Menopause, mental health, *and me*

Mental Health UK

Understanding how to take care of your mental and physical wellbeing during this life transition

Contents

3 What is menopause?

6 Menopause: self-care & further support

8 Asking your GP for help

14 How to discuss menopause in the workplace

18 Elizabeth's story

20 About Mental Health UK

What is menopause?

The menopause is a normal part of a woman's lifecycle where hormone levels decline with age. Periods become less frequent and eventually stop. A person is not considered to have reached menopause until their periods have stopped for 12 months. This most commonly happens between the ages of 45 and 55.

Perimenopause is when you have symptoms before your periods have stopped. It is the time during which your body is making a natural transition towards menopause. Women start perimenopause at different ages. While perimenopause symptoms most commonly begin between the ages of 40 to 44, some women enter perimenopause as early as their mid-30s.

Though there is a lack of research on menopause in transgender people and other gender identities, everyone who has or previously had ovaries can go through perimenopause and menopause.

What are the mental health symptoms?

All women experience menopause differently and symptoms can be both physical and mental. Symptoms of both perimenopause and menopause can have a significant impact on your daily life. Most women experience one or more symptoms of menopause, and many will experience early symptoms whilst still having periods. If you go through menopause because of surgical or medical treatments, symptoms of menopause are likely to be less gradual.

Common symptoms include:

- Sleep disturbance
- Mood changes
- Anxiety
- Problems with memory and concentration (brain fog)
- Changes in sexual function

For the full list of symptoms, scan this QR code or visit: mentalhealth-uk.org/menopause

How menopause can affect your mental health

Anxiety and low mood

Hormonal changes, along with social and environmental factors, mean it's common for women to experience significant changes to their mood due to menopause, including depression, mood swings, panic attacks, anxiety, and low self-esteem. Some women also experience problems with memory or inability to think clearly, also known as 'brain fog', which can cause them to lack confidence and feel low in mood. Menopause can cause an increased risk of depression.

Significant life change

Many women liken menopause to a life change as significant as having your first child or losing a loved one. Some women may feel a sense of freedom as they no longer experience monthly cycles, whilst others may mourn a sense of loss of their younger selves. Some societies view women who are post-menopause as ageing, less capable and less valued, leaving some women to feel as though they are treated differently after menopause which could cause symptoms of low mood and anxiety.

Menopause and preexisting mental health conditions

For women who already live with a mental health condition, they may find their current symptoms are amplified due to hormonal changes. Support can include altering the medication you may be taking for an existing mental health problem. Women particularly at risk of experiencing these additional challenges are those diagnosed with a mental illness such as bipolar disorder or schizophrenia.

Menopause for transgender people

While most available menopause information is geared toward cisgender women (i.e. women whose gender identity matches the sex assigned to them at birth), trans, non-binary, and intersex people can experience menopause symptoms due to changes in hormones and variations in sex characteristics. Going through perimenopause or menopause may cause you some gender dysphoria. It might help you to talk to someone you trust about these feelings, whether that is your GP, a friend, or a counsellor.

Physical symptoms

Menopause can cause a range of physical symptoms which can affect our mental health

Experience of these symptoms can impact our mood and cause some women to feel depressed or anxious. Hormonal changes that cause physical effects, like hot flushes, palpitations, and dizziness, can also mirror feelings of anxiety and panic attacks, amplifying symptoms for someone who may already experience an anxiety disorder.

Menopause: self-care & further support

Menopause and self-care

Self-care is often misunderstood to mean pampering oneself. In reality, self-care means taking care of every aspect of your health, both mental and physical, while also treating yourself with love and kindness.

Self-care for this stage of your life might include:

- Getting plenty of rest, and try to keep regular sleeping habits
- Eating a healthy diet, replenishing vitamins and minerals that might be depleted during this stage such as calcium and vitamin D (to increase bone density)
- Regular exercise will help to maintain a healthy lifestyle, improves your sleep, lifts your mood, and strengthens bone density
- Relaxing activities such as yoga, meditation, or tai chi
- Wearing light cotton clothing; use fans to cool yourself down
- Maintaining good work-life balance

Further Support

Daisy Network

Providing information and support to people diagnosed with Premature Ovarian Insufficiency, also known as Premature Menopause.

daisynetwork.org

Rock My Menopause

Set up to give people the confidence to recognise and discuss their symptoms and equip families, friends, employers and the wider public with information about the menopause.

rockmymenopause.com

Henpicked

A place for people to take their conversations from the coffee shop out into the wider world, sharing their wisdom and offering guidance, support, and tips on a wide range of topics.

henpicked.net

Menopause NICE guidelines

NICE guidelines provide advice on the care and support that should be offered to people who use health and care services.

nice.org.uk/guidance/ng23

Queer Menopause

Queer Menopause addresses the lack of menopause information available for LGBTQIA+ people, including non-cisgendered, non-heterosexual individuals, and the lack of information available for BAME people.

queermenopause.com

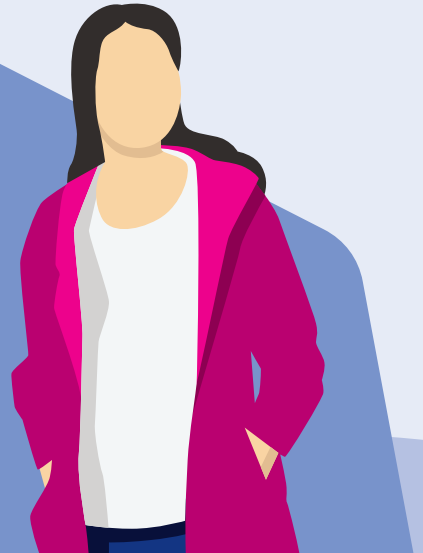
Asking your GP for help

If you think that you might be perimenopausal or menopausal, and your symptoms are starting to affect your life, then it's a good idea to make an appointment with your GP.

Researching the menopause

The more information you have about a health matter, the better you can guide conversations with your healthcare professional and lead the treatment you require.

So, researching menopause, symptoms, and treatment are important. Researching could mean something as simple as watching a documentary about menopause. We've suggested a good one by Davina McCall (right), and we've also provided a list of resources that you might find helpful to have a read through. You can also read the NICE guidelines which tell you how the GP should support you and what treatments they should offer you.



But we know that when your symptoms, or life in general, are affecting you, researching can feel quite scary. It can be helpful to talk to someone you trust and ask them to help you. There are also lots of peer support groups that you can find on social media or by searching online for groups in your local area. Peer support groups can help you feel less alone in how you are feeling as well as be a useful resource of information and support.

Hormone Replacement Therapy

If you are thinking about taking Hormone Replacement Therapy (HRT) it is helpful to look into the types available. Think about if you have any existing conditions that might affect what HRT you can take. For example, you might experience migraines, or have had breast cancer. If you can show your GP that you have thought about your existing conditions, and which type of HRT you think may be best for you, this will help the GP to understand which treatment you are wanting. GPs sometimes prescribe antidepressants alongside or as an alternative to hormone therapy and have a good track record of treating symptoms such as hot flushes and night sweats. It's worth considering this in your research.

Useful links

NICE guidelines on menopause
nice.org.uk/guidance/ng23/chapter/Recommendations

Davina McCall: Sex, Myths and the Menopause
available on various streaming platforms

balance app
balance-menopause.com

Henpicked menopause information hub
henpicked.net

Tracking your symptoms

Many of us have heard about hot flushes, night sweats, and being forgetful in the menopause, but there are lots of other symptoms, many of which you might have put down to something else! We have created a symptom tracker for you to complete. You can use this when you have your appointment with your GP so they can see how your health is being affected. Download the tracker and wellbeing action plan here, or scan the QR code: **mentalhealth-uk.org/symptomtracker**

It can also help to talk to someone who knows you well. Have they noticed changes in your behaviour or moods? Maybe you've been told that you seem "moody" or "argumentative". Things like this can be hard to hear, but it can be useful information to give to your GP.

If you already have a mental health diagnosis, have a think about how your symptoms may have changed.

If you live with a mental illness, particularly one that may have psychotic symptoms such as bipolar disorder or schizophrenia, then it might be worth speaking to your mental health team if you have one. Although there has been little research done, a reduction in oestrogen levels has been shown to potentially trigger or aggravate these conditions. The Bipolar Commission produced a report which has some information about how hormones might affect mental health. You can read about this at Bipolar UK bipolaruk.org/get-involved/research/our-research/the-bipolar-commission/

Before the appointment

We have included a checklist (right) of things you might find useful to do before your appointment, with space to add your own notes.

Making the appointment

It's quite unusual these days for us to see the same GP each time we go to the doctors, and it can feel awkward talking to someone we don't know about our symptoms. It might help to ask the receptionist if there is a GP at the surgery who specialises, or has a particular interest, in menopause. If you think that you may feel anxious during the appointment and forget what you want to ask, it can be helpful to make a list of questions that you want to ask. And you can also ask for a double appointment so that you won't feel rushed when talking about your symptoms.

To do	Notes
Keep a note of your menstrual cycle For example, note first day of last period.	
Fill out your symptom tracker Think about your preference about how to manage your symptoms e.g. HRT, a herbal approach, lifestyle changes. It is your choice, and you can ask your GP for their opinion based on your medical history.	
What do you want to ask the GP? Think about if you want to take someone, like your partner or a friend, with you to the appointment. Talk to them beforehand about what you want to get from the appointment. They can support you in the appointment and make sure that you don't forget to ask something important. And they can get advice from your GP about how they can support you through the menopause.	

What can I expect from my GP during the appointment?

Your GP should talk to you about:

- the stages of menopause,
- common symptoms,
- lifestyle changes that could help your general health and wellbeing,
- benefits and risks of treatments, and
- long-term health implications of menopause.

It would also be helpful to talk to your GP about your contraceptive needs as you can still get pregnant during perimenopause. Some contraceptive methods, such as the Mirena coil, are used to provide some of the hormones needed for HRT. You can read more about this here: **bit.ly/contraception-during-menopause**

They shouldn't:

- dismiss how you are feeling as it "just being that time of your life", or
- refuse to prescribe you HRT or only prescribe it for a certain length of time.

The GP should also explain that treatment of your symptoms is an ongoing conversation. Your GP will usually ask you to book a follow up appointment to talk about how effective the treatment is and whether any changes need to be made. If you have decided to take HRT, it can take some months of trying several types before you find the one that's right for you. This may change as you continue through your menopause journey.

What can I do if I don't get what I would like from my GP?

We do know that some people find it difficult to get the support that they need from their GP. Sadly, some GPs and healthcare professionals are reluctant to prescribe HRT due to outdated reports about the health risks.

Fortunately, there are some things you can do:

- If you haven't been able to follow our tips above, you can make a second appointment with your GP. Follow our tips and remember that knowledge is power. If you can show that you are informed about the risks, the benefits to you and the treatment that you prefer, then your GP will be more likely to listen to your views.
- If this approach doesn't work, you can ask to speak to another GP at the surgery, or ask for an appointment with a GP who has a specialist interest in menopause.
- Ask to be referred to a specialist. Some areas have specialist menopause clinics which you can be referred to. The British Menopause Society have a list of both NHS and private menopause specialists: Find a BMS-recognised menopause specialist by visiting: **thebms.org.uk**
- Some people find it easier to go to a private menopause clinic. There is a financial cost to this, so it isn't available to everyone. Some employers may include this as part of private healthcare packages – talk to your HR team to find out what is available in your workplace. The British Menopause Society website, **thebms.org.uk** includes private specialists.
- If you are still having problems, then you have the right to make a complaint about the treatment you receive. You can read more about how to make a complaint about the NHS by visiting the 'Complaining about NHS or social services' page at **Rethink.org**

How to discuss menopause in the workplace

In the UK, nearly 5 million women aged 50 and over are in employment – it is the fastest growing demographic group of workers. This age group is the most likely to be affected by menopausal symptoms, so employers need to ensure they are supporting this group of their workforce.

According to a recent survey, 90% of workers experiencing the menopause said that it had affected their working life*. Another report has found that 1 in 10 women have left their jobs due to menopausal symptoms, and many have reduced their hours or not gone for a promotion, due to symptoms†.

Despite the challenges faced by many experiencing menopause symptoms, research has shown that we continue to have a better quality of life if we are in employment. However, many still feel uncomfortable talking about symptoms with their colleagues or managers, and there is a lack of knowledge about where to go or what to ask for in terms of help and support.

*Women and Equalities Committee. Menopause and the workplace: call for evidence, Royal College of Obstetricians & Gynaecologists, British Menopause Society, Faculty of Sexual and Reproductive Healthcare, 2021. †Menopause and the Workplace, Fawcett Society, 2022.

Here are some tips to support a conversation about menopause in the workplace:

1. Request confidentiality

Request a private meeting with your employer to make them aware of your personal circumstances. Consider your environment and timing to ensure you have privacy and can have an open conversation without distractions or interruptions. Ask for the conversation to be kept confidential.

2. Prepare the points you would like to discuss in advance

Think about any reasonable adjustments or flexibility you may need. You may wish to complete the Menopause Wellbeing Action Plan to help you consider some of the accommodations you think might help.

3. Try to be open and direct

Be explicit that you are experiencing the menopause or perimenopause and share how it is affecting you. Your employer may not be familiar with symptoms or understand the impact; they may not even know what menopause is.

4. Provide information

If your employer is not familiar with menopause, signpost them to resources or articles that can help them understand the impact and challenges associated: Menopause and mental health – Mental Health UK **mentalhealth-uk.org/menopause**

5. Focus on solutions

Spend time exploring adjustments that can support you to work to your best whilst experiencing menopausal or perimenopausal symptoms. Remember your strengths, and what you bring to work, even on those bad days.

6. Seeking support

Explore any further support available within the workplace. HR departments may offer advice or policies surrounding support for people experiencing the menopause or perimenopause. Many people also find it beneficial to form a peer support group in the workplace, to share experiences and support each other.

7. Follow up

Arrange a time together to follow up any actions, and review any adjustments put into place to ensure they are meaningful and making a positive difference.

Increasingly, workplaces are starting to take the menopause seriously and put policies in place. Over 2,600 employers have signed the 'Menopause Workplace Pledge', which is a commitment for employers to actively support colleagues experiencing the menopause.

Elizabeth's story

Content warning:
Mentions suicidal ideation.

Elizabeth is the founder of #KnowYourMenopause, campaigner for Pausitivity and blogger at 50Sense celebrating women 40 and over. She told us how menopause affected her mental health.

"Mental health wasn't something I'd thought about with menopause. I knew there could be mood changes – we all hear the jokes about the grumpy old woman in the family – but I never thought the impact could be so profound.

"I didn't even think I had a problem. I've never been an angry person, but suddenly I could go from Bruce Banner into the Hulk in seconds and all I wanted to do was destroy whoever had annoyed me, whether that was with words or actions. I'd wake up in the early hours of the morning, making lists of everyone who'd annoyed me, from politicians to TV stars to a woman in the shop.

"After the anger subsided, I'd be left feeling guilty and scared. This wasn't me; it was as if an evil spirit had taken me over. I'd sit and wonder how anyone could like me when I was such a horrible person. "They all think I'm nice. If only they knew the truth..."

"Small things would send me into despair, convinced that my friend no longer liked me. I began to worry about my work; after all, if my boss, a good friend, no longer liked me and I started making mistakes, why should they keep me on? I work on a magazine in London and would spend all weekend worrying about my work until I saw the published article. Once, convinced I'd made a mistake, I shook so much my colleague had to open the magazine and show me that everything was okay. When mistakes happened, I would frantically double and treble-check to make sure I hadn't worked on any of the pages concerned, even when I knew I hadn't. I turned down the offer of promotion to a position I'd held before because I couldn't trust myself.

"Eventually, I found myself walking down to the Thames at lunchtimes and wonder what would happen if I jumped in. I didn't want to kill myself; I just didn't want to feel this way anymore. I started taking lunch breaks in the middle of a project, so I knew I had a reason to return to work.

"My husband tried to get me to go to a doctor. I'd suffered with depression in the past, although never this bad. I didn't want to waste my GP's time when this was all brought on by me.

"It was only when I started getting hot flushes and my husband googled ways to help that we realised everything I had been going through was menopause-related."

"I went to the GP the next morning, waiting for a same-day appointment, only to be told that I'd missed the last one. The thought of another day without help was too much and I burst into tears. "I'm fitting you in," said the receptionist. "Take a seat. I don't know when it'll be, but you can't go on like this."

"I wish I could say it had been plain sailing since then. My hormones still fluctuate and I still have some blue days, so I use meditation and exercise and am looking at my diet to feed my body the best nutrition I can. I also tell myself that this is hormones, not me, and try to speak nicer to myself.

"I've started a menopause support group in my city to meet and help other women – seeing the relief on their faces when they realise they're not alone in how they feel is humbling – and I started the Pausitivity menopause awareness campaign to make everyone aware that menopause is more than hot flushes.

"The most important thing, however, is to talk. I've spoken to many women who have felt the same way; women who felt they were losing their mind or starting early dementia and others to admit they felt suicidal. They are amazing, powerful women – raising families, holding down jobs, all while coping with menopause. I've also met many inspirational women who are post-menopausal and living their best lives ever, which gives me strength because I know this will pass."

Who we are

Registered with FR FUNDRAISING REGULATOR

We champion the UK's mental health. We challenge the systems and situations that hold people back, and equip them with tools and advice to unlock their full potential.

Support us

We are thankful to all our supporters who make it possible for us to continue providing vital advice, information, and support to people who need it all over the UK.

Your support could help us give more people the tools they need to manage their mental health and live their best lives. **Donate now at mentalhealth-uk.org/donate**

Find out more

mentalhealth-uk.org/menopause

Mental Health UK

© Mental Health UK, 28 Albert Embankment, London SE1 7GR.
Registered Charity Number: 1170815. October 2026.