

EXECUTIVE SUMMARY

Menstrual health in psychiatric inpatient settings

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**National Survivor
User Network**

INSTITUTIONAL CONTEXTS

MENSTRUAL HEALTH

IN PSYCHIATRIC INPATIENT SETTINGS



INTERPERSONAL CONTEXTS

VISUAL NOTES BY
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Introduction

There is a lack of research, policy, and guidance regarding how psychiatric inpatient services should cater for the needs of patients who menstruate. This study examined staff and patient perspectives to consider experiences of menstrual health in psychiatric inpatient settings and to develop an understanding of how patients' needs can be best supported.

This survivor-led project involved desk research, questionnaires, and interviews, followed by holding a focus group to develop guidelines outlining the actions mental health service providers should take to ensure patients' needs relating to menstrual health are supported.

Methods

- Online questionnaires were conducted with 101 responses from people with lived experience and 67 responses from staff.
- 10 individual interviews were conducted with people with lived experience of menstruation and treatment in psychiatric hospitals in England.
- Data from questionnaires and interviews were analysed using thematic analysis.
- Freedom of Information requests were submitted to 52 NHS mental health trusts in England. Data from the policy documents obtained were analysed using content analysis.

Key findings

Quantitative data show that in general, patients were not sufficiently supported to maintain their menstrual health whilst in hospital. No patients, and only 9% of staff, felt patients were supported "very well" with their needs related to menstruation. On average, the lived experience sample reported more negative experiences than the staff sample. This suggests staff participants perceived their services as supporting patients' menstrual health better than patients felt that it was supported.

Through analysis of qualitative data, the following themes were identified and placed into two overarching categories of **institutional** and **interpersonal** contexts.

Institutional contexts relate to how the environment of the psychiatric hospital — which is often restrictive, secure, and controlled — shaped patients' experiences of menstrual health, whilst interpersonal contexts related to how interactions with staff and staff attitudes towards menstruation, influenced patients' experiences.

Institutional contexts

1. Access to menstrual materials in psychiatric inpatient settings

a) Availability of menstrual materials which met individual needs and preferences

Both samples frequently reported that patients had limited access to menstrual materials including menstrual products, hygiene items, and medications. Where menstrual products were available, participants described having insufficient choice of products in order to sufficiently meet individual needs and preferences. The products that were provided were also often described as being poor quality. Patients were sometimes provided with incontinence pants or maternity pads instead of menstrual products.

b) Restrictions and rules around access to menstrual materials

Many participants in both the staff and patient samples described hospitals prohibiting access to menstrual materials due to the perceived risks of these items. Frequently, tampons and hot water bottles were prohibited, leaving patients in pain or having to use makeshift menstrual products, "free bleed" and delay changing pads and tampons. Some participants had also had clothing and underwear removed, and were denied access to toilet facilities when in seclusion and menstruating. Although restrictions were sometimes described by staff participants in relation to individual incidents of self-harm, these rules were often enforced on a blanket basis, which was described as confusing, degrading and humiliating by patients.

c) Loss of independence, privacy and control in access to menstrual materials

Where menstrual products were supplied by the wards, supplies were generally controlled by staff, and patients were often unsure about how to access them. This compromised patients' independence and autonomy, as well as impacting patients' dignity when needing to share — even implicitly — that they're menstruating in order to have their needs met, especially when asking male staff.

2. The lack of privacy when menstruating in psychiatric inpatient settings

Participants described the significant invasion of privacy of being on continuous observations and being observed when changing menstrual products, showering or using the toilet whilst menstruating. This was described as degrading and dehumanising. Even when patients weren't on continuous observations, frequent checks from staff also compromised their privacy when menstruating. Additionally, participants described the layout of wards as making their menstruation very visible, especially when sharing bathrooms, dormitory bedrooms and not having access to bins to discreetly dispose of used menstrual products.

Interpersonal contexts

1. Attitudes and approaches to menstruation

Some participants described how the way that staff and wards more broadly approached menstruation — particularly where this was overlooked or staff displayed negative reactions — enhanced their feelings of stigma and shame related to menstruation and their menstruating bodies. This often related to staff having negative attitudes around menstruation. Transgender participants described this as enhanced due to the impact of staff transphobia or negative attitudes and assumptions. However, some participants reported staff taking active steps to reduce or challenge menstrual stigma.

2. Menstrual support needs and care provision

a) Health and support needs related to menstruation

Lived experience participants often described their physical needs around menstruation as being overlooked and dismissed by staff. For example, participants expressed that staff lacked knowledge about menstrual-related side effects of psychiatric medications. Many participants also reported that staff had withheld pain medications from them. The challenges of this lack of knowledge and support provision were enhanced for participants who experienced heavy or painful menstruation, or had associated health conditions. Some participants described this as related to a wider issue of mental health services viewing patients' physical health and disabilities as separate to their mental health, and as 'somebody else's problem'.

b) Support related to menstruating when mentally ill

Many participants in both the staff and lived experience samples described staff as lacking in knowledge about how the menstrual cycle may impact patients' mental health. In particular, staff lacked knowledge and awareness of premenstrual dysphoric disorder (PMDD), sometimes resulting in patients being dismissed when they brought up the topic.

The majority of staff reported having never received any training around menstrual health. In some cases, staff reported having never thought about patients' menstrual cycles prior to participating in this research.

Participants also described challenges with menstruating due to experiences of mental illness and trauma, particularly the impact of trauma on how they related to menstruation, or finding aspects of menstruation triggering and distressing. Participants who had experienced eating disorders and had experienced changes to their menstrual cycle also described the emotional significance that resumption of menstruation held for them. Many participants reported having not been sufficiently supported with their psychological needs which related to menstruation, trauma, distress and illness.

Freedom of information requests

A range of policy documents, obtained through freedom of information requests, were reviewed. None of these documents showed consideration of menstruation. This added to the broader sense of menstrual health being overlooked and ignored in psychiatric inpatient settings.

The majority of trusts reported that tampons are permitted on their wards which contradicted the reports of many staff and lived experience participants in this research, and suggests that policies and restrictions may be implemented at the discretion of individual wards or staff rather than according to trust policies.

Trusts had different processes for ordering menstrual products; where these were purchased through NHS Supply Chain, ordering sheets appeared to show limited choice in the products that were available, sometimes only one type of menstrual pad was ordered.

Conclusion

This research highlighted that patients in psychiatric hospitals are often insufficiently supported with their menstrual health, which was described as degrading, dehumanising and distressing. This failure to meet patients' needs could be viewed as amounting to neglect and menstrual injustice. This seemed to arise from a combination of an overreliance on restrictive practices and an oversight of the importance of menstruation.

Psychiatric inpatient settings were described as amplifying feelings of shame and stigma associated with menstruation, surpassing the levels experienced outside the wards. This heightened sense of shame appeared to be shaped by institutional restrictions and unmet needs, as well as the responses and attitudes of staff toward menstruation. Some participants discussed the harms they experienced related to their menstrual health being overlooked in relation to the wider context of the gendered inequalities and harms of psychiatric treatment.

Patients' physical health needs relating to menstruation were often overlooked. Staff lacked knowledge about menstrual health and the majority of the staff sampled had never received training on this topic. Additionally, many participants shared their experiences of navigating menstruation while mentally ill, highlighting how illness, distress, and trauma influenced their relationship with menstruation. This connection appeared particularly pronounced in cases of sexual abuse and eating disorders. Considering the intricate interplay between shame and trauma, mental health wards should strive to be environments that actively promote healing by addressing and challenging feelings of shame, including in relation to the body and to menstruation.

Guidelines

Following the research phases of this project, a focus group was held with three individuals with lived experience of menstruation and treatment in psychiatric hospitals. The aim of the group was to discuss the research findings and use these, along with our experiential knowledge, to inform and develop guidelines outlining how mental health services should support patients' needs relating to menstruation. Subsequent involvement was held with a further two people with lived experience, and with stakeholders, to finalise the guidelines.

The guidelines produced as a result of this exercise are structured using the Global Menstrual Collective definition of menstrual health (2021) and include recommendations relating to:

- Provision of appropriate menstrual products and materials
- Balancing patients' safety with access to the items they require during menstruation
- Provision of information related to menstrual health
- Provision of appropriate support around pain, discomfort and disorder related to menstruation
- Prioritising patients' dignity and challenging shame and stigma around menstruation
- Recognising the interactions between mental illness, distress, trauma and menstruation, and providing support around this
- Challenging and avoiding exclusion, discrimination, coercion, or violence relating to menstruation

You can find the full report and guidelines on the NSUN website.

Future steps

This research has highlighted that urgent actions need to be taken to improve support for psychiatric patients who menstruate. We encourage trusts to utilise the guidelines created as part of this research project.

Further research is required to gain greater insight into the experiences of menstruation in psychiatric hospitals within specialist services such as child and adolescent mental health services (CAMHS) or perinatal services. Future research should also examine the experiences of specific marginalised communities such as transgender patients, patients with learning disabilities and patients from marginalised ethnic groups.



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