

GUIDELINES FOR SERVICES

Menstrual health in psychiatric inpatient settings

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Commissioned by NSUN



**National Survivor
User Network**

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Introduction

These guidelines are intended to provide NHS mental health trusts and private providers of psychiatric inpatient services with an outline of actions which should be taken, and areas of consideration, to improve support for patients who menstruate. This guidance may also be used by patients to help to understand and to communicate their rights when in hospital.

Everyone’s needs and experiences of menstruation are unique, and principles of **person centred care** should always be upheld.

These guidelines should be used in all mental health ward settings including in 136 suites. Different services may have additional considerations to meet the needs of their patient population.

Process and development of the guidelines

These guidelines have been informed by findings from survivor-led research into experiences of menstrual health in psychiatric inpatient settings. **You can find the full research report and the executive summary on the NSUN website.**

Following the research phases of this project, including surveys for people with lived experience/staff, and a series of interviews with people with lived experience, a focus group was held with three individuals with lived experience of menstruation and treatment in psychiatric hospitals. The group discussed the research findings and used these, along with our experiential knowledge, to inform and develop guidelines outlining how mental health services should support patients’ needs relating to menstruation. A further two people with lived experience contributed to the development of the draft document via written contributions.

Subsequent engagement was held with stakeholders to ensure these guidelines are implementable and gather support for the guidance outlined.

Limitations of these guidelines

There is a need for more research considering mental and menstrual health. Further research into this area will help shape understanding of best practice and support implementation of training resources.

Meeting patients' needs

It is the responsibility of all staff to ensure that patients' needs related to menstrual health are met, and to ensure psychiatric hospitals do not exacerbate patients' distress or increase feelings of shame or stigma related to menstruation.

Menstruation should not be a shameful or stigmatised experience, however taboos persist, and patients will have their own needs, feelings and beliefs about menstruation which should be respected. Staff should balance this by being led by patients' choices, needs and preferences, for example if someone is comfortable speaking about their menstruation in a group context this should be supported, however a more discrete and sensitive approach may be more appropriate for others.

Menstrual champions

During the process of developing these guidelines, the adoption of 'Menstrual Health Champions' has been suggested. 'Champions' would be staff members with additional training who can take on some responsibilities for ensuring stocks of menstrual products are maintained and initiating conversations about menstruation with patients. This should include offering a private space for these conversations and supporting patients who may feel hesitant to initiate discussions about menstruation themselves. Patients must be able to easily recognise the 'menstrual champion', for example by displaying their photograph on a poster or the staff member wearing a badge or ribbon.

Posters may advise patients that they are able to discuss menstrual health with any staff member, but identify specific staff members who have additional knowledge and training. However, it is essential for staff to share these responsibilities so that patients' needs aren't left unmet when a 'Menstrual Health Champion' is away or unavailable.

Involving family, friends and carers

In some instances it may be important to the patient to involve family, friends, carers and/or support networks within an individuals' care, including with meeting their needs related to menstrual health. This should always be with the person's consent and control and with respect for their privacy and dignity.

Guidelines for supporting with each aspect of menstrual health

- 1** *Ensuring patients have access to menstrual materials, including appropriate hygiene facilities which support their individual choice, safety, privacy and comfort*

Provision of menstrual materials

- **In line with NHS England guidance**, menstrual products should be provided to patients free of charge along with additional materials patients require to support management of menstruation.
- In addition, the following should be provided as a minimum:
 - A wide range of good quality menstrual products to meet a range of individual needs and preferences (e.g., provision of tampons and menstrual pads in a range of sizes and absorbencies).
 - Reusable menstrual products such as menstrual cups and underwear if these are more suited to patients' needs and preferences (it is essential to ensure that a full range of sizes are available and procure the appropriate size rapidly).
 - Hot water bottles or microwavable alternatives such as 'warmies' and 'wheat packs'.
 - Appropriate hygiene items such as soap, cloths and wipes.
 - Access to required medications including prescription and 'over the counter' medications and oral contraception.
- Ensure these supplies are maintained and items are kept in stock.
- Ensure bins are provided in bathrooms (including for male and non-binary patients who menstruate). Ensure bins are emptied regularly.

Risk assessing access to menstrual materials

- Withholding access to menstrual products — even if these are available upon request — constitutes restrictive practice.
- It is recognised that menstrual products may be a risk item for some very unwell patients. However, it is unacceptable to have blanket bans and restrictions on access to menstrual products (or items such as hot water bottles and hygiene items). Risk should be assessed on an individual basis and reviewed regularly. The risk posed by menstrual materials must be balanced with the risk that withholding such items would have on a patient's physical and mental wellbeing, dignity and safety.
- If menstrual products present a significant risk to an individual, staff must ensure that an alternative is available to them, rather than removing the patient's access to essential menstrual items. For example, period underwear may be an appropriate choice in the instance that a patient is menstruating while using anti-ligature clothing. In order to avoid compromising patients' dignity and autonomy, underwear should never be withheld in the name of risk.
- Consider patients' needs if menstruating when in seclusion or 136 suites, including ensuring they have access to a toilet and hygiene facilities.
- If standard bins present a risk, ensure alternative provisions are available, such as paper bags or cardboard bins. Some patients may find it upsetting having to dispose of used menstrual products in open bins (as opposed to closed 'sanitary style' bins). Cardboard bins are not suitable for use in wet rooms.
- When on continuous observations, staff should be consistent but consider whether a patient may have some privacy when using the bathroom, getting changed, or when washing.
- Rules and approaches should be implemented consistently between staff members and across the trust or organisation.

Accessing menstrual products

- Where possible, menstrual products should be available freely (rather than being locked away in a store cupboard and thus forcing patients to request them from staff) in both en suite and shared bathrooms. However, in some situations it is recognised that these items may pose a risk of being misused by very unwell patients, and potentially cause distress or mess in communal spaces. In these cases, patients should be provided with a supply of menstrual products on a regular basis to be kept in their room.

- It should be made clear to patients how they can access menstrual products. For example, by providing posters which clearly state how patients can access menstrual products, where these are stored, and outlining the resources which are available.
- However, some patients may still find it difficult and undignified having to ask staff for period products, so it is essential to ensure there are ways for patients to ask staff more discreetly (for example a form with a list of toiletries as well as menstrual products where they can tick what they need and pass it to staff). Staff should also use opportunities — such as when administering medication and on admission — to offer patients menstrual products or ensure that they have all the items they require.

2

Ensuring patients have access to accurate and age-appropriate information about the menstrual cycle, including relevant changes through the life cycle

- Patient-facing staff should have training on menstrual health, including awareness of the needs of transgender patients, cultural needs, menstrual health conditions, the impact of psychiatric medications on menstruation, premenstrual dysphoric disorder (PMDD), menstrual psychosis and the links between mental and menstrual health. Ensure this training is meaningful and involves trainers with lived experience of treatment in psychiatric hospitals and/or menstruation related conditions.
- Where appropriate, patients should be provided with support and education about menstruation. For example, consider facilitation of patient education groups tailored to the patient population, as information and education needs may differ between patient groups.

3

Ensuring patients have access to appropriate diagnosis, treatment and support for menstrual pain, discomfort and disorders

Considering physical health needs

- Patients should be routinely asked about menstrual health as part of physical health assessments. The process of staff initiating these conversations is

important to help patients to feel comfortable discussing this topic. However, it is important to ensure discussions are held sensitively (e.g., some patients will not feel comfortable speaking about menstruation to a male staff member or in a meeting with multiple staff members or patients present).

- Ensure patients' physical health needs related to menstruation are considered as a priority. This may be especially important for patients who experience significant pain or heavy bleeding, or have conditions which impact menstruation.
- Complete referrals to specialist services as required.

Provision of medications

- Ensure over the counter pain management medications are available. Either routinely ensure these are on patients' medication charts or ensure these can be offered by a nurse. Proactively offer medications.
- Ensure patients' prescription medications are available (e.g., oral contraception or pain medications) or access these from a pharmacy as a priority.
- Ensure patients are informed of and, if appropriate, supported to monitor for any side effects when taking medications which have known adverse effects related to menstruation.

4

Creating respectful environments free from stigma and psychological distress, and ensuring patients have the support they need to confidently take care of their bodies

Dignity and respect

- Staff should always treat patients with dignity and respect, and challenge menstrual stigma rather than enhance it. This includes respecting patients' cultural beliefs and practices, and supporting transgender patients who menstruate.
- **Use clear and appropriate terms.** Euphemisms can cause confusion and contribute towards shame around menstruation.
- Patients should never be forced to show staff used menstrual products to prove they are menstruating.

Supporting patients with menstruation and mental health

- Staff should be aware that many patients may struggle with menstruation and need practical or emotional support with this. However, it may be difficult for patients to request this support.
- Some patients may experience an exacerbation of distress and illness related to their menstrual cycle or experience PMDD. Staff should support patients to consider, identify and manage these interactions.
- Where appropriate, staff should initiate conversations with patients about how their menstrual and mental health may be linked. This includes hormonal links and cyclical mood or behaviour changes, as well as how menstruation may be challenging for people if this presents emotional and symbolic meanings, for example patients who have experienced trauma or for transgender patients.
- Consider management of menstruation as part of occupational therapy assessments to identify any support patients may require in this area.
- Different patient groups may have additional needs around managing menstruation when unwell. Care must be individual and person-centred.
 - Eating disorder services should provide education and practical and emotional support to patients around menstruation, particularly if they are resuming menstruation during treatment.
 - Patients in perinatal services may have specific needs following pregnancy.
 - Patients experiencing perimenopause may have additional physical and mental health needs.
 - Menstruation may cause distress for patients who have experienced trauma.

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Ensuring patients are able to participate in all spheres of life, free from menstrual-related exclusion, discrimination, coercion, or violence

- Trusts should ensure there is meaningful consideration and patient involvement within policy development to consider how policies may impact patients when menstruating.
- The needs of patients who menstruate should also be taken into account when considering the design and layout of services by involving patients within service design and planning (for example if removing bathrooms doors or installing partial doors).

- Consider the impact of restrictive practice on patients when menstruating (for example keeping bathroom doors locked; removing bathroom doors; and the use of CCTV or video monitoring within bedrooms and bathrooms). Restrictive practice should be avoided. **The 'least restrictive option' should always be used.**
- Consider ways to minimise patients being excluded from activities, using leave from the hospital or attending meetings due to their menstruation by ensuring appropriate provision of menstrual products and pain management.

These guidelines have been endorsed by:

Bloody Good Period

Centre for Mental Health

Cysters

Mind

Restraint Reduction Network

Rethink Mental Illness

Royal College of Occupational Therapists

WISH



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