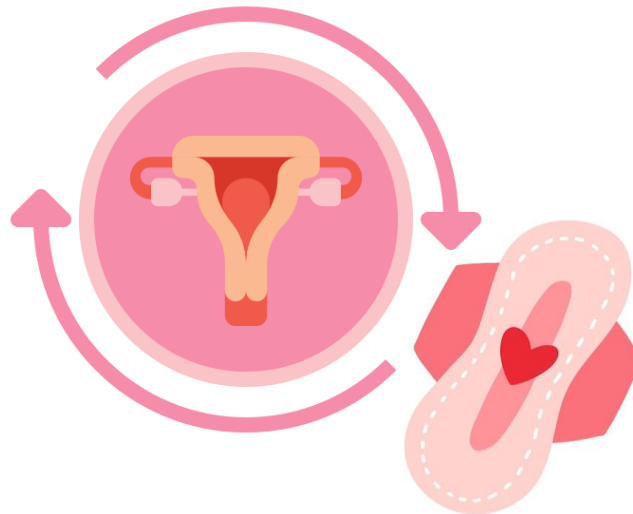


Executive summary

Menstrual health in psychiatric inpatient settings (2024)

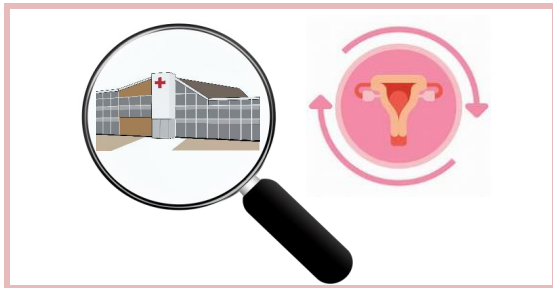


Written by Hat Porter

Commissioned by:

Executive summary: Menstrual health in psychiatric inpatient settings (2024)

Introduction



This report is about the support patients who **menstruate** receive when they are in **psychiatric inpatient services**.

Menstruate: this means to have a period. A period is part of the monthly menstrual cycle when the lining of the womb is broken down and released through the vagina for between 2-7 days. People who menstruate do not have a period if they are pregnant or have reached the menopause.

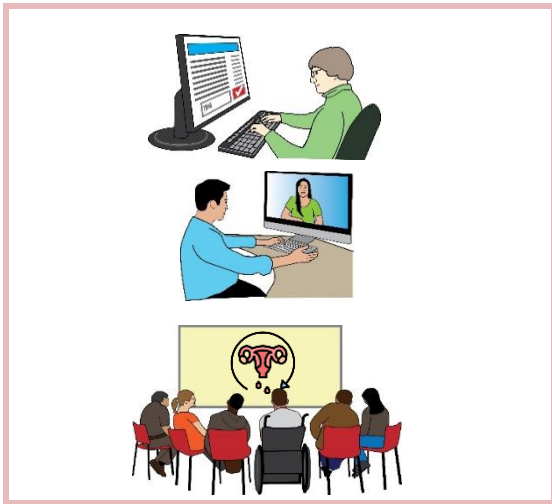
Psychiatric inpatient services: these are services that provide treatment for people with mental health difficulties in a hospital setting.



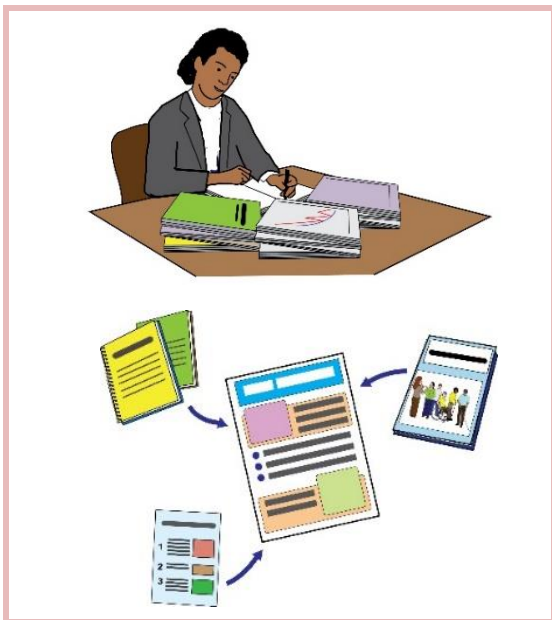
There is not a lot of information about this. To find out more we asked both patients and staff to tell us how psychiatric inpatient services support patients' **menstrual health**.

Menstrual health: is the physical, mental, and social wellbeing in relation to the monthly menstrual cycle.

Here are the ways we gathered information:



- 101 online questionnaires from patients
- 67 online questionnaires from staff
- 10 interviews with patients
- A focus group to decide what actions services needed to take



We looked at the responses from the questionnaires and interviews to find any common themes.

We used the **Freedom of Information Act** to ask 52 **NHS mental health trusts** in England to provide policy documents. We looked at the content to see what they said.

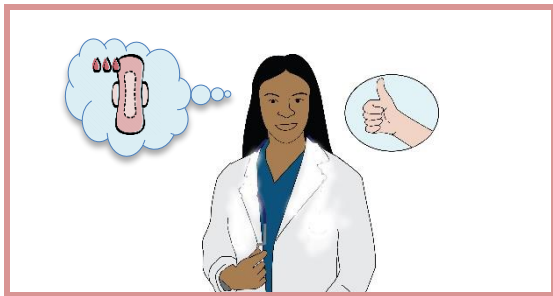
Freedom of Information Act 2000: this law gives the public the right to access information held by public authorities by making Freedom of Information requests.

NHS mental health trusts: these are regional National Health Service (NHS) health and social care services for people with mental ill-health.

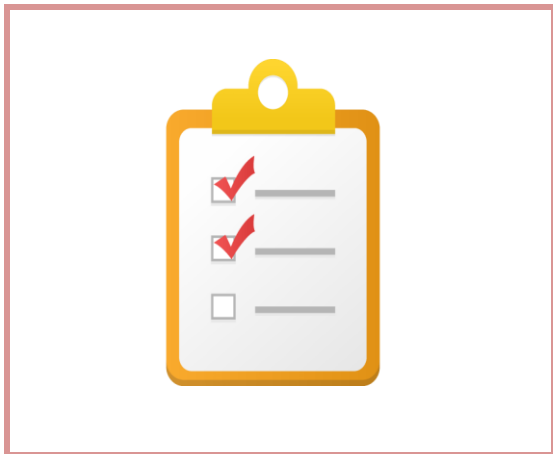
The main things we found out



Overall, patients told us they did not receive good enough support for their menstrual health in hospital. Their feedback was more negative than the staff's.



This suggests that staff think their support for patients' menstrual health is better than patients' actual experience of it.



When we looked at the information we received in the research, we found there were 2 main categories that the information fitted into:

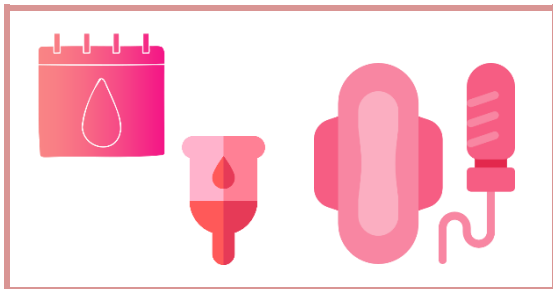
- **Institutional**
- **Interpersonal**

Institutional: here, this relates to how the environment, systems and structures of the psychiatric hospital affected patients' experiences of menstrual health.

Interpersonal: here, this relates to how the interactions, attitudes and relationships with staff affected patients' experiences of menstrual health.

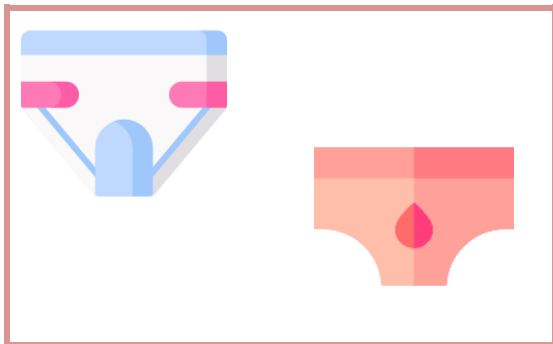
Institutional issues

Being able to obtain menstrual products



Patients and staff said that patients were not always able to get menstrual products. When they were available there was not much choice.

Menstrual products: these include period pads, tampons, medications and hygiene products.



Also, the products available were often of poor quality. In some cases patients were given incontinence pants or maternity pads instead of sanitary pads.



Some things like tampons and hot water bottles were seen as a potential risk to patients. It was often a 'blanket rule' not to give them to any patients.

Blanket rule: this is a rule that affects everyone or includes all possible cases. It does not consider individual situations.

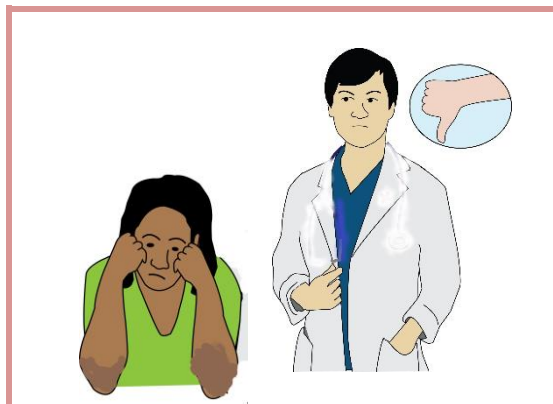


This meant that some patients were left in pain, had to use anything else they could find, or had to bleed without being able to use a product to help. This caused confusion and shame.



Hospital staff usually controlled the supply of menstrual products. Patients did not always know how to get them. They would often be embarrassed by having to ask a male member of staff for help.

Everyone knows you are menstruating



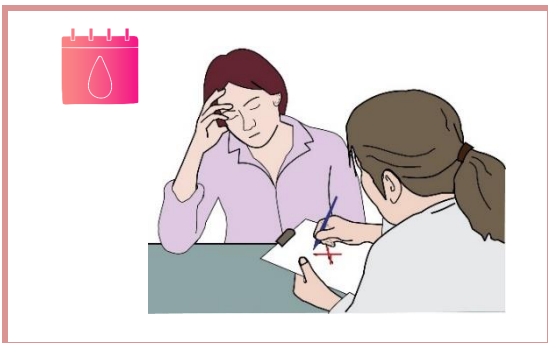
Patients told us that the staff often made checks on them while they were menstruating. They said this felt like they had little privacy and that it felt **degrading** and **dehumanising**.

Degrading: making someone feel ashamed, not valued, not respected.

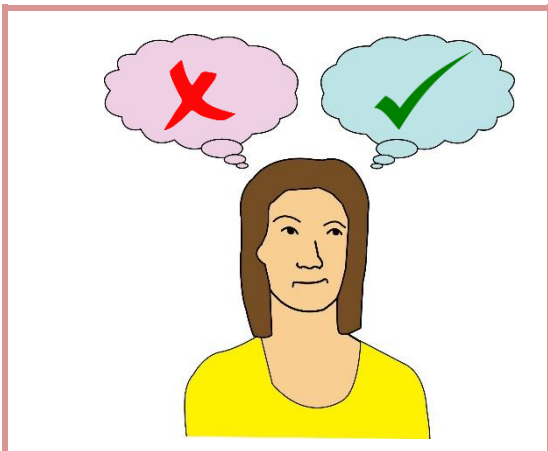
Dehumanising: making someone feel like they are less of a human being, less worthy.

Interpersonal issues

Staff attitudes towards menstruation



Patients told us that some staff had negative attitudes towards menstruation or just ignored it. This made them feel more embarrassed.

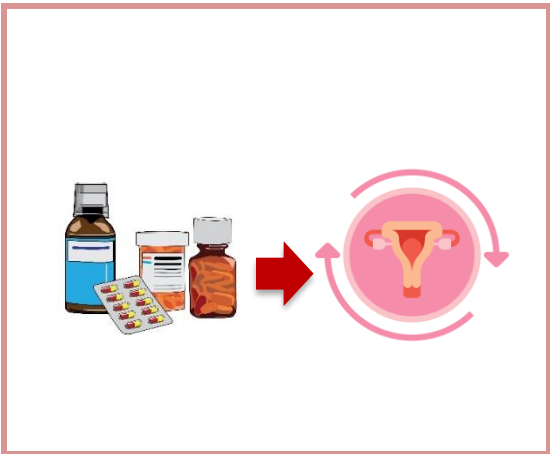


Transgender patients said they felt shame because of staff **transphobia** as well as their negative attitudes. But there were some staff who were helpful and positive towards them.

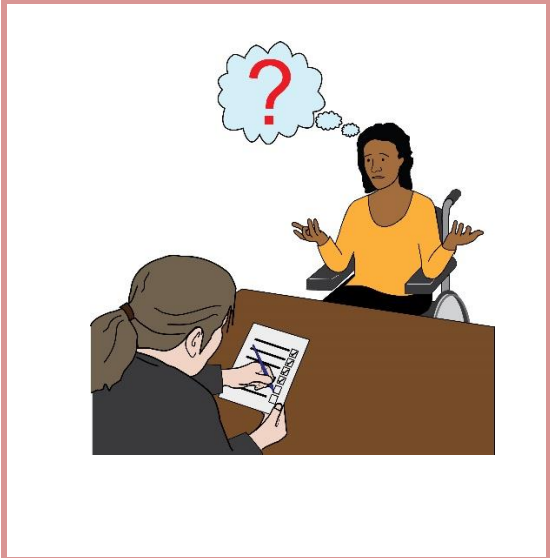
Transgender: A person who identifies with a different gender to the one they were given at birth. For example, a person who was recorded female at birth who now identifies as a man.

Transphobia: A strong dislike of transgender people.

Menstruation support

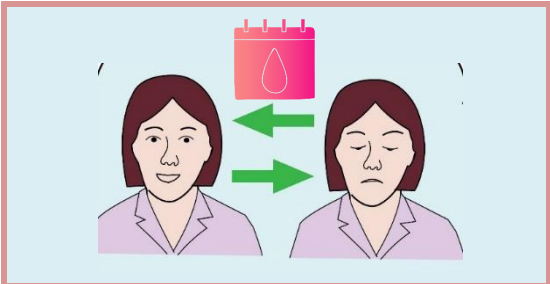


Patients said that staff did not do enough or know enough about their menstruation needs. For example, how the side effects of psychiatric medication can affect menstruation.



This was true for patients who had heavy or painful periods or other related health conditions. Staff often saw their physical health and disabilities as separate from their mental health, and that it was ‘somebody else’s problem’.

Menstruating support when mentally ill

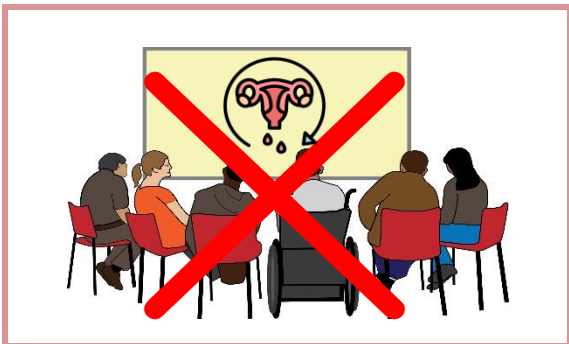


Both staff and patients said they thought staff did not have enough knowledge about how the menstrual cycle can have an impact on mental health.

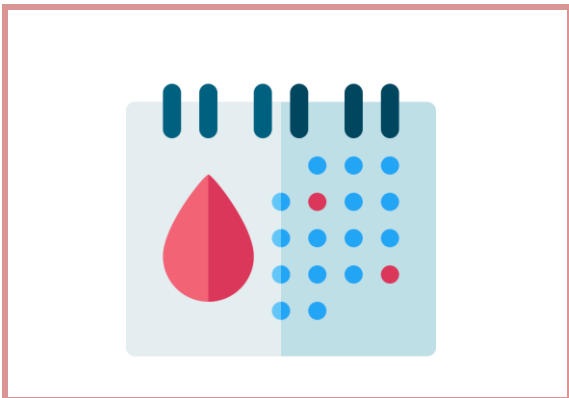


For example, not understanding **premenstrual dysphoric disorder (PMDD)**, which meant that sometimes the patients' needs were ignored.

Premenstrual dysphoric disorder (PMDD): this is a condition which affects mood, energy and physical health every month before the period starts.



Most staff said they had never received any menstrual health training, and some said they had never even thought about it before this research.



Some patients told us that their menstruation problems increased because of mental illness and **trauma**. For example, people with an eating disorder had irregular periods.

Trauma: deep and long-lasting emotional upset caused by a shocking experience or abuse.



Many patients said that they had not received enough support with their **psychological** needs about their menstruation, trauma and mental ill-health.

Psychological: affecting the person's mind or emotional state.

National Health Service policy documents:

Freedom of information requests



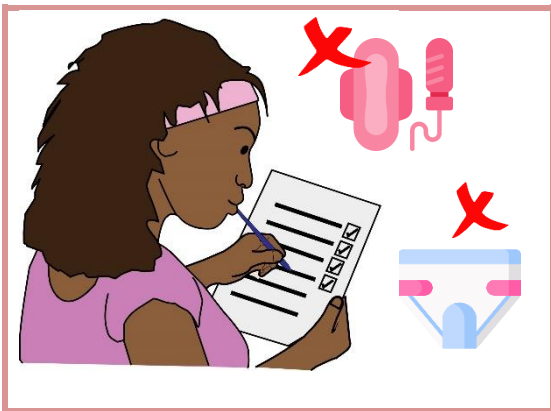
We looked at a lot of policy documents from the NHS. None of them said anything about menstrual health care for patients in mental health services.



So, as well as patients telling us that services were ignoring their menstrual health needs, we found that they were being ignored in policy documents too.

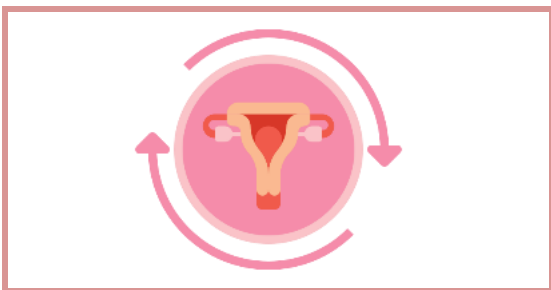


Most mental health trusts said that they **did** allow tampons on their hospital wards. This was not what we heard from staff and patients. This shows us that practice can be very different from what policies say should happen.



Different trusts had different processes for ordering menstrual products. Generally there was a limited choice of products.

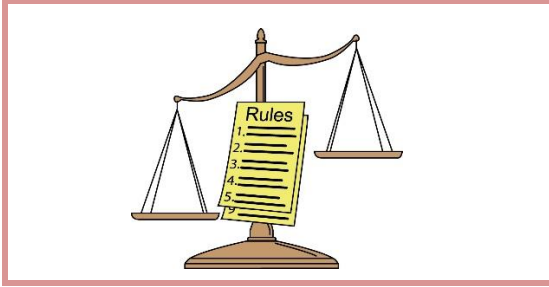
Conclusions



This research showed that patients in psychiatric hospitals do not receive good enough support with their menstrual health.



Patients said this was degrading and distressing. Not meeting patients' needs could be viewed as neglect and unfair treatment.



This seemed to happen because of services not being very flexible and staff not knowing how important this issue is.



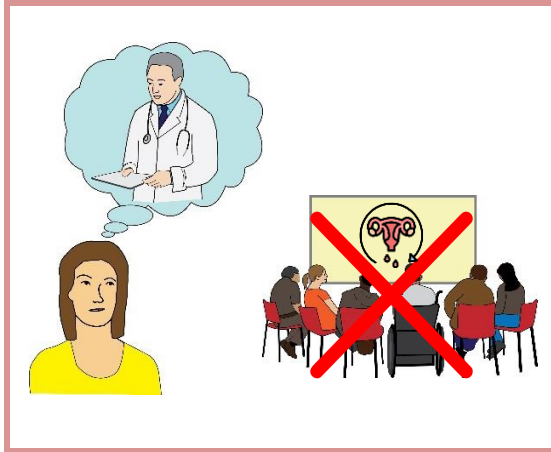
Patients felt more ashamed about their menstruation when they were in the psychiatric wards than when they were at home.

This seemed to be because of the strict rules in hospitals, the attitudes and actions of staff, and not meeting the patients' menstrual health needs.



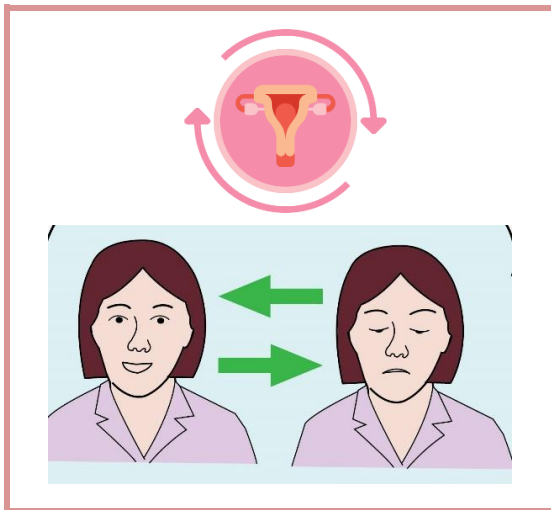
Some patients talked about how their menstrual problems were ignored, as well as the gender inequalities and harm experienced in psychiatric treatment.

Gender inequalities: this is when people are not treated equally based on their gender.



Patients' physical health needs for menstruation were often ignored.

Staff did not know enough about menstrual health and most of them had never received any training about it.



People talked about dealing with their periods while being mentally unwell, distressed, or having experienced trauma. This affected how they felt about having their periods, especially for the people who had experienced sexual abuse or eating disorders.



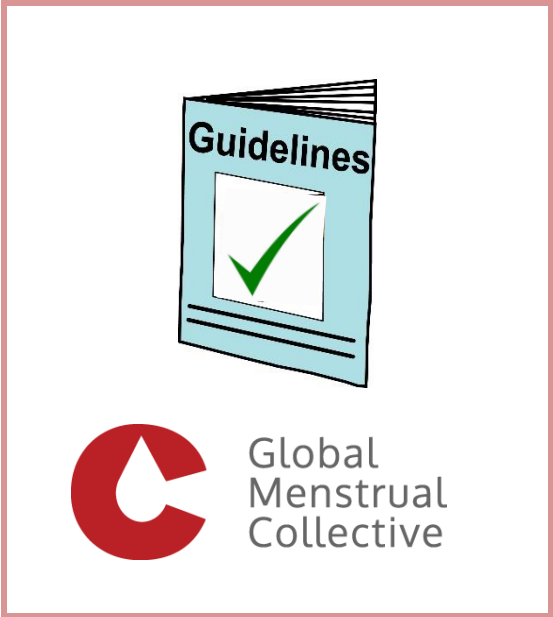
Because trauma and feeling ashamed are closely connected, mental health wards should aim to be places that help people with feelings of shame, especially about their bodies and periods.

Guidelines



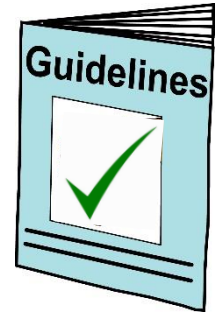
After we did the research part of this project, we did a focus group where we talked with 3 people who had experience of menstruation and treatment in psychiatric hospitals.

We talked about what we had found out in our research. We then looked at the guidelines we wanted to create on how services should treat patients who menstruate.

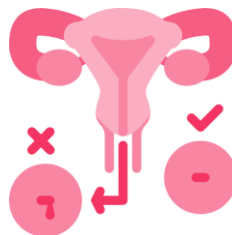


We produced our guidelines from the information we found out from our research. We created the guidelines thinking about how the Global Menstrual Collective talk about what menstrual health is. This is an organisation which aims to make issues around menstrual health better throughout the world.

In our guidelines, we recommend:



- Supplying better menstrual products
- Giving safe and better availability of these products
- Giving information about menstrual health
- Giving better support for pain and physical and emotional illness related to menstruation
- Trying to make sure patients don't feel ashamed, embarrassed or judged just because they have their period
- Understanding the connection between mental illness, distress, trauma and menstruation, and providing support around this
- Trying to make sure people are not left out, treated unfairly, forced to do something they don't want to do, or physically harmed regarding menstruation



We recommend trusts use these guidelines we have created from this study.

Future steps



This research has shown that the mental health trusts and hospitals need to act quickly to improve support for psychiatric patients who menstruate.



More research is needed to find out more about menstruation support in psychiatric hospitals, especially in services like child and **adolescent** mental health services (CAMHS) or **perinatal** services.



The research should also look at the experiences of marginalised communities like transgender patients, patients with learning disabilities and patients from ethnic groups.

Adolescent: an older child who is soon turning into an adult.

Perinatal: the time before and after a person gives birth.

This document was put into Easy Read by the Empower Team at People First.

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