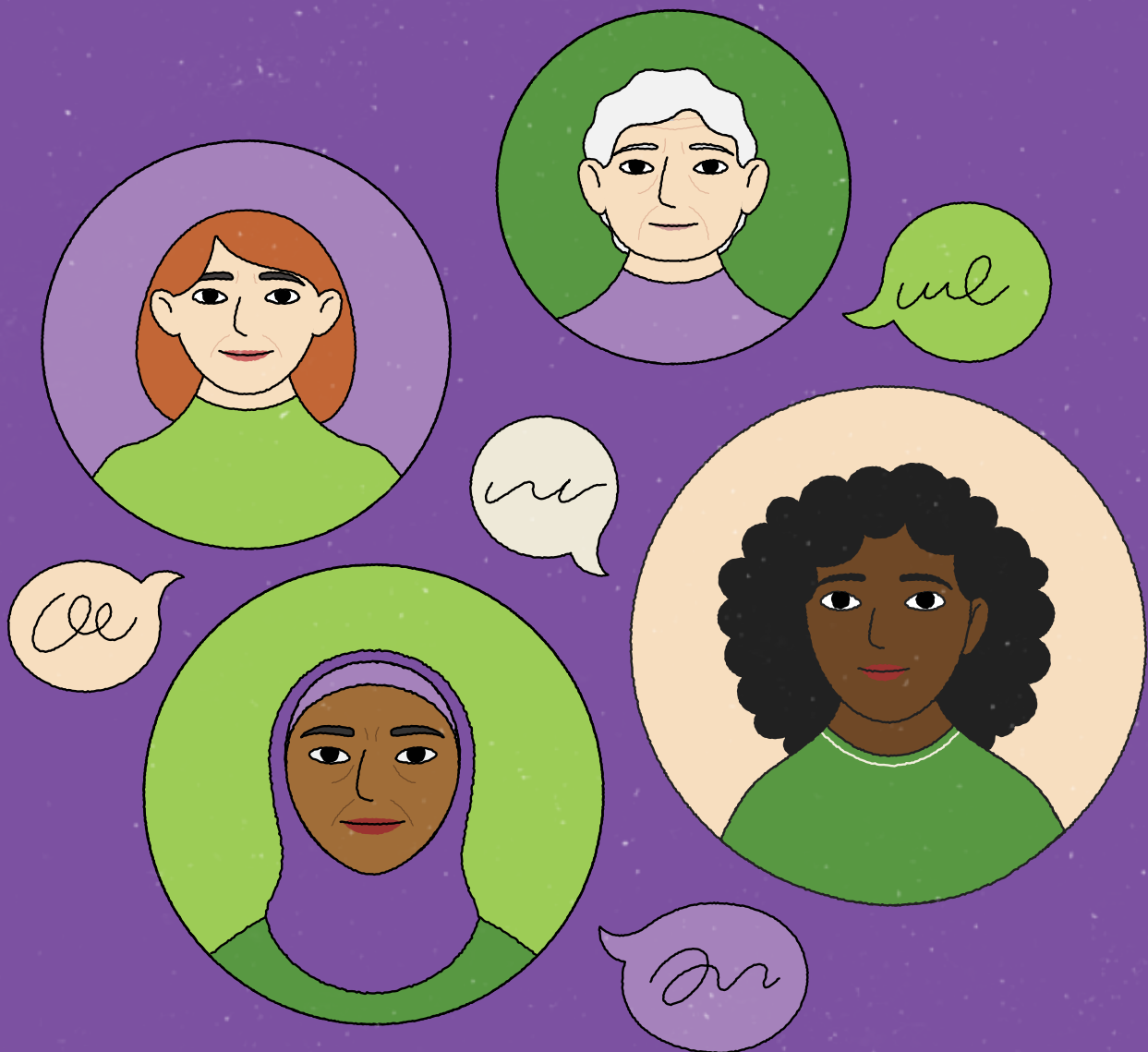


Exploring the Mental Health Impact of Menopause and Perimenopause



HSE
Mental Health
Engagement
& Recovery

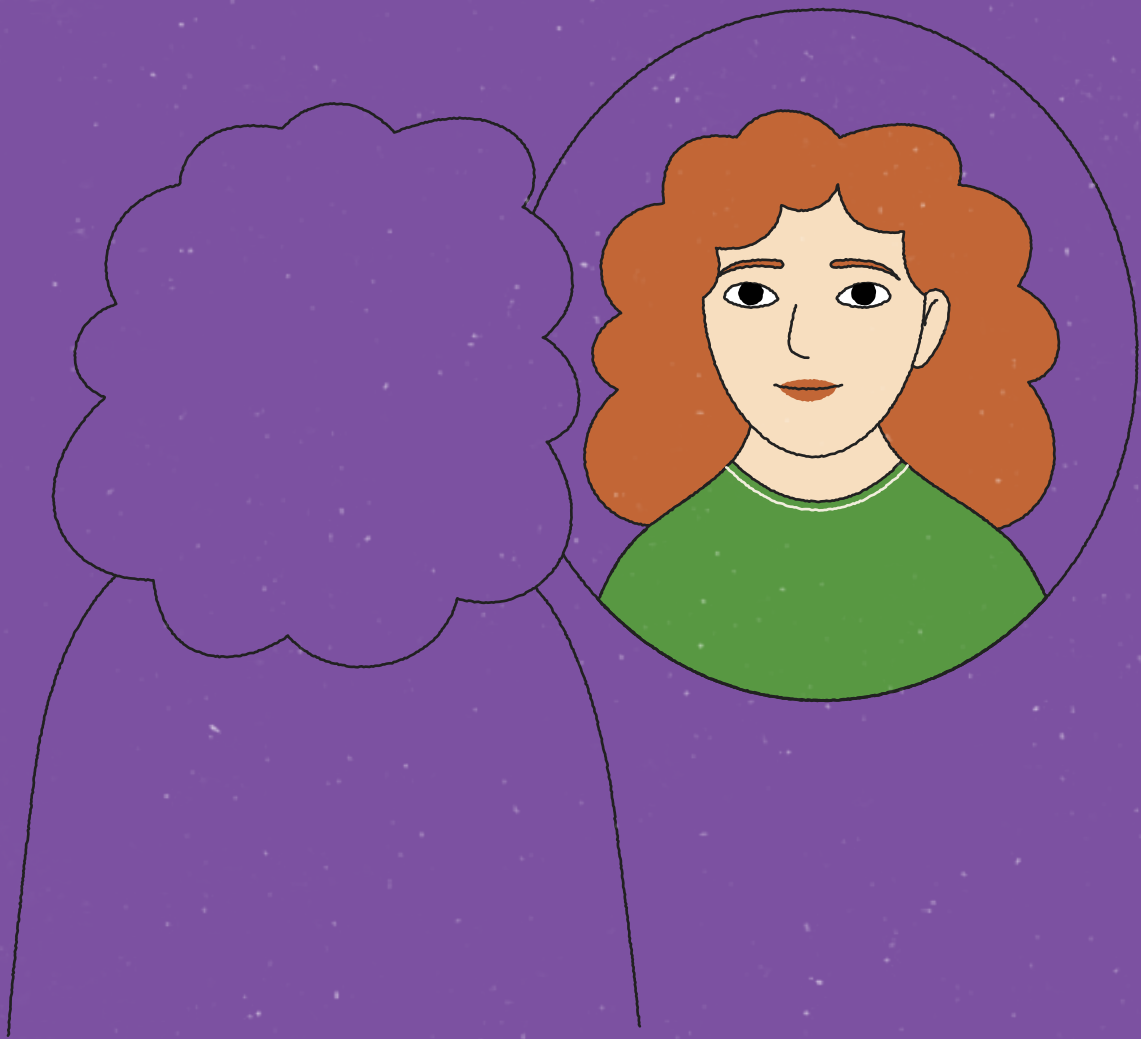


An Roinn Sláinte
Department of Health

Glossary

MHER	Office of Mental Health Engagement and Recovery
MHR	Mental Health Reform
HSE	Health Service Executive
GP	General Practitioner
HRT	Hormone Replacement Therapy
CBT	Cognitive Behavioural Therapy
ObGyn	Obstetrics and Gynecology

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Introduction

A Women's Health Taskforce was established by the Department of Health in 2019 to improve women's health outcomes and experiences of healthcare. In 2021 a dedicated multi-annual €5 million Women's Health Fund was established to implement a programme of actions arising from the work of the Taskforce with an additional €5 million committed in 2022 to fund innovative new approaches to women's health services nationwide.

The need to start an open conversation around menopause was a key insight from the radical listening exercise in 2021, commissioned by the Women's Health Taskforce, to improve women's health outcomes and experiences of healthcare.

In 2022 the Office of Mental Health Engagement and Recovery (MHER) along with their support partner Mental Health Reform (MHR) secured funding from the Women's Health Fund to host two consultations with women, one about women's experiences of mental health services and another about the mental health impact of experiencing perimenopause and menopause.



This report focuses on the consultation with women on **the impact of perimenopause and menopause on their mental health.**

The National Office of Mental Health Engagement and Recovery is part of the HSE's Mental Health Services. The purpose of the MHER Office is to drive and support the development of core improvement programmes in mental health services.

Mental Health Engagement itself is a two-fold process by which

- 1. Service users, family members, and carers engage with their mental health service providers on their recovery journey and beyond.**
- 2. It also relates to integrating service user, family members, and carer perspectives in the design and development of services.**

Engagement travels across a continuum as outlined below:

Peer-led: Individuals, groups or communities lead their own decisions, solutions and activities, and may collaborate or seek support in doing so.

Co-produce: Implement, deliver and evaluate supports, systems and services, where consumers, carers and professionals work in an equal and reciprocal relationship.

Co-design: Identify and create a plan, initiative or service, that meets the needs, expectations and requirements of all those who participate in, and are affected by the plan.

Involve: Work with people throughout a process to ensure their concerns and opinions are included in the decision making process and in the development of alternative solutions.

Consult: Obtain feedback on plans, proposals and processes that may influence current and future decisions and assist with the development of alternative solutions.

Educate: Provide opportunities to learn more about plans, proposals and processes to assist people to understand problems, alternatives and solutions.

Inform: Provide information to people and let them know what has been decided and what is going to happen.

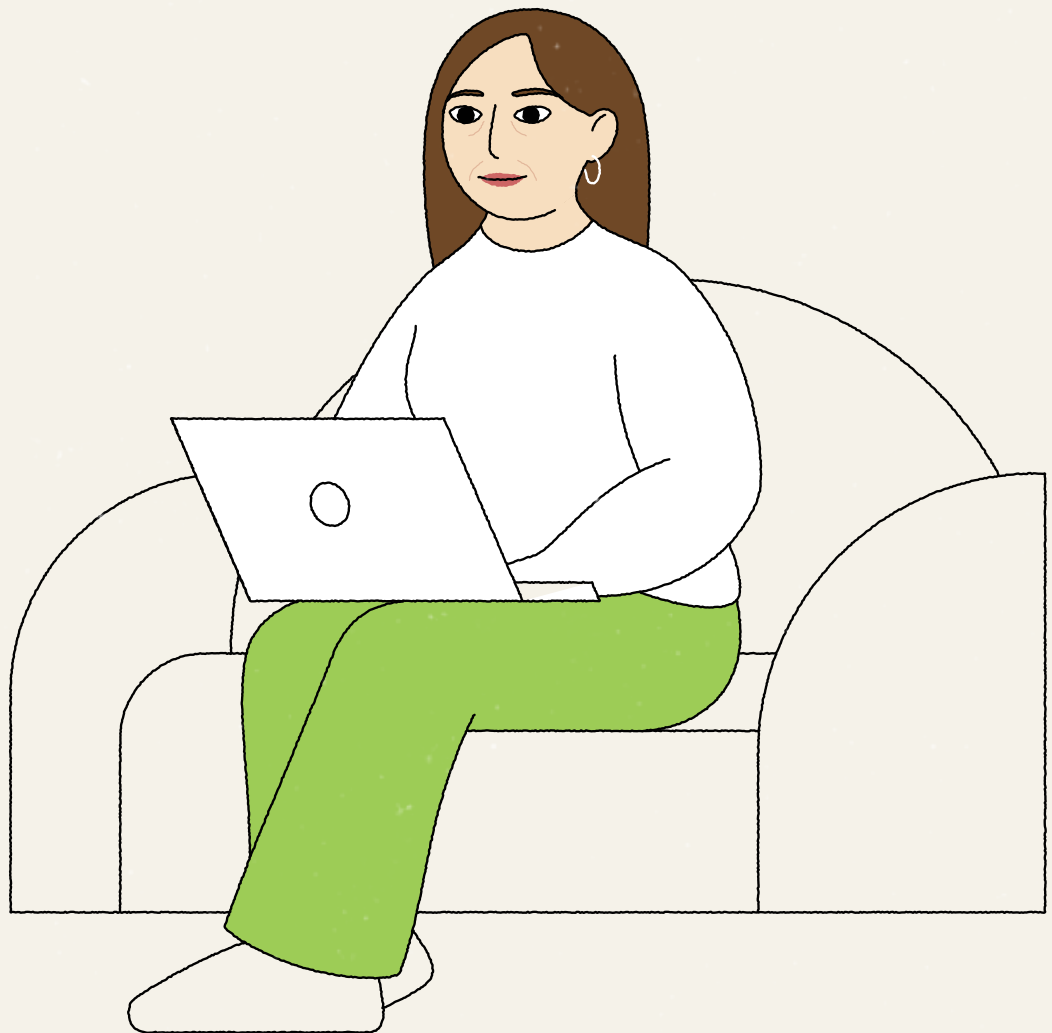
Our partner Mental Health Reform is Ireland's leading national coalition on mental health. Their vision is of an Ireland where everyone can access the support they need in their community, to achieve their best possible mental health. In line with this vision, they drive the progressive reform of mental health services and support, through coordination and policy development, research and innovation, accountability, and collective advocacy. With 80 member organisations and thousands of individual supporters, MHR provides a unified voice to Government, its agencies, the Oireachtas, and the general public on mental health issues.

MHER and MHR came together on this project due to their mutual desire to hear about and learn from women's experiences with mental health services and the mental health impact of menopause.

We would like to acknowledge the generous support of our MHER and MHR colleagues and our community colleagues in particular the Women's Mental Health Network, National Women's Council, Samaritans Ireland, Aware, Mental Health Ireland and Shine without whom this project would not have been successful.

Report compiled for MHER by Orla Barry, an independent consultant, Orla previously worked in leadership roles with Mental Health Ireland, Mental Health Reform and the Eastern Health Board mental health services.

For this project, our engagement approach was consultation; we consulted with women to gather their feedback on their experiences of the mental health impact of menopause and the support they have encountered.



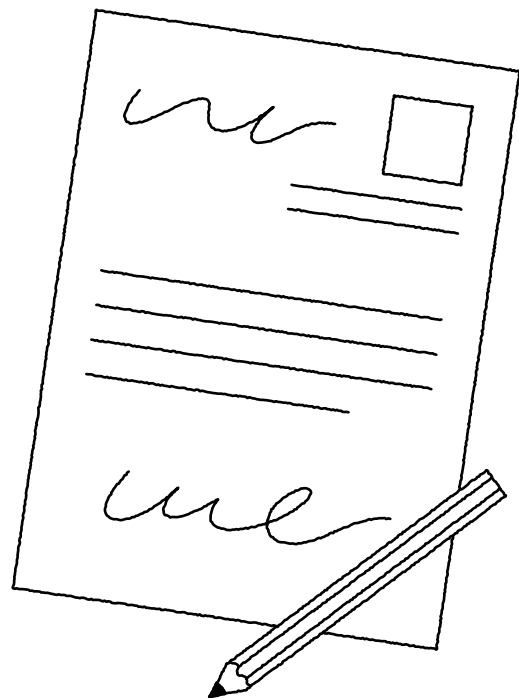


*Parameters
of the Report*

This report documents the consultation with women on **the impact of perimenopause and menopause on their mental health** aiming to address a dearth of information in women-specific data in relation to mental health service engagement and women's experiences of mental health that are impacted by menopausal experience.

Menopause and the preceding period of perimenopause is a time of significant life change whether it occurs as a natural process of ageing or is accelerated by illness. While some women go through menopause without any symptoms, for many it causes changes which impact their wellbeing.

The consultation focused on the experience of women's mental health challenges in relation to menopause and the supports needed. The experiences of women with existing mental health difficulties who are in contact with the mental health services emerged in the conversation.





Participants and Approach

The participants for this consultation were recruited via a public social media campaign on both Twitter and LinkedIn as well as by invitation from our support organisations.

We invited all people who menstruate who have, or are currently, experiencing perimenopause and menopause to join us for a conversation about the mental health impact of these experiences.

The Menopause Mental Health Conversation, held in a webinar format, used the Scottish Recovery Network model of a Recovery Conversation Café¹. 78 people registered for the webinar but only 39 women participated in the conversation. The process involved three rounds of questions. These questions prompted facilitated conversations in small groups over a 90 minute period.

At this consultation participants were signposted to specific support from the **Samaritans** as participant safety was paramount.



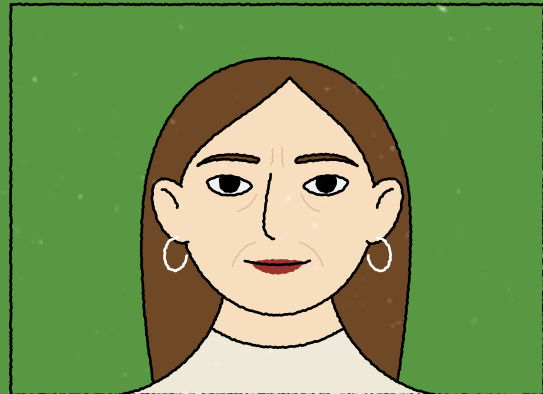
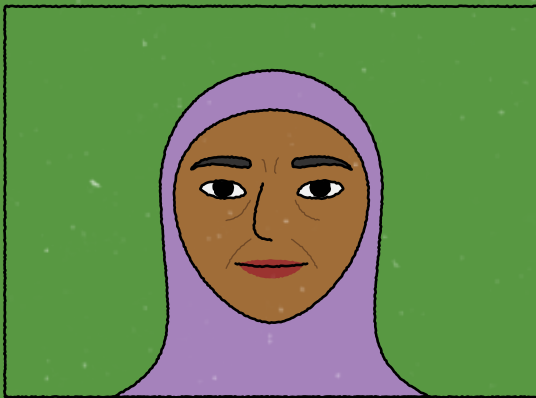
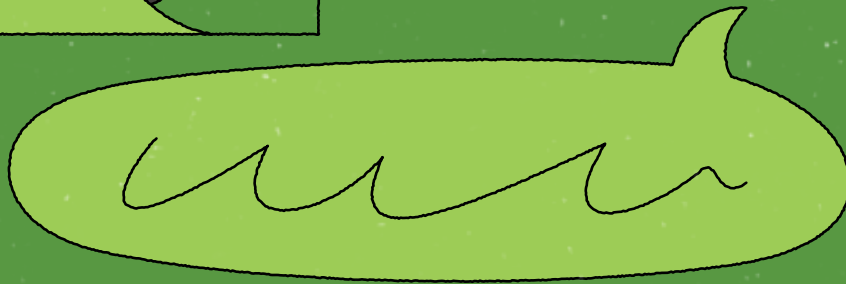
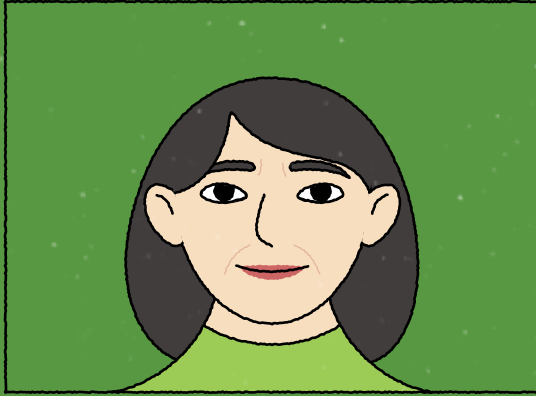
Social media invitation

The three questions encouraged open conversations on the topic of menopause and mental health.

- 1. How has perimenopause/menopause impacted your Mental Health?**
- 2. What Mental Health and Wellbeing supports have you accessed?**
- 3. What supports and services do you think are required to support women's Mental Health through perimenopause and menopause?**

The report relays the perspectives of the **39 participants** as told to us in this consultation process. This report groups these perspectives into themes and presents them here as they were received, without bias or influence in **The Conversation**, What Women Said, What Women Want. The themes were considered and thoughts and suggestions are shared in the **Reflection**.

¹ <https://www.scottishrecovery.net/resources/recovery-conversation-cafe-toolkit/>



The Conversation

WHAT WOMEN SAID

The analysis of the conversations identified common issues and six themes emerged as follows: open conversation overcomes stigma; menopause impacts women's wellbeing and mental health; awareness of menopause, treatment and support options is inconsistent amongst health professionals; benefits of a holistic, body and mind perspective; women rely on self-help and the support of other women; education and awareness raising is limited.

WHAT WOMEN SAID

Open conversation overcomes silence and stigma

Participants welcomed the opportunity to have an open conversation about the mental health impact of perimenopause and menopause. Discussion on menopause was described as a rare experience. The experience of silence and stigma arose throughout the conversations.

- It's good to have the opportunity to have an open conversation; there was silence for so long, you could not discuss it.
- It's only coming into the discourse now. It's really positive that women are speaking to each other now and there are tv and radio docs and books on it, by women!

While women are empowered by conversations and awareness raising forums, shame and stigma continue to seriously impact women's mental health.

- There is such shame and stigma around menopause still. The impact on my confidence is so bad. The level of anxiety is so high it's stopping me from living.
- The double stigma of having mental health challenges and the menopause is life threatening.
- The conversation should be as public as pregnancy – it needs to be brought into the workplace and into public conversation.

Menopause impacts women's wellbeing and mental health

Participants described how hormonal changes and the physical symptoms of perimenopause and menopause impacted their mental health and wellbeing. Tiredness, sleeplessness, brain fog, poor concentration, exhaustion, anxiety, stress and a decrease in confidence for many of the women.

- We speak about the physical symptoms but not so much the mental health aspect of menopause.

Anxiety and stress were common experiences

- When you're not sleeping it leads to emotional overload. The physical symptoms truly impact mental health. Sleeplessness leads to anxiety and terrible irritability all the time.
- Definitely an increase in anxiety and stress.
- Feelings of being overwhelmed, increased anxiety, very emotional and tearful. This badly impacts work and everyday life.

Memory and concentration difficulties impacting self confidence

- Brain fog and memory issues, has an impact on your confidence.
- My confidence plummeted so my family didn't recognise me and I stopped going out.
- I went through the menopause and didn't realise until after as I hadn't got the physical symptoms but did have other symptoms such as problems with memory – difficulties concentrating, foggy, retaining information e.g peoples' names, difficulty finding words to speak, putting sentences together.

Tiredness was common

- Feeling tired, exhausted, depleted. I thought I may have had dementia.
- I am so tired and drained from the lack of sleep it's hard to do anything.
- Menopause is debilitating.

Menopause took many of the participants by surprise. A number of women with an existing mental health difficulty described their doctors' response.

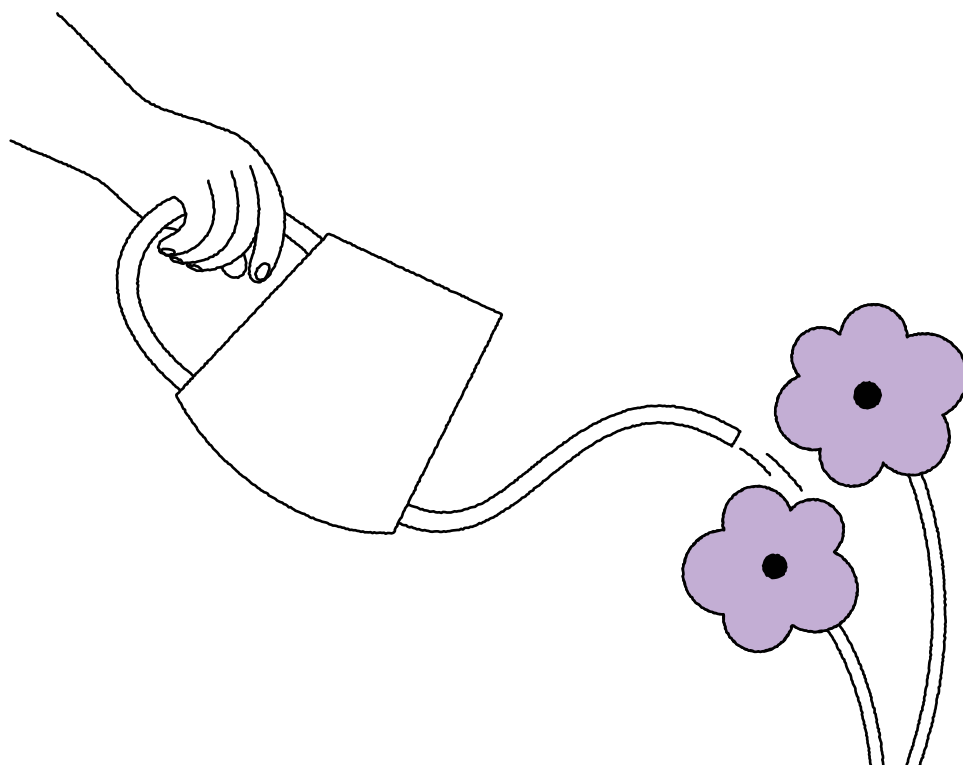
- I didn't realise what it was when I was in it.
- Menopause is difficult to identify as the symptoms appeared similar to a mental health issue. I did not even realise menopause was the cause for the psychological impact.
- I have an existing mental health issue which resulted in initially being prescribed an increased dose of anti-depressants, with no improvement. In the end the Doctor suggested it was possibly a hormonal issue, menopause related and prescribed HRT which made an instant improvement. I was frustrated to go so long before menopause was identified.

Many women with existing mental health difficulties described an exacerbation of their mental distress. A number of women spoke of suicidal feelings.

- Fear, always being fearful. You feel so bad it can lead to suicide for people.
- It's confusing you sometimes don't know if it's real depression or menopause, it has the same impact though.
- Similar symptoms to postnatal depression, irritability and low mood, increased stress, lower self-esteem.
- I could have been one of the suicide statistics.
- Possibly could cause suicide as the depression symptoms can bring you very low.
- HRT has helped with physical issues – but depression and anxiety is very hard to handle – I'm unable to work.

Women may feel particularly exposed at work when going through the menopause.

- I'm a health care worker, one of the issues that had caught my attention was the mental impact on HSE staff some of whom had previous mental health issues that had been exacerbated by menopause.
- I had such fears about my job with the brain fog and the flushes, it made me so anxious.
- I saw a colleague around the same age looking fabulous one day and she told me it was down to HRT.
- Brain fog impacts on work and home life, knocks confidence and self-esteem. I went to a GP and a specialist menopause clinic after which I started on HRT, it helped with the physical symptoms. I was feeling overwhelmed, anxious, and tearful and it impacted my performance in work and concentration levels. It had affected my self-confidence, I was not on top of my game. It is a real struggle and we really need to begin having this type of conversation in the workplace to see what type of supports could be put in place.



Awareness of menopause, treatment and support options is inconsistent amongst health professionals

Difficulty accessing information on menopause, treatment options and pathways, was a common experience. Participants felt they had to educate themselves in the absence of clarity from health professionals. Some women had seen the autumn 2022 Sláintecare menopause information campaign and were enthusiastic about this progress.

- I had to educate myself.
- Support was not easy to access, you don't know where to go.
- I was frustrated by the lack of information; I spent so much time seeking out information about perimenopause which was not easily available and should be.
- No clear information on where to go to and how to gain support.
- There needs to be education/signposting of services/supports particularly around the mental health effects.

Concerns were raised that HRT appears to be the only treatment option offered. And the cost of HRT was described as '*prohibitive*'. A small number of women spoke of referral to a menopause specialist, however, many pointed out that this was costly and as such it is unclear whether women of limited means have equal access to specialist menopause consultation.

- I went to my own GP first but they said many GPs don't know enough about it, encouraged me to attend a menopause specialist. Worked for me and okay if you can afford it but if you can't...
- Menopause I'm afraid of because I have no more private health insurance, waiting is going on for months.

The GP is usually the first point of contact and many women have had a positive and reassuring experience, however, an un-informed or insensitive response from a GP, psychiatrist or other health professional impacted women's confidence and trust in finding support.

A mental health professional reflected on her experience:

- I work in Mental Health myself and we see lots of women with no former presentation of mental health difficulties in the middle age group coming in. I wonder if menopause is considered at all, I don't think it is. It is mostly anxiety and depression.

Women described positive experiences engaging with professionals.

- A great Oncologist assured me to continue with HRT while my sister had to come off it. He was clear and reasoned and reassured us.
- I was referred to a menopause specialist who prescribed testosterone treatment; I heard about it on the Facebook group.
- I started on antidepressants while I was waiting on blood test results, these helped and now I have started HRT.
- I saw the GP first and a consultant for physical issues like itching – crawling skin – not something you would associate with menopause.
- I went to my GP and a specialist menopause clinic after which I started on HRT which helped with the physical symptoms.

Women also shared negative experiences

- Menopause's existence had been buried. One GP said when I asked for HRT 'come back to me when your clothes are stuck to your back'.
- Gender sensitivity is key – a male counsellor talked to me about my 'mood swings.'
- In some cultures male doctors don't want to talk about the issue.
- It's not helpful that doctors change at each appointment, it's disruptive.
- My psychiatrist basically ignored the issue of menopause.
- I didn't discuss my menopause with my Mental Health team.
- Doctors changing and having to re-tell all your medical history over and over again is hard.

Self-advocacy worked for some women

- Self-advocacy is important, I suggested menopause to the psychiatrist at an appointment.
- Doctors don't always recognise menopause as the issue or listen. They may link symptoms to grief or an existing mental health issue, but you know your own body.
- We need psychiatrists to be trained in recognising menopause. I had to seek out information by myself and use my self-advocacy.
- I just got to my GP and felt he was ok but it was very basic. I went on HRT.
- You have to find a GP that is knowledgeable in this area.

Benefits of a Holistic, Body Mind Perspective

Many women spoke of the benefit of a holistic, mind and body approach to managing the experience of menopause.

- Nutrition and lifestyle helps me.
- I like the idea of CBT, relaxation and meditation.
- I reduced my dairy and changed to soya and I know in Japan they don't have the same problems there.
- The only support I received was through my own personal therapy which I had to complete as part of my training to become a counsellor. The counsellor was male and commented on my mood swings during the sessions which was not very helpful. I subsequently went on to have CBT which was good. There does not seem to be many, if any, supports available.
- CBT is and can be very useful for women.

Women rely on self-help and the support of other women

Many women are actively seeking information on the internet and connecting with other women through online groups.

- I get information through social media/ support groups/HSE sites/TV.
- I have existing mental health difficulties. I accidentally started educating myself because the last few years were quite challenging. I found a Facebook Group, The Irish Menopause, there are 44,000 women on it! Also wellnesswarrior.ie I learned lots of stuff from the UK.
- I found out through an Aware group about a Facebook group, then on Facebook group found out that testosterone might help with brain fog, I was desperate to help that.

Support and conversation between friends and family helps.

- Word of mouth was amazing. My colleague said to me 'whatever you do, do not suffer in silence, treat it like a thyroid when you'd get Eltroxin or whatever'. So I asked for HRT and it helps.
- What has been helpful is speaking to other women and having the support of other women.
- I talked to friends first, I think lots of women do.
- My friends have a menopause support whatsapp group.

WHAT WOMEN SAID

Education and awareness raising is missing

A strong message emerged from the participants that menopause needs to be understood as a whole family, indeed a whole community issue.

- The conversation should be as public as pregnancy - it needs to be brought into the workplace and into public conversation.
- There was a week on Joe Duffy dedicated to the menopause. My Dad came to see us and said he never knew what my mam went through and that what women go through is terrible, he had no idea.
- There is consensus on the need to break the stigma and silence.
- Men need to know, sons and daughters need to know.

“I feel men, family members etc. should be educated on this. When you are having a baby, you attend antenatal classes to let you and your partner know what is to be expected on the road ahead, it should be the same with menopause.”



WHAT WOMEN WANT

The final question ***What supports and services do you think are required to support women's mental health through perimenopause and menopause?*** prompted an energised response across the conversations, recognising menopause as a significant life change for women, with mental health impacts largely under-attended by health services and not generally understood by society.

The women called for a holistic mind-body perspective in developing services and supports for women going through perimenopause and menopause who are experiencing the impact of physical and hormonal changes on their mental health. Access to dedicated services and support and the education of women, families and society on the nature and impact of menopause is prioritised.

The themes of the conversation are documented as follows: developing a health service pathway for menopause support; equity and equality of access to support; education and awareness raising on menopause and the mental health impacts; access to community support.

WHAT WOMEN WANT

Develop a health service pathway for menopause support

A life-long view of women's health was called for in overcoming the stigma of menopause and women ageing, ensuring an integrated approach to women's health including mental health.

— Create a joined up women's health system from birth to old age so that perimenopause and menopause are no more a surprise than the beginning of a period. Include mental health and other holistic supports in this set up. We are whole people, we are not defined by one physiological happening.

Views on how a women's menopause service could be provided included a network of Menopause Hubs, a One Stop Shop, a nurse or mental health specialist working in GP practices.

- Menopause clinics would be great, a one-stop shop where you could talk to a nurse and get all the information you need and be informed of where you might get additional support.
- A Menopause Hub, clinic, one-stop-shop that will include mental health specialism. Could add nurse women/ mental health specialist to GP practices.
- A service similar to what we provide for new mothers.
- Women would like more support on what choices are available for menopause. We need to be equipped with the knowledge and empowered and to be directed to services.

There were mixed views on how mental health support should be provided in menopause; should menopause expertise be included within the mental health service or should a specialist menopause service include a mental health expert?

- There is already stigma around mental health, I don't think it would be a good idea to silo this, it needs to be fully integrated to Mental Health Services if attending. The Mental Health Services need to be informed and sensitive to the issue that might be affecting women.
- Supports such as peri-natal Mental Health are now available to a wider group and menopause service could be similar, not just for a narrow target, or in a silo specialist group.

Women described how menopause may be missed when women present to a GP or psychiatrist as mentally unwell in mid-life. Women being treated in the mental health service also described the impact of menopause being missed.

Ensuring health care professionals are informed on the mental health impacts of perimenopause and menopause formed an energised discussion across the conversations, reflecting the difficulties women described and the challenge for professionals in appropriately supporting women.

- We need audits for women reaching menopause age who are suddenly experiencing mental health difficulties but never did before (e.g. 48yr old woman presenting with anxiety for the first time).
- Tackle the knowledge gap for women in midlife first presenting with mental health symptoms; menopause is not always considered as a cause.
- GPs appear to be the frontline staff. It is important that GPs have good knowledge about the basics in menopause.
- Midwives are knowledgeable. ObGyn may have advised that issues may be menopause related.
- Ensure that ALL medical professionals especially GPs and mental health professionals are educated and refreshed on the mental health impacts of menopause and peri-menopause.

Community Support

Self-help and woman to woman support is already happening and resources to develop community supports are called for. Family Resource Centres were identified as facilities where women meet and menopause education and support groups could be included.

- There is a need for easily accessible supports, for example in communities. Family Resource Centres are a place where women can meet up for emotional support.

On-line and in person menopause support groups were identified as a very important recourse for many women. Reflexology, acupuncture and other complementary therapies were named as positive support in managing symptoms of menopause. Counselling and CBT were also described as helpful.

- Address the lack of availability of low - cost complimentary therapies - You might get low cost counselling but you wouldn't get low cost complimentary therapies.

Equitable access to holistic therapies and the inclusion of complementary therapies as part of the Mental Health Services is also called for.

- There's a need for wider access to complementary therapies more generally in Mental Health Services.

Equity and Equality of Access to a responsive women's health system

Difficulties accessing information and advice causes disparity for women seeking menopause support. This difficulty is further compounded by restricted access based on a woman's ability to pay for the service.

Women may pay for a menopause assessment at a private clinic or through not-for-profit clinics such as Well Woman Clinic or Irish Family Planning Association, IFPA. The availability and cost of HRT was also raised as an issue.

Women want equity and equality of access to specialist menopause clinical consultations for all women who require it.

Awareness Raising - campaigning, education, research and cultural change

Menopause is seen as negative in the media and this has been used against women. We need to normalise the conversation through education and raising awareness.

A call for awareness raising on menopause and the impact on women's mental health was consistent across all conversations, focused on public campaigns, targeted education programmes and research. The phrase 'normalising the conversation around menopause' reflects the tone of the discussion.

A small number of women referenced the Menopause Awareness Campaign launched by the department of health in October 2022.

- There are good sites available, for example, HSE and Gov.ie campaigns.
- Very welcome to see recent media campaigns.

Personal and public awareness is called for.

Cultural attitude and the silence around menopause needs to be changed by an **education campaign** - wider to reach outside of those experiencing menopause as it affects others in work/home.

Create a full **anti stigma campaign**.

Cultural change is needed to embed this understanding in services. It's essential we do more than address only physical symptoms.

Wider **public awareness campaign**, target men and families so that they understand the huge impact of menopause/perimenopause on their mum, wife, partner, friend, mothers' mental health.

Need to **de-stigmatise and have information available** at early stage with actively signposting to services.

Importance of menopause **awareness in the workplace**.

Education for family members was highlighted.

Education classes for partners/families – similar to ante-natal classes where they are told what to expect.

The need to address cultural barriers was raised.

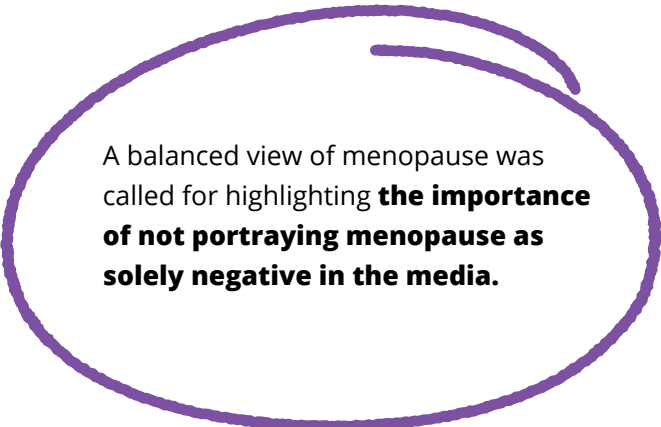
Explore **cultural barriers** to asking for help with menopause challenges – target specific groups of women who are at risk for further stigmatisation.

Further research is requested.

Call for **research** 'to evidence the need for more resources.'

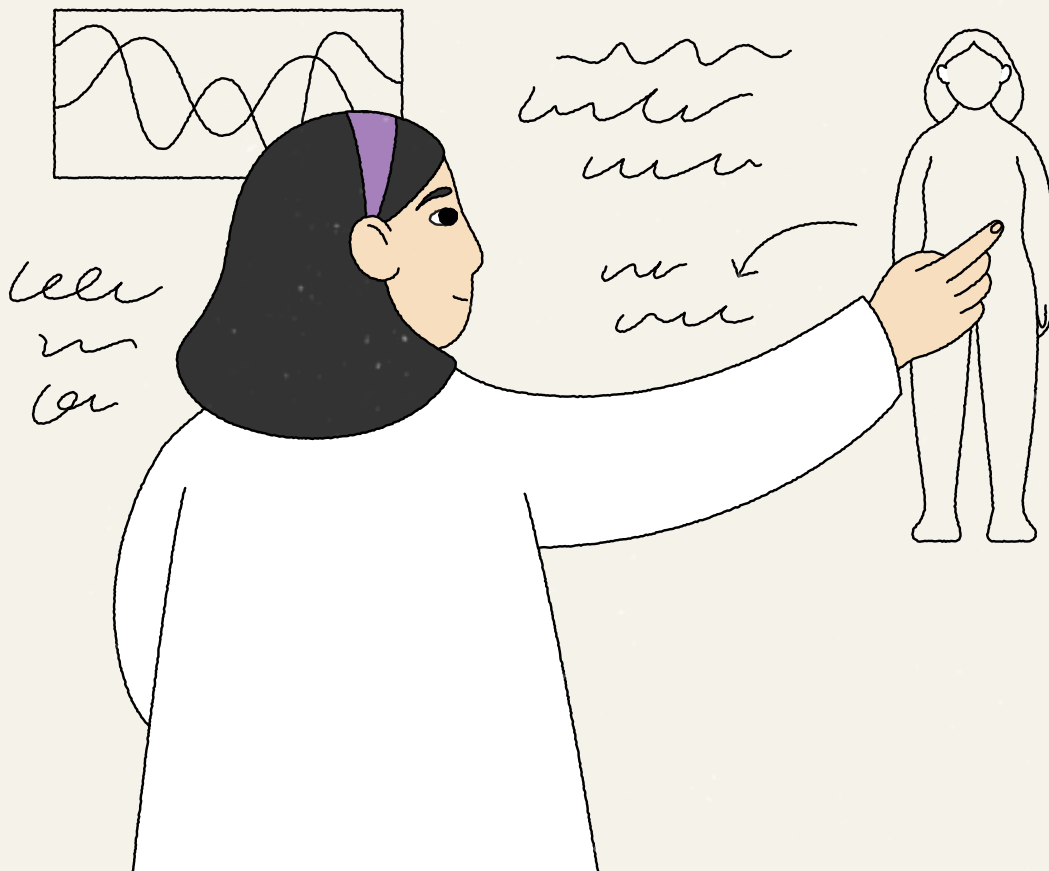
There is also a need for further research into perimenopause/menopause from a **mental health perspective**.

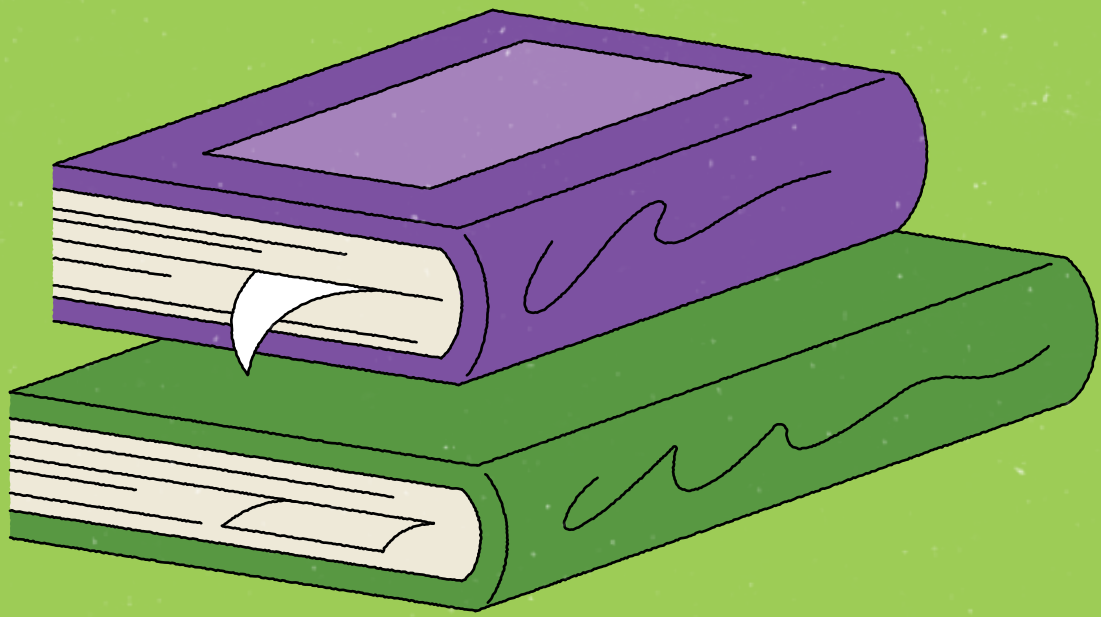
Listen to and validate women's experiences in all settings.



A balanced view of menopause was called for highlighting **the importance of not portraying menopause as solely negative in the media.**

Women called for a holistic body and mind perspective in developing services and supports for women going through perimenopause and menopause who are experiencing the impact of physical and hormonal changes on their mental health.





Reflection

This consultation highlighted three broad themes:

- 1. The frequency and seriousness of mental health difficulties many women experience during perimenopause and menopause.**
- 2. The impact of hormonal changes in women using mental health services is often missed and mistreated as a deterioration in their mental health.**
- 3. Education on the mental health impact of perimenopause and menopause is needed.**

The mental health impacts of perimenopause and menopause often result from coping with and hiding the physical impact of menopause and perimenopause. Women's confidence is reported as highly affected with social isolation emerging as a coping mechanism. This lack of confidence can impact their ability to self-advocate for appropriate services and treatments when they need them.

As a consequence of these experiences, women want a holistic mind-body approach to services and support for women's mental health when they are going through perimenopause and menopause. **An integrated health service pathway for menopause support is called for.** What a menopause service could look like is open to further consultation; suggestions include a dedicated network of menopause hubs or a nurse or mental health specialist working in GP and primary care practices. While it is acknowledged that four specialist menopause hubs are in development by the HSE, women want broader access to support for *all* women. Women need **easy access to advice, information, treatment, and mental health support throughout perimenopause and menopause.** Holistic methods such as massage, acupuncture, and mindfulness are reported to support women's mental health during this period.

Women need a professional workforce that is educated on the impact of hormonal changes on women and how these changes might interact with existing medications or treatments or diagnoses. Women expect these professionals to communicate across primary and secondary services about the ongoing needs of their patients.

Women may access menopause assessment and support in private and not-for-profit clinics if they have the financial means but that leaves many women struggling in silence, further testing their mental health, when they do not have the means. This point was raised a number of times during this consultation. **Equitable access to menopause support and treatment options is required.**

Many women rely on peer support for information, guidance and emotional support. On-line and in-person menopause support groups are an important resource for many women. Community spaces such as Family Resource Centres could offer further support opportunities for women. It is considered vital to **explore barriers for women from seldom heard groups** to access menopause-informed mental health supports.

Awareness raising about menopause and its impact on women's mental health is needed with a focus on public campaigns, targeted education programmes and research. A number of women called for *normalising* the conversation around menopause for men and families in particular to enhance their understanding of the variety of impacts on their mental health.

This consultation took place at the same time the Department of Health launched a menopause awareness campaign, *Let's Take the Mystery out of Menopause* and the Irish College of General Practitioners published a *Quick Reference Guide on the Diagnosis and Management of Menopause in General Practice*. A small number of participants referenced the campaign.

There was a welcome awareness that menopause is emerging from a place of stigma and into the public consciousness. Nonetheless, difficult experiences are still happening and as such *What Women Want* needs to be considered as services continue to improve by embracing user perspectives.

Thank you

A warm thank you to the women who participated in this consultation.
We thank you for sharing your experiences with us in a open and honest manner.

**National Office of Mental Health
Engagement and Recovery**

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www.hse.ie/eng/services/list/4/mental-health-service/mental-health-engagement-and-recovery/