"I am not happy with current treatment but the offer is this or nothing or pay privately to have blood tests and a consultation. I am considering doing this once I am able to afford it."

Health and Medical Support

77 individuals felt that health professionals dismissing symptoms or not listening to their patients was the biggest barrier to participants accessing menopause support. Many reported health professionals lacked empathy and understanding, which reduced the likeliness of individuals seeking further support. Some also reported barriers as being the negative attitudes from professionals towards HRT, or the presumption that individuals were 'too young' to be experiencing menopause.

"Anxiety about seeing healthcare professional and being dismissed by them - them thinking it's just anxiety based."

"Attitudes of health staff are largely dismissive and unsympathetic unless they are experiencing or have experienced menopause themselves. Men seem to think we're being silly; younger women don't want to know what's coming down the line for them!"

"Being told I'm too young (42) being told it's my depression. Being told I don't know my own body."

"GP - gave no support or encouragement to see practice nurse for HRT, even though I mentioned menopausal symptoms to him, no suggestions given, - felt that I had to do my own research and then book apt with nurse, who expected me to know what HRT I wanted. No exploration of treatments available and felt dismissed, have not returned to GP although still struggling."

"I was made to feel that my symptoms were just a normal part of ageing and my symptoms are "abstract" - my GP's exact word."

For 37 individuals, a significant barrier identified was the perceived lack of knowledge about menopause among healthcare professionals. There was an emphasis on the need for more widespread menopause training or the presence of menopause specialists within healthcare settings.

"Doctors lack of knowledge and understanding of the symptoms and their impact, particularly on managing work."

"Mistrust in my local health care provider i.e. lack of knowledge and experience in women's health."

"Professionals not having the knowledge or time to listen and offer all the choices available to each individual - one size does not fit all."

21 individuals shared that it was often their own personal barriers that stopped them from accessing support from health professionals. These barriers included the perceived financial cost of accessing treatment for menopause or self-imposed barriers of not wanting to admit help is needed or minimising symptoms.

"Financial costs to myself to get correct treatment."

"Only self-imposed. Would like to seek help but never feel my symptoms are bad enough so don't like to bother them and wouldn't know who to ask."

Health and Medical Support

Other individuals experienced personal barriers due to a family history of cancer diagnosis, reducing their access to medical interventions for their symptoms. For some, their current cancer diagnosis prevented them from accessing medical support, with many feeling that support was also not readily offered from health professionals, due to the primary focus being on cancer treatment.

"I have a strong family history of oestrogen dependent breast cancer so this has limited the help I can receive."

"No one will give me advice due to cancer diagnosis."

"Once I was given a breast cancer diagnosis no one was interested in helping with the symptoms everything seems focused on avoiding cancer."



Health and Medical Support

Please provide any further comments on perimenopause/ menopause treatments if you wish:

42 individuals chose to share suggestions for improvements to menopause provision. For some, this focused on the development of hubs locally where women can access support and advice for menopause and other women's health concerns.

"A 'Women's Hub' in each area would be a fantastic idea. Menopause advice, smears, breast screening/assessment of lumps, contraception etc. GP's would be able to signpost their patients to the hub for a specialised consultation, advice and treatment. This would support women and release pressures on GP's."

"I wish there were wellwomen hubs that dealt with all women related conditions, especially menopause. Places that opened evenings and weekends, not just during the day, for women who are still working full time. Accessing support and the correct info locally would be a huge boost."

"There is obviously insufficient support for ladies experiencing perimenopause and menopause. It is very difficult to access support & GP appointments. It may be an idea to have an open clinic/walk in support centre fortnightly/monthly so ladies can freely access support and advice. This would surely prevent many women from feeling isolated with their symptoms. Just speaking to other people and having access to advice and support would really help."

Others felt that local support groups where individuals can access peer support with others who are experiencing menopause would be beneficial. In particular, individuals would like the focus to be on information and advice, as well as creating a safe space for individuals to discuss their symptoms, thus tackling the isolation often experienced by individuals during perimenopause/ menopause.

"There needs to be better support and education in general for women over 40 - not just for their hormonal health but also education about lifestyle. Local support groups to encourage menopause conversations to help women feel they are not alone and share experiences."

"Possibly set up a support group in the local area for women to attend in order to get advice/help for dealing with these problems."

A small number of individuals suggested wider support within community settings, including gym memberships at a reduced price to encourage exercise during menopause. Others felt that support could be embedded within the wider Voluntary, Community, Faith and Social Enterprise (VCFSE), not only for individuals experiencing menopause, but also for those impacted such as loved ones.

"GP surgeries and other clinical staff need to work more closely with VCFSE organisations to offer a more holistic approach to treating women experiencing menopausal symptoms. The extent of how these symptoms affect not just the women living through them but also their families is significant and not adequately addressed by the medical community, men and society as a whole."

"Access to Cheaper Gym membership to enhance physical activity to support mental health & weight loss. Would help to motivate, build confidence & be much cheaper in the long term woman's health."

Health and Medical Support

Calls for greater education and training were also highlighted, not only for medical professionals but also as part of the wider curriculum in schools.

"Menopause training for GPs should be more detailed and effective- not just a quick e-learning session. Would love to see more local menopause specialists that can see a wider patient base...focused on upskilling patients more effective to manage the many and varied symptoms."

"I think there needs to be more open education provided from a young age around menopause, because most people don't understand and neither do some women who are experiencing symptoms. I have heard people say that 'I'm having a wobble and will be ok in a couple of days' or 'she's on one'. I believe the language used around mental health as a whole and menopause needs to change as it really isn't helpful at the moment."

30 individuals shared further negative experiences of accessing support through healthcare, raising particular issues around inconsistencies in access to support.

"Menopause care in the UK appears to be a lottery - some GP surgeries are excellent but most have no idea at all."

"I am unaware of any particular NHS women's health care provider or clinics that are set up to help and assist women in this phase of their lives. There are private women's clinics but that comes with a cost which is out of reach for most."

"I believe that if men experienced the issues related to the menopause the treatment provided by the medical experts would be much better."

"I use a plant-based trans-dermal spray which does not cross the liver and so reduces the risk of breast cancer and is available on the NHS but difficult to access. Needs supportive GP or HCP to support with this."

17 individuals shared further comments about the impact that menopause has had on their lives, calling for more support. Many individuals used words such as "life changing" and felt that in many circumstances, they are left to "get on with it".

"I think there is not enough support around this and most women are left to "get on with it" it is the most debilitating process you can go through and lasts for years. With any illness with these side affects you would be having tests, treatments and be given medications."

"It is life changing and if you have not experienced it yourself then it is easy to be dismissive of people who are experiencing it."

"It's shocking that it's 2024 and we're only just getting to grips with the idea that 51% of the population are going to experience this absolutely life-changing phenomenon."

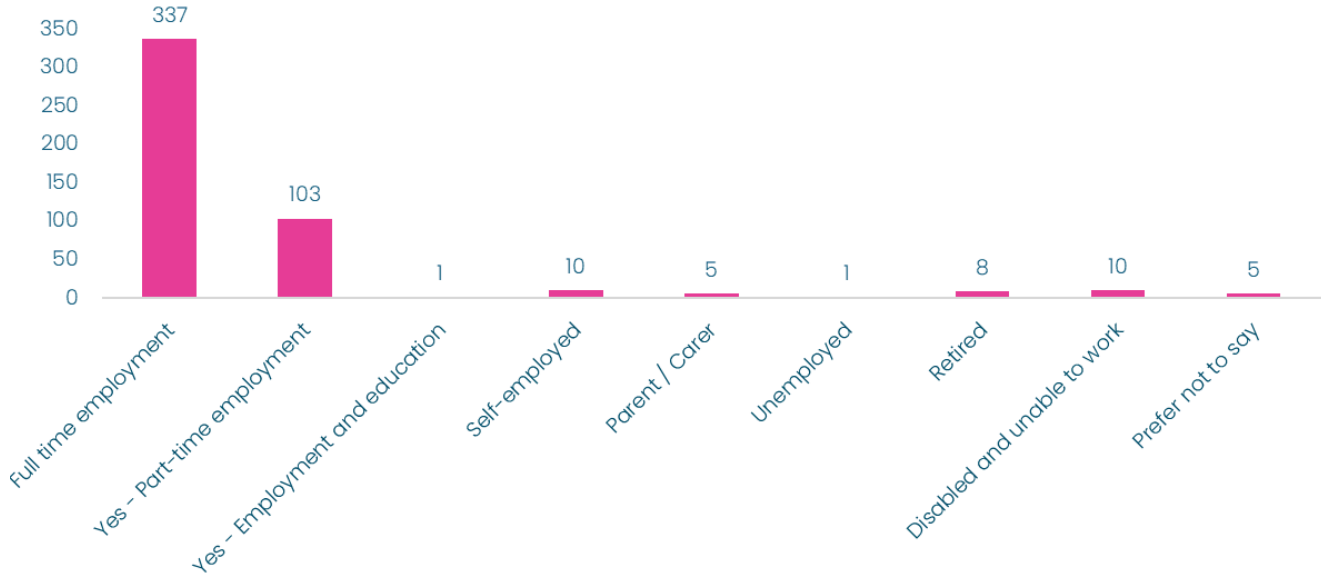
"You feel like women are just expected to put up with it. That it's natural."



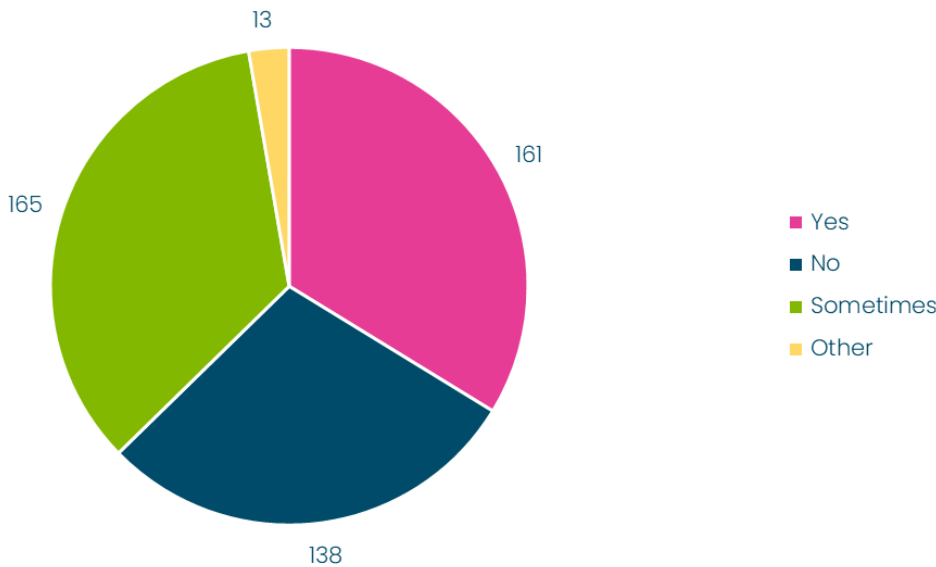
Employment



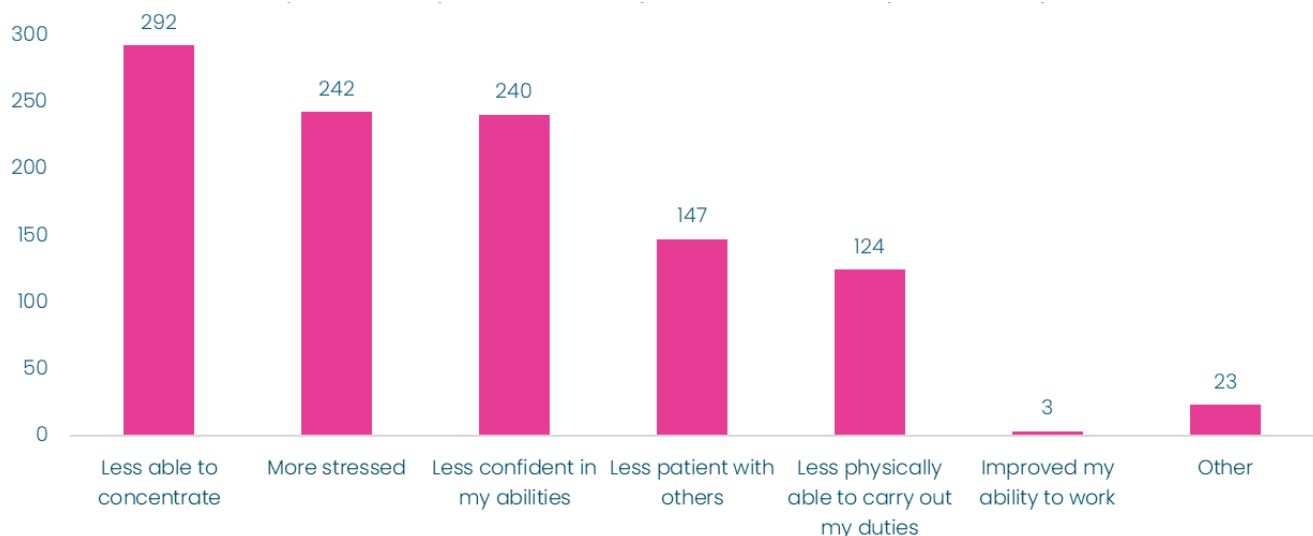
Are you currently employed, or were you employed, when experiencing perimenopause/menopause?



Has perimenopause/menopause affected your ability to work?



How has perimenopause/menopause affected your ability to work?





Employment

Some participants chose to share further information about how peri-menopause/menopause has affected their ability to work, with mental symptoms mentioned on 132 occasions and physical symptoms mentioned on 95 occasions. It must be noted that there are many overlaps between both the physical and mental symptoms, with some having a detrimental impact on others.

The primary mental symptoms affecting ability to work were difficulties with brain fog, memory recall and concentration levels. There were 85 references to these struggles resulting in performance levels at work falling and people having to change the way they operate, as well as participants having to move into new roles or take breaks in employment.

"My brain has stopped working and I have had to step down from a responsible position as a manager as I am unable to cope. My memory is poor now and my anxiety is really bad. My confidence is shot and I struggle to work."

"Brain fog and memory problems mean I can no longer recall things that I should/ did know and now I have to research or look at detailed notes etc. to make sure I'm doing my job properly. Can no longer verbally communicate immediate answers to colleagues, as I can't recall, so feel really stupid and no longer a valued member of the team."

"Concentration issues, huge impact. A lot of consideration and flexibility given for colleagues who may have for example ADHD, but not necessarily the same understanding for menopause issues."

"Memory loss impedes the time I take to do a task. I would say it takes me double the time to do tasks because I forget where the information is stored to prepare reports / funding applications etc etc."

"I was unable to do my job due to pain, tiredness, dizziness, bladder problems (I also had an ovarian cyst) and concentration problems. I changed my career after a 3 month period off work and started volunteering to enable me to get another job. It has taken me 10 years to get back to the same salary and I have missed countless opportunities to progress at work."

Furthermore, 53 participants recalled the huge impact that increased anxiety levels, stress and heightened emotions had on their ability to work, with the outcome for many being reduced working hours, time off work, financial difficulties and/or leaving employment entirely.

"I am leaving my current role to take a less stressful part time one. I have genuine concerns about my mental health and future to navigate it safely. I had severe post natal depression and do not want to return to that state."

"I had to give up teaching. I was on the senior leadership team 21 years Primary, take a pay cut to hand in my leadership responsibilities lost all my confidence. My anxiety levels were high, capability measures were taken out against me rather than support. I had to give up teaching and sell my house to pay off debts. I had IBS and depression diagnosed. I had suicidal thoughts."

"I ended up leaving a well paid senior management role as I could not cope and reached burnout, and now work in a minimum wage administration role as it is easier to manage without the responsibility and stress of management."

Employment

"On days expected to attend the office, I have an extreme anxious reaction. Possibly also an after effect of covid but it's caused me to have physical sickness and nervous reactions when leaving the house."

"I used to be a service manager responsible for large staff teams and various local authority contracts but I couldn't handle the stress and I also experienced paranoia prior to diagnosis and meds. I took the decision to leave that role and find a less intense one which has left me with a much lower income."

Alongside this, various combinations of perimenopause/menopause symptoms resulted in 35 individuals experiencing a loss of confidence, feelings of shame and embarrassment. As such, many participants mentioned reduced job satisfaction or huge changes to their roles.

"I do a role now that is a fixed shift role, but before I was working shifts. 4 years ago I started experiencing symptoms that were awful. I applied for flexible working to go on set shifts but there was nothing. I had to stay in the role I was doing and got so much worse, I completely broke down and went to see the company doctor. I was managing staff... managing so much responsibility on 2 hours sleep. I felt unsafe and it was awful. The brain fog, night sweats, up and down to the toilet. I couldn't get the word in my head. Massively struggled with confidence in my role, I think of myself as an alpha female in a male dominated environment. It massively impacted my confidence and I thought why can I not do this anymore... I wrote a letter to HR initially and asked for alternative employment but there wasn't. About 4/5 months later, I wrote a flexible working request and there wasn't anything for me. A few months after, I asked if I could go and see occ health. I saw him on Thursday and on Tuesday I was told I wasn't going back into my role. It was immediate and I had to force their hand. I was getting depressed, it was an awful time."

"Total loss of confidence. Fear of change. Embarrassment from hot sweats & weight gain. Irrational, emotional responses to situations, resulting in 3 walk outs from 3 jobs in succession. Hardly taken any sick leave during working life (40 years) then being signed off with stress for months before resigning."

"Feelings of inadequacy. Having to write lists all of the time because of forgetfulness. Sometimes when teaching losing my train of thought or not being able to retrieve certain words."

"I faced some difficulties when my Mirena coil ran out and I didn't realise. I had brain fog, was forgetful, crying all the time, paranoid, I found it difficult to carry out my duties due to crashing fatigue. It meant that I lost the confidence of my colleagues and despite my best efforts, and explaining the situation to my managers, I was eventually pushed out of my job. It has meant that I have had to have a lot of counselling and do some personal work myself to understand and give myself a break. It has meant that I have had to take time off work sick and then leave my role, only able initially to get a more low paid job that I could cope with more and helped to bring up my confidence. As a result of this my family has suffered significantly from my lack of wages and as a single mum, this has been difficult to manage, I was having to rely on handouts from my dad. I now feel much better able to cope with symptoms due to the change in HRT and have been able to start a new role, where the staff and managers seem a lot more sympathetic and accommodating."

Employment

In terms of the impact of physical symptoms on participant's ability to work, predominantly individuals have discussed the effects of fatigue and exhaustion on their output in employment. There were 58 references made to the lack of energy and tiredness causing people to be more irritable, unable to carry out their duties and needing to reduce working hours.

"Not sleeping, as a result could not get up for work, feeling fatigued, falling asleep if sat down too long in meetings etc., felt I could not carry on doing my job as always doubting my ability, forgetting how to do things at work that I have done confidently for years."

"For instance, contractually I am obliged to do on-calls. In the past I often struggled especially when I had to work through the night (after a 12-hour shift!!!) attending to emergencies. Usually it's taken me 3 days to recover. I feel like my managers think I'm making things up..., but physically I'm exhausted and fatigued. There's little or no appreciation of the impact that menopause has on ladies in their mid-50ies."

"Lack of sleep puts me on the edge, can't concentrate, feel irritable, stressed."

"Sometimes I would strip my bed and shower in the middle of the night, I'd be wide awake from 3am then I'd be driving a bus which is so dangerous."

As well as exhaustion, 20 individuals recalled struggling with heat, whether that be hot flushes in the day or night sweats and 14 participants experienced pain, typically with joints or mobility. A further 9 responses demonstrated the effects of heavy or irregular bleeding. Some individuals discussed the impact of their work uniform on these physical symptoms, impeding their ability to work.

"I'm the other side of it but I vividly recall the number of occasions I was stood in front of a class sweating or you are mid sentence and cannot for the life of you think of it."

"Flooding from irregularity of periods, heightened emotional state/distress, uncomfortable in uniforms, frequent need to access toilet facilities."

"My job now is physical and I'm part of the engineering team. Sometimes I struggle to fulfil my job with the pain but I feel like I can't say that because then I'd be seen as not being able to do my job."

"Hot flushes made it uncomfortable to work and had to take change of clothes to work etc."

"Embarrassment due to flooding which happened anytime & anywhere. Anxiety that I needed to be near a toilet to change myself."

"Hot sweats in uniforms, flushing. Unsympathetic uniform and no object to get extra as more laundry needed."

"Heavy and unpredictable bleeding has occurred when starting HRT, felt very uncomfortable at times at work as line managers failed to source any washing facilities for me to use."

"The clothes I had to wear were too heavy and was unable to continue wearing them due to joint pain."

Employment

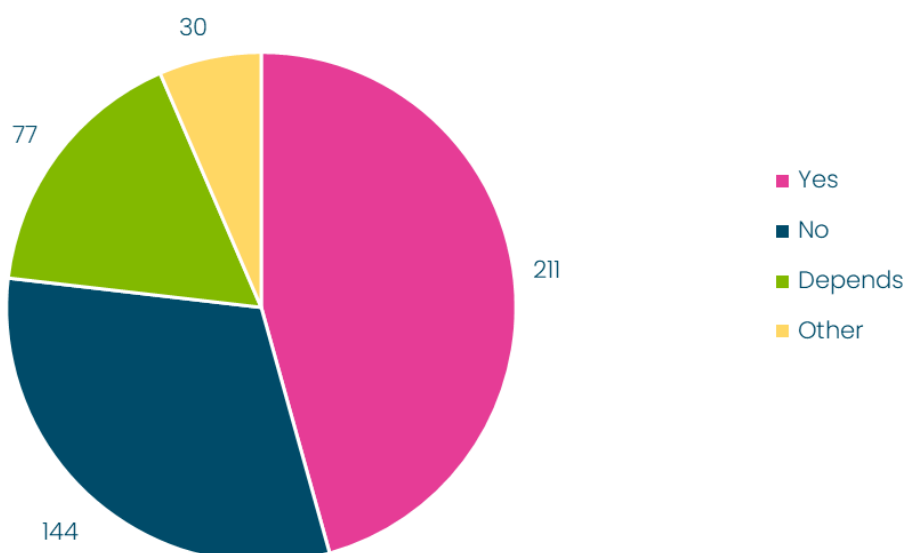
For 6 individuals, perimenopause/menopause had no negative impact on their ability to work, and some found employment beneficial to them.

“Work has been my saviour. My manager is peri-menopausal. Work gives me focus – I am very vocal in work of how I’m feeling.”

“I was alright during the day because I had something to focus on.”

“I work in an organisation which recognises menopause and has various kinds of support readily available.”

Do you feel comfortable discussing adjustments for your perimenopausal/menopausal symptoms with your employer?



Please provide further information about why you feel comfortable

For those who feel comfortable discussing adjustments for their perimenopausal/menopausal symptoms with their employer, this is largely due to staff being supportive, approachable and creating an environment whereby people feel able to share their struggles. This was the case for 117 participants, with individuals referring directly to line managers, colleagues and organisational cultures.

“Good working relationship with line manager, we have regular check ins and 121’s.”

“I work in a forward thinking, positive team environment where the happiness of the team comes first. We feel really supported with our mental and physical health. The company has recently launched a menopause resource centre which has an access to useful information for the entire team such as videos, weblinks and includes our menopause policy which states how we support people experiencing the menopause. I am our menopause champion with whom people can share their experience in confidence and be sign posted to get support and help. We launched it last month and the feedback so far has been amazing.”

Employment

Having supportive managers who are not judgemental. Having the ability to manage own work load and time management- which I do."

"I have a very approachable boss who has been through this herself and my other boss (a male) is also very understanding as his wife has also gone through the experience."

"I work for government and menopause is becoming more recognised as a potential issue for people there. My line management are supportive and make adjustments if needed."

"Open conversations encouraged, very supportive manager and employer."

More specifically, 68 responses demonstrated that the gender of someone's line manager, or their lived experience of perimenopause/menopause, has an impact on how comfortable an individual feels. It is clear from responses that female line managers are regarded as being easier to approach and more understanding, particularly if they are experiencing menopausal struggles themselves. Similarly, if a male line manager is transparent about their own experiences supporting a partner or wife through perimenopause/menopause, this appears to have the same effect and increases how comfortable an individual feels to discuss any adjustments.

"I have a woman boss and a supportive environment mainly surrounded by women so I'm lucky as I wouldn't feel comfortable if it was a male in charge."

"I have no need to talk to my manager although I have told him I'm on HRT. His wife is too so I know he understands. I am able to make my own adjustments so don't need further help from him."

"I first brought it up to my boss because I was suffering tiredness from another medical condition, but then I said I think it might be menopause. Ever since, he's asked me a few times how I'm getting on. I have 2 bosses and one was telling me about his personal experience with his wife, he was sharing that with me so that was nice and I feel comfortable with them to talk about it."

"My line manager is female, the same age and going through menopause herself. This has helped when having conversations around menopausal symptoms."

"Menopause wellbeing groups have been set up at work. Depending on who is supervising, I can feel able to discuss issues with certain managers who have also gone through the menopause."

Additionally, some organisations have placed menopause high on their agenda, with increased awareness, improved policies and the introduction of workplace champions or peer support groups. Consequently, 48 individuals feel more comfortable to discuss adjustments with their employer, as they are confident that it will be received in an understanding and empathetic manner.

"Employer has recently highlighted awareness of the impact that peri/menopause can have and are open about adjustments that can be made."

"We have an effective and inclusive Menopause policy which allows easy conversations and makes asking for support much easier."

Employment

"The company I work for has a menopause policy, menopause training for managers, and support groups and teams channels, the support has been amazing."

"We have a menopausal champion who has or is going through the same thing."

For 24 individuals, they perceive it to be important to advocate for themselves within the workplace, mentioning a general confidence to speak out about issues that are affecting them.

"After realising menopause is a taboo subject I decided I would speak openly about it. I hardly had anyone to talk to and felt it was important to talk openly. I have since completed a couple of research projects as part of my degree and Masters and trained as a menopause champion."

"I am very open with those I work with about my menopause, and how it impacts me. I feel it helps others to understand me and as well as others who may themselves be going through menopause. It makes for a more honest work environment and reduces the stress on me."

"I have always been very open about my menopausal symptoms, even when I knew it was uncomfortable for some men to talk about. I felt it was important."

"This is not something to be ashamed of - it affects 50% (roughly speaking i.e - ALL women at some stage of their life to some degree) of the nation directly and more indirectly. No woman should feel ashamed or uncomfortable to talk about this anywhere, let alone work. Men need to have more education around this subject if THEY feel uncomfortable talking to their colleagues perhaps?"

"I have spoken to my boss and the Head of HR as I am a manager and I am happy to speak about it, as I feel there is always more we can do to support the team."

Participants shared examples of reasonable adjustments that were made through their employer, as they felt comfortable to discuss the impact of their perimenopause/menopause.

"They have been really good. Did an access to work, specialist desk and stools to help with pain."

"In the staff room the male colleagues would open the windows and look after you in the work space."

"They had a menopause support group and wellbeing Wednesdays, there's a lot more about it. Posters when you're making a brew."

"I have very supportive management and regular supervisions and am able to adjust working hours and locations."

"My employer has a menopause policy and all staff complete regular 'wellbeing' action plans."



Employment

Please provide further information about why you do not feel comfortable:

In contrast, participants who do not feel comfortable discussing reasonable adjustments with their employer shared the various reasons why, with the main explanation given being that it is felt the employer would not understand, that it would not make a difference, or they are not sure who to ask and how to go about this. For some individuals in particular, they recalled having tried to ask for adjustments but they did not get any support as a result and nothing changed, therefore they would not feel comfortable to ask again.

"Working in the nursing profession which is mainly dominated by females, I don't feel comfortable explaining how the menopause is affecting me as until you are going through it, I don't actually believe people will understand."

"I am unsure what is available and therefore would be unsure of what to ask to be considered."

"My employer pays a lot of lip-service to supporting women through menopause, and they say all the right things you'd want them to say. Outside of 'listening rooms' I don't see any evidence of that—there's nothing about changing working hours or patterns, nothing about taking breaks, no meaningful support. It's all talk."

"Often it's pointless to talk about it, because of lack of understanding/appreciation by those that have no experience of menopause."

"There was no adjustments, was told to stop talking about it."

Moreover, 37 references were made to having a male line manager, with participants citing this as a reason for feeling uncomfortable discussing perimenopause/menopause in the workplace. For those who provided further context to their response, it was clear that some individuals have attempted to approach a male line manager and have had a negative experience, therefore they are deterred from trying this again.

"My male line manager is uncomfortable with the subject matter."

"I had a young male line manager who could not understand or comprehend the symptoms and impact on my daily life."

"Male boss who was unsympathetic to any female issues."

"My team is very male heavy who don't want to hear about menopause nor talk about it. I don't think people shame me for it but it makes them uncomfortable."

"Everybody that I manage is younger than me, I don't want the mic taking out of me. Particularly blokes, it's "banter"."

Employment

As well as this, 33 individuals recalled being met with a judgemental attitude and lack of compassion when discussing their symptoms, with people not feeling heard or believed.

“Manager was a younger woman & totally unsympathetic. She trotted out standard responses as per company policy but was not sincere & actively sought to isolate me within the team. Dismissive & patronising, I gave up trying.”

“I’d tell women they would need to go home and get some sleep, managers would say why and when I would say menopause they would say ‘really is that it’. This has changed and some managers now are much better, a lot of women’s stuff is not spoken about and we’re educating them. We’re in a much better place now in tackling that stigma... Some women have been invalidated that have really needed help.”

“I worked at a supermarket so a lot of staff on checkouts were going through it. They weren’t bothered. I worked in the canteen and the women would come in tears because they weren’t let off the till.”

“From past experiences when I have mentioned that I am tired from lack of sleep, the response was ‘well that’s me and you both, let’s be tired together’. I don’t feel she has the emotional intelligence to really listen to me so I just plod on like everything’s alright.”

A further reason, put forward in 27 responses, is that individuals do not want people to think they are unable to do their job, particularly if in a new role, and they do not want this to have a detrimental impact on their position. For some, there are specific concerns regarding the risk to employment or the potential to be put through workplace improvements, such as a development plan.

“I don’t want people to think I am not coping or I am not able to function in my role. I just get on collapse when I get home.”

“Would feel like I would give them evidence that I can no longer do my job to the required standard.”

“Don’t want to end up on an improvement plan if I say I can’t remember things.”

“I feel that it would be seen as evidence of weakness or not competent to do my job.”

Additionally, 22 individuals feel uncomfortable discussing this within the workplace as they view the topic as personal and something they wish to keep private. For many, this is driven by feelings of embarrassment, whilst for others they do not feel as though it is the business of their employer to be privy to this level of personal information.

“Because its private and I wouldn’t trust the employer would keep it that way.”

“It’s private and some very embarrassing symptoms.”

If I did have a job I would feel uncomfortable because it is a taboo subject which isn’t talked about enough. I would find it embarrassing discussing it.”

Employment

A final reason given as to why people feel uncomfortable is that individuals do not want to let their colleagues down, particularly when in a demanding role or a position of authority in the workplace. There is a concern that, through asking for reasonable adjustments, there would be a perception generated of laziness.

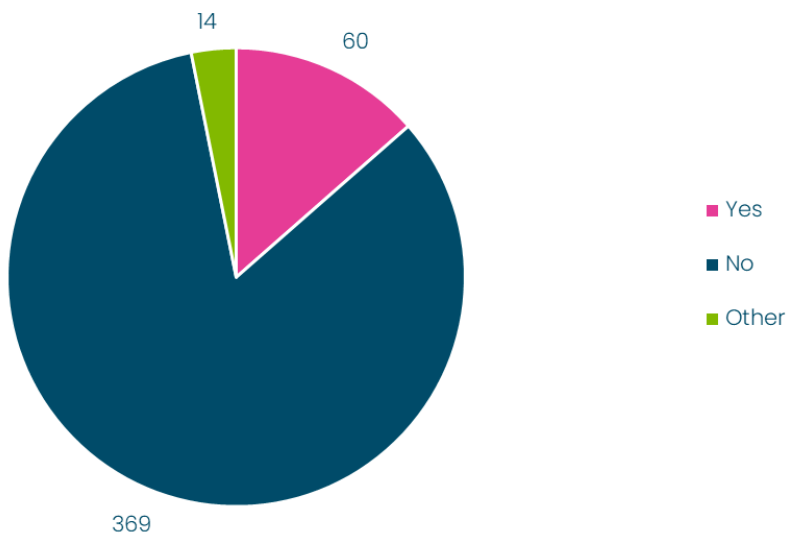
“So busy at work (Training Coordinator) relied on by many and would feel a bit of a fraud asking to go home because of a bad nights sleep.”

“It is difficult to arrange cover if I need a break due to the busy work environment within the school support team where I work. I don't want to put more pressure on other staff.”

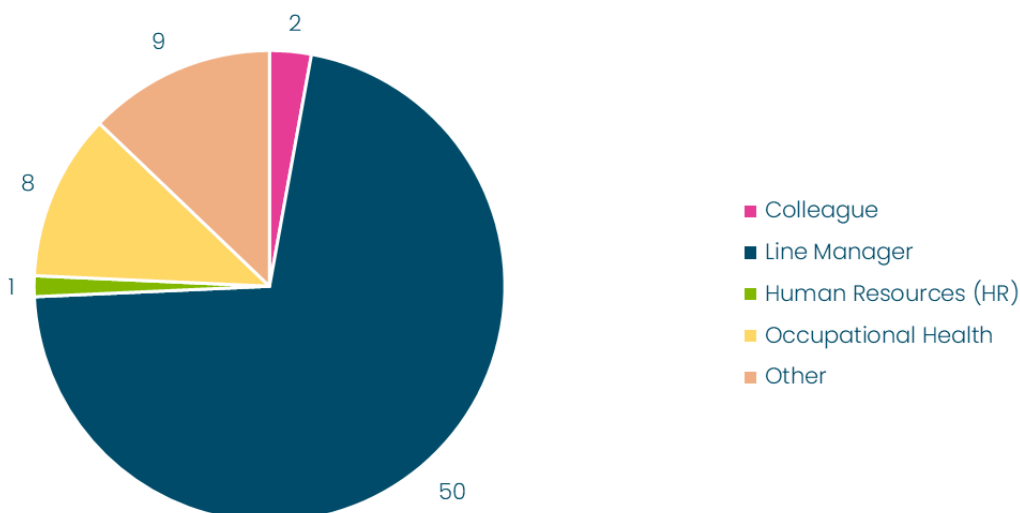
“It feels lazy and unfair on others.”

“I have heard from other people that they have been told they need to just get on with it. This has put me off.”

Did you have a work adjustment conversation?

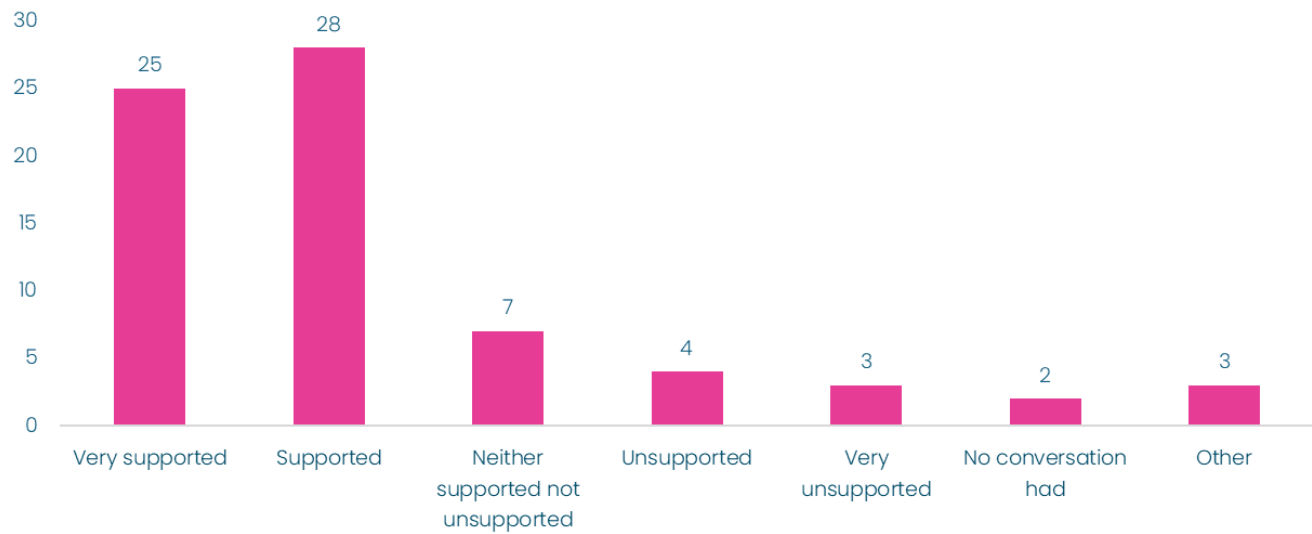


Who was this conversation with?

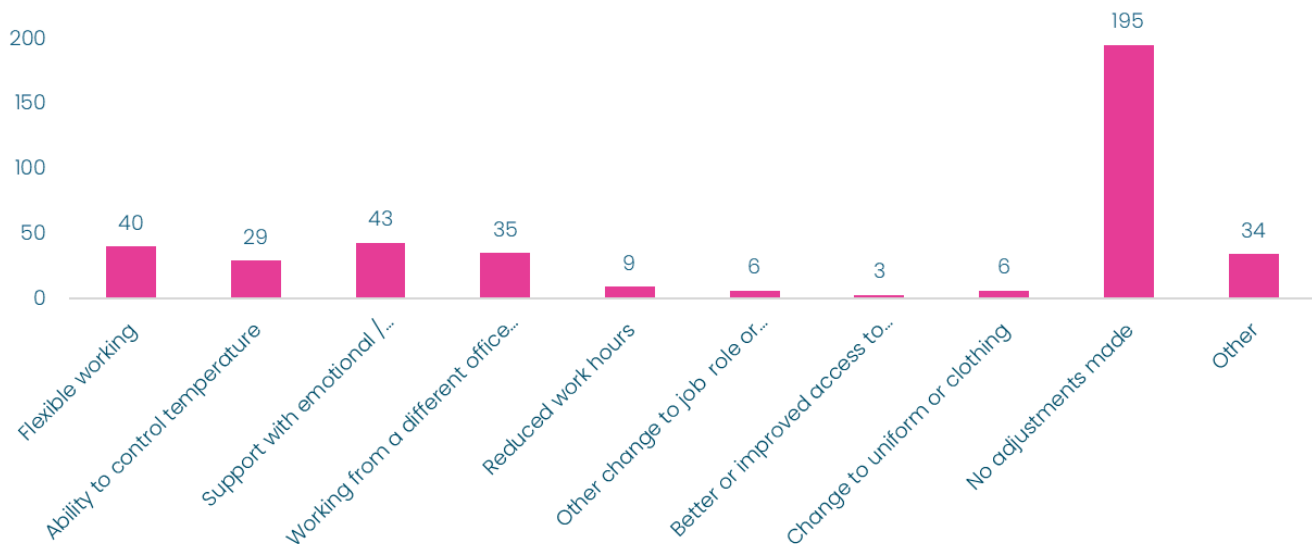




How supported did you feel?



Were any adjustments put in place for you at work?



Could anything more have been done to support you at work?

In response to this question, 91 individuals shared that they do not feel anything more could have been done by their employers to support them within their role. Some shared that this was simply due to their symptoms not impacting the work and therefore not feeling as though they needed to request any support. Others shared that they requested support from their employers, and sufficient adjustments were made. Some examples of good practice were physical adjustments such as access to fans, flexible working or individuals feeling that managers were approachable enough to request adjustments.

"Not really. At the time of going through the menopause, I worked in an open-plan office with air conditioning. When I had a hot flush at my desk, I used a hand-held fan. If needed, I was able to work from home."

"No I didn't feel that I needed to make any adjustments but was good to know that I could request these if needed."

"We already have things like flexible working in place. My line manager is great but I appreciate that not everyone is so fortunate."

Employment

"I have a very supportive male manager. He would definitely support any adjustments if I requested."

"I feel extremely lucky because changes have been made for me at work. I have condensed my hours from working over five days to working over four days and I also have flexi hours so that I can start later in a morning or make up any missed time when I feel better."

A further 32 individuals stated that more flexible working and adjusted duties could have been offered by their employers to allow them to better fulfil their job role while also managing their menopause symptoms. For some, the ability to work from home allowed them to better manage stress and anxiety, or manage symptoms such as hot flushes due to being able to more freely control their temperature. For others, flexible start times allowed them to counteract the tiredness as a result of symptoms such as night sweats, or access GP appointments related to their menopause. In some cases, the lack of flexibility offered by their employers led individuals to ultimately leave their jobs.

"Allow me to access GP appointments during work hours."

"Given the option to work from home one day a week would have helped the stress and anxiety."

"Reducing or stopping on-calls, because they are crippling most of the time. It's a young-person's game."

"Yes, given time to manage symptoms & have some flexible working hours without being penalised."

"Yes, lots more, but the company was unwilling to consider part time hours or reduced responsibilities, so I ended up leaving."

25 individuals reported experiencing a lack of understanding from both their managers and colleagues regarding the impact menopause was having on their personal and professional lives. Being heard and validated in their challenges could have significantly improved their sense of support. Some women also described feeling isolated and having to advocate for themselves in the face of managers who did not offer empathy or reassurance.

"Basic communication would have been good. I was left out of team emails etc. I felt isolated so moved to nightshift to avoid management & people in general. I could manage hot flushes better as I was a lone worker. My mental health suffered because I felt like I was not a team member & my manager made me feel useless."

"Colleagues could be more understanding, instead of embarrassing me in front of others."

"Better understanding by my male colleagues to appreciate how it was affecting me."

"Lots but absolutely nothing was offered without a fight."

"My line manager is quite young, and sometimes can be a little bit too solutions focused and regurgitates self-help strategies, I have had to talk to her honestly about how the symptoms impact me and my confidence. I don't think she fully gets it, and that's ok, I know she is trying her best."

Employment

For 20 individuals, more could have been done to offer reasonable adjustments to employees in order to better manage their menopause symptoms. In many cases, changes to their environment such as temperature control could have been implemented for individuals to feel more comfortable in shared spaces.

“Open noisy overheated offices, how often do you have to say it’s too hot, too bright, it’s stuffy? Working from home full time, at least I can control all. Also, I get even more work done without constant disruptions.”

“Some of my colleagues feel cold all the time and need the heaters on. I feel hot all the time and need the fan on. The temperature in the office can become very uncomfortable leading to me having to leave the office to stand outside. On some occasions I have nearly fallen asleep at my desk due to the heat of the office.”

“We’re only allowed to wear scrubs for the hottest months. Menopause tunics but not trousers available so ineffective.”

A further 15 individuals felt that more could have been done to support them in work, however they did not feel comfortable to seek support for their needs. For some, this was due to a fear of judgement from managers and colleagues, or concerns that it would be perceived as an inability to perform in their job. For others, the demands of certain roles, particularly in education and healthcare, made it difficult for some to advocate for adjustments to their work.

“Erm, it’s a tricky one because I believe my employer at the time was menopausal as she would have regular emotional / angry outbursts and so I didn’t feel comfortable talking to her about anything. My current boss is a male and so I would try to avoid a conversation with him about this but if I really needed to I would.”

“I will struggle as I am the only clinician that does my job so any time out of my work to attend appointments means less patient through put – I feel bad about that.”

“I would like to slightly adjust my work pattern but haven’t had the courage to ask.”

“In my previous job, everything. There was just no room for people who couldn’t perform as expected it seemed.”

“There are lots of things available at work but I don’t feel able to speak about it without people thinking I’m taking advantage.”

10 individuals shared how the availability of workplace training and support for menopause could have improved their experiences within employment. Education and training for line managers and designated menopause champions could have provided more opportunities for women to access advice and guidance at work. In addition, it was felt that awareness of menopause policies and access to other services such as mental health support would have been beneficial.

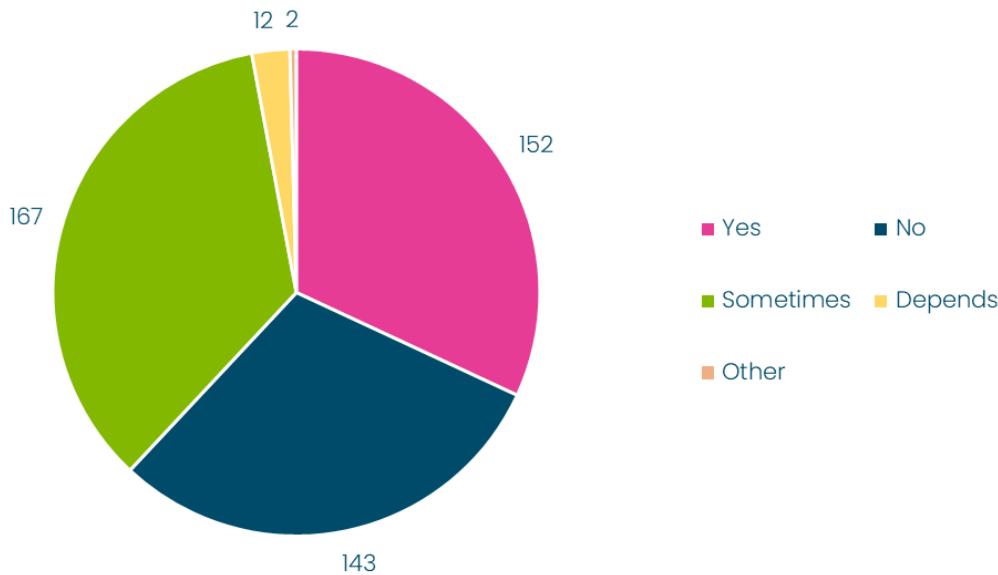
“More general education, regular workshops for the trust as a whole to see what is available and to see if symptoms are menopause or have other causes. Self-help advice, where to get help/support, reassurance.”

“Mental health support.”

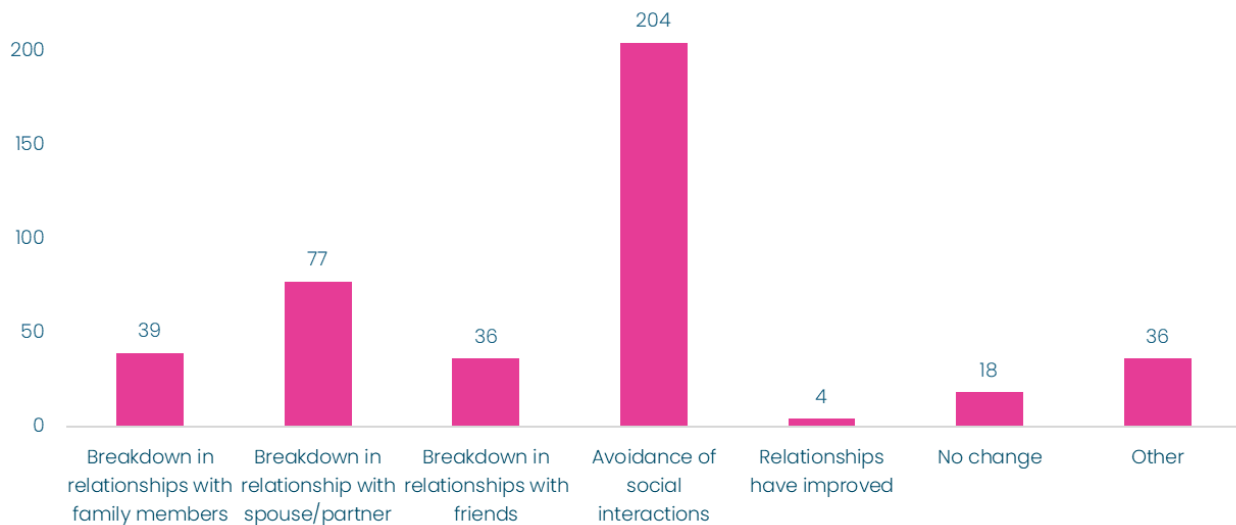
“All managers to complete menopause training.”

Relationships

Has perimenopause/menopause affected your relationships with family and friends?



How has perimenopause/menopause affected your relationships with family and friends?



16 individuals reported their spouses being supportive throughout perimenopause/menopause, with 7 of those having difficulties but overcoming them and remaining supportive. 1 individual reported an improvement in their relationship.

“Difficult for husband coping with moods, health decline and my lack of libido made him feel insecure. He has learnt a lot with me explaining to him. I’m lucky to have maintained his support.”

“Once open with symptoms, relationship with husband much improved. He is extremely supportive.”

“My relationship actually improved. My partner was very kind, educated himself about menopause – he’s a star.”

Relationships

26 individuals mentioned an effect on their children with “short fuse”, “irritable” and “tired” being the most common responses. 5 individuals reported talking to their children about perimenopause/menopause with 4 of those 5 responses noting improvements in the relationship since talking.

“Tiredness and impatient and mood swings effecting relationship with my daughter.”

“My relationship with my daughter is better since we talked about menopause.”

“I am a single parent to an 11 year old who is also experiencing hormonal changes so you can imagine the hormonal bombs that explode on a regular basis. I have explained my menopause symptoms to my son and we are now able to talk through things in a much more positive way both realising when it’s hormones playing a part in the lack of patience with each other. This has improved drastically as I manage my own symptoms better.”

“My kids call HRT dragon medicine.”

“My son came home from school and he is in y11 and they talked about it in a lesson and he said I know about you now.”

32 individuals cited being more angry at, or irritated/annoyed by their family, with 14 specifically mentioning low or no tolerance for people. 8 individuals reported communicating with family about perimenopause/menopause. 5 individuals reported that their family were unsupportive and 4 reported supportive family members.

“I am less patient at times with family and am tending to avoid certain situations as I don’t feel mentally able to address them. Sometimes feel so exhausted which impacts on my ability to be as active with my son as I would like.”

“Less patient and tolerant with family and friends, avoid social situations and quite often feel I can’t be bothered to make effort with people.”

“Some family/ friends have limited understanding & offer unhelpful ‘support’ advice.”

“I have been very lucky in having very supportive family and friends. A little rocky with my husband at the very beginning but that was due to lack of knowing and knowledge.”



Relationships

31 individuals mentioned friends in their responses, with 11 individuals avoiding their friends due to symptoms. 2 individuals specifically mentioned anxiety with driving as a reason they avoided seeing friends, with 8 citing anxiety in general as affecting their friendships. 8 individuals reported their friends being supportive throughout, with 3 of those 8 reporting support from friends being better than that of family.

"A lot of my friends live far away and I don't feel confident driving anymore so I tend to swerve events that I have to drive to."

"Friends have been my saviours throughout this process more than family."

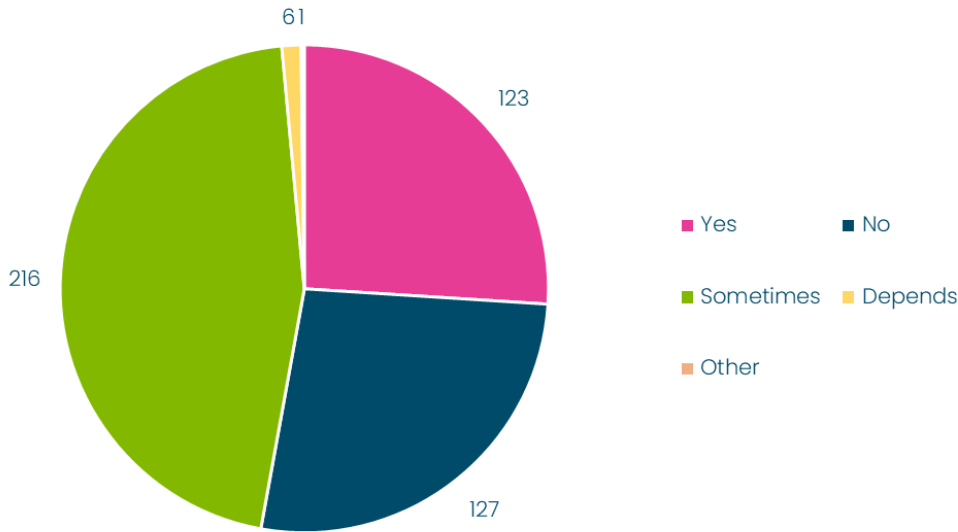
"Don't see my friends and family half as much as I used to. I very rarely leave the house."

"My social battery runs out quickly, difficulty planning as future me may not be able to keep the commitments due to symptoms etc. I find my free time runs out quickly, and maintaining social interactions with friends and family can be overwhelming and draining at times."

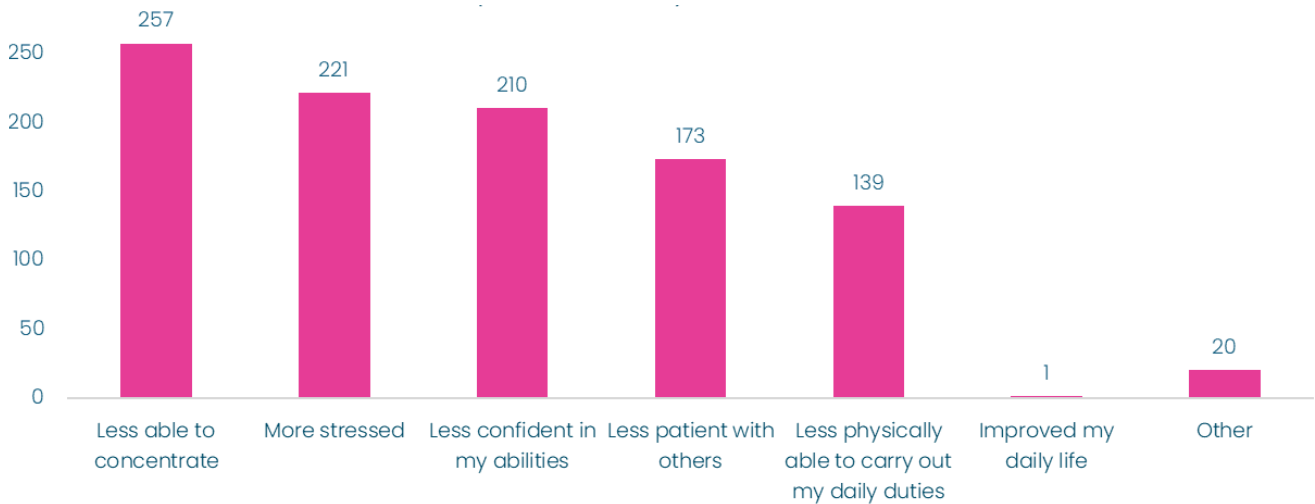


Daily Life

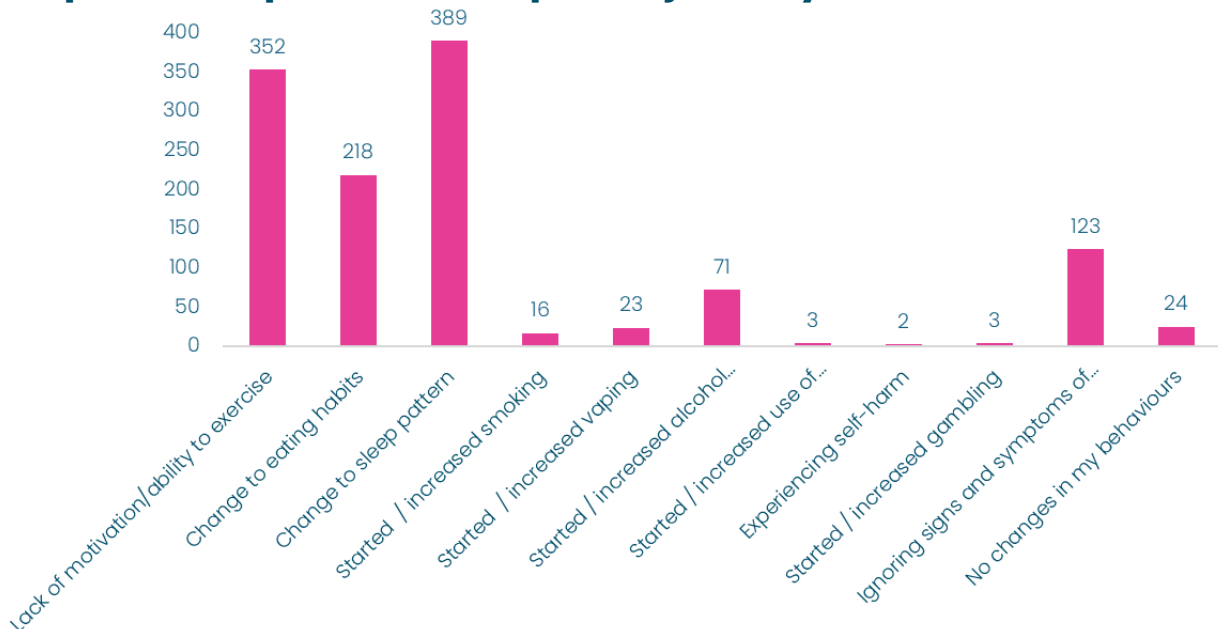
Has perimenopause/menopause affected your ability to perform daily activities?



How has perimenopause/menopause affected your ability to perform daily activities?



Have you experienced any of the following as a consequence of your perimenopause/menopause journey?



Daily Life

Individuals experiencing perimenopause and menopause shared their experiences of how this has impacted upon their daily lives. Primarily, 13 individuals noted the impact upon their confidence and self-esteem, referencing how the physical and mental symptoms of menopause, including hot flushes and memory problems, have caused a decline in self-worth.

"With my job I have to go out and meet people. Even the same people now I don't feel as confident talking to them. I do and get through it but I feel on edge. I've never been super outgoing as in going out a lot, but now I'm like no, but before I would go out. I just want to stay at home on my own, lock the door and shut the blinds."

"I'm starting to feel confident again – lack of confidence was one of the biggest things. I've become a hermit."

A further 12 individuals made reference to the impact menopause has had upon their mood, noting a lack of patience and an increase in stress levels.

"I can't stand noise anymore, chair squeaky, fluffing a carrier bag, – didn't have this before."

"I am much more quick tempered with staff. I work in dementia care which is quite stressful anyway. It's my memory as well – I keep putting things in the wrong place."

"Frustration – computers etc. aren't simple, I get really worked up."

"Just where your mood can be quite up and down and that impacts your daily life in how you are reacting to people and situations – I am far less tolerant."

Additionally, 10 individuals have changed their lifestyle as a result of menopause, impacting upon their daily life. Some individuals now ensure they take vitamins, try to maintain a balanced diet, regularly exercise and invest in products that support with symptom management.

"It's like a ritual getting in bed – pills patches and foot cream – my partner says you've got something for everything!"

"Relationships with alcohol has to change."

"TV I've watched and always liked I don't like anymore."

"Special shampoo for hair."

A further 10 individuals reported facing changes within their place of work, whether this be positive or negative. Some individuals referred to a lack of understanding from employers, and on some occasions, a reduction in roles and responsibilities as a result of this. Other women highlighted feeling supported by colleagues, and sharing lived experiences of menopause.

"Not knowing if it was menopausal or mental health. I became a different work person."

"I got most of my tips and tricks from colleagues."

Daily Life

"My employer was not understanding."

"I used to be a service manager but I can't do it anymore due to perimenopause. Reduced my responsibilities."

"It hasn't had an impact on work. My line manager is on HRT so is very supportive. It is a small organisation."

Furthermore, 8 individuals discussed the challenges surrounding the physical symptoms of menopause, impacting upon their daily life. Symptoms including hot flushes and night sweats caused some women to feel self-conscious and embarrassed, investing in items such as fans to counteract this.

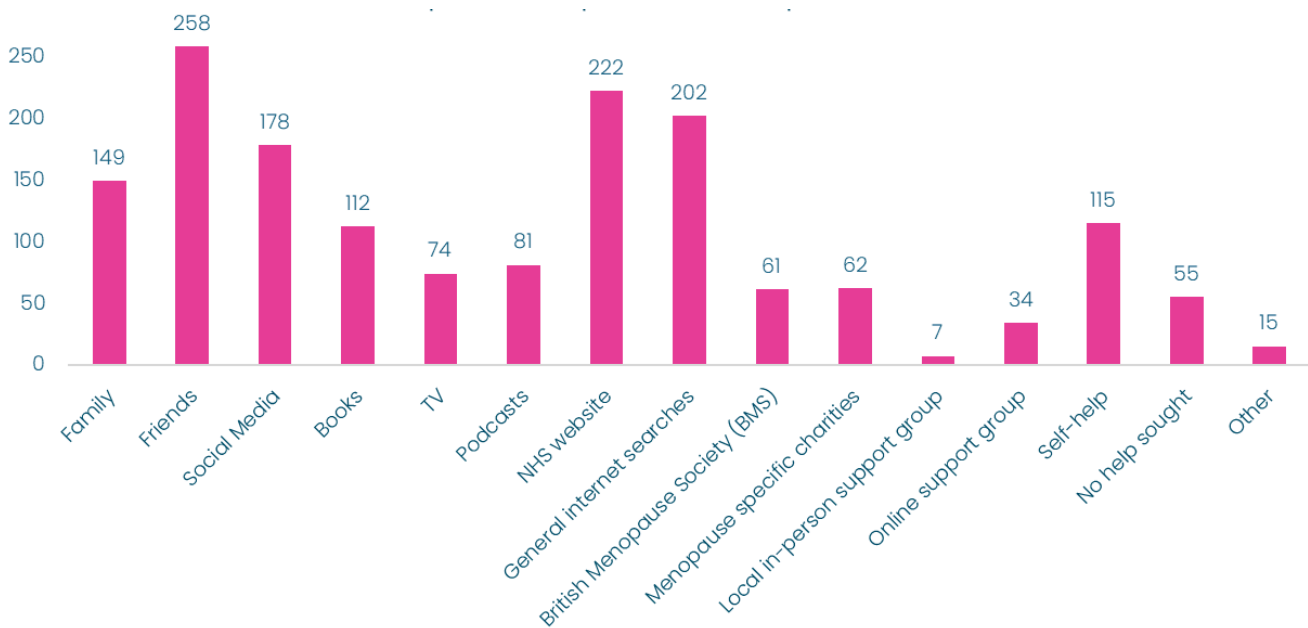
"The hot flushes were awful. You could feel it woosh up your body. It was embarrassing when I was going out and being social. The hair would stick to my head."

"I have to carry a fan everywhere."

"I was one of the lucky ones. Apart from a few hot flushes I was ok and it didn't impact my life at all."

"Disorganised thoughts and sweats while working."

Have you sought any other support or advice for perimenopause/menopause?



Positive Experiences

When asked if there were any positive experiences during the menopause journey, 17 individuals mentioned the use of Hormone Replacement Therapy (HRT) proving beneficial. It was noted how physical and mental health symptoms improved as a result of being able to access this treatment, enhancing quality of life.

"HRT was fundamental to my recovery as it improved many of the symptoms not just my mental health."

"After HRT started, I was able to start exercising and getting my life back."

"As soon as started HRT, my sleep was improved with 5 days and joint pain was decreased."

"Getting the HRT has really helped with the hot sweats."

"The HRT has been a great help and I don't know how I would manage without it."

In addition, 13 individuals noted the absence of periods as a positive, feeling relieved. Some individuals felt this had benefited their social life, no longer feeling constrained by their menstrual cycle.

"Periods stopping has freed me to plan things better. Was constrained by heavy periods when booking holidays or social events. Planned events around menstrual cycle, so feel set free now."

"I can wear white or light jeans/pants/shorts whenever the hell I want. I can organise a holiday without consulting my menstruation calendar!"

"Great not having periods anymore to worry about."

"It is a relief not to have periods anymore."

"The fact that the coil stopped my periods completely after about 7 months for up to 7 years."

12 individuals shared the benefit of having a support network of friends where they felt comfortable discussing their menopause journey, highlighting this as a positive. Many felt this tackled issues surrounding isolation and that sharing experiences felt educational, helping to explore coping mechanisms.

"Talking about it with friends who are experiencing symptoms can be a right laugh and is beneficial."

"How amazing it is when you share experiences with others and realise they are going through the same thing, that you're not on your own."

"I have been able to share my experience with friends who have then explored what might help them through the menopause."

"My friends are very happy to listen and discuss. This is really helpful."

"Talking with friends and discussing the similarity in symptoms and what has worked for them."

Positive Experiences

10 individuals mentioned workplace support as a positive during their menopause experience. This varied from informal chats with colleagues, menopause champions and designated menopause support networks, located in their place of work.

"Helping to set up the menopause support network for my employer."

"Finding the menopause network at work has assured me and I now want to help others."

"I have set up a Menopause Network at my place of work to support others going through hormonal changes."

"My workplace has menopause champions and I have been trained to champion and provide knowledge and training to other members of staff. I have increased my knowledge base around menopause and helped others to get the help they need."

"Open dialogue with friends and work colleagues- realised I wasn't actually going mad!!"

A further 10 individuals highlighted positive experiences with General Practitioners. For the most part, positive experiences were attributed to the supportive and empathetic approach of GP's, where patients felt reassured as a result of their conversations.

"I have a GP that's full of empathy, he has done many tests and referred me for a scan I don't usually take, and medication as my tummy is sensitive. I think it's very important to be honest and admit you're struggling. I did and the receptionist saw this from me and got me into see the Dr- initially I saw a Nurse I think it's very important to see a Doctor."

"My GP was amazing - she spent a lot of time reassuring me about the menopause. While I have not fully gone through it, I feel I am on the cusp. I'm 56 and still having periods. Also, my pharmacist has been fantastic. I went in for a health check, and he reassured me about my general health and the things I needed to do to ensure good mental and physical health. I feel I've been lucky."

"The GP that has finally helped me has been amazing, along with the practice nurse I could not have asked for better support."

"My GP have been excellent."

Similarly, 9 individuals specifically mentioned their experiences with nursing staff as a positive. Kindness, professional knowledge and individuals feeling that they were supported, all highlighted as contributing to their positive experiences.

"Excellent nurse practitioner."

"Menopause nurse at GP surgery has been so supportive and is on hand if I have any questions or worries."

My nurse practitioner was excellent and the kindness and understanding that she showed me at my first (emotional!) visit really helped."

"Review with nurse who was much better informed and helpful around symptoms and medications."

Positive Experiences

An additional 6 individuals highlighted holistic remedies such as herbal teas, mindfulness and the Balance Tracker app as positively influencing their menopause journey.

"Herbal teas, podcasts, books, mindfulness."

"For me personally prayer and changing from a coffee addiction to herbal teas/water."

"Usefulness of Balance app."

"Longer walks with a little mindfulness are more helpful than you might expect."

3 individuals identified wider educational resources as a positive influence, whether this be books or podcasts.

"Davina McCall's book."

"Dr Newson's podcast."

"I feel positive about Dr Newson's book."

Additional Insights and Experience

When individuals were asked to share any additional comments about their perimenopause/menopause journey, 55 individuals discussed the negative impact this had on their mental health, referencing struggles with anxiety, depression and for some, suicidal thoughts.

"When I started taking HRT, it was taken cyclically, however during the 2 weeks break I felt very suicidal, like suicide was a really rational decision and that it was a completely fine action to take, I didn't feel scared about it, I felt very matter of fact about it. Luckily I recognised that the only difference to my life was taking a 2-week break of the HRT tablet and understood that this could cause the suicidal thoughts."

"The decline in my mental health has been the most difficult part."

"Perimenopause has impacted my mental health due to various reasons. Mainly how it has made me feel struggling to do the things I enjoy due to the fatigue you can get. I did get some driving anxiety also which was awful however since HRT that seems to have subsided. The low moods and tiredness you can get often impacts my mental health negatively."

"Just the influx of symptoms and never knowing what your going to be like one day to the next."

In addition, 45 individuals highlighted the need for greater understanding surrounding perimenopause and menopause from society as a whole. Individuals felt that some colleagues, friends, family and even health care workers on occasion, do not always have the level of understanding needed to support women through this period of their life.

"A better understanding in general would help. Employers are not great at it."

"I was unaware it's a lifetime treatment post menopause due to the lack of hormones."

"I had very little knowledge and understanding when it started, my mum never shared her experience with me and I was quite ignorant to what was happening initially and what impact it could have. Needs to be normalised and talked about much more."

"I think awareness is better but still needs improving so there is less stigma. I think some people still trivialise it out of lack of understanding so some women trudge on suffering in silence. I have heard of friends stopping work because they feel they can't cope but if more support/understanding was available they would have liked to stay working."

Similarly, a further 21 individuals expressed feeling unsupported throughout their menopause journey, whether this be via the care received by healthcare professionals, misdiagnosed symptoms or feeling unsupported generally by workplaces, family and friends.

"I am left feeling that I have to just put up with how I feel, stop complaining and just get on with it."

"I just want to find a health professional who has the time to listen and help me. A lot of the menopause symptoms may be related but you are only allowed to discuss one issue."

"It was really dangerous my GP didn't recognise my symptoms. Eventually my partner contacted the mental crisis team for help but then we turned to a private doctor. It was a very hard and lonely time for me and probably the closest I been to giving up."

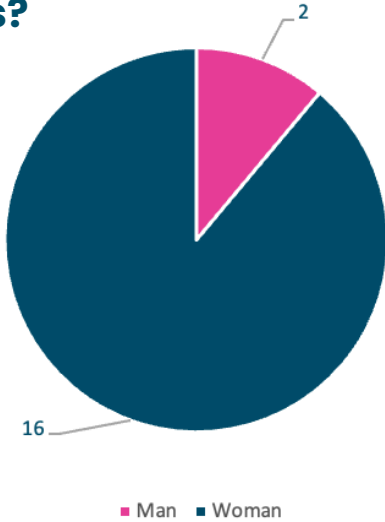
Healthcare Professionals & *menopause*



Healthcare Professionals & Menopause

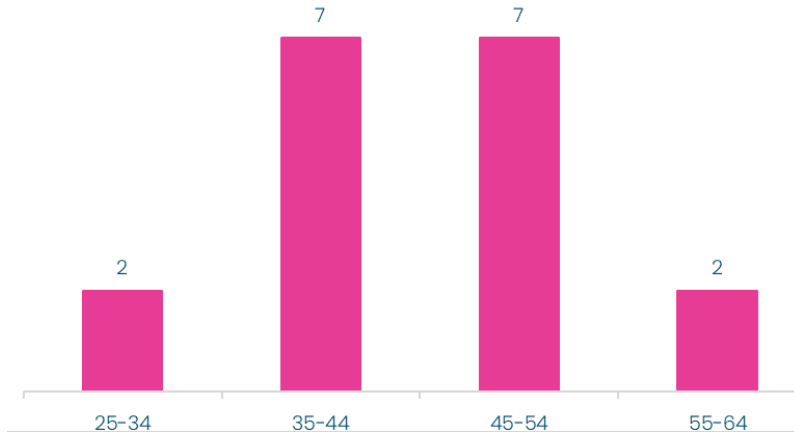
Gender

What gender do you identify as?



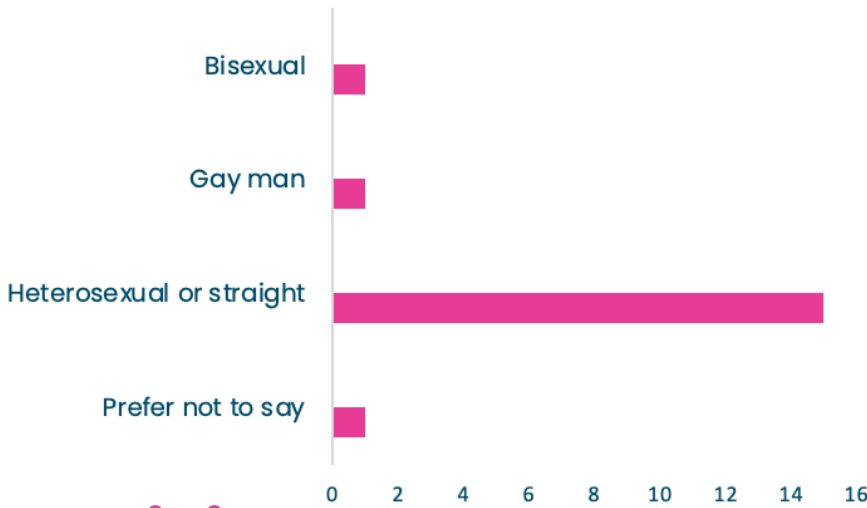
Age

How old are you?



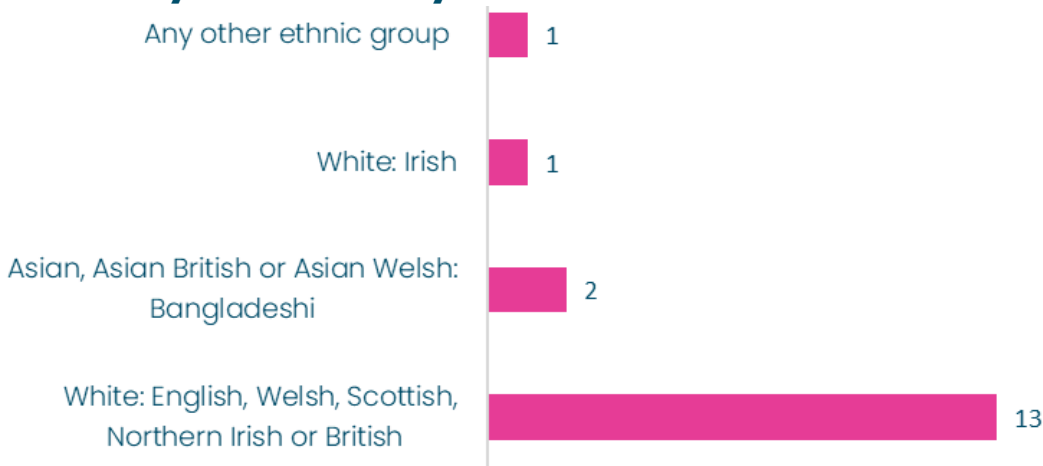
Sexual Orientation

What is your sexual orientation?



Ethnicity

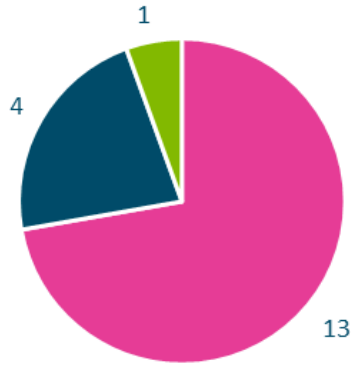
What is your ethnicity?



Healthcare Professionals & Menopause

Long Term Conditions

Do you have a long-term health condition or disability?



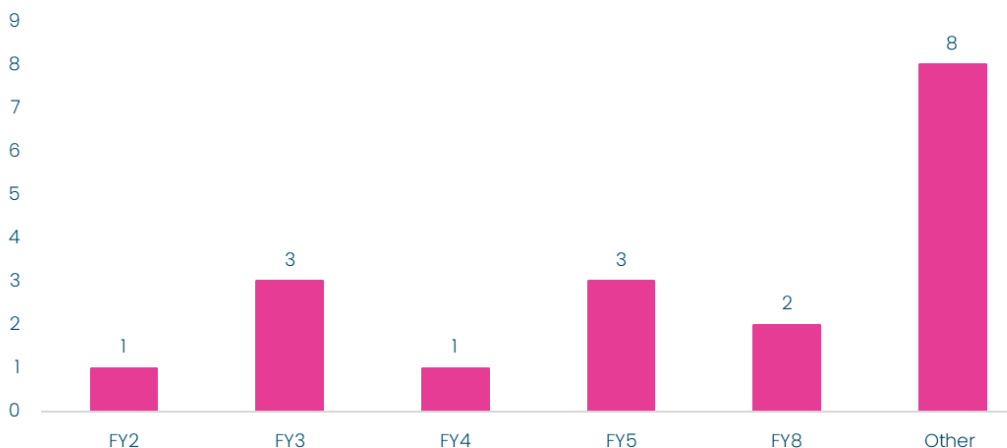
■ No ■ Yes ■ Prefer not to say

Which of the following long-term health conditions or disabilities do you have?



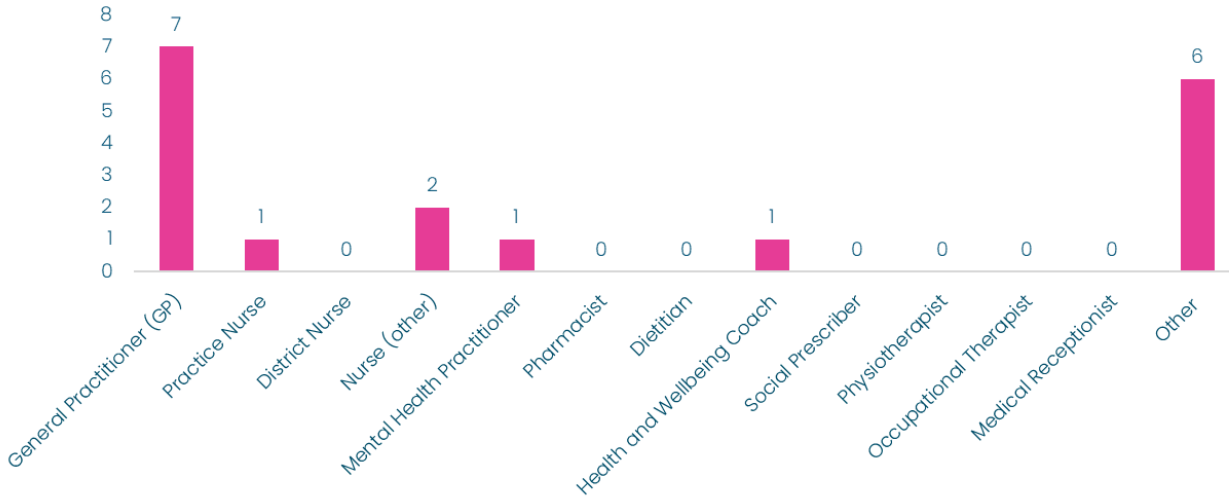
Postcodes

Please enter the first half of your post code, e.g FY2.



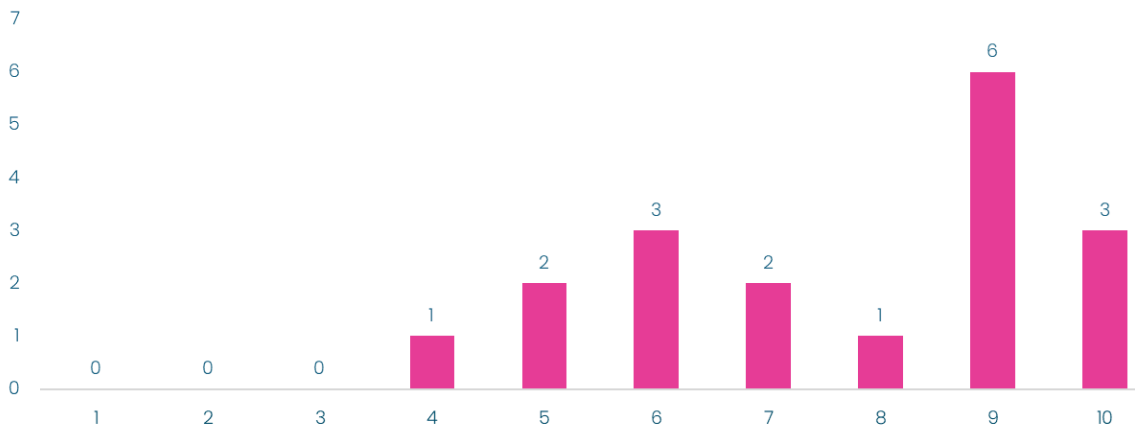
Profession

What is your profession?

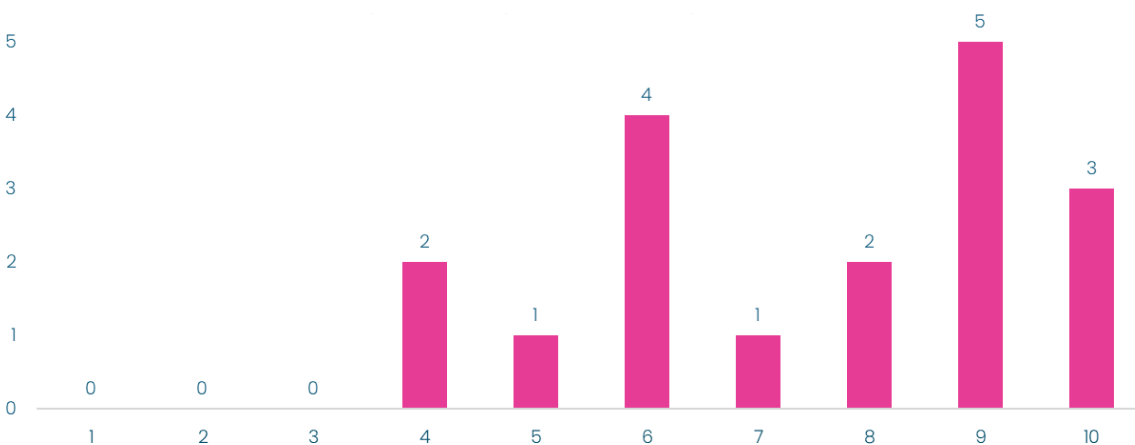


Understanding of Symptoms

How would you rate your understanding of the physical symptoms of perimenopause/menopause? 1 = no understanding, 10 = full understanding.

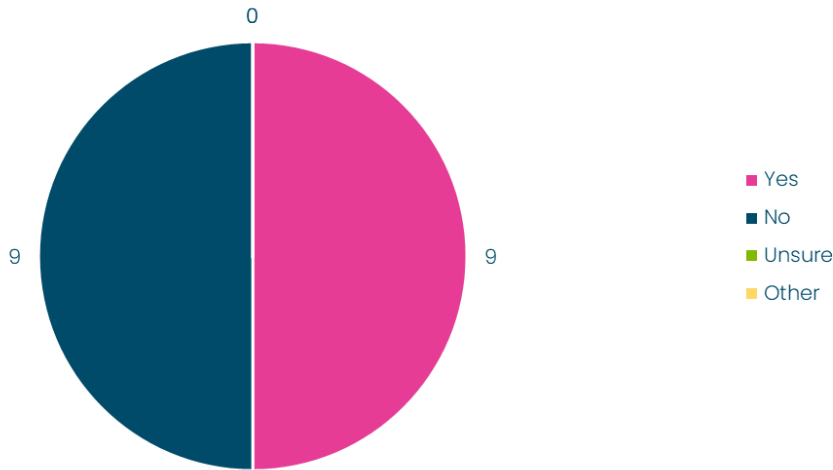


How would you rate your understanding of mental wellbeing during perimenopause/menopause? 1 = no understanding, 10 = full understanding.

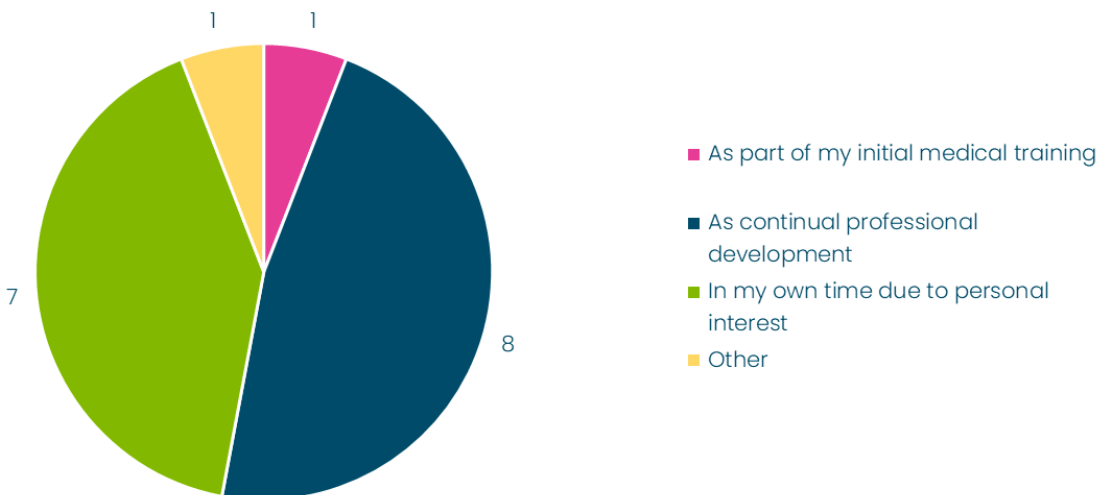


Knowledge & Confidence

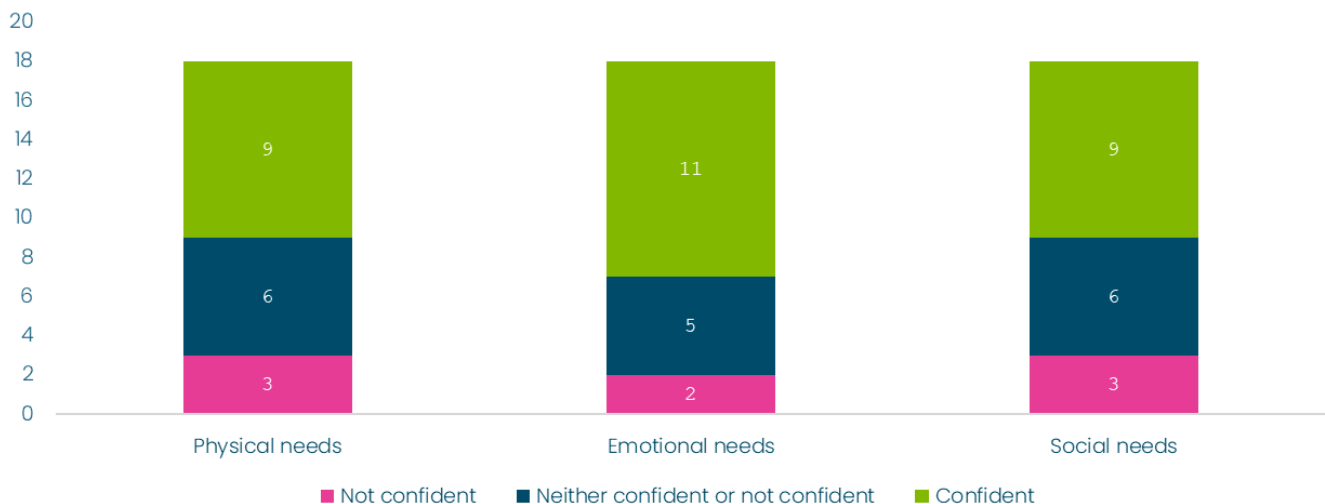
Have you received any specific training for perimenopause/ menopause?



I have received menopause specific training...

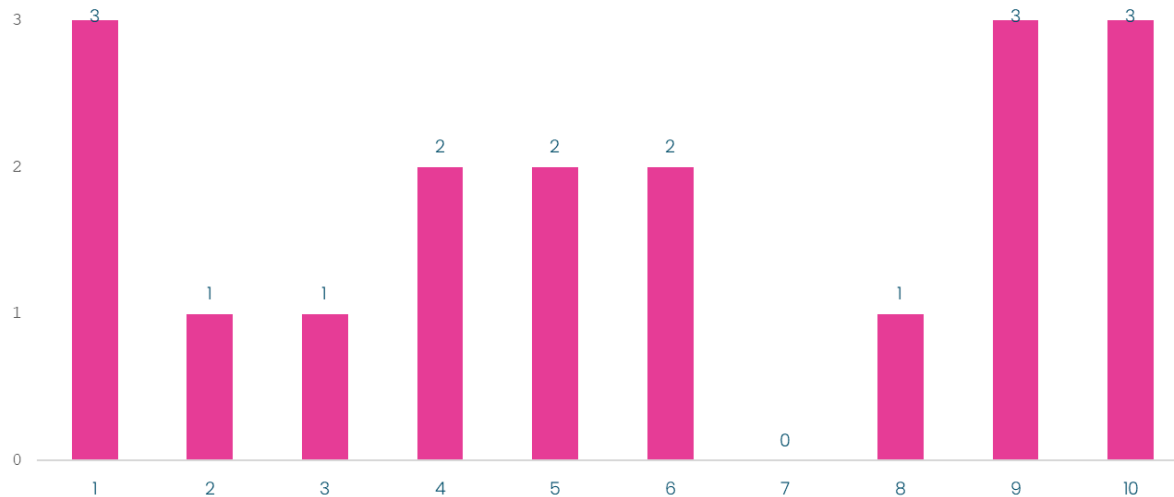


How confident are you in your ability to effectively address the following needs of individuals experiencing perimenopause/ menopause?



Knowledge & Confidence

To what extent do you feel your education and training prepared you to provide comprehensive perimenopause/menopause care? (1 = not at all prepared, 10 = very well prepared)



It is evident that through both the survey and focus groups, there are large variations in knowledge and levels of training in relation to menopause. Some professionals have engaged with online e-learning, attended conferences and developed through further qualifications. The feedback suggests that many individuals utilise Continued Professional Development (CPD) as an opportunity to engage with training, as well as completing this within their own time. It was acknowledged by many professionals that, for those who have developed their knowledge and practice, it tends to be as a result of a personal passion rather than increasing the expertise across all staff working in the system.

"We had an hour long shared knowledge session (CPD) about menopause and how to adapt interventions to suit someone experiencing menopause. We have had no specific menopause training. I feel like we could definitely do with some training though."

"A lot of the experience in surgeries comes from personal passion rather than specific training."

"I have been in consultations at the other practice where people have asked for HRT and the GP has turned them down and said you don't need this. I think there is still a lack of awareness and education."

"None specific training – nurses do additional training. You have to try and stay up to date with everything."

"I've done some specialist training for menopause on the BMS advanced certificate for menopause – I do specific menopause clinics for HRT and reviews for people who are on HRT and assessments for those who need HRT."

"I've been locuming for about 18 months now, I have learnt a lot more about women's health from Dr X. I haven't done any menopause specific training. We have staff training every month, one of them was women's health where Dr. X linked in with everyone – it wasn't a formalised thing, it was more case studies which was really good."

Knowledge & Confidence

More specific examples came through focus groups, where one individual noted they could not recall any form of training in medical school regarding menopause, implying a lack of information and training options before entering the medical profession. Despite this, there does appear to be learning regarding menopause within GP training. Further to this, another participant mentioned that once they had completed their course on menopause, they did not receive any guidance or support to develop further in this area, indicating that there needs to be more post-training developments in practice to maintain knowledge and confidence.

"As part of GP training you have women's health modules where you go through women's issues. Within that there is the menopause and HRT. In terms of ongoing training that isn't as much unless you find it yourself. We have clinical guidelines. Availability is becoming a big issue, it is constantly an issue with HRT supply."

"There is hardly anything when doing initial GP training on menopause. As a medical student I don't think there is any training on menopause. I had some medical patients in with me last week when I was in clinic prescribing testosterone"

For those who have engaged in knowledge development, individuals shared some of the organisations and courses through which they have received additional training or qualifications:

"British Menopause Society do a 2 course and it is £445."

"MediConf does loads of free training."

"BMS training – advanced certificate. It can take a year or 3 years. I've also done some training for a private company I work for – an online accredited course. I'm an atypical GP – I do mainly menopause."

"Mainly online stuff e.g. British Menopause Society, balance app, which is debatable as it is a private menopause consultant and their guidelines are different to NHS."

"I haven't done the advanced menopause training as I am also respiratory and diabetic lead. Just menopause continuous development – study days, conferences."

"Primary care women's health forum run a menopause course – 2 full days. A menopause course years ago. A couple of online courses. Extra training in testosterone replacement."

"IMPART course (run by international menopause society), reading BMS website documentation. IMPART course 12 hours, webinar on menopause 1 hour, personal reading – not calculated but ongoing number of hours reading guidance as it changes."

"A 2 day course about menopause, but never got support back in practice to continue to develop in this area."

"Newson Health confidence in menopause training (e-modules and assessments). 16hrs BMS training – theory course – 2 full days and advanced practical training – 18 months working in practice discussion cases with supervisor."

"Training via Red Whale and Mediconf, in my CPD time. I am currently doing my BMS specialist menopause training."

Knowledge & Confidence

Despite this, some members mentioned that menopause-specific training can be difficult to access due to long waiting lists, which indicates this type of training is in demand and highly sought after.

"The British menopause foundation runs some free ones, but they are full. There are others that would need funding."

"We did an event in 2019 within 3 weeks we got over 100 people. We had 4 speakers – that showed us the appetite and need."

Similarly to the variation in training and knowledge, some healthcare professionals are extremely confident in identifying perimenopausal/menopausal symptoms, supporting patients with effective treatment and communicating with clarity and empathy, whilst others do not feel confident in the knowledge they have. In terms of areas in which professionals are lacking in confidence, predominantly individuals mentioned the use of testosterone and HRT, including having limited or no knowledge of using hormone treatments. Additionally, some individuals mentioned that accessing this type of care has become an issue due to changes within the healthcare field, of which some guidelines underpin professional practices.

"I would like to know more about HRT after the more recent issues of accessing it has potentially changed protocols."

"More support and guidance in regard to testosterone management – monitoring is ok but more training about what this means and its application would be great."

"Pro's/ Con's of additional hormones, beyond recommending a GP discussion."

"What HRT is available, when HRT should be started, side effects of HRT, what to cover in a HRT review. I'm aware of symptoms and signs of menopause."

"Testosterone. I'm good at it but have been stopped prescribing due to new guidelines so referring all ladies to secondary care."

"I'm reasonably confident in the more simple stuff. By the time we have optimised HRT and traditional stuff – I haven't found myself in the position where I need to know this so I'm not confident with this. The obvious ones where they have history of breast cancer I wouldn't be confident."

Another common discussion regarding lack of confidence centred on misdiagnosis of menopause symptoms with other conditions, such as fibromyalgia or mental health struggles. The feedback implies that some professionals are not confident in correctly identifying and diagnosing perimenopause/menopause symptoms, which in some cases is leading to delays in accessing the appropriate treatment.

"They have been to a cardiologist for heart palpitations, msk for fibro or undiagnosed aches and pains, a neurologist for brain fog and none of these think about HRT or menopause. They could have had that 5 years before instead of the tests. Think of the cost."

Knowledge & Confidence

"I guess it's knowing when something is menopause related or if it might be an underlying mental health problem. I have had a lady in today and we have figured out her anxiety gets worse a week before her period, so it's hormone related. If someone comes with brain fog, it might not be because of the menopause. It might be a mental health condition. It's hard to know. I think I am less confident with this. We try and be holistic, but the medical model and psychological model are basically butting heads. Also, some women aren't keen with having their hormones pointed out to them."

"The types of women I see are quite different. Sometimes they may not have been told HRT, the combination of HRT may not be the right concoction for them. A lot of them present with mental health issues and have been diagnosed with depression and anxiety."

"Not really, the only thing is even though I have been doing this for a while it is people who have had cancer. I think people who have cancer are being left out of menopause support. I think a lot of the time they are so busy dealing with cancer they don't like to bother us with their menopause symptoms. They may suffer twice when it has been brought on chemically younger and then naturally when they are older. We need to do more to support these people going through cancer and menopause. People's choices are narrowed due to the treatments they are on but there are things that can be done. It is interesting to ask people who have fibro for example when they started with symptoms and a lot of the time it is in their 40's or 50's and what is going on at that time? It may be getting misdiagnosed with menopause."

"I offer low intensity support for people suffering with mild to moderate mental health difficulties. This varies from those suffering from low mood, anxiety and stress, providing 5 sessions. Naturally women are seen experiencing menopause. Sometimes women are experiencing anxiety/stress because they are being treated for menopausal symptoms or sometimes they're directly in that age group and its happening alongside the menopause. The service does not have a menopause policy or a certain pathway. We see what people are coming with and treat them symptomatically. Some people are referred as they are menopausal and want support with the symptoms. Some people come through of that age and want support with low moods but menopause has not been identified."

Additionally, it was observed and discussed within a focus group setting that health professionals felt that they lacked knowledge and confidence in supporting the transgender community through menopause. There was a general consensus that people feel they need to learn more and increase understanding of appropriate terminology.

"We also need to think of the trans community."

For some individuals, it is clear that if they have access to specialist advice or an offer of further support, the outcomes for the patient appear to be significantly better. However, it has been noted that this varies between GP Surgeries and localities.

"GPs are getting better at recognising menopause, it was often thought of as depression or anxiety and had anti-depressants prescribed. It is taking time to influence and really helps having specialists within the practice itself."

"If there is something I don't know about I have access to support in house."

Knowledge & Confidence

"Menopause in general needs improvement and better signposting however South PCN are really good at doing this and we have done an urgent 24 hour helpline, both family and the patients can phone."

"I am a locum GP so I work across different practices. What I see differs from practice to practice as to what they offer. In dr craven there is much more support as they are specialists. Other GP practices can't offer that to women."

"Can be a different level of service if you get a male doctor or someone who doesn't have as much knowledge."

Access and Resources

There appears to be some positive sharing and use of resources regarding menopause within the local area and services. The majority of participants mentioned utilising online avenues to disseminate information.

"We have a lot shared here in terms of resources. BMS has loads of resources and I have bits on the desk I can use with visual aids. We have our local and national guidelines."

"We have a training WhatsApp and I have other clinical leads and menopause specialists. So any new guidelines, podcasts etc we are up to date. We need to get more people on BMS pathways."

"We have advice and guidance from the menopause clinic at the hospital. I can get advice and guidance and ask if anyone shouldn't be having HRT for example."

"Yes – at certain GP practices, they have women's clinics and women's health focus. I can easily book them in with a GP for a blood test, so medically yes."

"I do a lot of learning at the menopause clinic. The questionnaires we hand over to the patients help. I have started applying this to the other practice as well."

However, other feedback suggests some health professionals experience a gap in available resources, funding and support pathways, which as a result, appears to be hindering the patient experience. Examples of this included a lack of resources in relation to contraception, HRT and stock issues with pharmacies for certain medications. In addition, this also relates to the referral processes for menopause to different specialist departments and the availability of holistic options.

"We can potentially give them the mirena coil, but we have to turn them away because we're not paid for it. We are only paid to fit the mirena for contraception – not menopause. We bend the rules where we can by asking "do you need this for contraception" but it could easily happen if we were funded to do it for menopause. Otherwise they have to go to the gynaecologist."

"Don't have a specific nurse, all done through the GP at the moment. Lacking in contraception, HRT, smear at our small surgery"

Access and Resources

"No incentive if there isn't the funding for contraception in menopause (Q.O.F payments)"

"There is a huge need for HRT. Do a Health check first. They do get the funding for a health check."

"There's advice and guidance for menopause clinic which is an improvement. NICE recommend CBT for hot flushes but there is nowhere you can refer into for this. It is an evidence based treatment but nowhere to go for it."

"We have stock issues sometimes with pharmacy for specific patches. I don't have an issue converting them to a different one."

"I think there is a difficulty for some women to get the coil as they can only get it through sexual health services."

"I would say there could be some improvement on the resource availability. We have our own website with clinical protocols. Accessing wider guidelines e.g. NICE you use, faculty on reproductive health – they tend to be quite long and it takes a while to read them."

Respondents emphasised that local people would like community groups to assist through peer support, but local provision lacks funding to be able to do this. Concerns were also raised around the wider determinants of health, such as social and financial factors, and how these elements are not always being effectively considered when dealing with patients who are going through perimenopause or menopause.

"As clinicians we should be speaking about alcohol, diet, smoking, we go to first line let get you on estrogen lets get you on pharmacological interventions – needs that holistic/ lifestyle after care – if we could refer into this that would be brilliant – we don't think many women would decline."

"Women are asking for groups but there is no money to fund them."

"Consultants do podcasts – your average Joe Blogs isn't going to access a podcast by a consultant they aren't going to have a clue – the patients we see sometimes don't know when there next meals coming so to think about themselves and the menopause it gets out of control before they come to us – people who want to learn, learn about it and people who don't have that capacity are left behind."

"Peer support group model – sounds amazing – most women would turn up to it."

Access and Resources

Another prominent theme derived from responses was that of psychological and mental health support sometimes presenting as a barrier for professionals when assessing available pathways. Where there are referral pathways available, patients can then sometimes experience long waiting lists for support.

"No – Psychologically, there are no menopause specific interventions. I adapt the content as appropriate but it's not directly focused on menopause. It's a bit like firefighting sometimes. Women need a lot of validation and empathy. Minimising and validating. I am really careful to ask about hormones in a way that is not minimising, as not all women like to discuss this."

"Limited referral options. Mental health services in general are really struggling. I'm not aware there is a specific menopause path. In general you would refer them to a CBT that would be generalised. It makes patients reach for the more straight forward option which is a prescription."

"4-6 months waiting list for CBT at the moment."

"There is no specific psychological interventions on the NHS for women currently experiencing menopause. They can be referred on to NHS talking services but it would be the same situation. It's also postcode lottery. There are some support groups run through charities but it's not enough."

As well as this, suggestions were made to implement preventive care to ensure people are identified and treated earlier into their menopausal experiences. This would include educating individuals about menopause to help identify these symptoms and know who to contact to get the best form of help.

"Health assessment for women – from age 45 – let's get it early so we are treated better earlier – try to prevent – educate women – let them know its ok to feel how they are feeling and the life stage that is ahead."

Patient Management

One of the primary areas that was raised by the majority of respondents was around HRT. Some of this centres on education for individuals regarding what the options are, as well as developments within this area and the effects it can have on the patient. This also includes managing patient expectations when it comes to what HRT can do for them.

"HRT is still a myth. They still are hesitant to take HRT and put something artificial in their bodies. They have a very high threshold to go on HRT. Even if you have a relative with breast cancer at this practice they won't give HRT, compared to the menopause clinic."

"People need educating on what options there are, including HRT as it is a personalised decision."

"I've prescribed HRT to women who are diabetic – we have to look at them as an individual – to leave them without and suffering symptoms. Unless there is a good reason for not giving it I wouldn't turn anyone down for HRT."

"Challenges – expectations – they want to be young again. They want HRT but half of their symptoms won't disappear, the joints won't stop aching, etc."

"They want one patch to fix all."

"Women face fear around taking HRT. Some are worried and it goes back to cancer and feeling unnatural. There are also concerns about side effects. The big thing is cancer, dementia and strokes."

"They can't mix NHS and private. When they go private and realise they are paying upwards of £30 for HRT. They come back to us and decide what we are giving them is ok."

Another essential aspect of patient management includes education, particularly the need for this to be increased within the general population. More specifically, professionals feel the process would be improved if people had a more realistic perception about what they can expect from their menopausal care and treatment. In this, they mentioned how the increase in media coverage has affected this, as well as the idea of singular cures to menopause or unrealistic goals for these medications. Issues were also raised around ensuring they understand their options, what medications are used for and the importance of taking them as prescribed. Furthermore, they emphasised meeting individual patients' accessibility needs and ensuring that they are accommodated accordingly, for example with language-related barriers and when working with members of the transgender community.

"They ask for the gel and don't use it as prescribed and they wonder why symptoms don't improve. I'm too long in the tooth to put up with it so I say what do you want me to do come to your house and put it on?"

"I saw a lady and she was on the patches but they itch her skin, she didn't like the gel because it's messy and she didn't want to take a tablet. I can only give out what is on the market."

Patient Management

"Happy to discuss but a lot of women have high expectations – due to social media unrealistic expectations. When those expectations aren't met."

"It is hard to support trans patients. If they are biological females that is when menopause comes to play. They are at different stages and understanding that some may have had no transition and some may have had partial with testosterone and they are going to be at a different stages hormonally. Some of them may be bleeding which they don't like. It is difficult to suggest things like the mirena coil because they are worried about the vaginal consultation. We know trans people have a lot of vaginal dryness when they are on testosterone treatment. We need to know what is offensive and what isn't offensive. Our clinical system doesn't recognise that someone has non-binary gender. The system won't be flagging up about screening, they can't request pelvic ultrasound for someone who is male. We have to transfer it manually. There is no registration where you can put yourself as trans."

"The Asian population – 80% I come across. Language barrier isn't there because I speak their language. Helping to educate them in their language. They trust me. They don't open up very quickly, they expect you to know their record, they don't want us to speak to them. I explain it is good to hear it from them. The last 1 and a half years it has been better. The ladies don't speak any English at all, they aren't able to fully express their concerns."

"Many people want their libido back so much of the time is talking through managing expectations."

"Sometimes patients are unsure completely if it is even menopause. Sometimes they are absolutely convinced when there are things pointing us in a different way. Understanding and expectation is the biggest challenge."

"You always get different types. Some from other surgeries who have been mismanaged who have unrealistic expectation. For example, I was locuming at another surgery and I spoke to a patient who had been passed around and there was a learnt behaviour element. She was a lot calmer when I brought her back for review because she had been listened to."

Professionals also raised concerns regarding lifestyle choices and the difficulty in managing this with some patients. In this, respondents claimed that some patients can be non-receptive to advice given to them via their appointments, including examples of patients not willing to change behaviours classed as lifestyle choices such as diet, exercise, smoking and drinking alcohol. Despite this, attitudes towards self-help and lifestyle changes varies, with some patients demonstrating a desire to improve their health and wellbeing through modifications.

"As much as we can give them on prescription, they have to do self-help. I see a lot of patients – the age range is anywhere from early 40s to late 60s and their attitude to their menopause symptoms varies. Some will want a magic pill or patch to make everything go away and others are on board for making changes for themselves – it isn't an illness it is a physiological process that every single woman will go through."

Patient Management

"I find it easier with having the tool of menopause specialist. We tell them we are going to talk about health checks and we are going to discuss other elements of their life. Let's get the baseline and see what we need to change."

"That's our bread and butter. With any medical conditions we are always talking about lifestyle, diet, exercise, bone health, and diabetes – I find that quite easy – it just fits in. When it comes to women we are looking after a human body and it's about health promotion but you are adding in the hormone bit."

"Lifestyle issues are hugely important – some might be diabetic, high blood pressure – other co-morbidity that will have an impact on menopause. If they don't exercise, don't eat healthily and are overweight, drink alcohol."

"It is difficult because the patient always has a reason not to – e.g. exercise they will say I have bad knees. Over time I think I have been able to help people with these things. I have seen people make lifestyle changes. Especially middle aged women they do take our advice on board."

"Discussing lifestyle changes is sometimes difficult."

"You have to have the conversation and there are a few who continue to smoke, drink alcohol, not have a particularly healthy diet, they don't exercise and are basically not bothered – they just want something that will make them feel better. Women are on opioids, women who take tramadol, gabapentin – they can all make menopause symptoms worse. The fact that there are other things going on in their lives that are making their menopause journey worse."

Some of the best practice shared by health professionals included arranging regular reviews with those in the age bracket of 40–50 years to enquire about menopause symptoms. Some community hubs have set funding aside to investigate issues around menopause and health checks. Furthermore, professionals are utilising symptom trackers, which help identify long term symptoms and help patients visualise their symptoms. Above all else, participants acknowledged that they must listen to their patients, and make sure they feel valued, whilst utilising the time they have efficiently and effectively.

"A 40 to 50 year old regular review will ask about menopause symptoms."

"South shore is a pilot hub for HRT. They do an annual health check with women to pick up cardiovascular risks. They get funding for this for over 45s."

"You can do a lot more as a patient by doing a symptom tracker. However, when they go to the doctors they may only focus on one symptom such as pain and they leave with pain killers."

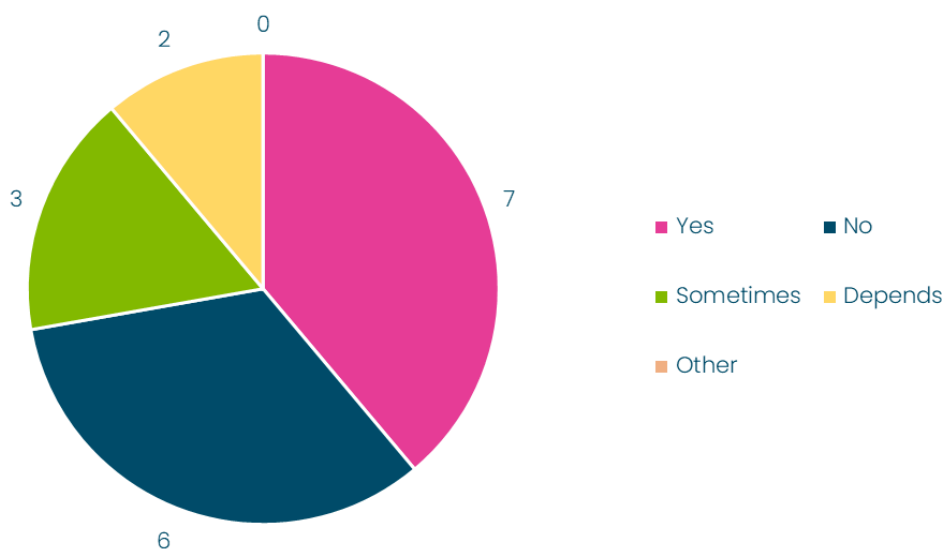
"As health professionals we just have to listen."

"Not really, most people are quite open to talk about it. We utilise symptom checkers here – when you start writing it down and they are ticking several boxes you have that visual aid which helps them to form a picture."

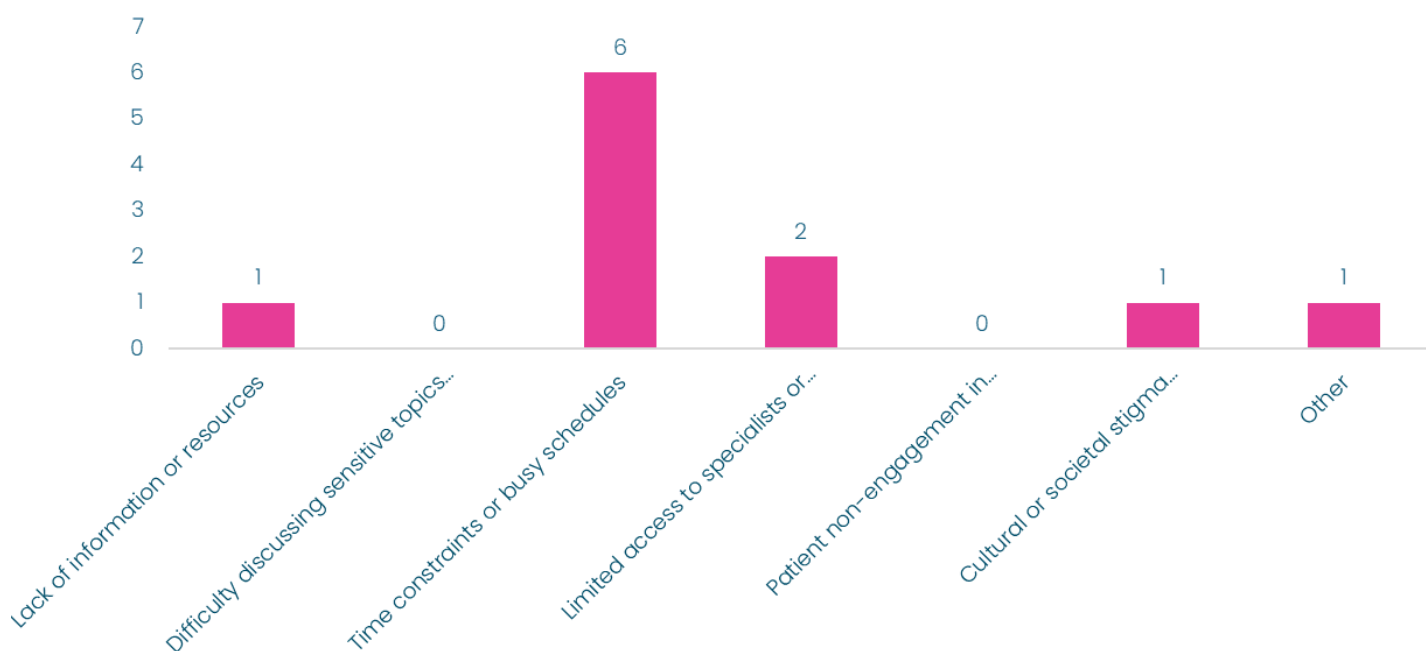


Challenges

Are there any challenges you face when supporting women going through perimenopause/menopause?



What are the main challenges you face when supporting women going through perimenopause/menopause?



Challenges

One of the major challenges and difficulties that was raised is around the lack of training and understanding, which can lead to missed or inaccurate diagnoses, incorrect treatment and negative patient experience. Due to the demands on services, health professionals have highlighted a lack of time and capacity to engage with additional training, exacerbating the issues regarding gaps in knowledge.

"Some health professionals don't have an interest in it – if they see someone who hasn't got the understanding or knowledge – the professional doesn't understand half of what's going on."

"There are not enough staff to enable me enough time to provide the care patients attend our service for or the adequate training, so extra training/advice seems like an impossibility."

"Lack of health professional knowledge – not brought up in GP or nurse training."

"There is also a lack of formal training. Having CPD for an hour is not enough."

"I don't think any GP can afford not to do menopause training – it should be absolutely mandatory."

Furthermore, issues were put forward in relation to time within an appointment to provide effective care, but also to get from diagnosis to treatment and secondary services. Alongside this, there appears to be gaps in local specialist menopause treatment and pathways, with some professionals struggling to refer patients or experiencing waiting times once referred.

"Time – the time to go through it all. Like I say, a big part of that is availability of drugs which creates a lot of appointments at times."

"I am qualified and happy to do detailed holistic consultations. I am able to achieve this in the private setting but not as easily in the NHS setting due to work load, demand and pressure of time."

"Patients experience a wait to be seen (often while coping with significant symptoms / concerns)."

"Not enough time in standard GP consultation to fully address all perimenopause and menopause related concerns. Appointments should be at least be 20 minutes if not 30."

"Yes – miss things and rush – they see other docs and care is changed (wrongly)."

"Time – If someone booked into see a GP they get a 10 minute slot. Where if it's with me they get 30 minutes."

"You don't feel you give the best care when rushed, symptoms are normally mentioned during a 10 min blood test appointment, you have to advise patient to rebook to discuss, but then you worry patient doesn't feel you have listened."

"Patients would benefit from longer consultations with more personalised information."

Challenges

Additionally, in relation to the difficulties over time, is the challenge of dealing with capacity and other barriers in the healthcare profession. The issues revolve around wanting to provide the best types of support and care, but the difficulty lies in being able to practically fulfil that level of care due to capacity related issues. Respondents mentioned the difficulty in managing elements such as medication reviews, therapy and complications that could arise from specific treatments. This is aggravated by the issues raised prior around a lack of referral options.

“One GP here to sign off on it and they are on long term sick, the treatment doesn’t work for everyone but for some patients that want it and are clued up it can really help. Other GP’s don’t want to sign off on Testosterone. 1 in 30.”

“The main thing I would emphasise from our perspective is the capacity– it isn’t that we don’t want to be able to support, it is the capacity to do so.”

“The best removal of barriers – is the power of individuals mentioned a lot. Stalwart staff making this work. Staff are informally recognising the gap in services and individuals filling that gap, systems need to formally recognise this gap in service provision.”

“The additional work this all adds – medication reviews, problems with therapy, complications – capacity issues.”

“I haven’t got enough slots to see complex menopause patients, there is such a demand but the practice can only afford to give me one menopause slot a week for new patients. My colleagues tend to refer complex menopause problems to me.”

Challenges also included the need to see the right person with the appropriate expertise and skillset. It became apparent through focus group conversations that this is difficult to ensure, particularly since some clinics and GP surgeries do not have a menopause specialist. This has further challenges given that not all healthcare professionals are aware of where to signpost or refer patients for additional support.

“People aren’t able to recognise the signs of menopause and don’t know how to articulate it. It is getting better though. More conversations are happening around this.”

“A big issue is a patient depending on who they see. Here, at the medical centre, we’re good, but it isn’t the same everywhere.”

“Getting through to the right person – Not a GP.”

“Many surgeries don’t have a menopause specialist.”

“Unable to know where to go to for support.”

“Yes – we need guidance on testosterone supplementation as women are having to access this privately.”

Challenges

Moreover, healthcare professionals mentioned the difficulties when patients do not recognise the symptoms of menopause and do not know how to articulate the symptoms they are having. They expressed the need for more conversations, understanding and information around menopause, as this can increase public awareness and make diagnosis and referral processes quicker and easier. There was also a clear ask to educate our local community from an early age about perimenopause and menopause. Respondents emphasised the concern that, without them being aware of this, the impact on their life and well-being could be detrimental. As well as this, health professionals face challenges with patients having unrealistic expectations of treatment due to lack of knowledge, which in turn can cause difficulties when explaining treatment options. Even with online resources and in-person clinics, the overall lack of knowledge raised a level of concern for certain healthcare professionals.

"Girls should know this from an early age. Better education needed early on. Some contraception can make things a lot worse."

"People who don't know enough about the subject are telling people that it isn't applicable to them which is concerning. It is really unsafe. It needs the message getting out there to say you're not too young, it is normal in your 40s to experience perimenopause."

"Massive impact on people and they don't know that it is menopause."

"Explaining investigations and treatment options to patients."

"Patient may have unrealistic expectations due to ongoing symptoms which as a clinician may be difficult to provide as duty bound by protocols."

Another challenge raised was the social stigma for those going through menopause or perimenopause. This includes people being reluctant to open up with friends or family, as well as medical professionals. For some who do seek support, there remains a stigma regarding HRT and a reluctance to engage with some of the treatment options, resulting in some individuals purchasing alternatives off the internet. Stigma has been highlighted as a cultural factor for some members of the community, with one individual raising that different communities may not want certain types of care offered and seem to be less open to discussing menopausal or perimenopausal symptoms.

"People are reluctant to discuss with friends."

"Many people think HRT is not safe, still. Including medical professionals."

"There are a lot of people suffering that won't go to the GP."

"I think some of it is stigma in other cultures... Asian/Indian/Chinese backgrounds don't feel like HRT is the right way to address perimenopause. Even antidepressants, those are the people who will be suffering."

"People are selling alternatives to HRT on Facebook. People aren't aware of the impact – e.g. bone health."

Challenges

A significant challenge for some health professionals is managing patient's menopause care when there are other clinical factors involved, such as a diagnosis of cancer. This was specifically raised about HRT as a treatment approach.

"For patients that can't have HRT due to breast cancer - they'd benefit. Cancer patients are being missed leading to compounded harm. Sessions covering alternatives to HRT would benefit people that can't have it."

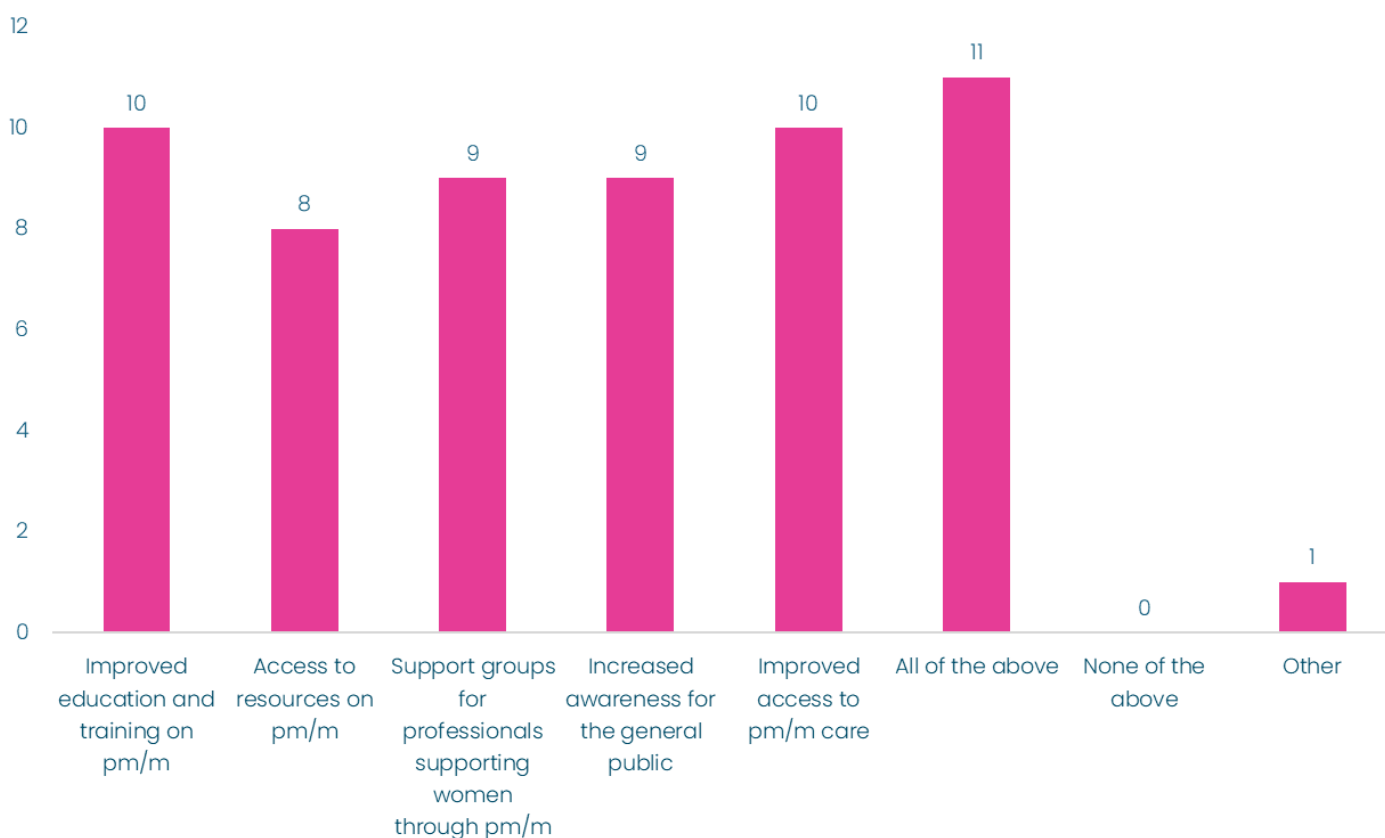
"Women get issues with bleeding. We are then faced with the dilemma of deciding who needs investigating and who doesn't. Some have a 2-week wait if there are concerns around cancer, others are on the waiting list for 1 year. We need clear pathways of who gets investigated and who doesn't."

"Hysterectomies bring on early menopause and people aren't made aware of this."

"Often the symptoms of menopause are far worse than those from cancer treatment and can't have HRT - people need to be educated about this as it is a personal decision and they don't know about the other options."

"Slightly impact as I do talk this through with women about why we do not offer certain things and the health risks of excessively high doses of oestrogen (higher than licensed or recommended but NICE and BMS)."

Which of the following do you feel would help professionals better support women through perimenopause / menopause?



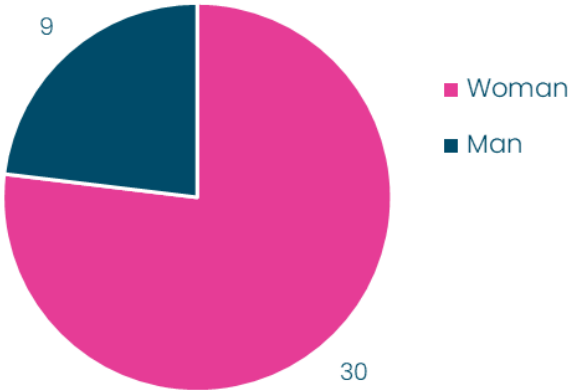
Loved Ones
&
menopause



Loved Ones Experience of Menopause

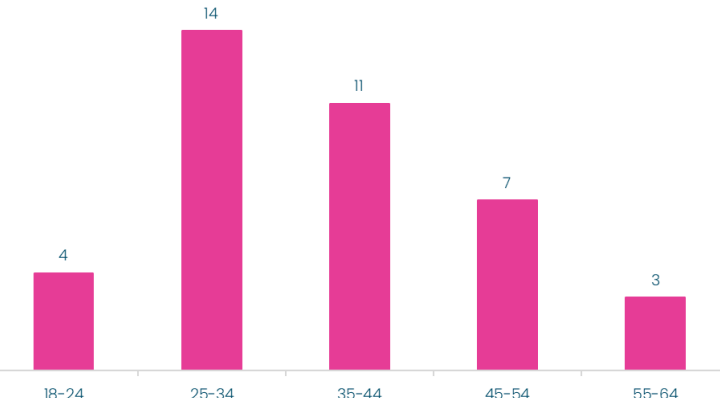
Gender

What gender do you identify as?



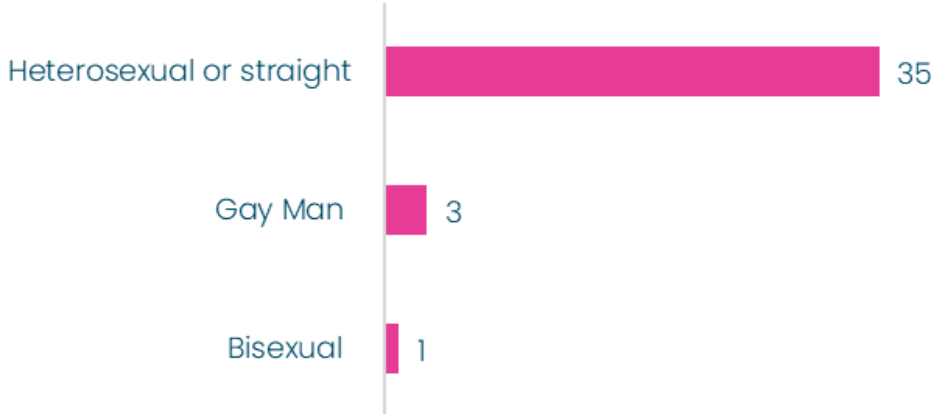
Age

How old are you?



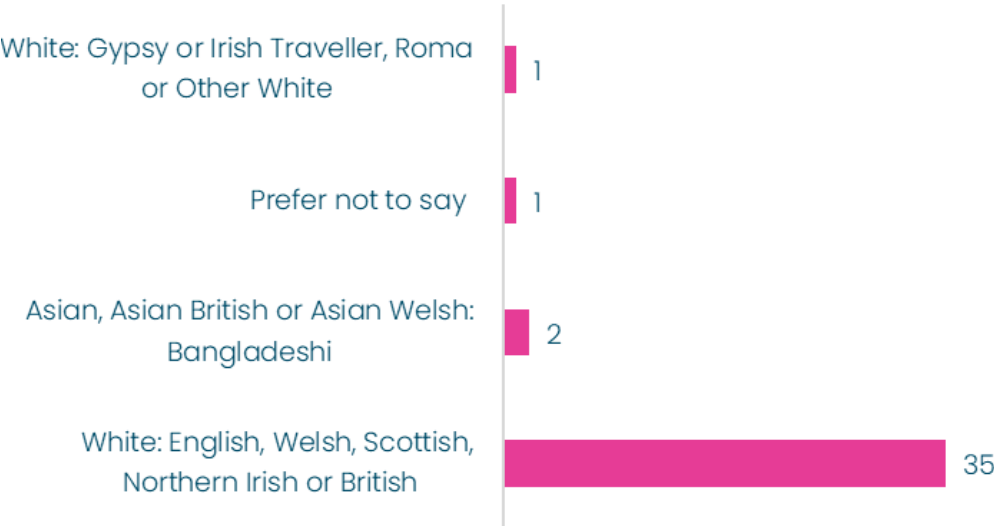
Sexual Orientation

What is your sexual orientation?



Ethnicity

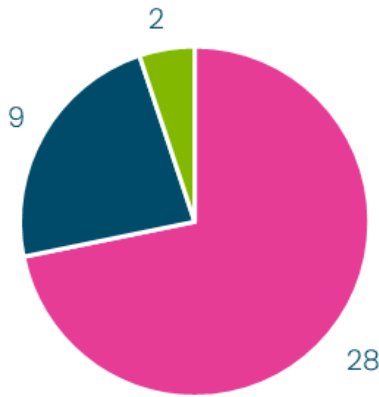
What is your ethnicity?



Loved Ones Experience of Menopause

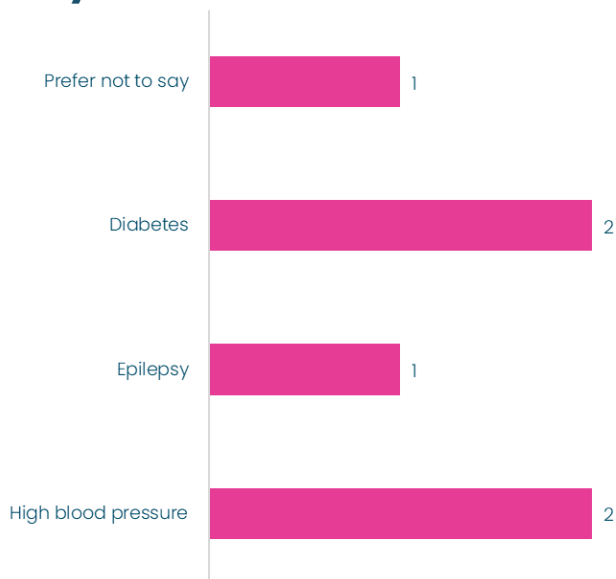
Long Term Conditions

Do you have a long-term health condition or disability?



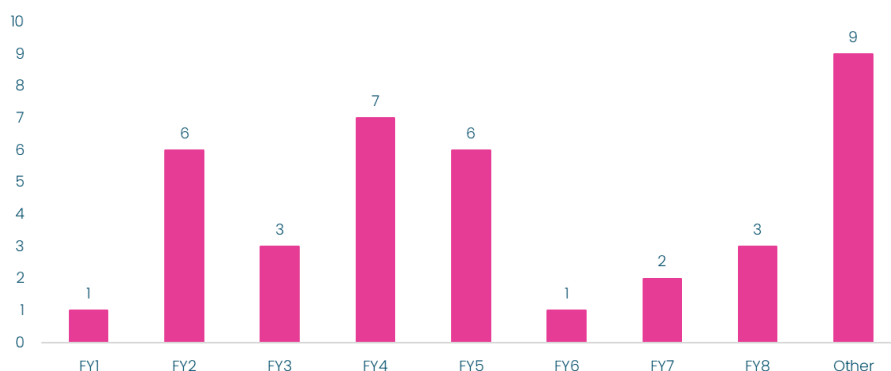
■ No ■ Yes ■ Prefer not to say

Which of the following long-term health conditions or disabilities do you have?



Postcodes

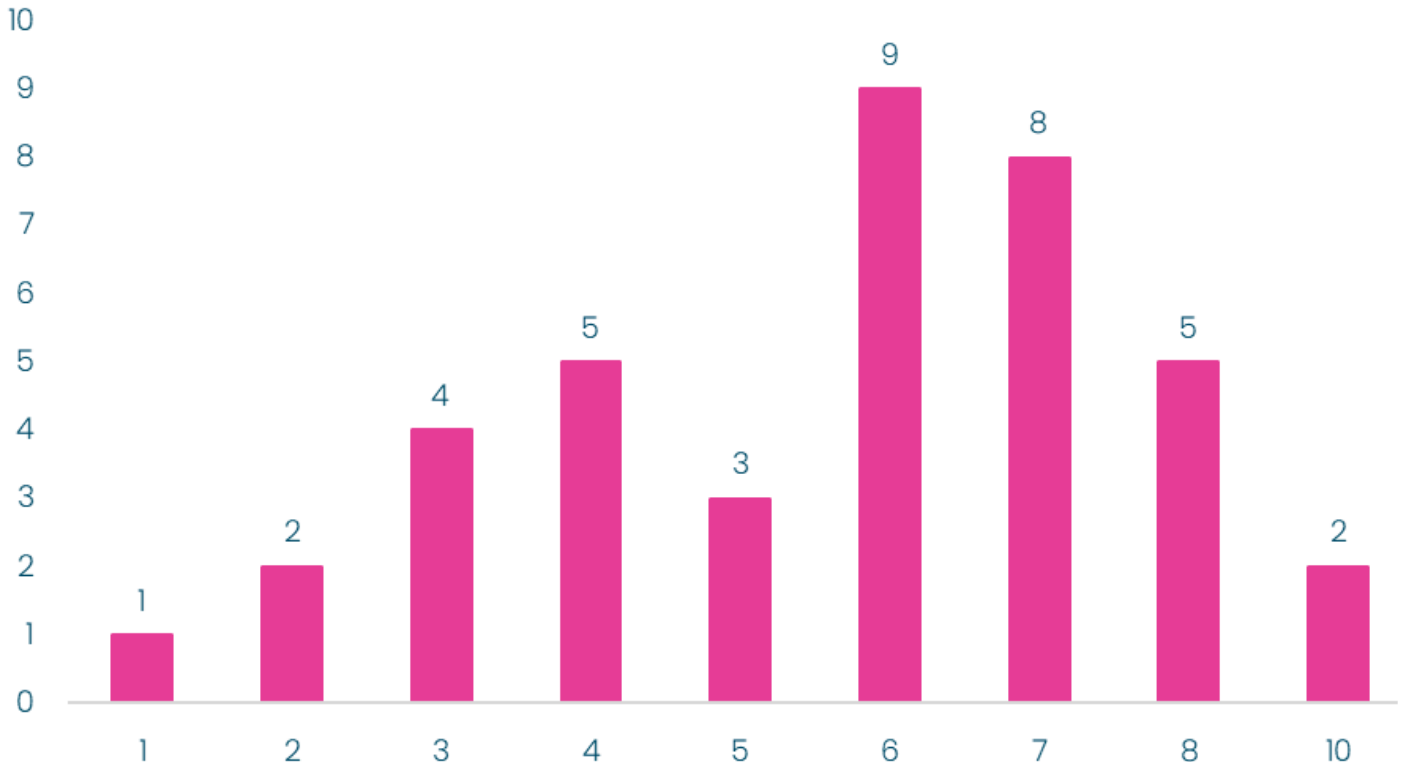
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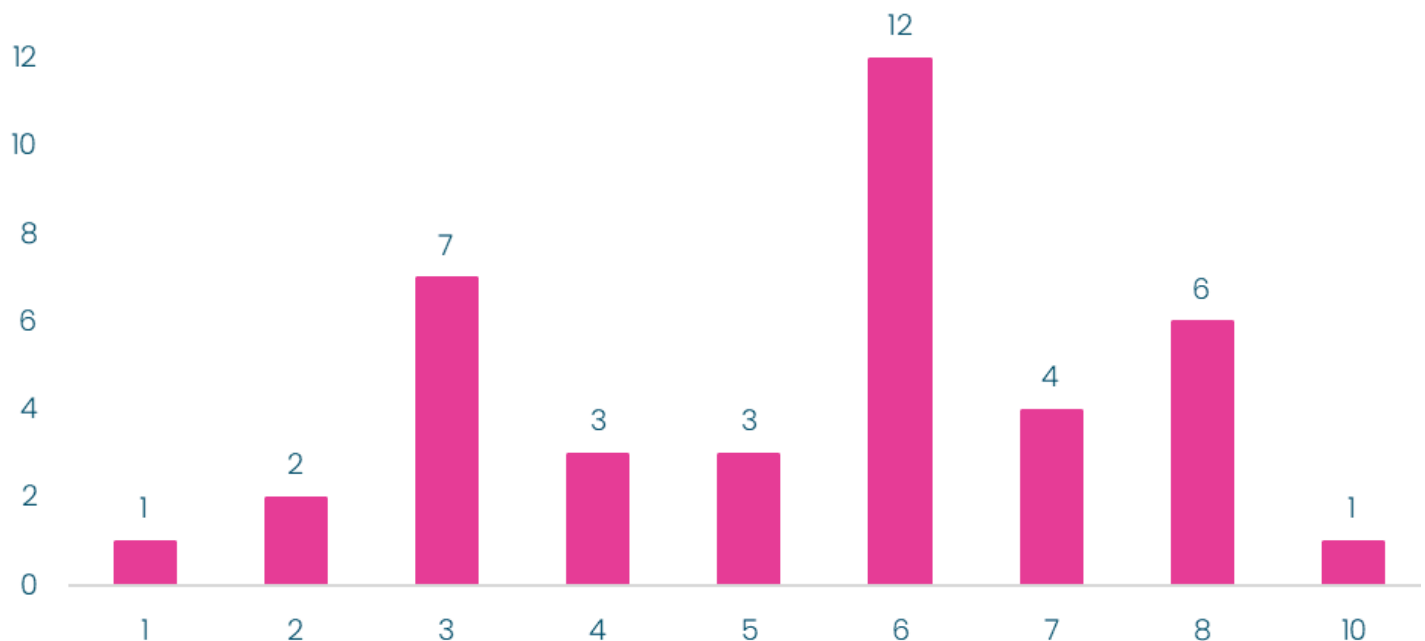


Understanding of Symptoms

How would you rate your understanding of the physical symptoms of perimenopause/menopause? (1=no understanding, 10=full understanding).

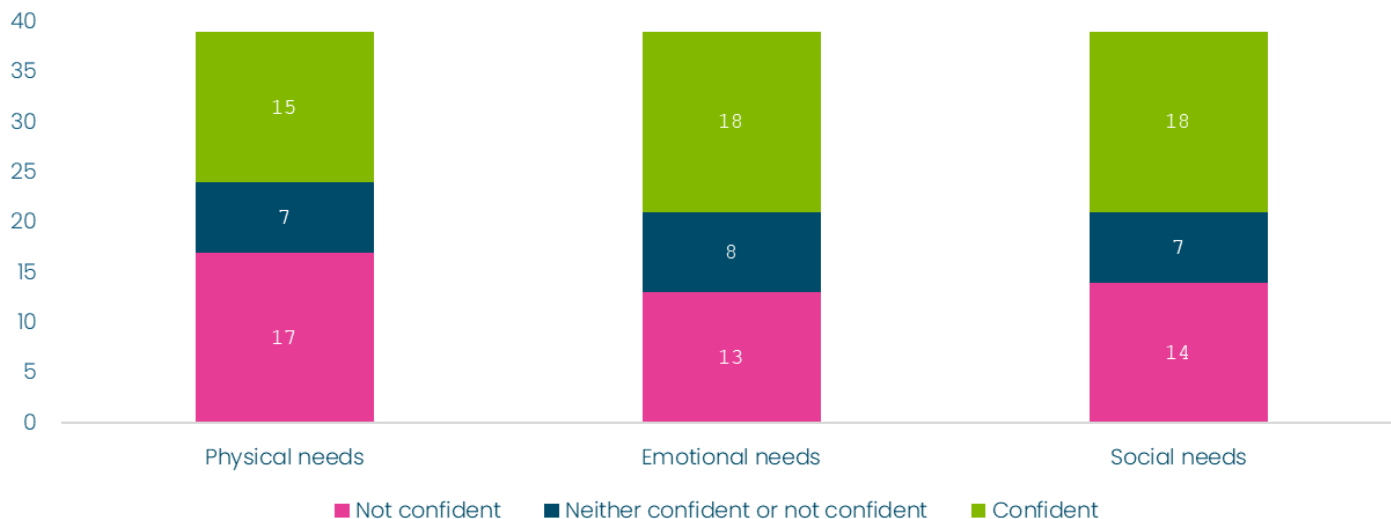


How would you rate your understanding of mental wellbeing during perimenopause/menopause? (1=no understanding, 10=full understanding.)



Knowledge and Confidence

How confident are you in your ability to effectively support the following needs of your loved one experiencing perimenopause/menopause?



When loved ones were asked if anything would enable them to feel more knowledgeable and confident during the menopause process, almost half of all individuals commented on the need for increased levels of education and information. Similarly, loved ones expressed a desire for further information about symptoms, and how best to manage these, alongside resources about where to seek support locally.

"Maybe information that suggests things you can try to do as the partner/ husband- even if it's quite simple, it would be good to have a list of 'if she's really in a bad way, try doing this.'"

"More information and guidance given to family members of someone going through the menopause- strategies to help them."

"More leaflets/advice/information about menopause."

"Wider knowledge about the symptoms and how my loved one might be effected."

"Maybe education sessions for either single people or couples at the onset? A bit like pre-natal classes to cover what is happening to the body, what to expect, medical options, how to help with symptoms, services available, share experiences, impact on family, self hep ideas, relaxation, sleep hygiene, good foods to eat etc."

Knowledge and Confidence

When loved ones were asked why women may not feel comfortable openly discussing their experience of menopause, the majority of people highlighted gaps in knowledge and a lack of confidence in the awareness of symptoms. Interestingly, responses from male loved ones highlighted a strong indication of wanting to help and be empathic towards their partner, however they felt the current offer to upskill their knowledge base was limited.

"I think as a male, it is difficult both ways for the conversation to flow effectively. As someone who has never experienced a period or menopause, it is difficult to be overly empathetic. This is not ignorance however, I would like to learn more about how I can support others around me."

"It was a lack of knowledge, we didn't realise the menopause was having such a huge impact on her mental health and we thought she had just become psychotic."

"The symptoms linking to the menopause can be common symptoms to other things, so it's how to know when it's menopausal."

"Being more open about the symptoms and early intervention."

"Help educate the male partners but I'm also sure there are plenty of women out there that don't know very much about it as I'm sure they would rather not think about it."

Similarly, some people specifically mentioned formal education pathways and the need for upskilling in these areas.

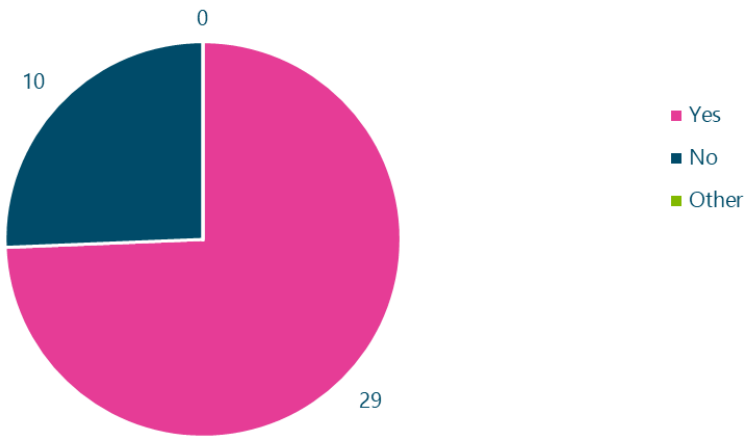
"It should be included within the educational curriculum."

"Education in schools."

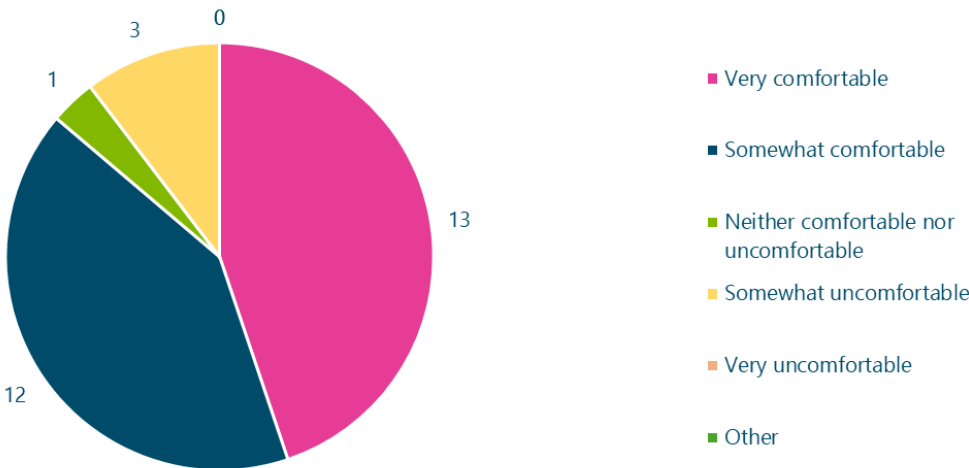
"Better education and training in schools and particularly within GP Surgeries, it should be mandatory for them to have extra training."

Discussing Menopause with a Loved One

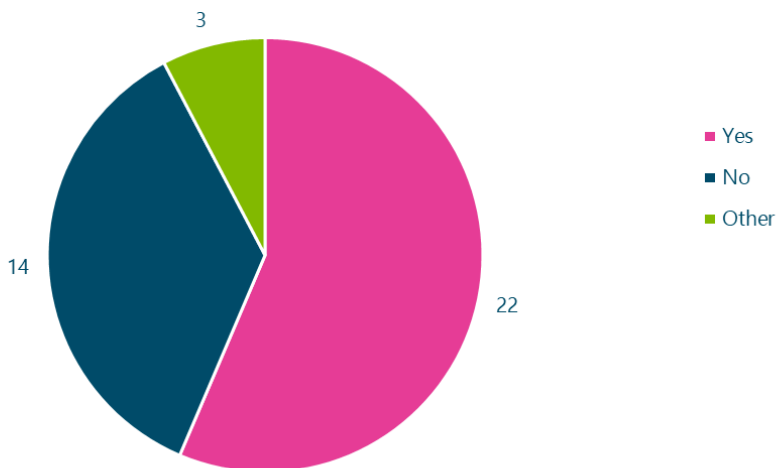
Have you actively discussed perimenopause/menopause with your family member/friend experiencing it?



How comfortable and open did you feel during these conversations?



Did your family member/friend share openly about their mental health during perimenopause/menopause?



Discussing Menopause with a Loved One

When enquiring if loved ones have open discussions regarding menopause, individuals reported having minimal to no conversations, resulting in a significant gap in awareness and support. The need for greater communication and education on menopause is evident, particularly in workplaces, the home environment and within the curriculum, ensuring society has a better understanding of this.

“They just got on with it, we didn’t really have conversations about it. You don’t sit down and talk to your child about the menopause. It’s causing all this chaos within the home and you’re not given any warning.”

“Even now I don’t know a lot about menopause, I’m only 28 and I’ve never been spoken to about it. There should be more awareness and more support available within workplaces, it’s not always clear for people where they can go to for support within the community.”

“I didn’t know much about it and didn’t really talk about it.”

“When I was young, no one mentioned it or talked to you about it.”

When loved ones were asked how comfortable they felt having conversations regarding menopause, alongside what might prevent women from talking openly, the majority of individuals acknowledged that they felt discomfort doing so. Some people specifically highlighted the discussion of the menopause process to be a taboo subject that is still socially stigmatised, leading to an awkwardness when talking about this.

“It’s a taboo subject, they feel like what they may be experiencing may not be menopause.”

“Social stigma.”

“Awkwardness.”

“It’s very taboo and never discussed.”

Furthermore, individuals discussed the emotional challenges and strains on personal relationships as a result of perimenopause and menopause. Some loved ones expressed feeling hurt, alongside feeling the need to protect their own emotional well-being due to the symptoms presented by those experiencing menopause. Individuals discussed relationship breakdowns because of this.

“I felt hurt by the things she was saying to me at the height of her struggles so I was trying to look after myself and protect my own emotional wellbeing.”

“Her not recognising when she was being unreasonable, starting arguments over nothing. It made me want to avoid her.”



Discussing Menopause with a Loved One

"My mum and dad got divorced, my mum turned horrible."

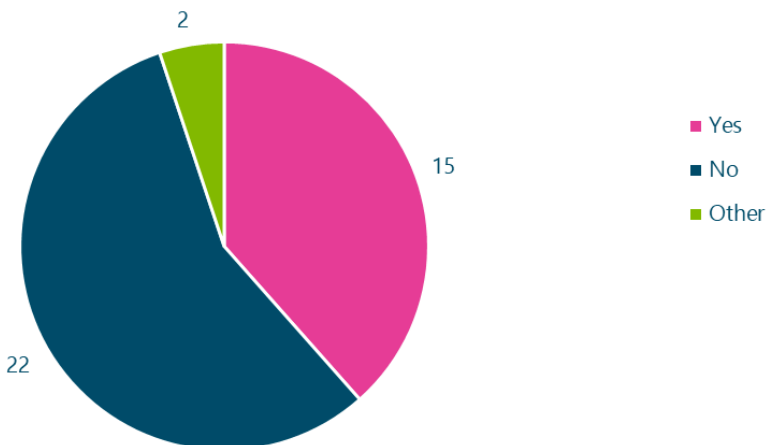
"Estranged from them as the behaviours that were being exhibited were 'challenging' and the language trauma inflicting."

In contrast, a small number of individuals noted having positive communication with loved ones, specifically the openness from younger generations.

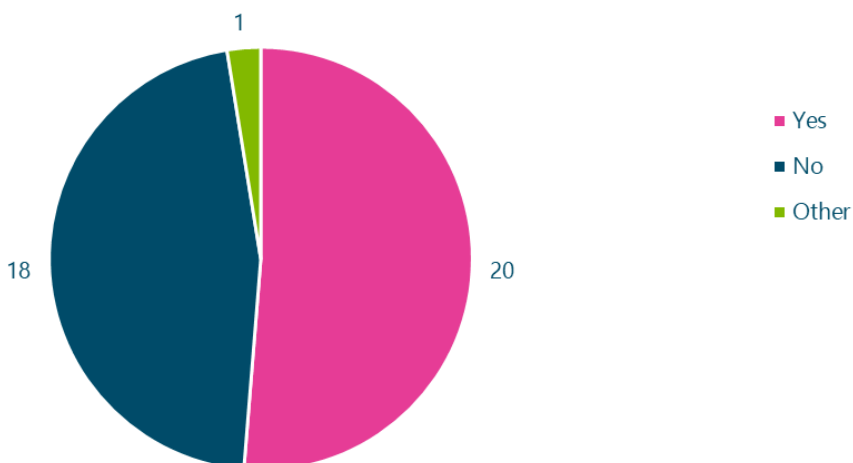
"I do feel comfortable having conversations; young children now are also quite open."

Challenges

Has their relationship with you, or other family members, changed in any way?



Have you encountered any challenges supporting your friend/loved one?



Challenges



When loved ones were asked about the biggest challenges faced surrounding perimenopause/ menopause, the majority of individuals mentioned mental health challenges. More specifically, a sudden or dramatic change in their loved one's mood is often characterised by increased anxiety and depression. Some loved ones felt that slow support from healthcare professionals exacerbated these issues, leaving family members overwhelmed and struggling to cope. Other comments reference the impact of the physical and mental symptoms of menopause, such as hot flushes, brain fog, low self-confidence and tiredness, noting the detrimental impact these had.

"My mum went from being an incredibly kind and caring person to being horrendous over night, she was so verbally aggressive and cold out of nowhere. She repeatedly said she felt like she was going crazy when she was in her "good" moments and could reflect on what she was doing. Her whole behaviour just changed."

"Yes definitely. Not only the symptoms themselves, but also the impact that it has on ones understanding of self, and perception of self. Support from the GP was slow, and the decline of their mental health was quick and could have been prevented if the GP had acted sooner."

"My mum seemed to change quite dramatically. She was very quick to temper and very quick to become upset. She would start arguments and be very offended easily."

"Significantly, the extreme worry and anxiety completely overtook her life. I would receive numerous phone calls through the day having to provide clarity which impacted our relationship as I didn't fully understand at the time and it was overbearing and draining."

"It did change with my mum but we have since worked through it with my understanding and attending doctor appointments with her. It was overwhelming for me managing my own hectic work/family/volunteering/ social life, I was then receiving numerous calls having to take the time to provide clarity on nonsensical issues, it was draining."

"Lower self-confidence and poorer mental health. Worry about the symptoms, future health problems and affordability of menopause prescriptions."

Challenges

Others discussed the strain upon their relationship as a result of menopause, identifying this as a challenge. Some individuals described their relationship as becoming more argumentative, with partners feeling more self-critical, irritated and prone to mood swings. Other comments highlighted a reduction in intimacy and isolation, often paired with a communication breakdown.

"We have a turbulent relationship anyway, but this seems to have increased significantly in the years since her starting menopause. She would start arguments over nothing and generally make me and my siblings feel awful, accuse us of not caring and not wanting spend any time with her, but she would equally not want to spend any time with us. Our relationship is still very much turbulent now."

"Felt like walking on eggshells."

"She had been more critical and irritated by both her son and me, but lately (especially after getting medication and taking on her condition) she has been pretty much as it was."

"I worry about her more than I used to - my mental health isn't good so we had got into a pattern of her caring for me. Things are a bit more equal now I think. I don't like to see her so sad and anxious, I try to be better about doing things around the house so she's got less to worry about."

"Can sometimes become 'snappy' with her loved ones, less patience, mood swings can affect relationships with others and she can sometimes withdraw herself from social situations and become isolated."

"Reduced sex life as her sex drive is lower."

In addition, loved ones noted feeling unsure how best to assist effectively, often facing a lack of communication with some women being resistant to any support. Individuals noted feeling helpless, worried and stressed as a result of this.

"It can be stressful."

"It's hard to support someone when they do not have any motivation to help themselves and you see the change in them become worse."

"They sometimes refuse help, don't think they need it."

"When she's very low for longer than a few hours I don't really know what to do - she used to snap out of her low mood much more quickly but now they last longer, it gets me down too."

"They were not open with what they were going through."

Challenges

A small minority of loved ones feel the medical support provided for menopausal women is challenging, leaving individuals feeling inadequately informed and supported. Loved ones highlighted the need for earlier intervention as opposed to a reliance on medication, often feeling doctors are prescribing HRT without offering comprehensive guidance surrounding this. Consequently, women often seek support from friends, specialists, or through their own research, sometimes at a significant personal cost. Loved ones expressed a need for empathetic healthcare to help address this, allowing women to feel heard.

"She has found advice around this area is not easy to get, despite the fact it is supposed to be being promoted presently - health officials don't really tell you enough, just give you HRT and expect everything to slot into place but actually I still think she needs some more support around what changes she is to expect, how her emotions will react and what she can do to calm that, how she can take control of the condition and also how much the HRT does do, is it doing enough and what else can she use to help."

"Lack of GP interest around anxiety in menopause, just prescribing medication. Had to pay £250 to a menopause specialist for support."

"GP services and occupational health not understanding or supporting appropriately."

"A more effective offer from health care professionals, so my mum wasn't reliant on her friends giving her advice or doing her own research. Everything she did to make herself better she found out or bought off her own back. For the culture surrounding menopause to change."

"For mental health professionals to consider that the result of the perimenopause/menopause could very well be an 'unmasking' of underlying neurodiversity."

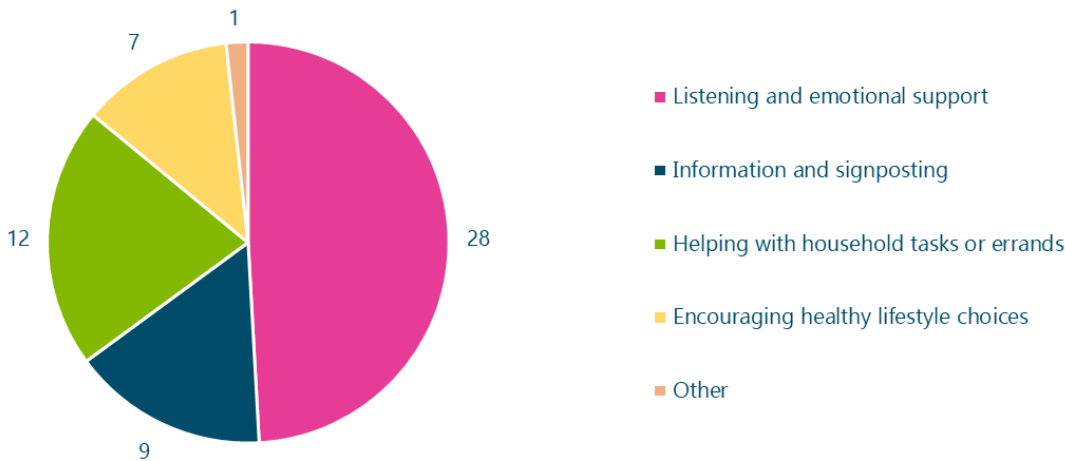
"Earlier intervention by health care professionals, not just passing it off as just the menopause."



Additional Support



What have you found to be helpful in supporting your loved one through perimenopause/menopause?



When individuals were asked what additional support would have been helpful when supporting their loved ones through perimenopause/menopause, the majority of participants identified educational upskilling as a top priority. Individuals discussed their lack of awareness with regards to this, recognising increased knowledge would have proven beneficial to better support those women experiencing menopause.

"If I knew what my Mum was going through, I wouldn't have put her through additional stress. I should have known more."

"I was a teenager and a bit of an arsehole. When I look back, my mum went through so much. I didn't know much myself so I wasn't very helpful."

"If my mum had communicated with me I wouldn't have been so harsh on her, it's only with hindsight."

"Helping with tasks rather than just saying 'oh mum is having a hot flush again.'"

Similarly, loved ones highlighted the need for more community provision and promotion, whether this be via informative support groups, exercise clubs or a local menopause champion.

"More events, specialists in the local area. Not just signposting to online material."

"A champion for menopause."

"Menopause hub."

"Counselling, support groups, advice."

"Local support groups, exercise sessions specific to menopause, easier access to info."

A small number of loved ones also discussed the need for additional support within the workplace.

“Employers being more supportive.”

“More workplace understanding and consideration for those going through.”



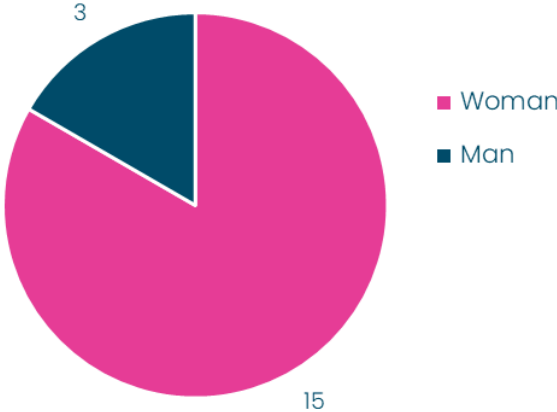
Employers & *Menopause*



Employers and Menopause

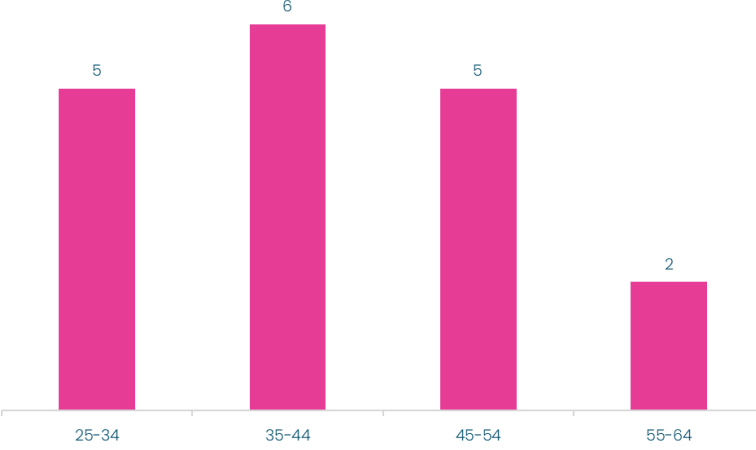
Gender

What gender do you identify with?



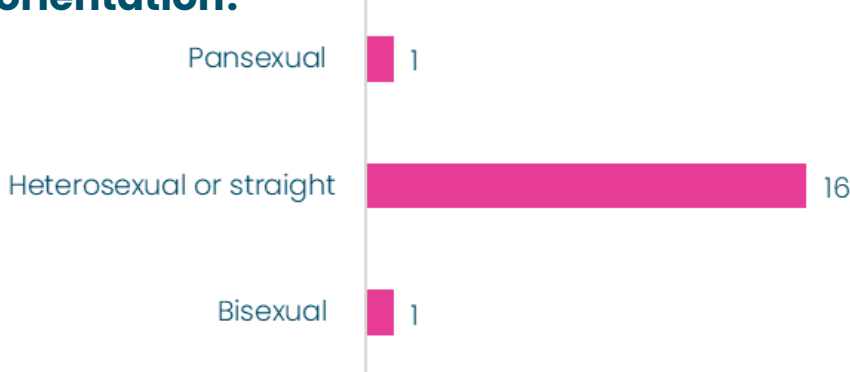
Age

How old are you?



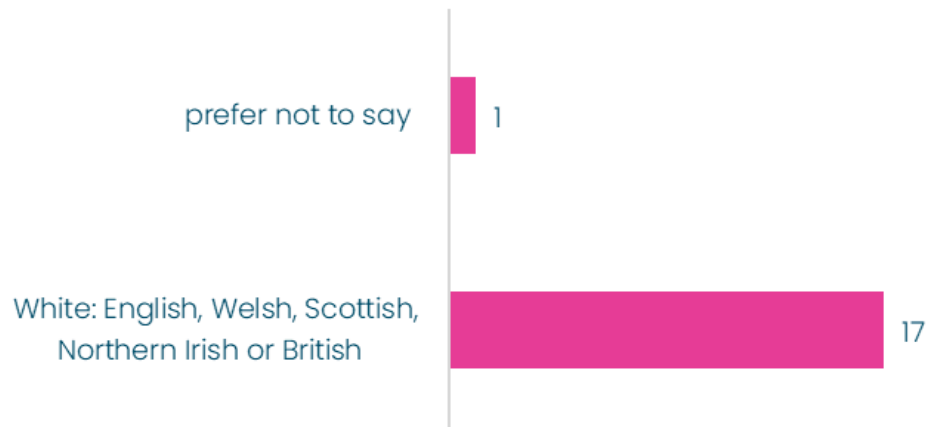
Sexual Orientation

What is your sexual orientation?



Ethnicity

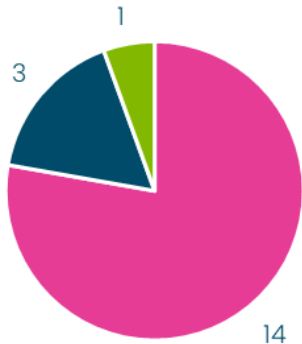
What is your ethnicity?



Employers and Menopause

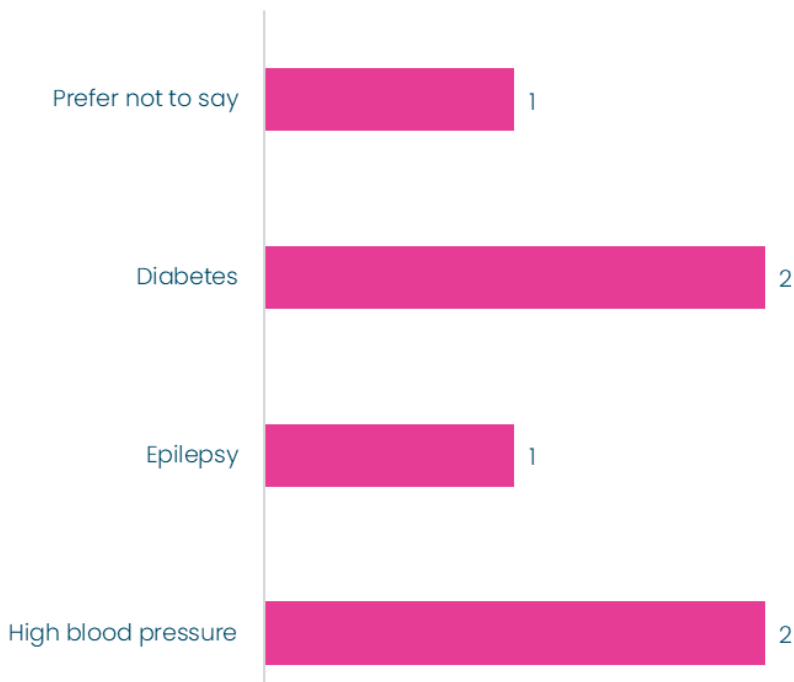
Long Term Conditions

Do you have a long-term health condition or disability?



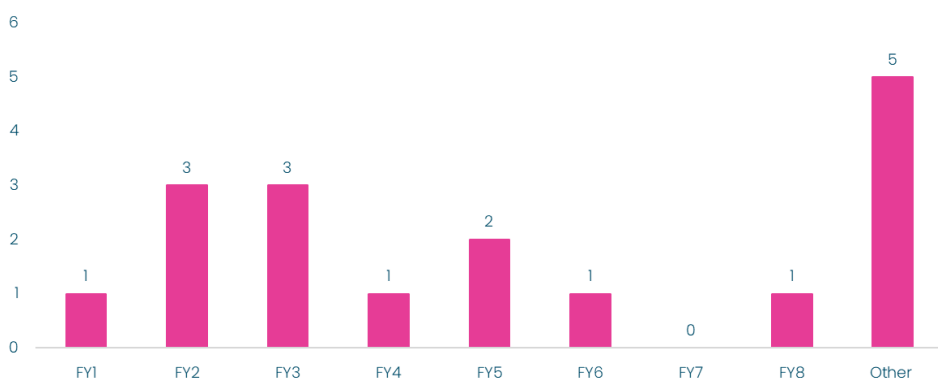
■ No ■ Yes ■ Prefer not to say

Which of the following long-term health conditions or disabilities do you have?



Postcodes

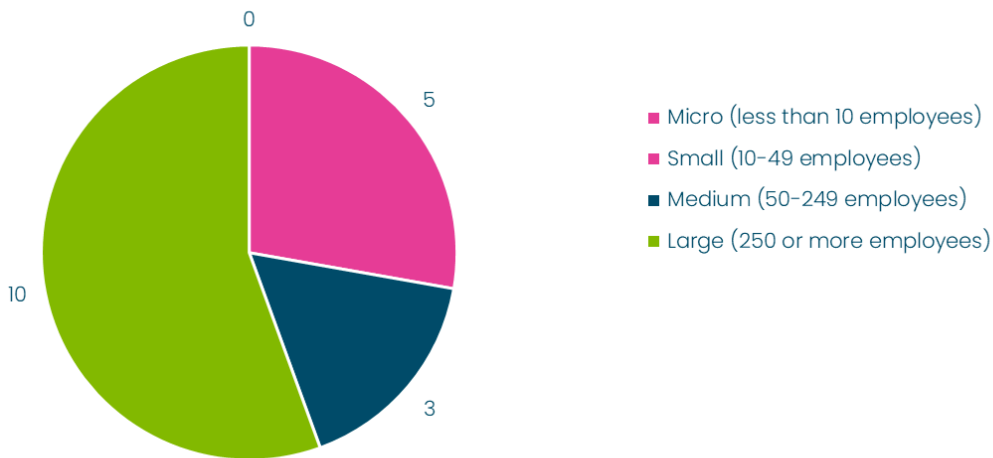
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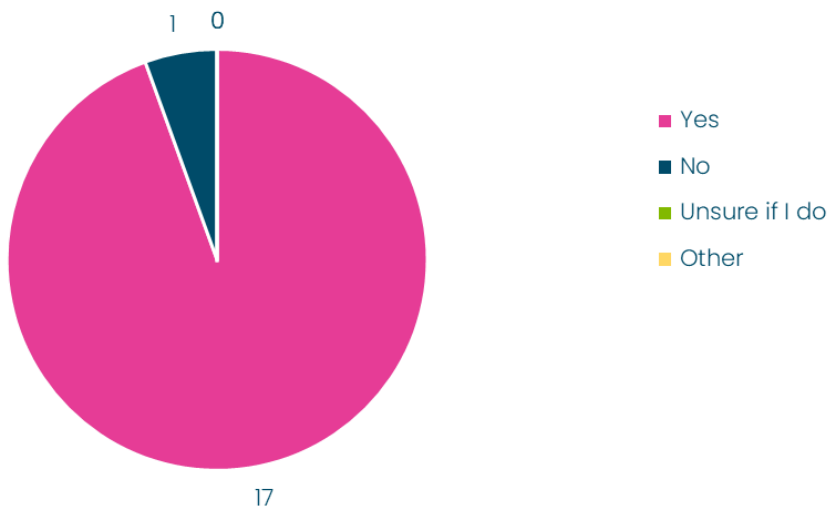


Overview

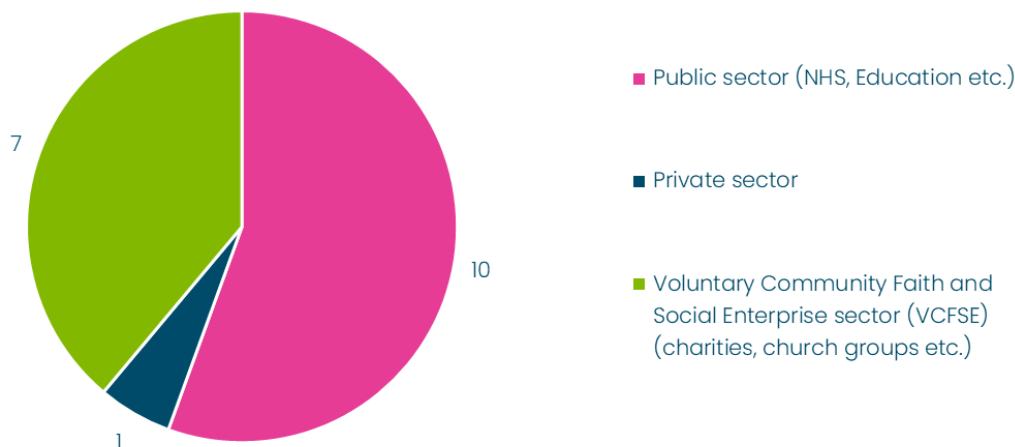
How big is your organisation?



Do you actively manage employees experiencing perimenopause/ menopause?

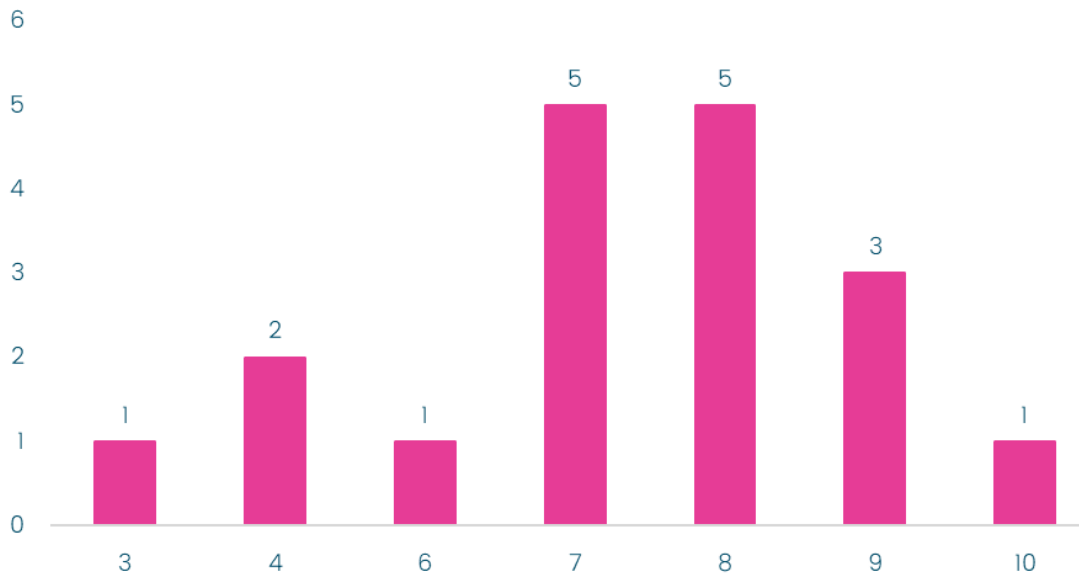


What sector are you in?

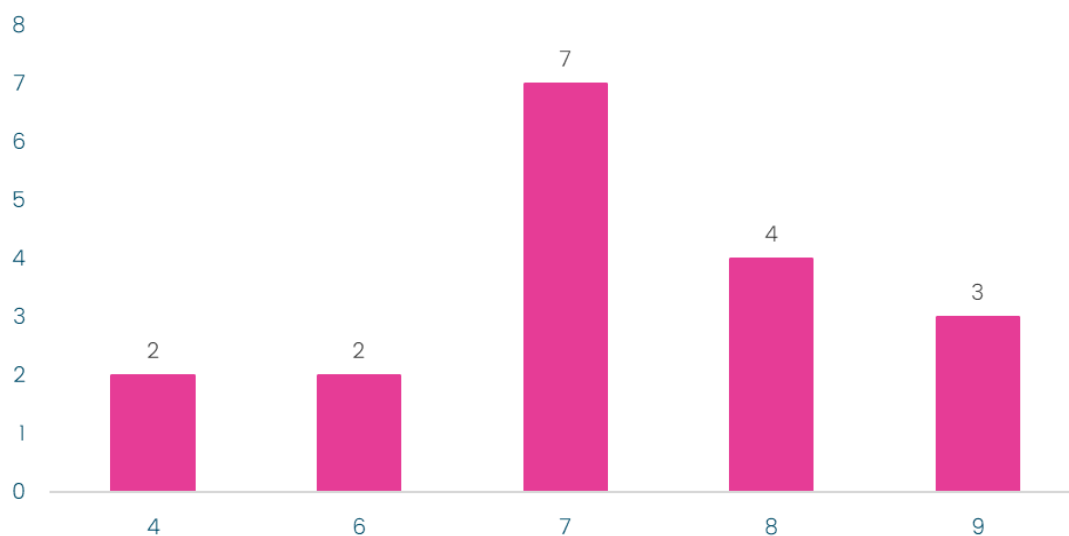


Understanding of Symptoms

How would you rate your understanding of the physical symptoms of perimenopause/ menopause? (1=no understanding, 10=full understanding)

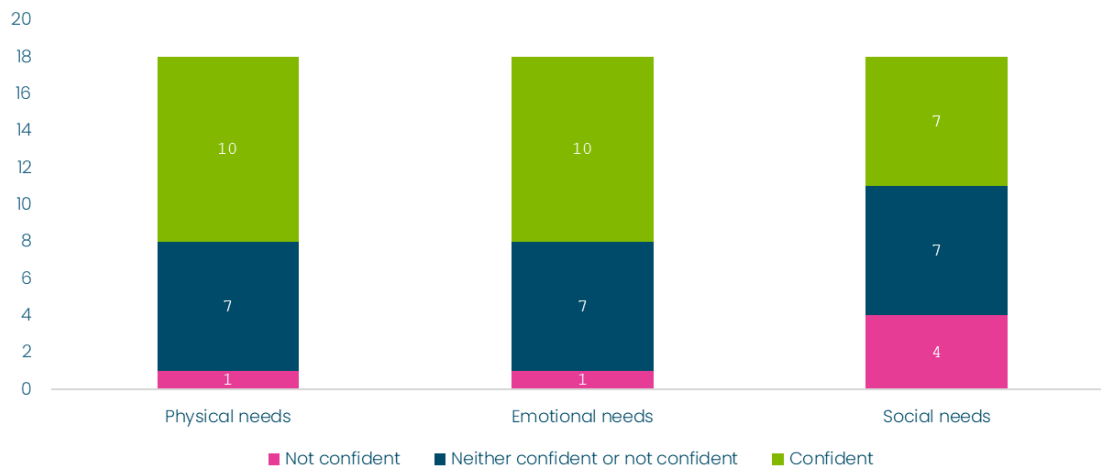


How would you rate your understanding of mental wellbeing during perimenopause/ menopause? (1=no understanding, 10=full understanding)

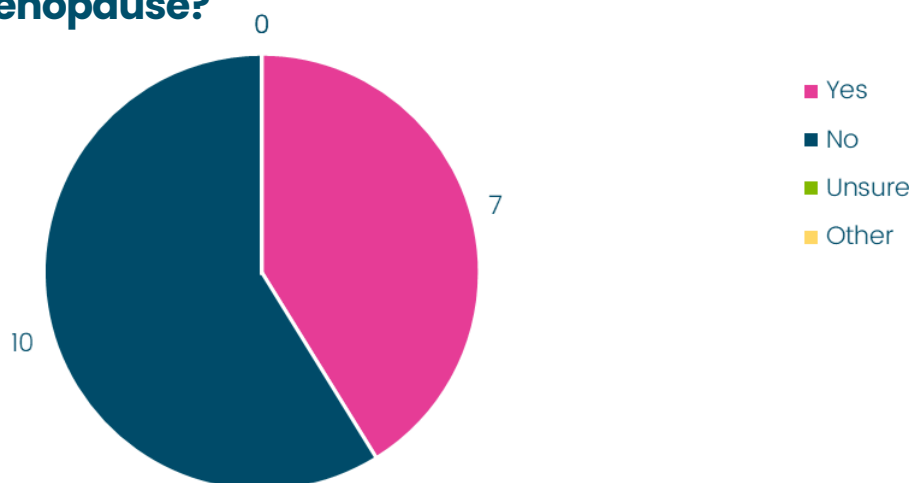


Knowledge and Confidence

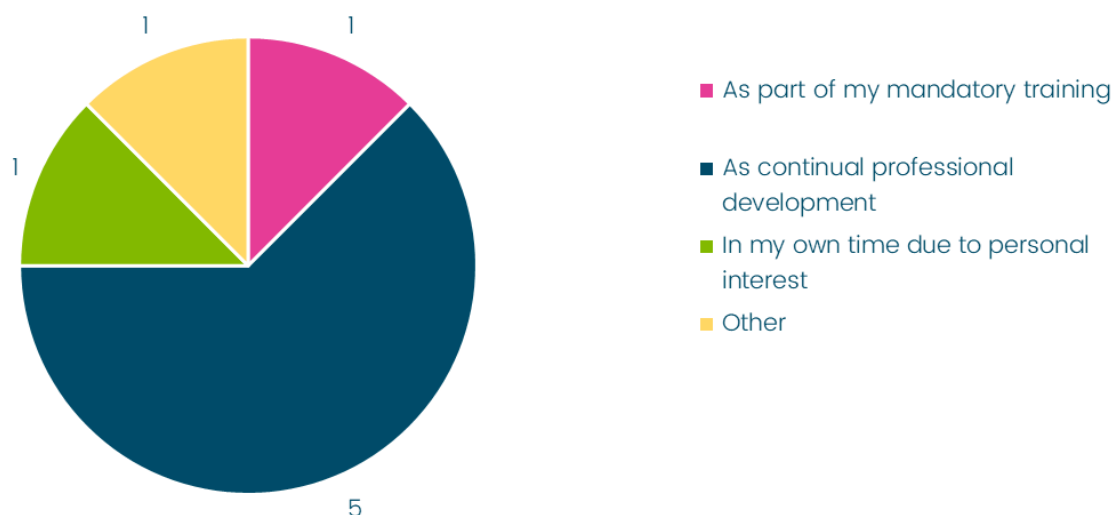
How confident are you in your ability to effectively support the following needs of employees experiencing perimenopause/menopause?



Have you received any specific training for perimenopause/menopause?



I have received menopause specific training...



Knowledge and Confidence

Of the employers and line managers who completed our survey or spoke to us within our focus groups, the majority felt that they were confident in their ability to adequately support women experiencing perimenopause and menopause. In many cases, this was due to drawing on their experiences supporting staff or their own partners through menopause or reflected in instances where employees have approached them to discuss menopause and they have been able to provide flexible working.

“Yes I feel confident and I draw on my knowledge from living through it with my wife.”

“I feel confident now we could deal with it as an organisation. We’ve had a situation where someone has been reallocated and this was new territory because it was quite drastic, we were unable to keep her in that position because it was safety critical. We’ve all learnt from it including the managers and there were lessons learnt, it made people think about language they use.”

“I have another member of the team who went to the doctors the other day thinking she’s starting perimenopause, the doctors aren’t convinced but she’s had a blood test. I felt pleased that she could instantly come to me and tell me.”

Other employers and line managers discussed how receiving menopause-specific training has increased their knowledge and subsequent confidence in supporting employees experiencing perimenopause/ menopause. It was shared that face-to-face training, delivered by women who had experienced menopause, was particularly beneficial. Conversely, those who had not received menopause-specific training shared that this negatively impacted their level of understanding and confidence in supporting employees effectively.

“I have, it was half day training session which was delivered for people in leadership positions about 18 months ago. The woman delivering the training had lived experience and worked locally. She demystified what it is and what our responsibilities are as leaders. I found it helpful and felt I grew in confidence again. It reinforced that this is a crucial issue and gave me confidence to talk and listen appropriately.”

“Training was done by a lady who left her previous employment because of the menopause, it was external and managers went on it. I found it really useful but some of the stuff I learnt, I don’t necessarily agree with it. They touched on the male menopause a little bit. I’ve had a member of the team whose dad has had breast cancer and that was good for me to support her. We have a member of my team who is a menopause champion at work so that helps. I was surprised at the wide-ranging impact menopause can have, I learnt loads about the different symptoms.”

“Menopause is not the most skilled area of work for the people that work here. I feel like there is difficulty with the level of understanding, and dealing with it in the right way when we don’t have the education behind us.”

Knowledge and Confidence

A small number of employers and line managers shared that they lacked confidence in supporting employees, in some instances due to the difficulties of balancing the employee's needs with the wider needs of the business. In other instances, this was due to feeling that employees themselves were not forthcoming with discussing their menopause symptoms, and therefore this impacted their ability to support employees effectively.

"Our ability to be flexible around roles is difficult because they're safety critical. We want to look after staff but it was difficult."

"I am more reserved about my symptoms so I can see it from both a person who is going through that and requires help and I get it from a supervision point of view because ultimately we are trying to reduce sickness."

"I shared communication and a draft policy and I was shocked and upset about the number of women experiencing menopause, not knowing what they are going through and didn't feel confident about talking about it in the workplace."

In addition, employers and line managers discussed the impact of working in a male-orientated industry can often impact the knowledge and confidence to support employees. Some participants discussed how conversations with line managers who are male may differ, potentially due to a communication barrier between men and women due to differing experiences and emotional expression. Conversely, one participant discussed how male line managers whose wives had experienced menopause may provide them with greater understanding and empathy for their female employees experiencing menopause.

"Part of the male thing is there is a lack of understanding in lived experience, but also there is a history of being juvenile and immature about things like that. The role of men as well, even if a man has grown up and doesn't go into those juvenile comments, there is then a thing about not knowing how to support."

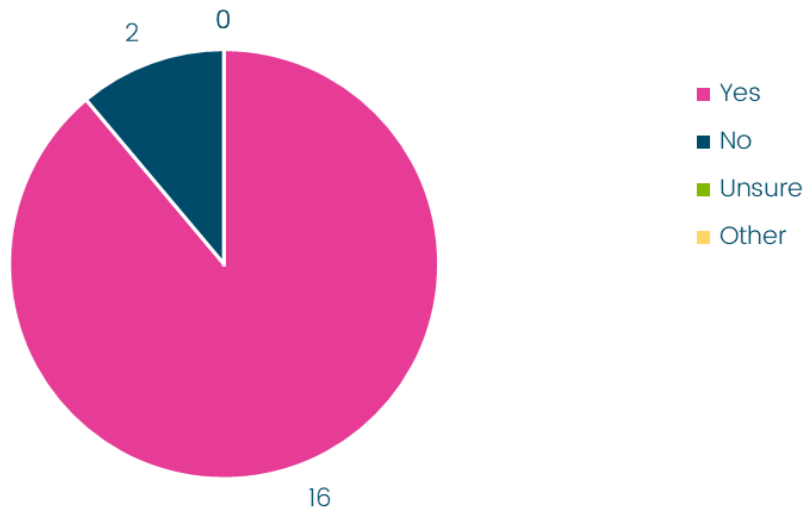
"We work in a male-driven industry, so conversations might be different for us than those for example being had in a school."

"Male managers were in there, some of them have wives going through it so they could identify."

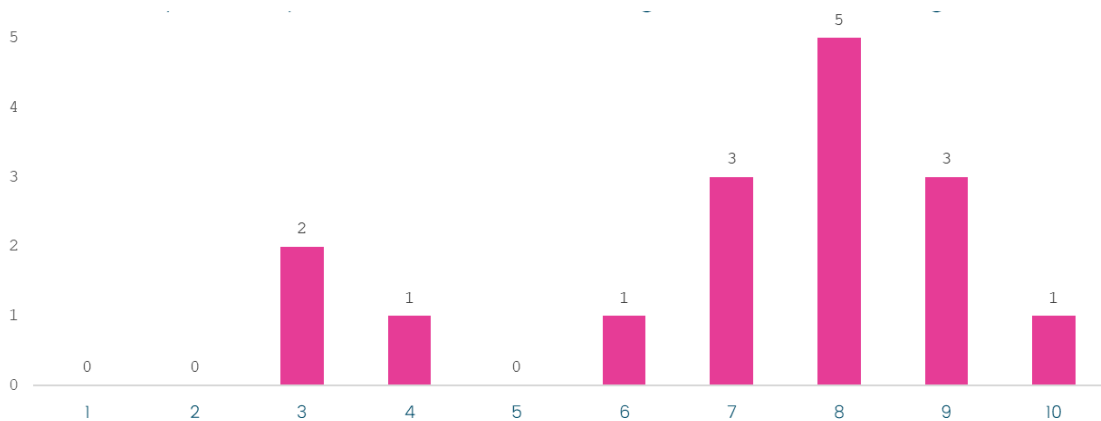


Policies and Reasonable Adjustments

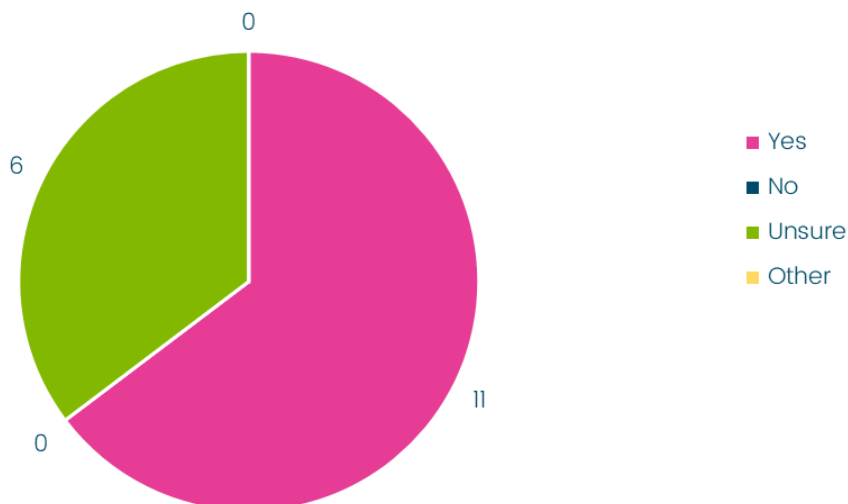
Do you have any specific menopause policies within your workplace?



How would you rate your understanding of the menopause policy in your workplace? (1=no understanding, 10= full understanding)



Does your organisation offer employees any reasonable adjustments for those women experiencing perimenopause/menopause?



Policies and Reasonable Adjustments

Within the survey and focus groups, participants were asked to give further detail about any reasonable adjustments their organisation offers to their employees who are experiencing perimenopause/ menopause. The majority of participants shared a variety of reasonable adjustments, including changes to uniforms, access to fans and providing sanitary products for employees.

"We have brought into place sanitary stuff for women. We are having to supply that ourselves. I've been approached by 3 women, that's why we have put it in."

"There are uniform adjustments for women who may need baggier tops etc. There is the option of light duties such as being office based."

"Some women work close to a door and have desk fans if they need them, they can get up and leave when they need to."

Others offer flexible working to their employees, including the ability to amend start times following a disturbed night due to symptoms, and working from home. One employer allowed their employees to work flexibly to access HRT during a time when there were local shortages.

"Examples include starting later if there are issues around sleep. There is also the option to work from home."

"Flexible working – they call it agile working now. It's just the way I am as a manager. I'm quite flexible anyway."

"Allowing colleagues to work from home if symptoms have been particularly challenging and changing working patterns to combat morning tiredness."

"With at least 2 women there has been flexible working, working from home. One due to feeling unwell and one due to temperature issues. For several women, when there were massive HRT shortages, we additionally offered women to be able to go from pharmacy to pharmacy during work time to get HRT."

Some employers and line managers discussed the importance of approaching reasonable adjustments or flexible working on a case-by-case basis, acknowledging the need for a person-centred approach for employers and line managers to know their employees, and recognise when they need support. Two participants discussed how managers' discretion should be utilised during disciplinary action for menopause-related sickness.

"What I think would happen is if someone approaches their line manager or HR, they would be treated on an individual basis as any other case would be. This would be sorted by the line manager."

"It's knowing the person, one of them fluctuates and changes day to day whereas the other is easier."

Policies and Reasonable Adjustments

"People are individually taken care of, and adjustments are made to suit individuals."

"It is the same disciplinary process if women go off sick for menopause. But a woman isn't going to get dismissed for menopause. It is down to individual discretion."

"It will go down recorded on their sickness record as menopause but it will still trigger disciplinary action – actionable attendance. My view is very much – the supervisor can say this can't be helped, these are the reasons, they are going to gynae etc."

When asked if they had a menopause policy in place within their organisation, responses varied. Some had policies in place that were utilised and effective in supporting their employees. Others shared that they have policies, but are unfamiliar with them or they had not been communicated clearly with line managers and employees. A small number shared that they were in the process of developing their own menopause policy or had no policy at all.

"We have a menopause policy and have an aging workforce so it's all about support and adjustment."

"We do have a specific menopause policy developed on best practice from two different organisations, one of which is a national menopause charity. The understanding of that is to remove the stigma and the shame and addressing that women don't feel confident. Having menopause ambassadors, having more open conversations. Had I heard of perimenopause before I started researching it? No. So having a good explanation of this has been really beneficial. The policy for me is very much about being able to approach the organisation, line managers and ambassadors to have those conversations. Then there is a clear explanation of reasonable adjustments, flexible working, appropriate conversation. The weakness of the policy is implementation. I don't think we've done enough to promote this within the organisation."

"I have looked at it, but I can't remember it. I was pleased to see there was a policy and it had things that were good but I don't think it was communicated well. It came out in a bulletin but it was just if you look at it."

"For us, it is just in a policy but that's all it is. It needs to be a bit more visible."

"What we have done as a result of the policy is in our system of sickness we have menopause as an option of sickness characteristic."

"No policy, not currently but we are developing it at the moment."



Policies and Reasonable Adjustments

For some employers and line managers, creating a work culture and environment where menopause can be discussed openly is of paramount importance. Some promoted this within supervisions, whereas others discussed how having managers who were approachable and had an “open door policy”, or the presence of menopause champions contributed to creating a safe space for employees to discuss perimenopause/menopause. A small number commented on the benefits of having female managers in particular, who are available to speak to employees should this be needed.

“We’ve got menopause champions in the HR team so they know they can come and talk to us. This is something we’ve worked on and I don’t think we’re fully there yet.”

“Fundamentally, the most supportive an employer can be is to be part of the conversation for women experiencing perimenopause/menopause and respond as you hear it, not when asked. A supervisory conversation can become “do you know you can come in later, if you’re struggling in the morning?” rather than waiting for a request to come in. Not everyone will take the offers up, but I think there is some reassurance in the promise of flexibility.”

“In supervision, I have a big section about wellbeing. One supervision is very concise and problem solving, whilst the other is reaffirming confidence.”

“We have a close team and an open door policy so people can come and talk to us. If people want to talk to a female we have one in our office.”

“There are 3 female managers who they would feel comfortable approaching. It is nice to see more female management. If they can sense we are approachable, even the lads will come and talk to us.”

Others shared how having access to external support was beneficial, as this allowed them to refer employees to other services aimed at promoting their mental and physical well-being. This included access the healthcare appointments, counselling and occupational health.

“We have a fantastic wellbeing website if we need to. There are a vast array of services. If struggling to get into own GP they can get us into a GP to be seen.”

“There are posters around the building with QR codes to the health app. There is the occupational health team, where there is access to doctors and nurses.”

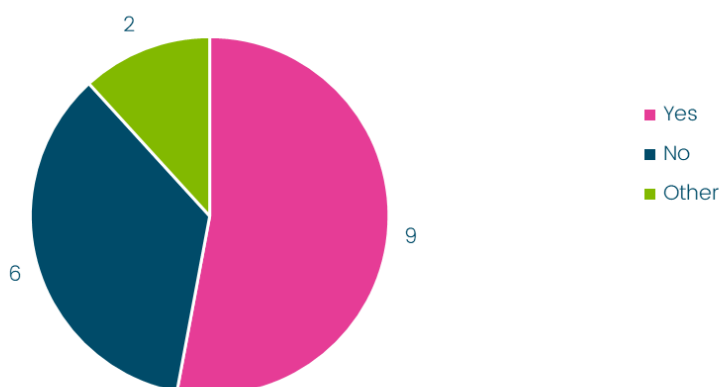
“We do have a wellbeing package with the schools advisory service. This is accessed via the app or by ringing the phone number. It offers access to the nurse/GP via a private appointment and menopause is mentioned specifically in this section. They can also access other benefits such as five sessions of counselling etc. This is all confidential and separate to school. We don’t know what staff are accessing. We can also do an occupation health referral.”

“Coaching and counselling employee assistance scheme.”

Challenges



Have you faced any challenges when supporting employees experiencing perimenopause/menopause?



For employers and line managers, one of the biggest challenges they face is staff still feeling as though there is a stigma around openly discussing menopause within the workplace. Some employers felt that staff are still reluctant to discuss their menopause symptoms due to being given a “label” or out of embarrassment.

“There is still a culture of not wanting to know, not wanting to talk about it, feeling embarrassed about it. Feeling like you are going to be given a label.”

“It’s knowing about it – whether they want to talk about it. If there was underperformance and you didn’t know the underlying reasons for it.”

“The reasonable adaptations aren’t the difficulty, it is being confident that people feel confident to come and ask.”

“It’s still embarrassing for a lady to ring up and say this is happening if it’s in relation to women’s health.”

“Acknowledging menopause and the symptoms directly to me. Still a big stigma.”

A small number highlighted issues around the impact of supporting an individual experiencing perimenopause/ menopause, while also managing the business needs. One employer discussed issues around the lack of productivity and strain on staff relationships due to mood swings.

“Lack of productivity caused real problems, because they weren’t getting on it caused problems. You didn’t know from one day to the next what mood you would get, haven’t had many challenges since. Underlying health conditions contributed to this.”

One person expressed concern about symptoms being cited as a reason for poor working practices, particularly where women may be under 45 or over 55, demonstrating a lack of knowledge and misunderstanding of early menopause and how symptoms may persist, even after periods have stopped.

Challenges

“Some employees have sighted “menopause symptoms” as a reason for poor performance, missed deadlines and other mistakes at work. They have used also sighted menopause in disciplinary meetings. There is a culture building that poor working practices can be attributed to menopause and that no action can be taken as if the individual states they are experiencing menopause, they receive a free pass. Some staff are sighting menopause symptoms as reasons for poor performance and mistakes as young as 43 and as old as 57.”

Some managers felt the biggest challenge within their organisation is a lack of understanding and training to enable them to effectively support their staff. One participant shared how understanding symptoms, particularly from a male perspective, could reduce issues between staff members.

“Probably education and awareness across the board. It’s knowing and seeing signs that someone is struggling. It’s also staff feeling like they can come forward and having that openness in a male driven environment.”

“Feeling unable to support due to lack of knowledge and training.”

“The biggest thing for it is understanding. From a male side of it, I sit here freezing because all the windows are open. If you don’t know about it, it’s going to create animosity. I just put a cardy on, once you understand what it’s for.”

Others shared that feeling supported themselves in their position as managers was their biggest challenge. For some, this was due to a lack of clarity on policies, or the absence of policies entirely which enable line managers with the tools to support their staff. One participant discussed how lacking support from their manager as a manager, was also a challenge.

“There is also a gap within our policies and procedures. Once we have these, I will feel better about pushing it out. I want to be able to give managers the tools to support the staff. Also it’s raising awareness.”

“In terms of policy, we are highly dependent on line managers in buying into that culture. They have to live that out and exemplify it. I would expect every single manager, senior and in fact every member of staff to create a safe culture and environment to come and speak to anyone to come and help. I don’t know how uniform that is.”

“For me as a manager it is me having that support as well. The biggest thing for me is the clarity of thought. I don’t feel I have the support from my manager. But I think what can they do. I don’t feel comfortable asking because I am a manager myself.”



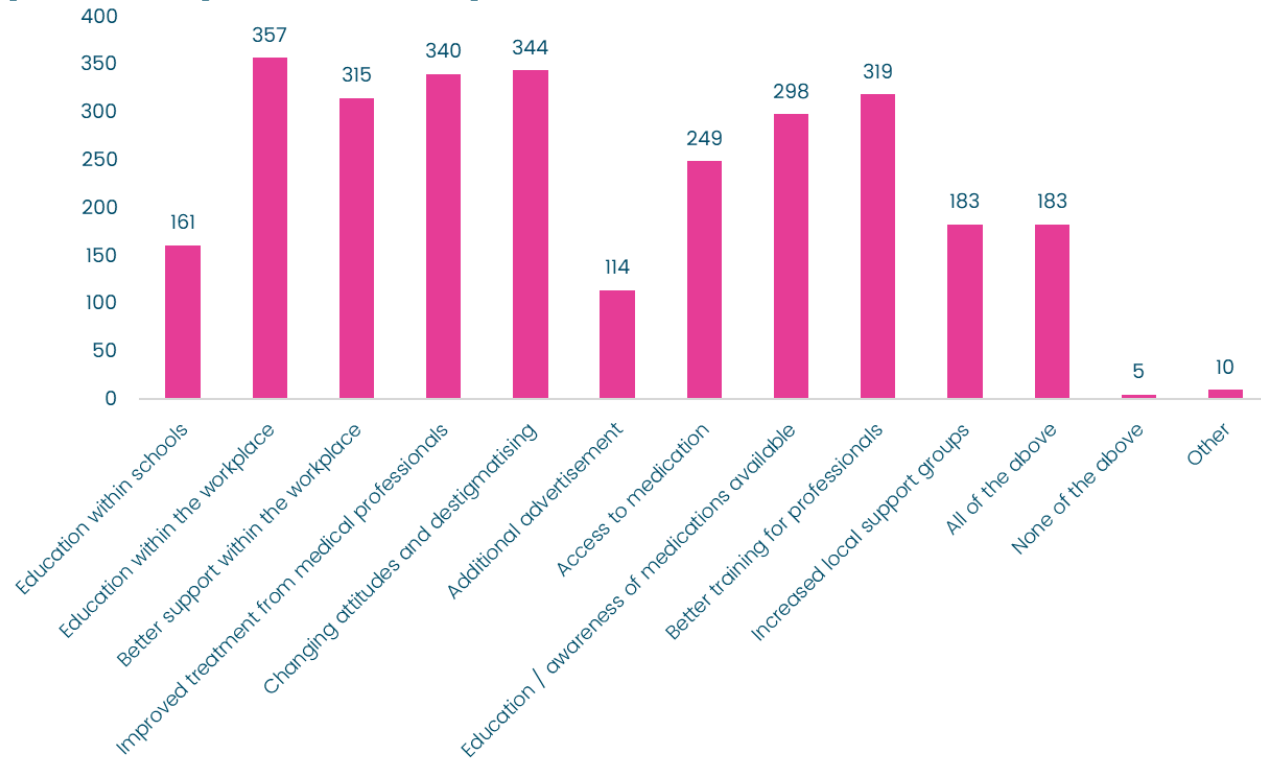
Top priorities
for improving
Menopause
care



Top Priorities – All Respondents

Participants, including individuals, health professionals, employers and loved ones were all asked what they believe should be the top priority for menopausal care. Below are the responses.

What do you think should be the top priorities for improving perimenopausal/menopausal care?



Top priorities – Individuals

Those individuals who are experiencing or have experienced perimenopause/menopause felt that increasing awareness and understanding should be treated as a priority. 41 individuals emphasised the need for open conversations, a better understanding with regards to symptoms and what to expect, as well as an increase in awareness from healthcare professionals and wider society. It was voiced that treating individuals with kindness and compassion during these discussions can help destigmatise menopause, leading to an increase in support and acceptance in both personal and professional environments.

“Awareness and education for everyone so that it’s not a taboo subject or stigma.”

“More understanding of the symptoms of menopause. Some of mine really confused me.”

“Taboo subject, needs destigmatising.”

“More awareness on the television, adverts around the menopause. More out there. More in soaps and things like that.”

“My one priority would be increasing understanding and that awareness of what it can do to you, particularly men. I could sit there and be telling the male manager about being hot and sweaty, but they don’t get it’s a different type of hot and sweaty, especially in our industry. Some women don’t even know they’re going through it, especially here and it takes someone to point it out.”

Top Priorities – Individuals

Similarly, 38 individuals expressed a need for comprehensive training and education regarding menopause to be available for everyone, including individuals themselves, healthcare professionals, employers, men and younger people. Individuals highlighted a need for improved training for GP's and other medical professionals, in order to understand and treat menopause symptoms effectively. Additionally, there was an emphasis on early education in schools and workplaces to increase empathy and improve support. Some individuals specifically hoped for this education to incorporate males in order to increase understanding.

"I think it should be about education. As a woman at 25 they need to be told."

"Educating men needs to happen. I've had boyfriends who are younger and they have no idea."

"Top priorities – education for GP's and education for everyone, younger women."

"It is felt that it would be good for people to undertake menopause training no matter their age, gender, or position. Also, training specifically for men around menopause. Males might find the subject squeamish and/ or embarrassing. They do not want to think about it. It is one way to break down barriers. Often it is not malicious."

"Better training for GP's and more support in the workplace that employers have to put into place."

In addition, 38 individuals felt that dedicated menopause support should be prioritised, incorporating menopause specific clinics and readily available specialist staff, located within healthcare settings. Suggestions included menopause wellbeing hubs, local clinics, as well as support groups, where individuals can share their experiences and receive advice. Additionally, some individuals hoped to create support groups for men, helping to address the wider impact of menopause on families and enable support networks to be formed.

"Access to menopause specialists in a timely manner."

"Being able to access as a one stop shop. Not being passed from pillar to post. Changes in commissioning agreements to allow sexual health services to provide IUS fits/changes for menopause as well as contraception."

"Designated doctors that work alongside gynaecologists, lots more research is needed."

"Local clinics to discuss menopause implications on your physical health as well as mental so that people are fully informed of the affects and what support treatment is available."

"More support groups for people who are going through it to know they are not alone."

"Drop in groups – peer support for family members too e.g. husbands."

Top priorities – Individuals

Further to this, 20 individuals expressed a need for employer support for individuals experiencing perimenopause/menopause. Suggestions included flexible working arrangements, mandatory menopause policies and creating a work environment that respects and understands the challenges faced by menopausal individuals. Additionally, some individuals felt the need for menopausal champions to be present in the workplace, as well as the option to speak to female colleagues if preferred.

“Ensure that women reaching the menopause are supported by another female, not all females are happy to discuss menopause symptoms with male line managers. As a result their work could be affected and the woman is not getting the support she deserves.”

“Menopause policies mandatory for all organisations with female staff. Holistic support, looking at various options.”

“Work related support without deeming to be incompetent.”

“More understanding and acknowledging it from employers – not being judgemental. This isn't helpful.”

“Having an open floor to sit and talk about how you're feeling and what you need on a personal level from the company is what I would prioritise. If we got into a conversation about it then we could pick things out that would help. Equality and diversity at every level of the workforce is so important. Everyone's experience is different.”

10 individuals hoped to be better informed about menopause treatments such as HRT, as well as increase their understanding of other treatment options available to them. More specifically, individuals felt a need for improved training for GPs on the benefits and appropriate use of HRT, as well as a desire for resources that offer advice on managing menopause symptoms.

“GPs need better training on HRT and its benefits. There are still doctors who automatically prescribe antidepressants instead of really listening to the symptoms.”

“Leaflets about this big body change... I also don't like the promoting of HRT to “fix” our bodies... I can't use HRT and there have also been links to cancer from HRT. So why this sudden promotion of it? There seems to be a very ageist attitude towards the ageing woman's body. If its all so serious, why are there all these old women wandering about?”

“Standardised menopause training for ALL medical professionals so they recognise symptoms, listen to their patients, and fully understand prescribing HRT (knowing the new research and evidence, types available etc.)”

“Needs to be an awareness that not everything can be solved with a pill or potion but having advice on what may help some people, whether exercise, HRT, gel pillows, changing their diet, or lavender baths would help.”

“Definitely awareness of medication available, pros and cons and better access to the meds!! I feel it is important that everyone has the opportunity to speak with others who are and have gone through menopause because it can help to feel that you're not alone and are not going mad!!”

Top priorities – Individuals

10 individuals emphasised the benefits of self-help strategies for managing menopause symptoms, alongside lifestyle changes, in order to improve menopausal care. Suggestions included healthy eating and regular exercise, with some individuals hoping for specific exercise and nutrition classes to be implemented, tailored for menopausal women. Practical organisational tools were discussed to help manage symptoms and reduce stress.

“Exercise/nutrition advice classes that are specific to that group.”

“More options for menopause-specific exercise programmes, clubs and help.”

“Yes access to free mindfulness such as meditation classes.”

“Set a spreadsheet up or notes with reminders and prompts. Helps to calm you down as you know where the solutions are.”

“Changing diet can help.”



Top priorities – Employers

Employers and line managers of staff experiencing perimenopause/menopause felt that raising awareness of local support should take priority in improving care. Individuals felt there was a need for clear information and guidance with regards to where individuals can go if they are struggling and where they can learn about their symptoms. One individual felt that this would also be beneficial for partners, suggesting “male support groups”.

“One of the most important things would be information of where to signpost people to that’s local.”

“We’ve done some posters and bulletin notices about it but it would be awareness for people to understand it more.”

“I think just more publicised information, better links to access for information around what’s normal whether they are physical and psychological. I felt like I had a permanent cold coming and it was my allergies – this can be one of the side effects.”

“A clear understanding on actually what support is out there and clarity on what to expect as a woman in terms of symptoms.”

Other individuals suggested that workplaces need to be more supportive, with additional policies being put in place to promote flexible working arrangements and reasonable adjustments, accommodating the needs of menopausal women. Individuals felt there was a need for clear guidance to be developed within the workplace to prevent menopause from being misused as an excuse for poor performance, whilst maintaining an open-door policy.

“Being given the financial support to increase staffing to allow time for those experiencing difficult symptoms etc. We are a team of 9 women, all bar one within the perimenopause age brackets so there is a significant impact but no extra resource to manage just empathetic managers and co-workers.”

“Clear guidance for employers so that menopause cannot be abused in the workplace as an excuse for poor performance.”

“Women should be better informed and workplaces should be better prepared to support those who may experience significant difficulties that impact in performance, mental and physical health. The symptoms can be life changing for some women.”

“Having things in place so they have somewhere to go to. It’s a massive umbrella term with massively ranging symptoms. You can’t just say the menopause. Having the right people in place so they can talk to them and also having reasonable adjustments in place if these are needed.”

Top priorities – Employers

Some employers believed that improvements to healthcare accessibility should be prioritised. Feedback referenced the need for investment in menopause expertise within primary care, and more GP appointments being readily available for women when required. Additionally, one individual hoped for sexual health clinics to be permitted to fit coils specifically for HRT, allowing for waiting times to be reduced.

“Huge investment in menopause expertise, a key part of primary care networks. 2 GP’s in Lancashire who are specialists in menopause. I know several women who have gone private. What is happening is, women are going through hell to the point of being seriously unwell, suicide. As a system and a society we are failing those women.”

“Access to support. My mum had to get her medication sent to Birmingham because it was not available locally, so my Nan had to then post it back to her. There needs to be more awareness, and access to medication/access to get an appointment with the GP needs to be easier.”

“It would be good to have a menopause clinic with specially trained professionals that can cover all aspects of menopause, like we do GUM clinics.”

“Allowing sexual health clinics to fit coils which can be used as part of HRT (not just for contraception). They have the skills to fit coils already and it makes no sense for patients to be waiting for months for a gynae appointment, just to have a simple coil fitting.”

A small minority hoped to see an increase in education and training for everyone within the workplace, specifically addressing prejudice, attitudes and appropriate language use.

“Joint training for men and women. Understanding of prejudice, attitudes, language, use of humour which is accepted but offensive. Language and what flexible working means. Nature of support and how this can change.”

“More education and training in workplaces around the menopause.”

Top Priorities – Healthcare Professionals

Healthcare professionals supporting those experiencing perimenopause/menopause felt that increased education and understanding surrounding menopause, for both themselves and the individuals they support, is paramount. Feedback highlighted a need for healthcare providers to be better informed in order to effectively communicate and address menopausal symptoms. There was an emphasis on normalising discussions about menopause to prevent individuals from feeling dismissed or misunderstood in healthcare settings. One healthcare professional felt the link between poor mental health as a symptom of menopause needs to be readily recognised.

“Education of health professionals – if they are educated enough they can convey it to the patient. If they themselves aren’t comfortable talking about it, they can’t educate their patient. They can discuss HRT and spread awareness. At least they can shed some light to the patient about it. These ladies will come back to you again and again if they aren’t getting the right treatment. Sometimes they come in with mental health, muscle aches. Every time they come in with a menopausal symptom it is not dealt with in one sitting because we don’t tell them it is a wide spectrum. If they go to a professional who only deals with one symptom.”

“Education for healthcare and patients – the general population don’t understand menopause and there is still a fear of HRT with cancer. It is addressing this – the minority cultures who don’t believe in pumping hormones in your body – ensuring they know this is natural. It is the healthcare thing – educating healthcare professionals. More of the male dominated practices – they probably don’t have the extra empathy and knowledge.”

“People in their early 40s are often deemed too young. They may not be menopausal but they can easily be perimenopausal. It is really helpful to give women information, whether this is a leaflet at a routine appointment if they fall into a certain age category. A lot of women don’t know what can affect them. As women we blame it on everything else. As a woman who is 50 and a healthcare professional, even I thought it as just covid and the stresses but actually it was because my hormonal levels were lower. As women we often explain it away.”

“Education for healthcare professionals is really needed. I think they are not sure what to do or worried about using hormones.”

“It has to be in general practice. That is where your first port of call is for patients. There has to be a better awareness and understanding of it here. They should be able to be dealt with by us and the trickier ones being referred to specialists.”

“Mental health – there is huge work that needs doing around mental health to do with menopause. It is often put down to their circumstances. I have seen a huge amount of people with anxiety – it hits them hard and they can’t relate it to menopause. They think they might be anaemic – they never talk about menopause.”

Top priorities – Healthcare Professionals

Other healthcare professionals expressed a need for improved education for individuals with regards to treatment options and specifically HRT, addressing any fears associated with this. They hoped for this education to incorporate non-HRT alternatives, recognising that HRT may not be suitable for everyone. Similarly, one individual mentioned the need for a greater understanding surrounding the availability of local drugs to ensure these are readily available.

“To also educate that HRT is not a cure for all the ills. And not everyone can be eligible for HRT.”

“Availability of HRT which has created a lot of extra appointments. Better information for us as health practitioners to know availability of drugs locally.”

“The main thing for us – if you want an appointment with me you’re gonna be waiting 5 weeks (because I am a part-time). It needs to be pushed that other help is out there. I’m not throwing HRT at anybody – if they don’t want it that’s fine by me. There are alternatives.”

Some healthcare professionals hoped for a holistic approach to be prioritised when developing services, assessing individuals and providing care.

“Developing women’s health services – holistic services, drs, nurses, specialists, pharmacists. I don’t know how we do that. I often don’t think we will get this unless it is a QOF – there isn’t an incentive. It needs to be a QOF and mandatory. It isn’t measured in a way that is incentivised.”

“The holistic nature of an assessment – how they would look to ensure a smooth transition between health hubs and primary care.”

“There needs to be holistic care. At the moment we can do this bit, but not other bits.”

In addition, some healthcare professionals expressed a need for specialist menopause training for healthcare professionals locally, as current training opportunities are limited and often self-funded. Feedback noted that incentivising training would be effective in improving menopausal care.

“Funding for us to undertake specialist training rather than it having to be paid for by ourselves.”

“Only 4 people doing advanced training on menopause (train the trainer) throughout the ICB. They are spread out across the patch. The lady will be able to train others though once she has completed it.”

“Incentivising – it doesn’t happen – no QOF. So therefore, no specific training as it is a private business – across Blackpool.”

“Health professional knowledge is a priority – GP and nurse training.”

Top priorities – Healthcare Professionals

Other healthcare professionals suggested that operational changes are needed and should be prioritised. Specific mention was given to limited staffing with stretched capacity, emphasising the need for more trained professionals to provide high-quality care.

“More trained professionals across Blackpool are needed.”

“Capacity is always an issue, they are just jamming extra things in all the time. Due to the number of appointments that is always difficult.”

“Capacity – from a health hub and GP perspective.”

“What is the impact on primary care? The capacity in CBT, prescribing, following up and how these are followed up – will that be the responsibility of primary care or the hubs?”

A small minority of individuals recognised the benefits that support groups can bring and how these should be readily available to individuals, should they wish.

“Some of these women like to talk in groups. I don’t run a group because I don’t think it is beneficial – other women to hear how crap somebody’s life is.”

“Menopause journeys are individual, some women would like to talk about it and some women wouldn’t like it.”

“There are menopause café’s – civil service, NHS have them for their employees. This may be worth pushing a bit in the workplace. If there’s enough women who have made a workplace group – that might have more clout with the employer that this is an issue they need to respond to appropriately.”



Top Priorities – Family Members & Loved Ones

Family members and loved ones of someone experiencing perimenopause/menopause felt that individuals receiving high-quality care from healthcare professionals should be prioritised. 9 individuals expressed a need for GPs to be thoroughly trained in menopause-related medications, necessary questions and required checks. There was an emphasis on the need for doctors to listen to patient experiences and take menopause seriously, rather than dismissing symptoms or attributing them to unrelated issues. Additionally, healthcare professionals explaining how menopause affects the body would benefit individuals, increasing understanding and managing expectations.

“A significant factor for us is making sure that staff at GP’s are fully trained around the medications, questions that need to be asked and any checks that need to be completed.”

“Acknowledgement and support from medical professionals about how severe symptoms can be.”

“Listen to the people experiencing it. Until I was with my partner I had no idea that doctors ignore what women tell them, or just tell them to lose weight- the first time I went with her to an appointment and the doctor said her symptoms would go if she lost weight I was stunned. The issue wasn’t anything to do with weight. She was so upset and refused to go back, and I can understand why.”

“Even now I don’t know a lot about menopause, I’m only 28 and I’ve never been spoken to about it. There should be more awareness and more support available within workplaces, it’s not always clear for people where they can go to for support within the community. Removing the stigma, the comments from men about women being crazy and it can make it quite uncomfortable. The influence of society and the way we perceive women who are struggling with their mental health is huge. Better education and training, particularly within GP Surgeries, it should be mandatory for them to have extra training. It should be included within the education curriculum.”

In addition, loved ones felt that local support groups would improve perimenopausal/menopausal care. This would enable individuals to feel heard and allow them to recognise shared difficulties with others.

“More access to local support and more awareness of the effects of menopause, and for family members too.”

“Support groups would make a huge difference.”

Top priorities – Family Members & Loved Ones

Some loved ones felt that access to holistic and alternative therapies should be prioritised to improve care, as well as encouraging activities that promote positive mental well-being, such as walking and exercise, helping to reduce stress and improve mood.

“Access to a range of holistic therapies, knowledge of natural medicines that may help.”

“Encourage being fun and being human, because it is being human and moving into another phase of life. Fun does de-stress, and did with us – she is a funny and playful person and she was getting so sad and blue and fed up and frustrated she would feel unhappy more than happy, so doing a few fun things was good for us as well as her. Walking and exercise also help but that wasn't as doable everyday (and we don't have fun things to do every day, but we are having more fun in everyday activity again).”

“Not reverting to medication. Support through groups face to face, not just being signposted to online resources Access to a range of holistic therapies, knowledge of natural medicines that may help.”

One loved one would like the neuro-developmental impact of menopause to be explored.

“More research on this – including assessments for potential undiagnosed neuro -developmental conditions that potentially may be unmasked as a result of the perimenopause/menopause.”



Menopause

**Spotlight
Stories**





Healthwatch Blackpool interviewed a non-binary person who discussed their own experience with menopause and the challenges it presented. They also talked about the specific challenges faced by LGBTQIA+ communities during menopause:

“There are a lot of issues around the LGBTQIA+ community and menopause. My experience, I’m non-binary and I have identified as this for years. Despite knowing my biological sex is female and I’ve done intensive support for women with menopause (flexible working and psychological support) when it happened to me it took me completely by surprise and I thought I was losing my mind. I sat there googling the psychological symptoms and thought ‘I needed to see the doctor. I thought I couldn’t do my job. I thought I can’t do this. For me, HRT is an easy solution. It’s interesting because my conversation with my GP was very good, but I am in an incredibly privileged position with a great, knowledgeable GP.”

Two women of a certain age going through the menopause together, it is amazing we are still together. At pride, one of the menopause specialists spoke and I asked ‘how do you get through a lesbian relationship when you are both going through it?’ A straight woman said ‘I thought you’d just support each other.’ It’s this naïve idea that somehow you can put yourself outside of your symptoms to support the other person.”



Healthwatch also interviewed an individual who discussed her experience with menopause induced to treat pelvic pain. She discusses the positive impact it had on her life and the importance of increased awareness about women’s health issues like endometriosis and pelvic pain:

“Menopause saved my life. 10 years ago I started with pelvic pain in my legs and my back and they had no idea what it was. Within a couple of years of trying various pills and pain relief, they decided to see what would happen if they switch off my ovaries. It was discussed with me about what it does, and that they would give me HRT and take it from there. First injections I had were around 2016/2017 and I remember going camping and where we went camping it was sand dunes and I could never do them – with this injection I could run up them. It was the best thing. I was no longer pale, I was no longer really sweaty through the pain, I just had my sparkle back.

There has been times where I get hot flushes. The girls at work laugh because some of the team are older – they now know I am induced menopause but at the time thought I was too young. There is still a social stigma that you have to be older to be in menopause.

I think the difference between myself and other people is that it was a choice for me. I had control over my own body and chose to be placed in menopause – they don’t. They lose their choice and control.

Women’s health regarding pelvic pain and periods needs to be looked at more – I think this is missing.

In terms of endometriosis – the big employers in Blackpool need to be made more aware. It is all about awareness. People think it is just a bad period. It can affect all organs in the body. More awareness, more acceptance, more support groups and talks at professional developments days about women’s health and women’s pain in general.”



Healthwatch Blackpool interviewed a woman who is a wheelchair user due to her disability and is also currently experiencing menopause. Below she discusses the impact on her daily life alongside her hesitancy to explore treatment options due to her pre-existing health condition:

"I am a 44 year old woman currently experiencing symptoms of the menopause. These range from brain fog, weight gain, night sweats, terrible mood swings and struggles with basic everyday tasks. The moods are very hard to control sometimes. I have been to my GP who said I could have HRT, but I'm reluctant due to my disability (cerebral palsy). The nurse has said there could be an increased risk of strokes and I don't want to risk it. This has all been my decision. I am limited with my options. My PMT has also got worse as the years have gone by. I get very angry and I can't control it. I find the menopause symptoms difficult to manage and I have to grin and bear it. A rage comes over me and I have to try control it as best I can so I don't rip someone's head off. I would literally kill them. I do go on YouTube and do meditate to help try and shut off. I look at holistic therapies which sometimes help, but it just depends on my mood and how I'm feeling that day. I wouldn't wish this on anybody."



Healthwatch Blackpool interviewed a woman whose career in education was significantly impacted by her menopause symptoms. She describes how the lack of understanding from her doctor compounded the issue, ultimately leading her to make the difficult decision to step away from her successful career due to the challenges of managing her symptoms in the workplace.

“The menopause isn't funny! When it hits you, the last thing you want to do is laugh at yourself, but a laugh is exactly what's needed. Navigating through menopause, I found myself in public situations where I'd suddenly feel a “hot flush” coming on, which would floor me. People often looked at me as if I was suffering from a heart attack, my head feeling like it was about to explode, which wasn't far from the truth. I could literally feel the heat rise, travel up my body to the final eruption in my head, with every pore exploding with sweat, soaking my hair and then running down my face in a final act of embarrassment.

Then imagine this happening six to ten times a day at work, followed by night sweats, which are a whole new level of heat—exhausting doesn't begin to describe it.

Then came the brain fog and then my hair falling out so much that I felt I was dying of some deadly disease. The weight gain, anxiety, and depression were so painful I often wondered why I bothered to get out of bed. Speaking to my GP was frustrating; he told me I was too young to be going through menopause, handed me an information leaflet, and prescribed antidepressants to “sort out my head.”

Life felt pointless, worthless, I was deflated, confused, and alone. Taking charge of my life meant making significant choices. I made the hard decision to step away from my successful career in education. I couldn't deal with the embarrassment of going blank halfway through presentations or, worse, feeling incapable of doing the job I had worked so hard to get or worse still - be sacked!!

My journey has been transformative. It's taught me resilience and the importance of sharing my experiences to support others, as I'm part of a new generation that can redefine what menopause means for all women.”



Healthwatch Blackpool interviewed an individual who described their teenage experience of living with their mother who was experiencing menopause and the impact of their lack of awareness about menopause on their relationship:

"I lived away at the time at University, but when I came home for the holidays I was staying at my mum's. I noticed a huge difference in my mum straight away and I had no idea why or how to act around her. She was extremely confrontational and angry for what I saw as irrational reasons. I was so shocked by this as she had always been so kind and caring.

As a 19 year old with no knowledge at the time that she was experiencing menopause, I probably made her feel even worse as I was argumentative back and did not try to understand or diffuse the situation. I sometimes feel guilty for this as I wasn't really there for her when she needed it, but I have to remember that I didn't understand or have the awareness to be able to support her. I think it would have been really useful if I'd have received education about menopause during school, just to prepare me for the fact my Mum may struggle at this point in her life. It was only afterwards when she started to get better that we've had that conversation of why she was struggling and how to help her going forward. I wish I'd have known this before."

Conclusion



Individuals

When discussing the physical symptoms related to menopause, the majority of individuals reported experiencing symptoms for 1-2 years, and most commonly **experiencing one or more symptoms** daily. The most commonly reported physical symptoms were **tiredness and fatigue**, **problems sleeping** and **hot sweats**, with individuals sharing that these symptoms also impacted their mental health due to feelings of **anxiety**. When asked about the impact on their mental health specifically, **65% experienced changes to their mental health** as a result of menopause. Similarly, the majority of individuals reported experiencing mental health symptoms for 1-2 years and daily, with the most common mental health symptom being **poor concentration/ brain fog**.

When discussing their experiences with healthcare professionals, **68% of individuals self-diagnosed** their menopause due to both physical and mental health symptoms, with **78% subsequently approaching their GP** in the first instance for support. Positive experiences with healthcare professionals were mostly attributed to having a **clear diagnosis** of menopause and subsequent **timely intervention** through appointments, advice and **access to medication**. Individuals who reported negative experiences cited the lack of knowledge of healthcare professionals as being the main contributing factor. An absence of a menopause specialist was perceived as an issue, leading to **limited knowledge of symptoms** and treatment options, in some cases referencing **outdated views on HRT**, misdiagnosis and **incorrect advice**. Individuals shared that their experiences would have been improved had they felt listened to and that their concerns were **validated**. The biggest barrier identified by individuals was **navigating the healthcare system**, in particular access to GP appointments or menopause specialists.

When discussing the impact on work, the majority of individuals reported that **menopause impacted their ability to work**, both due to physical and mental health symptoms. This was mainly attributed to mental health symptoms such as brain fog and anxiety, and physical symptoms such as tiredness/ fatigue and hot sweats. The majority of participants reported feeling comfortable discussing work adjustments with their employer, mainly due to **approachable colleagues** and a **supportive work culture**. Examples of good practice were adjustments such as **flexible working** and physical adjustments such as **access to fans**. For those who did not feel comfortable discussing work adjustments, this was due to feeling that either their employer would not understand or being **unsure of who to approach** within their organisation. Interestingly, when asked if they had asked for workplace adjustments, the majority had not discussed this with their employer.

The majority of individuals also reported that menopause had **impacted their relationships** with loved ones and friends. Relationships with partners, children, wider family and friends were largely impacted due to feeling **less tolerant** and more **irritable** than usual. This led to individuals **avoiding social interactions**, as well as experiencing feelings of **anxiety** around socialising. Communicating with loved ones appeared to be mixed, with individuals reporting **positive outcomes** when being able to **comfortably discuss** their menopause with partners, children and friends.

When discussing the impact of menopause on their day-to-day life, the majority of individuals reported most commonly experiencing a lack of self-confidence and self-esteem, leading to a **decline in self-worth**. Positive experiences related to menopause were mainly due to HRT enhancing their daily life, through improving mental and physical symptoms. Conversely, when asked for any additional comments, the majority of individuals chose to further discuss the negative impact menopause has had on their mental health, referencing **anxiety**, **depression** and in some cases, **suicidal thoughts**. Most commonly, individuals sought advice and support from friends, in many cases due to them also sharing this experience, evidencing the importance of **peer support** for individuals experiencing menopause.

Healthcare Professionals

According to the healthcare professionals we engaged with, **50% had received menopause specific training**, which was mostly completed as part of continuous professional development (CPD). The primary reason for choosing to complete this was due to **personal experiences** with menopause. Gaps in knowledge were identified by healthcare professionals, with the most common being around the use of hormone treatments such as HRT and testosterone, exacerbated by continuous changes of guidelines within the healthcare field. Other areas where health professionals felt they lacked knowledge is with the **co-morbidity** of menopause with other health conditions such as **fibromyalgia, mental health** and **cancer**. It was also identified by a number of healthcare professionals that more knowledge and **training** in supporting **transgender** patients was required.

When discussing access and resources, the majority of healthcare professionals reported using online avenues to disseminate information. **Access** to resources such as **contraception, HRT** and **stock issues** for certain medications were highlighted as being a key issue for healthcare professionals supporting patients. Healthcare professionals would like access to **clearer referral processes** to menopause specialists, as well as considerations of the **wider determinants of health**, such as social/financial factors and access to **preventative care** through **educating patients**. Healthcare professionals also felt that there were barriers for patients accessing mental health support due to **long waiting lists** and **unclear pathways**.

Healthcare professionals discussed patient management and reported facing challenges when discussing HRT as an option, due to continuous developments and **managing expectations** of what HRT can do for their symptoms. Healthcare professionals also reported challenges with meeting patients' **accessibility needs**, including **language barriers** and supporting members of the transgender community. At times, healthcare professionals faced difficulties **discussing lifestyle changes** with patients, such as exercise, diet, alcohol consumption etc. due to some patients being unreceptive of making these changes alongside any medical interventions.



Loved Ones

When supporting their loved one experiencing menopause, individuals felt more confident discussing emotional and social needs and less confident discussing physical needs. To enable them to feel more confident having these discussions, loved ones felt that **increased education** and **access to information** about menopause would be helpful. In particular, information about the symptoms, management options, **local support** and **resources** would aid loved ones in feeling more confident during these discussions. Male respondents highlighted a strong desire for being empathetic and helpful to their partners, but felt their current knowledge of menopause was too limited to enable this. Suggestions were also made regarding **embedding menopause education** within formal education settings.

Furthermore, individuals discussed the emotional challenges of supporting their loved one through menopause, noting in particular the strain this has had on their relationships. Some discussed how feeling the need to protect their own emotional wellbeing often led to relationship breakdowns. Another challenge identified by individuals was the **mental health challenges** faced by their loved one, including the onset of anxiety and depression and the significant variation of moods. Loved ones felt this was further exacerbated by the **lack of support from healthcare professionals**, leaving them trying to support the individual's symptoms and at times, feeling overwhelmed by this. Partners also highlighted further strains on relationships due to increases in arguments and **communication breakdowns**, as well as a reduction in intimacy.

As well as educational upskilling, loved ones also highlighted the need for community provision via local support groups, exercise clubs or menopause champions.



Employers

Employers who gave feedback were mostly from **large organisations** of 200 employees or more, followed by **small organisations**, made up of 10–49 employees. When asked if employers actively manage individuals experiencing perimenopause/menopause, **94% of employers answered yes**, with **56%** of these working predominantly within the **public sector**, followed by **39%** from the **VCFSE sector**.

When employers were asked how well they rate their **understanding of the physical symptoms** of perimenopause/menopause, the most common score was **8 out of 10** and their **understanding of mental wellbeing 7 out of 10**, suggesting that most employers feel they have a comprehensive knowledge base surrounding this.

56% of employers felt confident in their ability to effectively support the **physical and emotional needs** of employees experiencing perimenopause/menopause, with a further **39% feeling neither confident or not confident**. The majority of employers felt this was due to drawing on their own **lived experience** of supporting **staff or partners** through menopause and learning from these experiences. In contrast, only **39% of employers felt confident** in effectively supporting the social needs of employees about perimenopause/menopause. Some employers discussed the impact of working in a **male-orientated industry** and how this can influence their knowledge and confidence when supporting employees. It was noted that conversations with line managers who are male may differ, alongside the stresses of **balancing employee needs** with the **wider needs of the business**.

Of those employers spoken to, only **41% had received specific training** for perimenopause/menopause, with this being predominantly as part of their **continual professional development (CPD)**. Employers discussed how receiving menopause-specific training **increased** their **knowledge and confidence** in supporting employees experiencing perimenopause/menopause. It was shared that **face-to-face training**, delivered by women who had experienced menopause, was particularly beneficial.

89% of employers have specific **menopause policies** within their workplace, with an average rating of **7 out of 10** when asked how well they **understand** this policy. Some organisations had policies in place that were **utilised and effective** in supporting their employees, however, others shared that they have policies, yet they are **unfamiliar** with these.

65% of employers stated that their organisation offers **reasonable adjustments** for those women experiencing perimenopause/menopause, mostly offering **changes to uniforms, access to fans and sanitary products** for employees. Others offer **flexible working**, including the ability to amend start times or work from home. Some employers discussed the importance of approaching this on a case-by-case basis, acknowledging the need for a **person-centred approach**. In addition, creating a **work culture** and environment where **menopause can be discussed openly** is of paramount importance to some employers, utilising **menopause champions** to instil this into the wider organisation.

53% of employers faced **challenges** when supporting employees experiencing perimenopause/menopause, predominantly with regards to the **stigma** associated with **discussing menopause openly** within the workplace. Some employers felt that staff are still **reluctant** to discuss their menopause symptoms due to being given a “label”. Other managers felt their biggest challenge is a **lack of understanding and training**, hindering their ability to effectively support staff. Some shared that feeling **unsupported themselves in their position as managers** was an issue when helping staff, primarily due to their **lack of clarity** surrounding organisational **menopause policies**.

Top Priorities

- Those individuals who are experiencing or have experienced perimenopause/menopause felt that increasing **awareness and understanding** should be treated as a priority.
- Employers and line managers of staff experiencing perimenopause/menopause felt that raising awareness of **local support** should take priority in improving care.
- Healthcare professionals supporting those experiencing perimenopause/menopause felt that increased **education** and understanding surrounding menopause, for both themselves and the individuals they support, is paramount.
- Family members and loved ones of someone experiencing perimenopause/menopause felt that individuals receiving **high quality care** from healthcare professionals should be prioritised.



Recommendations



Recommendations

1. Promote access to education resources for women, their friends and families, health professionals and employers.

Resources need to be:

- Evidence-based.
- Easily accessible.
- Widely-promoted through different media/methods.
- Tailored to the audience e.g. black and minority ethnic women.

Specific consideration needs to be given to women who are medically induced into menopause so they are aware of what symptoms they may experience and options for support.

2. Ensure schools are delivering lessons around menopause as part of their PSHE offer.

This should include potential impact on mental health and wellbeing, rather than a sole focus on bodily changes.

3. Improve healthcare for those experiencing menopause:

- Ensure health professionals, particularly those in primary care, receive menopause-specific training to allow them to provide evidence-based support. This includes awareness of the impact of menopause on mental and physical wellbeing, options for treatment based on up-to-date clinical guidance and the role of lifestyle factors.
- Ensure health professionals are better equipped to support those groups who may face additional barriers to accessing menopause health care e.g. transgender and non-binary individuals, black and minority ethnic women and women facing socio-economic disadvantage.
- There should be a specific focus on better recognition of poor mental wellbeing associated with menopause to ensure women are on the most appropriate care pathway.
- Training should be mandated within Continuing Professional Development for health professionals within primary care.

4. Ensure women can access evidence-based options for treatment that best suit their needs:

- Give women and health professionals the time to discuss possible treatment options e.g. through longer appointment times, specific clinics.
- Greater collaboration in commissioning of Mirena Coil for both contraception and non-contraception purposes is needed. There also needs to be an improvement to access/waiting times for Mirena Coil insertion for women needing progesterone as part of their HRT regimen.
- Develop clear pathways for referral to other health services, including gynaecology and mental health services for timely access to CBT as per NICE guidelines.
- Explore other ways of delivering menopause care e.g. having a PCN menopause lead for management of complex cases, developing a local menopause clinic.

5. Ensure patient gender is recorded as per NHS guidance to allow better identification and support for transgender and non-binary individuals experiencing menopause.

6. Ensure those experiencing menopause are supported within the workplace:

- Employers to have a menopause policy that is communicated to all staff and line managers – this should include reasonable adjustments in cases where menopause symptoms amount to a disability as per the employer’s legal obligations.
- Employers to access menopause awareness training for all staff, especially those with line management responsibility.
- Employers to consider the development of employee menopause champions, who have menopause awareness training and can signpost.
- Create a menopause section within FYI Directory or a local employer-specific website to allow effective signposting.

7. Develop peer-support networks/groups for those experiencing menopause to improve wellbeing and reduce isolation.



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