Menopause & Wellbeing in Blackpool

AN EXECUTIVE SUMMARY

INTRODUCTION & METHODOLOGY

Healthwatch Blackpool have gathered feedback from 558 individuals via a survey and 136 people through focus groups or interviews. We engaged with individuals experiencing perimenopause/menopause, employers, healthcare professionals and loved ones.

Healthwatch Blackpool conducted a mixed-methods study to understand women's experiences with menopause. Using an online survey and focus groups, we gathered both quantitative and qualitative feedback from the community. In addition, a steering group of women with lived experience of menopause was formed. The steering group co-designed the survey, ensuring it captured a wide range of perspectives and co-produced the direction of the project. Members of the steering group also co-facilitated a number of engagements.

Healthwatch Blackpool extends a heartfelt thank you to everyone who participated in our project, including members of our community, dedicated health professionals and supportive local employers. Your voices are instrumental in our work.

ENGAGEMENT – AT A GLANCE

558 engaged via online survey

136 engaged via focus groups

10 community events

Individuals were asked about...

- Physical symptoms
- Mental well-being
- Health & medical support
- Treatment
- Employment
- Relationships
- Daily life

Healthcare professionals were asked about...

- Understanding symptoms
- Knowledge and confidence
- Training
- Access and resources
- Patient management
- Challenges

Family members/ loved ones were asked about...

- Understanding symptoms
- Knowledge and confidence
- Talking about menopause
- Challenges
- Additional support

Employers/ managers were asked about...

- Understanding symptoms
- Knowledge and confidence
- Policies and reasonable adjustments
- Challenges

Individual experiences

PHYSICAL SYMPTOMS AND MENTAL WELLBEING

- The most commonly reported physical symptoms were tiredness and fatigue, problems sleeping and hot sweats.
- The most commonly reported mental health symptoms were poor concentration (brain fog), memory problems and low mood/ depression.
- The majority experienced physical and mental health symptoms for 1-2 years.
- The majority experienced one or more symptoms on a daily basis.

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

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

65% experienced changes to their mental health

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

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

EXPERIENCES WITH HEALTH AND CARE

- 78% approached their GP in the first instance.
- Positive experiences were attributed to clear diagnosis, timely intervention, advice and access to medication.
- Those who had negative experiences most commonly cited the professional's lack of knowledge as the reason.
- The biggest barrier was access to GP appointments and menopause specialists.
- Perceptions were that the lack of a menopause specialist led to a lack of knowledge, misdiagnosis and outdated views.
- Experiences would have been improved by feeling listened to and validated.

68% self-diagnosed menopause

Individual experiences

"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."

"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."

IMPACT ON EMPLOYMENT

69% felt their work was impacted, or sometimes impacted by menopause

- The main symptoms that impacted work were brain fog, anxiety, fatigue and hot sweats.
- The majority of participants felt comfortable discussing work adjustments with their employer, mainly due to having approachable colleagues and a supportive work culture.
- Examples of good practice included work adjustments such as flexible working and access to fans.
- For those who did not feel comfortable discussing work adjustments with their employer, this was due to either feeling that their employer would not understand, or being unsure of who to approach within their organisation.

IMPACT ON RELATIONSHIPS

- Individuals felt their relationships with partners, children and wider family/ friends were impacted due to feeling less tolerant and more irritable than usual.
- Individuals felt more inclined to avoid social interactions due to this, as well as developing anxieties 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.

67% felt their relationships were impacted, or sometimes impacted by menopause

"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."

"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."

Individual experiences

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

IMPACT ON DAILY LIFE

- Individuals reported feeling less confident and more stressed when performing daily activities.
- Positive experiences related to menopause were mainly due to HRT enhancing their daily life, through improving mental and physical symptoms.
- When discussing the negative impact on their daily life, individuals discussed how menopause has affected 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. This evidences the importance of peer support for individuals experiencing menopause.

72%

felt their ability to perform daily activities was impacted, or sometimes impacted by menopause

Healthcare professionals

"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 students in with me last week when I was in clinic prescribing testosterone."

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

KNOWLEDGE AND CONFIDENCE

50% of health and care professionals had received menopause specific training

- Training was mainly completed as part of continuous professional development (CPD), with the majority of professionals choosing to complete this due to their own personal experiences with menopause.
- The most commonly reported gap in knowledge was around hormone treatments such as HRT and testosterone, exacerbated by continuous guideline changes.
- Co-morbidity of menopause with other health conditions such as fibromyalgia, mental health and cancer were also identified as knowledge gaps.
- Health professionals felt that more knowledge and training in supporting transgender patients was required.

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.

"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 gynaecologist."

Healthcare professionals

PATIENT MANAGEMENT

- Health professionals 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.

"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."

55%
felt time constraints/ busy schedules were the biggest challenge when supporting women

"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."

"The main thing I would emphasize 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."

CHALLENGES

- Best practice was identified by healthcare professionals as being able to arrange regular reviews with those in the age bracket of 40-50 years, however healthcare professionals identified a significant challenge surrounding time constraints and capacity issues.
- Although they feel this would improve patient experience, the current strain on access to appointments with the GP presents a significant barrier for healthcare professionals to be able to offer this.
- Lack of training and understanding, leading to missed or inaccurate diagnoses was also identified.

Family members/ Loved ones

KNOWLEDGE, CONFIDENCE AND TALKING ABOUT MENOPAUSE

- 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, 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 increase confidence in loved ones.

74% had actively discussed menopause with their family member

"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."

"Maybe information that suggests thing 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."

"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."

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

CHALLENGES AND ADDITIONAL SUPPORT

- Individuals discussed the emotional challenges of supporting their loved one, sharing that 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.
- This was further exacerbated by the lack of support from health professionals, leaving them trying to support the individuals symptoms and at times, feeling overwhelmed by this.
- Partners also highlighted further strains on relationships due to increases in arguments, communication breakdowns and a reduction in intimacy.

Employers/ managers

KNOWLEDGE AND CONFIDENCE

- 41% had received specific training for perimenopause/menopause, mainly as part of continuous professional development (CPD).
- Employers discussed how receiving menopause specific training increased their knowledge and confidence in supporting employees experiencing menopause.
- It was noted that conversations with line managers who are male may differ, and that managers were less confident in managing employee needs with the wider needs of the business.
- Face-to-face training, delivered by women who had experienced menopause, was seen as particularly beneficial.

56% felt confident supporting their employees physical and emotional needs.

"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."

"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 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."

"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."

POLICIES AND REASONABLE ADJUSTMENTS

- Some organisations had policies in place that were utilised and effective, however others shared that they have policies but are unfamiliar with these.
- 65% of employers stated that their organisation offers reasonable adjustments for those women experiencing menopause.
- Examples of reasonable adjustments included changes to uniform, access to fans and sanitary products and flexible working.
- Some employers discussed the importance of approaching this on a case by case basis, acknowledging the need for a person-centred approach.

89% of employers have a menopause policy

Employers/ managers

"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."

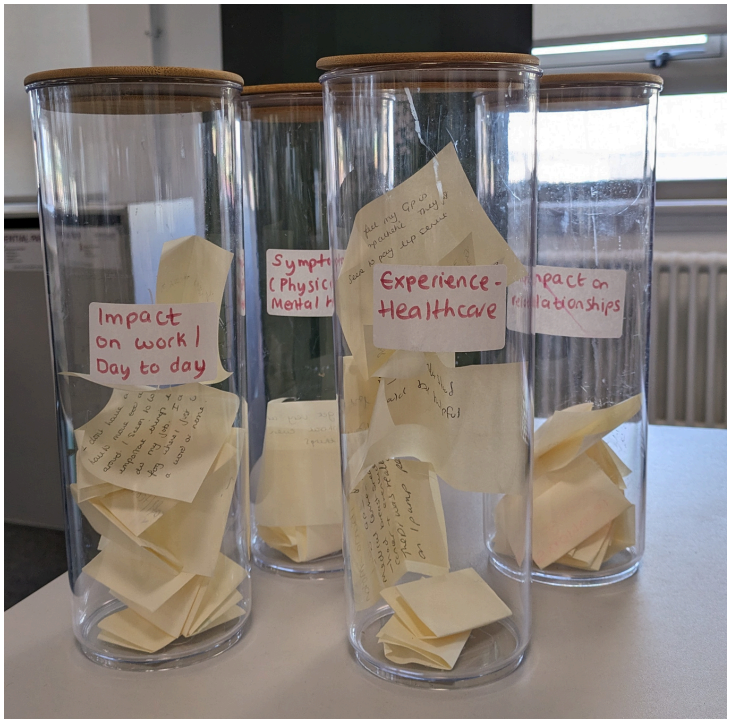
"The reasonable adaptations aren't the difficulty, it is being confident that people feel confident to come and ask."

CHALLENGES

- The most commonly reported challenge was due 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.

53%

of employers faced challenges when supporting employees experiencing menopause



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, 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.

RECOMMENDATIONS

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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Blackpool Council

PUBLIC HEALTH