

“My stress levels are through the roof”

Menopause and the Workplace Full Report

“I am a nurse working in the COVID ICU. I have had to stop my HRT as it was causing flooding and that was impossible to cope with in full PPE. I can't get an appointment to discuss alternative treatments so I've to just carry on without. My stress levels are through the roof.”

– One woman's experience of going through the menopause at work during the Covid-19 pandemic.

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Introduction

Nottingham Women's Centre is a charity that empowers women and is one of the largest women's centres in the country. We provide a safe environment in which women can get support, access services, take part in training, activities, or campaigning and become an active agent in creating positive change for themselves and others. As part of our work to tackle gender inequality in the city, we produce quarterly Briefing Notes on issues that are impacting women in order to inform and influence decision makers, such as the Leader of Nottingham City Council, MPs and employers.

The issue of menopause and the workplace was identified by our service users at a general feedback focus group in October 2019. There has been a large amount of interest in this topic; over a hundred women participated through our confidential surveys, focus group and email interviews in January and February 2020. However the pandemic and lockdown measures delayed the publication of the report, and the workplace and demands of work shifted for so many of us that we decided to do a second 'call-out' for stories about the menopause and the pandemic in September 2020. We are grateful to the fifteen women who anonymously shared their experiences of menopause during the pandemic with our policy officer.

The women referred to in this report are primarily cisgender women, but its not just cis-women who experience menopause. The experiences of the trans-menopause varies hugely depending on individuals' circumstances¹. We have sought information about trans-menopause but found there is a lack of information available, which leads us to believe that this would be a ripe area for further research.

We've analysed a huge amount of qualitative and quantitative data that we sourced from women in Nottingham, which has led to the creation of a powerful report that's filled with women's experiences and practical ideas about how employers must improve their workplace practices. We hope this report will help shine a light on a topic that's often seen as 'taboo' to help create the change that's desperately needed for women in Nottingham.

This report was researched and written by Nottingham Women's Centre's Policy and Influencing Officer, Katie Finnegan-Clarke, between January - October 2020. Please email: katie@nottinghawomenscentre.com with any questions or feedback.

¹ <https://megsmenopause.com/2019/09/25/transgender-and-the-menopause/>

One woman's story

"My menopause lasted about ten years. During this time I was working full-time and I was the main breadwinner, raising two teenagers. The worst symptom I experienced were migraine headaches.

I felt very alone with the experience, and I also hid my pain by trying to 'power through'. It got me down emotionally and over time I became very tired and tense. I also found my sleep was affected. I found making decisions took longer, and I started to question my efficiency and my memory.

I did ask about my workplace's policy with respect to menopause, but I was advised that I would need to discuss reasonable adjustments with my line-manager. I did not experience my line manager as supportive, so I did not pursue this further.

Three years ago, I decided to go part-time and my contract was changed as it seemed to be the only way I could reduce my 'workload'. Now that I am through the menopause and feel more 'normal' I am left on a part-time contract which both impacts my income and my pension.

I feel aggrieved that there was not more support for me, and that I resorted to a privatised solution (part-time working) to cope. The absence of support has resulted in a gendered outcome: I'm a woman on a part-time contract with a reduced income and pension."

Background Statistics

TUC Wales² estimates that 13 million or around 1 in 3 women are either currently going through or have reached the menopause in the UK. Menopausal symptoms can be physical such as hot flushes, headaches, poor sleep and erratic periods, or psychological such as anxiety, low mood, lack of confidence and poor concentration. 80% of menopausal women experience noticeable symptoms. The average age that women experience the menopause is 51 years old, although a study in US³ found that Black women experience the menopause earlier (average age 49 years old) and experience more chronic and longer symptoms of menopause.

Key facts about menopause in the workplace

- The biggest increases in employment rates over the last 30 years have been for women aged 60-64 (from 18% to 41%) and for women aged 55-59 (from 49% to 69%).⁴
- Wellbeing of Women survey⁵ reported that one in four women consider leaving their jobs because of menopausal symptoms.
- The Faculty of Occupational Medicine⁶ say the majority of women don't feel comfortable talking about menopause with their line managers.
- TUC Wales' survey (2017) found that 88% of women workers who had experienced the menopause felt it had an effect on working life and around 6 in 10 had witnessed the issue being treated as a joke in the workplace.
- There have already been successful employment tribunals⁷ against employers.

² <https://www.tuc.org.uk/news/menopause-workplace>

³ <https://www.endocrineweb.com/menopause-different-women-color>

⁴ Department for Work and Pensions/ DWP 2015

⁵ <https://www.wellbeingofwomen.org.uk/>

⁶

<http://www.fom.ac.uk/health-at-work-2/information-for-employers/dealing-with-health-problems-in-the-workplace/advice-on-the-menopause>

⁷ <https://menopauseintheworkplace.co.uk/employment-law/tribunals-employers-best-practice/>

Covid-19 and Menopause

Covid-19 and the lockdown measures have impacted the UK, but it's particularly hit those who were already struggling, including women experiencing the menopause.

According to our research, women have: experienced increased levels of isolation and anxiety, struggled wearing PPE during hot flushes and had problems accessing toilets. Some women felt unable to access their GPs or felt silenced because of the societal taboos around menopause. More information can be found on pages 6 -8.

Are menopausal women specifically more at risk for the Coronavirus?

It's currently understood that Covid-19 is unlikely to be a significant additional risk to menopausal women. However, a study⁸ led by King's College London has found that post-menopausal women appear to be at higher risk of developing serious complications of COVID-19 because they have lower levels of the sex hormone estrogen which impacts women's immune response. Menopause also often happens around the age where women begin to be at an increased risk of heart disease, weight gain and type-2 diabetes, and these conditions all increase the risk of becoming severely ill with Coronavirus.

Key Findings

1. Most women feel unsupported in the workplace during the menopause, which leads women to consider either reducing their hours or leaving their jobs

Only 9.3% of women who completed our survey felt supported in the workplace while going through the menopause. 57% of women reported that hostile workplace environments impacted their wellbeing and ability to work. This led to 55.1% of the women surveyed considering reducing their hours or leaving their jobs.

"When talking about menopausal symptoms at work, I get laughed at and made fun of by male colleagues, and not taken seriously"

We found that menopause is a completely natural and normal part of a woman's life yet unsupportive workplace environments, *"mixed with a toxic combination of ageism and sexism"*⁹ results in a large number of women feeling forced out of the workplace in the 'prime' of their careers. This impacts women's mental health and ability to participate in the economy, and this situation results in a 'brain drain' of experienced women in the workplace.¹⁰

2. Women have different professional boundaries and experiences of the menopause

Women reported a wide range of experiences of the menopause, and different levels of comfort in regard to discussing the menopause with their managers. 42% women reported feeling comfortable discussing the impact of menopause with their manager, 36% of women reported not feeling comfortable and 16% were unsure.

⁸ <https://covid.joinzoe.com/post/post-menopause-covid>

⁹ Quote from focus group

¹⁰ <https://www.gov.uk/government/publications/menopause-transition-effects-on-womens-economic-participation>

Different professional boundaries

Some women want privacy around the menopause; *"I think/hope they would be sympathetic, but I'm a private person so I wouldn't wish to discuss it with them"* and others don't feel confident discussing personal issues; *"I'm not very good at discussing my problems. Medical or otherwise"*.

Other women feel comfortable about being open with their colleagues and manager; *"When I was 22, I had a short-term medical menopause to help treat endometriosis. We had a laugh at the time but if things had continued, I don't know how things would've been. I was open with my manager/colleagues though and told them to bear with me but also let me know if I was being too moody. Openness really helped!"*

"My confidence hit rock bottom."

Women reported a fear of redundancy and being seen as incompetent, as well as a lack of self-confidence during the menopause; *"I was not able to discuss I was going through the menopause because I might seem incompetent"*. Many women feel unable to access support at work in case it impacts their future careers; *"My boss has been largely supportive but recommended I contacted HR. It's taken me 6 months to do so for fear that this would be seen negatively when it comes to redundancies in the future."*

3. Women want to learn about the menopause

Many women reported that they lacked basic knowledge about the menopause, which meant they struggled to identify their own symptoms and reach out for support;

"I didn't know or understand a number of my symptoms, or their relationship to menopause versus a stressful working environment. My organisation has a policy 'to make reasonable adjustments' but I was so at sea I had no idea what an adjustment might look like. Only last week the doctor informed me that decision making is often difficult. This resonated but I'd never heard anyone say this. There's so much focus on hot flushes but this symptom barely touched me."

4. Very few workplaces have a 'Menopause Policy' but most are potentially interested in developing one

Only 8.3% of women reported that their workplace has a menopause policy, but the majority of women reported that their employers are either interested (28%) or might be interested (49.2%) in developing a menopause policy in the near future. This indicates there's an opportunity to support workplaces to develop policies and practises that will enable menopausal women to stay in work.

"There is a policy in place, just Line Managers don't all know about it."

Creating a Menopause Policy isn't enough to create a supportive workplace, the policy needs to be understood and enacted by managers.

"My employer won't create a policy, only guidance"

A number of women reported that their workplaces are in the process of creating a guidance document for managers on the menopause but refuse to create a workplace menopause policy.

5. Women are suffering from lack of support outside of work, including from medical professionals

GPs don't receive mandatory training in menopause¹¹, which is surprising as women are sign-posted to their GPs to get support. Many women reported experiencing issues with their GP either not spotting their menopausal symptoms or not being sympathetic or understanding.

¹¹ <https://www.theguardian.com/commentisfree/2020/jan/20/ignorance-menopause-lives-women-information-symptoms>

"I left work due to my menopause symptoms not being recognised or treated by GP"

"My biggest issue was telling my male GP that I thought I was going through the menopause to be told I was too young ... I was 42 at the time but I knew my mum had gone through it at the same time and her symptoms were hard to ignore ... but I went away and suffered for another year"

"I face a daily struggle with work and with accessing appropriate and effective medical support. It is appalling, the lack of awareness and support for something that 50% of the population have to go through."

Key Findings; Menopause in the pandemic

6. Menopausal women are feeling extremely high levels of anxiety and isolation

Anxieties and isolation related to the pandemic have exasperated the normal hormonal changes that happen during the menopause, seriously impacting women's sleep and mental health as a result. Some women have also struggled to access their normal mental health resources and support networks whilst others have felt unable to talk about their symptoms because the menopause is still seen as a taboo topic.

- *"It's been a really stressful time at home, work and with family and friends. Stress negatively impacts on menopause symptoms and meddles with sleep routines, and not sleeping can have a sledge hammer effect on any HRT balance I may have found." – Key worker*
- *"I have mental health good and bad days. Tiredness all the time. Going through the menopause is so very hard and isolating and it impacts on every part of your life and if you don't have an understanding husband like mine then life for women must be very difficult. You don't feel like a real woman - sore and dry down below is no fun. Going to boots and asking for something to relieve discomfort then you have a mask on and they cannot understand you so you are nearly shouting in a 10 deep queue so my mental health is not that great neither is my temper."*
- *"My mental health has been very up and down, and initially it was difficult to access my normal mental health support."*
- *"I'm very lonely because menopause is a taboo subject, we are expected to just suck it up and get on with it."*

7. Menopausal women are not coping with PPE

Most women reported that current designs of Personal Protection Equipment (PPE) have made working difficult and uncomfortable due to overheating.

- *"I have to wear full PPE during the therapy sessions I offer. Hot flushes and PPE are a nightmare. My goggles steam up, my apron sticks to me, my face burns under my mask and my gloves fill with sweat and then they squeak!!"*
- *"The PPE is very warm and restrictive so I often feel uncomfortable."*
- *"Masks are an issue with hot flushes. Really uncomfortable."*

- “Having to wear a mask is very difficult as you are hot and sweaty plus being asthmatic brings on a panic and almost fear.”
- “High body temperature makes wearing a mask pretty grim.”

8. It's been difficult to homeschool and manage menopausal symptoms

It's been widely documented that women have disproportionately taken on the extra domestic work that has been caused by lockdown measures, including homeschooling and extra cleaning (<https://www.thetimes.co.uk/article/the-burdens-of-lockdown-are-greater-for-women-h79s2j206>). It has been particularly difficult for women who are experiencing the menopause, especially those who are key workers and/or their workload has increased because of the pandemic.

“As a key worker I have had to work later shifts and this can be difficult after 'homeschooling' kids and sorting house out all day. I literally use up all the energy I get from the HRT and so go to work stressed and tired and have to take from an already empty energy reserve. Before menopause I could do that without an immediate effect but in menopause it's just not possible without starting to make mistakes”

9. Longer queues for public toilets

Key workers have reported longer waiting times for toilet access, which has caused distress and inconvenience.

- *“When my period is heaving, nothing is worse than queuing for the toilet.” – Key worker*
- *“I am perimenopausal and find stomach cramps and heavier periods can be difficult sometimes. I can't always find a decent toilet to change now we have Covid. Before Covid I could nip into a supermarket toilet but now I would likely have to queue with everyone else.” – Key worker*

10. Difficulties accessing appointments about HRT

Women have reported either struggling to get appointments to discuss their Hormone Replacement Therapy (HRT) or concern about contacting their GPs during the pandemic. One woman reported they had to change their supplier of HRT.

- *“I am a nurse working in the COVID ICU. I have had to stop my HRT as it was causing flooding and that was impossible to cope with in full PPE. Can't get an appointment to discuss alternative treatments so have to just carry on without. My stress levels are through the roof.” - Key worker*
- *“I've had to change suppliers since Covid-19”*
- *“I haven't had any problems getting HRT but I am due to see my consultant as I need an increase of HRT as I am experiencing low estrogen symptoms. The clinic was either not happening due to covid or, now that it is open, the waiting lists are full to bursting. This means that I have increased my dose on my own in order to function so I can go to work. If I don't work I can't pay the bills. I feel like I am in a vicious cycle. So much so that I have borrowed money to go and see a private doctor who will then write to my GP.” – Key worker*

- *“I have struggled with adjusting my HRT during the pandemic, due to not wanting to bother the GP and not being sure how much was pandemic stresses and how much was menopausal anxiety.”*
- *“My GPs are available by telephone, and have been very thoughtful and ready to listen and adjust my HRT. My local pharmacy is excellent. However, I have hesitated to contact my GPs for help when I normally would, because I think my problems are trivial in comparison with CV-19 and other major illnesses. “*

11. Increased screen time has increased migraines

Multiple women have reported migraines as their primary symptom of menopause. One woman reported the impact of increased screen time, caused by the move to home working, to have increased the amount of migraines she has experienced.

“One of my main negative menopausal symptoms is migraines and the sudden increase in screen time, and in video calls in particular, has also increased my migraines. There seems to be an expectation that a video call is just the same as being in an office with someone, despite the smaller visual area of the screen, the lighting, the 2D nature and the variable quality of the picture/sound. I struggle with this, but I need the work, so I try to manage.”

12. Benefits and difficulties with home working during the pandemic

Most women identified a number of benefits from home working, although a few identified some issues.

Reported benefits;

1. More control over room temperature
2. Easier access to toilets
3. Improved diet
4. More flexible and frequent breaks

Reported issues;

1. Social isolation
 2. Lethargy and increased brain fog from lack of commute/interaction
- *“I have been thankful that I have control over the temperature at home. I found the hot flushes really uncomfortable and distracting in a cramped office. With other symptoms, I have found it a challenge working from home. My energy levels change so often and leaving the house for work was great to get me going. I live alone and miss the office chats and interactions with clients. I feel very isolated. I feel very old.”*
 - *“On the days I work from home I find it harder to get my thoughts straight and concentrate as I have no one around to talk with. Talking with others fixes things in my head and helps my memory. Post It notes don't cut it. However, the days I work at home have been easier as I've been able to work in my garden in the fresh air. I've stayed hydrated at home better and eaten better.”*
 - *“It's so much easier working from home - if I need to take a break I can do that, and work later to make up the time. This is impossible when working in the office. Also, my periods have been much heavier and more frequent over the last year, and it's much easier to cope with that at home.”*

- *“Yes, I find home working easier. When you haven't slept all night and then you are expected to put your work face on it's hard. And women services have a lack of empathy towards this issue, which is surprising and somewhat worrying...”*
- *“I wish I could have been at home, to help manage my anxiety and others symptoms. More online meetings and less travel to meetings would help with all my symptoms.” - Key worker*

Legal Protection

Menopausal women are protected by Equality and Health & Safety law. There have been two successful menopause tribunals (in 2012 and 2018), which can be read about on the Menopause in the Workplace website¹². The guidance below is from Unison and The Chartered Institute of Personnel and Development - 'The Menopause at Work: a guide for people professionals'¹³.

The Equality Act

Under the Equality Act 2010 it is unlawful to discriminate against people at work because of a protected characteristic. The protected characteristics include age, disability and sex.

- Age discrimination is when you are treated differently because of your age. Indirect age discrimination may be the result of a rule or policy which puts people within a certain age group at a disadvantage.
- Sex discrimination is when you are treated differently because of your sex. Indirect sex discrimination may happen when an organisation has a particular policy or way of working that applies in the same way to both sexes, but which puts a woman at a disadvantage because of her sex unless it can be objectively justified.

Therefore, if a woman experiencing the menopause is treated detrimentally because of menopausal symptoms and these are not taken into account within policies or practices, it could potentially give rise to sex and age discrimination.

There is also a more detailed 'Public Sector Equality Act', which specifically covers public sector employees and suggests that public sector employers carry out an **equality impact assessment (EIA)** of both external policies affecting service users, customers and clients and internal policies affecting the employees.

Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1999

The Act requires employers to ensure the health, safety and welfare of all workers. The Regulations require employers to assess the risks of ill health (including stress related conditions) arising from work-related activities, ensuring that the hazards are removed, or proper control measures are put in place to reduce the risk so far as is reasonably practical. Therefore, employers should include the consideration of specific risks for women experiencing the menopause.

¹² <https://menopauseintheworkplace.co.uk/employment-law/tribunals-employers-best-practice/>

¹³ <https://www.cipd.co.uk/knowledge/culture/well-being/menopause>

Recommendations for employers

These recommendations are based on women's experiences and feedback.

A. Create and implement Menopause Policies

Nottingham Women's Centre menopause policy can be found [here](#). Unions such as Unison and TUC Wales have also created example menopause policies, which can be found online.

Why is a standalone menopause policy important?

"My employer does have an understanding of the menopause but there's no firm structure to help those going through it. This does not help or guide my manager hence he is making his own decisions."

- A policy provides clarity for managers and employees, for example by setting out key responsibilities and signposting to sources of support.
- It breaks the silence; creating a policy can normalise and stigmatise discussions of menopause in the workplace.
- Developing a policy provides an opportunity to engage with employees on the issue and shows the workforce it regards the menopause as a serious work-related health issue. (CIPD guidance¹⁴)

Adjusts that should be included in a menopause policy

"I'm a midwife and I'm forced to wear a heavy twill tunic, which is restrictive. You look unprofessional when you are hot all the time with flashes. I requested to wear a sports polo shirt but was told they are 'for porters only'"

CIPD advises that it's counterproductive to take a 'one size fits all' approach as every woman will have different symptoms for different lengths of time. The majority of women want a 'suite' of reasonable adjustments to help manage menopausal symptoms at work.

83 women reported (via our focus group and survey) wanting the following adjustments and changes while experiencing the menopause¹⁵;

- 65% of women want the option of home working
- 62.5% of women want the option of a workstation fan or ability to open windows
- 61.3% of women want a quiet space to rest
- 61.3% of women want the option of temporary adjustments to shift patterns/working hours
- 60% of women want to be able to access to counselling services
- 56.3% of women want the option of flexible and additional breaks
- 46.3% of women want extra time to complete tasks or alternative tasks
- 41.3% want easy access to cold drinking water and washroom facilities
- 25% of women want employers to create uniforms that are made from natural fibres, avoiding nylon

B. Give training to line managers

"We can get fans and we have a support group, however if your immediate line manager is not very understanding and puts you down all the progress is wasted"

¹⁴ 'The Menopause at Work: a guide for people professionals: www.cipd.co.uk/menopause

¹⁵ Adjusts based on suggestions from TUC Union

81.3% of women feel their line managers need to receive specialist training on the menopause.

We strongly recommend that all employers urgently prioritise training for managers on menopause. Appropriately trained managers will enable women to carry on working through the menopause and feel able to speak to their managers about the reasonable adjustments that workplaces are legally obliged to provide.

There are multiple specialist organisations and online resources that support managers to effectively manage people with menopausal symptoms, for example:

- CIPD created 'The Menopause at Work: A Practical Guide for People Managers'¹⁶
- Menopause in the Workplace provide highly regarded training on the Menopause¹⁷

Jenny Griffin from UNISON Wales: "It's all fine and well having a policy or guidance for managers, but if it's only going to sit up on a shelf then it doesn't mean anything. We want to make sure that whatever is put in place – whether that's policy, procedure, guidance, training – is meaningful: it's only as good as what you do with it."

C. Support the creation of peer-led groups and women's networks

"We have a staff women's network and wellbeing network at our organisation; they are driving this agenda (improving menopause in the workplace), not HR"

62.5% of women want opportunities to network with colleagues experiencing similar issues and be involved in menopause support groups.

Women reported wanting;

1. A safe and understanding space for women to share ideas and experiences
2. More educational materials and resources, such as Meg Mathews website¹⁸
3. "Confidence re-building sessions"
4. Opportunities to network with other women within their organisation

'Menopause Cafes' is one type of peer support group that women can set-up and attend. They are organised through a not-for-profit organisation and offer an "accessible, respectful and confidential space to discuss menopause alongside refreshing drinks and cake!"¹⁹

One woman's experience; *"I work in mental health, in a community team. There were times I was trying to help clients with anxiety, insomnia and low mood yet I felt so anxious I could hardly think straight. I was tearful, forgetful, and really struggled to keep a work diary. I forgot tasks and thought I was incompetent. I then stumbled on a Meg Mathews website; it was like reading about myself. I started taking CBD oil, spoke to my manager and things have slowly got better. I am on HRT. Saying that even writing this and remembering how awful I felt makes me tearful!"*

¹⁶ https://www.cipd.co.uk/Images/menopause-guide-for-people-managers_tcm18-55548.pdf

¹⁷ <https://menopauseintheworkplace.co.uk/our-services/>

¹⁸ <https://megsmenopause.com/symptoms/>

¹⁹ <https://www.menopausecafe.net/>

Recommendations for employers relating to the pandemic

D. Extra mental health support to employees

Our research has shown that menopausal women have been feeling particularly high levels of anxiety and distress during the pandemic and higher levels of mental health issues in the broader population have been reported by mental health charities across the UK. Employers can help tackle this by increasing their extra mental health provision and actively encouraging employees to partake in the services provided. Smaller organisations can also signpost employees to affordable mental health support, such as Nottingham Women's Centre's peer support group and counselling service.

E. Improve PPE

There's a serious issue with the current designs of PPE. As PPE develops, new designs must take into account women's experiences of the menopause and employers must seek to provide PPE that's appropriate for women experiencing menopausal symptoms.

F. Prioritise re-opening toilets

As flagged in our research, menopausal women are being forced to wait longer to access toilets, which can be inconvenient and cause distress. Employers and businesses must prioritise re-opening any toilets that were closed during lock-down and look to increase the number of toilets available to women.

G. Supply blue screen filters

A number of women reported migraines and headaches as a menopausal symptom. Employers could provide blue screen filters to employees to help reduce the risk of migraines caused by screens.

H. Continued flexible working

Women have mostly reported back positively about home working. Employers could continue offering flexible working, including home working, plus an increased amount of social activities to tackle the potential isolation of working from home.

Recommendation for Nottinghamshire Healthcare Foundation Trust

G. Prioritise reopening HRT clinic and communicate that women can contact their GPs

A number of women reported they felt nervous about contacting their GPs about HRT during the pandemic. Others reported they weren't able to secure timely appointments with their menopause clinic. We recommend that Nottinghamshire Healthcare Foundation Trust runs a campaign to encourage women to contact their GPs about HRT. Also we believe Menopause clinics and specialists should be fully reopened as a priority.

How to support your physical and mental health during the menopause and the Pandemic

This advice is based on an interview with the gynaecologists Dr Barb DePree and Dr Lakeisha Richardson on behalf of the medical organisation EndocrineWeb.

Reach out for help from your GP, specialist Menopause Advisor or peer group

It's really important to remember that you're not alone and support is available for you, even during the pandemic. Your GP should be your first port of call for support, but there are also specialist menopause clinics²⁰ and support groups²¹ that can help. There are also lots of free and private Facebook groups where women can share their experiences of menopause.²²

We offer affordable counselling at Nottingham Women's Centre, which is available to any woman who needs a bit of extra support, and a peer support group every Wednesday online. Call reception on 07930825030 or email reception@nottinghamwomenscentre.com for more information or to book. New peer support members are always welcome!

Eat well and stay hydrated

Dr. DePree recommends eating plant-based foods like vegetables, nuts, seeds and fruit as they support our immune system and help us stay a healthy weight. Water is essential for the body to function; women should be drinking 2 – 3 Litres of water a day and good to increase calcium and Vitamin D intake. There's lots of information online about diet and the menopause, e.g.

<https://www.bda.uk.com/resource/menopause-diet.html>

Keep moving and establish a routine

Try regular yoga, weights, brisk walking, jogging or cycling to help you maintain a healthy weight and support your mental health. You could try setting up group workout sessions with friends on FaceTime or join an online fitness class. Nottingham Women's Centre is offering free online yoga classes and keep fit classes, which are listed here:

<http://nottinghamwomenscentre.com/wp-content/uploads/2020/09/Whats-Available-Online-v4.pdf>

. Call or email Women's Centre reception to book.

According to Dr. Richardson. "When you stay in a fitness routine, the adrenal glands, which control our stress pathways, stay calm. I know a lot of routines have been disrupted by this pandemic — so you may even need to create a new routine to stay healthy."

Consider hormone therapy

"We are not suggesting that women necessarily start hormones as a result of this pandemic," Dr. DePree says, "but the findings that fewer women are dying from the virus versus men, and that estrogen may be a factor, hopefully will lead to a better and broader understanding of our immune systems, gender differences, and to be better able to inform women on making those treatment decisions". Speak to your GP for further information.

²⁰ <https://thebms.org.uk/clinic/menopause-clinic-6/>

²¹ <https://www.menopausematters.co.uk/forum/index.php>

²² <https://en-gb.facebook.com/groups/258229171553413/?fref=mentions>

Practice good sleep hygiene

“When women go into menopause and their hormones are out of balance, they may have trouble getting to sleep and staying asleep,” Dr. Richardson says. “Study after study shows that sleep really helps your metabolism, so not getting the right amount and type of sleep can really affect your ability to lose or maintain weight as you age and in times of stress.”

- Get into bed early and aim for seven hours
- Focus on creating a calming, pleasant bedroom environment
- Try taking herbal remedies or drinking herbal teas
- Listen to calming music, podcasts or audiobooks to help you drift off to sleep
- If noise is an issue, try wearing ear plugs

Give yourself a break

Finding the time for self-care can be hard for women, especially if you have lots of caring responsibilities. If possible, we would recommend trying something simple and see if it makes a difference. Some women benefit from using a mindfulness App, writing a journal, creating art or going for a walk in nature. Be patient with yourself and don't give up if you can't manage it immediately. Dr Richardson says “Stress management can also help to reduce physical inflammation. It's a win-win for the body and mind.”

Conclusion

“We need to move away from workplaces being terrified of issues that affect women and make it acceptable to talk about it without being made fun of.”

This report has built on the work by unions and campaigners to uncover an invisible epidemic; women in Nottingham are being pushed out of their workplaces, often in the prime of their careers, because of unsupportive and hostile workplace environments. Women have identified a link between this lack of support and the sexism and ageism they experience from society more generally.

This is a serious situation that needs to be urgently addressed; not only do employers have a legal obligation to make reasonable adjustments for menopausal women, but it's essential for everyone to understand the serious consequences of this issue; it is causing some women serious financial difficulties and mental health problems. There's also an impact on the economy, which is starting to be recognised by UK Government²³ but further research needs to be done.

The positive news is that most workplaces, according to our research, are potentially interested in developing a standalone menopause policy and most of the required adjustments are either free or relatively inexpensive to implement. There is also a growing movement of women who are successfully campaigning together to break the silence around menopause through petitions²⁴ and sharing stories using the hashtag #MakeMenopauseMatter.

This is a live document and ongoing project. We appreciate feedback and encourage employers and decision makers to get in touch with our Policy and Influencing officer²⁵ to continue the conversation on this topic.

Questions for further research:

- How can we make it compulsory for all workplaces to create menopause policies?
- What support do trans people need in relation to menopause?
- How is the HRT crisis caused by Brexit impacting menopausal women in the workplace?
- How can we improve access to specialist menopause clinics?

²³ <https://www.gov.uk/government/publications/menopause-transition-effects-on-womens-economic-participation>

²⁴

<https://www.change.org/p/rt-hon-elizabeth-truss-mp-make-menopause-matter-in-healthcare-the-workplace-and-education-makemenopausematter>

²⁵ Email: katie@nottinghamwomenscentre.com