

<b>TITLE</b>	<b>Supporting Colleagues Experiencing Menopause</b>
<b>CATEGORY</b>	Guidance
<b>REFERENCE</b>	HR37-G01
<b>VERSION</b>	1
<b>DATE</b>	June 2022

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## Smashing the Stigma

Around two thirds of High Life Highland colleagues are women. Most women will go through the menopause during their working lives. Many women (up to 6 in 10) are unable to fulfil their potential at work during the menopause without support.

It's not only those who identify as women who will experience menopause. Some transgender men, non-binary people and intersex people or people with variations in sex characteristics may also experience menopause.

Some people may feel embarrassed or that they have a lack of knowledge about menopause and some people may feel that they don't have anyone to talk to about it or know who they can talk to about it which can feel stigmatising.

High Life Highland (HLH) is committed to providing information and support to people and making reasonable adjustments where possible.

### What is menopause?

Menopause is when a woman stops having periods and is a natural part of ageing that usually occurs between 45 and 55 years of age, as a woman's oestrogen levels decline. In the UK, the average age for a woman to reach the menopause is 51.

Periods usually start to become less frequent over a few months or years before they stop altogether. Sometimes they can stop suddenly.

Menopause is a natural occurrence and transition, however, the timing and symptoms are different for everyone. Family history can be a good indicator of when people might go through it, for example it may be at a similar age to your mother or older sisters.

Around 1 in 100 people experience the menopause before 40 years of age. This can be referred to as premature menopause. Menopause can also occur due to certain surgeries or cancer treatments which can sometimes cause symptoms to be more sudden and in some cases more severe.

### Perimenopause and post menopause

Perimenopause is the time from the start of menopausal symptoms until after a person has experienced their last period. Periods will usually start to become less frequent over a few months or years before they stop altogether. They might be more irregular and become heavier or lighter. For some people, they can stop suddenly.

Postmenopause is the time after a person experiences their last period. A person is said to be postmenopausal when they have not had a period for 12 months.

Life doesn't have to be put on hold because of menopause. There's a lot that can be done to help manage symptoms, including making healthy lifestyle choices, trying different treatments and seeking support from healthcare professionals.

### How can the menopause affect people?

Most women will experience symptoms of menopause and many people will experience early symptoms while still having periods. In this guidance reference to menopause also includes perimenopause and postmenopause.

Menopausal symptoms can begin months or even years before your periods stop and can last for years after.

If you go through the menopause because of surgical or medical treatments, you are likely to experience the symptoms of menopause much less gradually.

The first sign of the menopause is usually a change in the normal pattern of your periods. You may start having either unusually light or heavy periods.

The frequency of your periods may also be affected. You may have one every two or three weeks, or you may not have one for months at a time. Eventually, you'll stop having periods altogether, the menopause is said to have been reached when there has been no period for a year.

All women will experience the menopause differently, but there are some common symptoms that are helpful to look out for. Some you will be aware of, but some that might be unexpected.

It can be really helpful to know the common symptoms of the menopause and how these might affect you. Many women feel unaware of and unprepared for the range, severity and impact of the symptoms.

### Common symptoms of menopause

Symptoms can include, but are not limited to, the following:

#### Mental Health

- quick and varied mood changes – e.g. from laughing to crying within minutes
- low mood, sadness, irritability or anger
- anxiety
- depression
- difficulty sleeping/disrupted sleep – this may make you feel tired and irritable during the day
- loss of self-esteem
- loss of confidence
- problems with memory, concentration and 'brain fog'

#### Physical Health

- changes in skin conditions, including dryness or increase in oiliness and onset of adult acne
- difficulty sleeping – this may make you feel tired and irritable during the day
- discomfort during sex
- weight gain: e.g. if you eat 1000 calories before menopause you can burn 700 and maybe store 300. After menopause you can store 700 and burn only 300.
- hair loss or thinning
- headaches or migraines
- hot flushes – short, sudden feelings of heat, usually in the face, neck and chest, which can make your skin red and sweaty
- increase in facial hair
- joint stiffness, aches and pains

- night sweats – hot flushes that occur at night
- palpitations – heartbeats that suddenly become more noticeable
- recurrent urinary tract infections (UTIs), such as cystitis
- reduced sex drive
- tinnitus
- vaginal dryness and pain
- heavy bleeding

Menopause can also increase your risk of developing certain other problems, such as weak bones (osteoporosis) or cardiac disease.

You can speak to someone at your GP practice about your symptoms and ask if they're related to menopause. You can also say if you would prefer to see a female health professional.

### Impact of Menopause in the Workplace

- 75% of symptomatic menopausal individuals report serious problems in dealing with the physical and mental demands of their work (low work ability)
- Hot flushes are reported as a source of distress and embarrassment for some, leaving them feeling at odds with their desired professional image
- Symptoms of menopause which are attributed to causing the most difficulties at work are:
  - poor concentration
  - poor memory
  - lowered confidence
  - feeling low/depressed
  - fatigue
- Workplace environment can exacerbate menopausal symptoms
  - stressful or high visibility work environment e.g. formal meetings, presentations, emergency clinical situation
  - hot or poorly ventilated environment e.g. shared working space, unable to open a window or leave workplace to get air
- Reluctance to disclose menopausal symptoms at work may be due to:
  - Fear that their symptoms will not be taken seriously
  - Fear of stigmatisation
  - Fear of being thought to be less capable
  - Poise and control are highly valued
  - Criticism and ridicule about menopausal symptoms from co-workers and managers
  - Fear of being judged solely for being menopausal

- Sickness absence
  - Some feel that their menopausal status opens them up to being stereotyped and prefer not to reveal age or gender-related matters at work. When colleagues take sickness absence because of menopausal symptoms, they do not always divulge the real reason to their manager. This can especially be the case where their manager is male, is younger than them, is unsympathetic (E.g. line manager did not experience a negative impact of menopause themselves) or when there are cultural or religious differences
- Leaving their job / early retirement (approximately 10 - 20%)
  - Being afraid to approach anyone for help, suffering in silence, losing confidence and feeling isolated
  - Lack of support, lack of recognition that symptoms are impacting on performance leading potentially to capability or disciplinary proceedings

### Self-management for colleagues experiencing menopause

Colleagues experiencing the menopause are encouraged not to suffer in silence.

Consider:

- Discussing symptoms with your manager or with the alternative contact (see below) or with your trade union rep and requesting appropriate workplace adjustments
- Discussing symptoms and support options with Occupational Health
- Discussing treatment options with your GP
  - Hormone Replacement Therapy (HRT) o HRT is widely used for the management of physical and psychological symptoms of the menopause and is considered to be the most effective
    - For the majority of people under the age of 60, the benefits of HRT outweigh the risks
    - HRT cannot be taken by people who have, or have had hormone sensitive cancer
  - Cognitive Behavioural Therapy (CBT for menopausal symptoms) o
    - Proven to be effective in reducing the impact of troublesome menopausal symptoms, improve sleep, mood, anxiety and confidence

Colleagues are also encouraged to make healthier lifestyle choices which can improve menopausal symptoms as well as heart and bone health:

- Exercise
  - Regular exercise helps relieve stress, lowers the risk of heart disease, and is important to maintain bone and muscle strength after the menopause
- Diet

- Adequate protein, calcium and vitamin D are required to maintain muscle and bones
- Stopping smoking
  - Smoking has been shown to increase the risk of an earlier menopause and trigger hot flushes.
  - If people smoke, they run a higher risk of developing osteoporosis and heart disease.
- Drinking moderately
  - Alcohol increases hot flushes.
  - Drinking 2 or more units of alcohol per day is associated with an increased risk of breast cancer
- Rest & Relaxation
  - Meditation, mindfulness and yoga can help reduce stress levels, help cope with anxiety and improve mood

### Role of Line Managers

Line Managers have an important role to play in ensuring that anyone experiencing menopausal symptoms gets the same support and understanding as if they had any other health issue. The role of line managers in supporting people experiencing menopause transition is crucial. Effective management of team members with menopausal symptoms that are impacting on their work will help to improve team morale, retain valuable skills and talent, and reduce sickness absence.

Excellent people management is fundamental to supporting colleague health and wellbeing, spotting early signs of ill health or distress, and initiating early intervention.

Line managers are typically:

- the first point of contact if someone needs to discuss their health concerns or needs a change or adjustment to their work or working hours to enable them to perform to their full potential
- responsible for implementing the policies and practices that can help someone experiencing the menopause to feel supported, and to be effective in their role
- responsible for managing absence and keeping in touch if someone is off work ill or because of their menopausal symptoms, as well as supporting an effective return to work.

The level of trust you build with colleagues will determine the extent to which people feel they are able to discuss menopausal symptoms and any support or adjustments they need at work. Awareness of your management style can make a world of difference:

- Building relationships based on trust, empathy and respect will make it easier for an employee to feel comfortable about raising a health issue like the menopause.

- Regular and informal one-to-ones with members of your team can provide the forum for a conversation about any changes to someone's health situation, including the menopause.
- Asking people how they are on a regular basis will help to create an open and inclusive culture, and encourage someone to raise any concerns.
- Don't make assumptions – everyone is different, so take your lead from the individual.

### It's good to talk

The easier we all make it for someone to open up to you, the easier it will be to identify the support they need – this is particularly important for Line Managers.

Menopause can affect people's confidence and it can be very daunting talking to someone who has no knowledge/awareness of the menopause. The more supportive and knowledgeable you are about the range of menopausal symptoms, the less likely that people will feel embarrassed to approach you and discuss how the menopause is affecting their health and their work.

While any health condition can understandably be a sensitive and personal issue for many, some of the symptoms associated with the menopause can manifest themselves in a particularly intimate, even visible, way. It's therefore understandable why many women could feel embarrassed and reluctant to discuss the impact of their symptoms. However, most people would prefer a concerned and genuine enquiry about how they are as opposed to silence.

Don't make assumptions about someone's health condition or ask them a direct question as to whether they have menopause symptoms. It's important to keep in mind that unless an employee mentions it directly, it's not appropriate to suggest someone is experiencing menopause. If you have concerns about someone's wellbeing or performance, ask general, open questions such as, 'How are you doing at the moment?' or 'I've noticed you've been arriving late recently, and I wondered if you're okay?' It's up to the individual to disclose any particular symptoms or health issues they may be experiencing.

Approach conversations with empathy and try not to be embarrassed by the issue and how the individual is feeling. Regular catch-ups or one-to-ones are an opportunity to start the conversation, which should always be in a private, confidential setting where the employee feels at ease.

It's important to set the right tone when opening a conversation about any sensitive issue. But try not to worry too much – being oversensitive will stop you from doing or saying anything.

You may find the following checklist helpful before approaching a sensitive conversation:

- Avoid interruptions – switch off phones, ensure colleagues can't walk in/interrupt
- Ask simple, open, non-judgemental questions
- Avoid judgemental or patronising responses
- Speak calmly
- Maintain good eye contact
- Listen actively and carefully
- Encourage your colleague to talk

- Give your colleague ample opportunity to explain the situation in their own words
- Show empathy and understanding
- Be prepared for some silences and be patient
- Focus on the person, not the problem
- Avoid making assumptions or being prescriptive

*\*This checklist has been adapted from the CIPD and Mind's People Managers' Guide to Mental Health.*

### Confidentiality

If someone tells you about their health condition, including menopausal symptoms, this should be treated as confidential. If they want information about their condition to be shared, consent must be explicit. You should discuss with them who will be told and by whom, as well as the information they do or don't want shared with colleagues.

### Carrying out risk assessments and making appropriate adjustments

HLH has a legal duty to make a suitable and sufficient assessment of the workplace risks to the health and safety of our employees, this can include making adjustments for people who are experiencing menopausal symptoms. Contributing to fulfilling the legal responsibility for health and safety will help ensure HLH colleague's menopause symptoms are not being exacerbated by their job.

### Risk assessments

Risk assessments should consider the specific needs of menopausal people and ensure that the working environment will not make their symptoms worse. Often, making simple changes to the working environment can help to alleviate the impact of some symptoms.

A risk assessment should look at issues such as:

- temperature and ventilation
- the materials used in any uniform or corporate clothing
- access to toilet facilities and access to cold water.

HLH risk assessment tools and templates can be found at [www.HLHinfo.com](http://www.HLHinfo.com):

- Risk [Assessment Guidance: HS07-G01](#)
- [Risk Assessment Form: HS07-F01](#)

### Appropriate reasonable adjustments

Simple changes to a colleague's role or working environment can help ensure the menopause does not become a barrier to performance.



Certain aspects of a job or the workplace can represent a barrier for someone experiencing menopausal symptoms. Line Managers have a responsibility to consider and put in place reasonable adjustments to alleviate or remove these barriers wherever possible, so that people experiencing symptoms can carry on performing in their role.

Start by having a confidential, two-way conversation with the individual concerned, to identify the specific issues that person is experiencing. Consider involving relevant experts where appropriate, such as an HR representative or occupational health practitioner, to help identify appropriate adjustments that could be put in place to help ease the impact of their symptoms on their work.

Record any specific needs (and agreed adjustments) and review these at least annually.

Symptoms of the menopause can fluctuate over time, so make sure you have regular discussions with the person concerned to ensure that the support still meets their needs.

Adjustments should always be tailored to an individual's specific needs.

### **What kind of reasonable adjustments could help?**

Adjustments can be physical, such as providing a fan, but they can also involve changes such as offering a more flexible working arrangement where possible.

The menopause affects people in different ways, but there are some practical steps you can take to make adjustments to support people experiencing the menopause at work and help to minimise some of the most common symptoms, some examples are given below and not every option would be appropriate or possible in every circumstance - each situation and role must be considered individually:

#### *Sleep disruption and/or night sweats*

- Recognise someone may take more short-term absence if they've had a difficult night.
- Consider a change to shift patterns or the ability to swap shifts on a temporary basis.
- Offer a flexible working arrangement, for example a later start and finish time where appropriate
- Ensure colleagues know they can work from home on an ad hoc basis if they've had a rough night.

#### *Hot flushes and/or daytime sweats*

- Look at ways to cool the working environment, for example provide a fan, move a desk close to a window or adjust the air conditioning
- Provide easy access to cold drinking water and washrooms
- Adapt uniforms to improve comfort
- Limit the time wearing personal protective equipment (PPE) such as face masks (subject to any COVID-secure measures required).

#### *Heavy or irregular periods*

- Provide easy access to washroom and toilet facilities.

- Allow for more frequent breaks to go to the toilet.
- Be understanding about someone working from home if they have very heavy bleeding.
- Make sanitary products available in washrooms.
- Make it easy to request extra uniforms if needed.

### *Headaches and fatigue*

- Consider a temporary adjustment to someone's work duties.
- Provide a quiet area to work.
- Provide access to a rest room.
- Offer easy access to drinking water.
- Allow regular breaks and opportunities to take medication.
- Muscular aches, and bone and joint pain
- Make any necessary temporary adjustments through review of risk assessments and work schedules.
- Allow someone to move around or stay mobile, if that helps.

### *Psychological issues (for example loss of confidence, poor concentration, anxiety, and so on)*

- Encourage colleagues to discuss concerns at one-to-one meetings with you and/or occupational health.
- Discuss possible adjustments to tasks and duties that are proving a challenge.
- Address work-related stress by carrying out a stress risk assessment recommended by the HSE.
- Signpost to the employee assistance programme Togetherall (more detail below) or counselling services through HR
- Identify a supportive colleague to talk to away from the office or work area, such as a mental health rep.
- Allow time when needed, to have some quiet time or undertake relaxation or mindfulness activities.
- Provide access to a quiet space to work or the opportunity to work from home.
- Have agreed protected time to catch up with work.
- Discuss whether it would be helpful for the employee to visit their GP, if they haven't already.

### *Other examples of adjustments include:*

- Provide private areas for people to rest, recover or make a telephone call to access personal or professional support.
- Ensure working time arrangements are flexible enough to meet the needs of people experiencing menopause. For example, they may also need more breaks during the day, or may need to leave work suddenly if their symptoms become severe
- Facilitate a comfortable working environment wherever possible – including adequate drinking water supplies, temperature-controlled areas, and access to toilets and showers or washing facilities.
- Remember that menopause symptoms can fluctuate, so take a flexible approach and check in regularly with the individual.

### Manage performance proactively and positively

If someone's performance is suffering, it's important to help them address the root cause. In some cases, menopausal symptoms can be so serious that they affect a person's performance at work. In this situation, it's in everyone's interest to discuss potential adjustments that could help the individual perform to their full potential.

Where there are suspected or known health issues, these should be explored, prior to any formal processes for underperformance. It is most effective when it's proactive, informal and based on regular and constructive feedback and discussion. This helps to build trust-based relationships and two-way dialogue, making it easier to address any underlying health issues. If you don't address the root causes of poor performance, any solutions are unlikely to fully resolve the issue – and problems can spiral into sickness absence.

### How to manage health issues affecting performance

- Have regular, informal catch-ups with colleagues
- Approach performance conversations supportively and positively
- Take any health issues fully into account where there is underperformance on the part of an individual.
- Identify any extra support or coaching the person may benefit from.
- Set reasonable timescales for improvements.

Please speak to HR about resources and information on performance management.

### Useful resources

Further support and information is available from the HLH HR Team via [hr@highlifehighland.com](mailto:hr@highlifehighland.com)

There are also a number of HLH colleagues who have volunteered to speak with and support colleagues who are experiencing menopause – you can contact them directly:

- Alison Bell, Marketing PR and Communications Manager, [alison.bell@highlifehighland.com](mailto:alison.bell@highlifehighland.com), 01349 781713
- Cath Buxton, Senior Network Librarian, [catherine.buxton@highlifehighland.com](mailto:catherine.buxton@highlifehighland.com), (01479) 872649
- Jeni Herbert, Acting Head of Sport, [jeni.herbert@highlifehighland.com](mailto:jeni.herbert@highlifehighland.com), 07795304906
- Michelle Lawrence, Human Resources Officer, [michelle.lawrence@highlifehighland.com](mailto:michelle.lawrence@highlifehighland.com), 07788387659

All HLH colleagues have access to 24/7 online mental health support through a platform called Togetherall which provides the following (to access Togetherall click [here](https://www.togetherall.com/joinnow/hlh)/ go to <https://www.togetherall.com/joinnow/hlh>):

- monitored and supported by trained clinicians
- a place you can go if you're experiencing difficult feelings
- the chance to communicate with others who have experienced similar situations
- receive and give support to others anytime from anywhere

An informal group has been set up by Michelle Lawrence, HR Officer, and is open to anyone who would like to join. The group aims to meet up from time to time either on line or face-to-face to share their experiences, knowledge and information about menopause. If you are interested in connecting with the group please do get in touch directly with Michelle:

[michelle.lawrence@highlifehighland.com](mailto:michelle.lawrence@highlifehighland.com).

You may also find the information in the links below useful.

- [NHS guidance on menopause](#)
- [NHS Inform information on menopause](#)
- [NHS Inform supporting someone through the menopause](#)
- [Women's Health Concern](#)
- [Faculty of Occupational Medicine of the Royal College of Physicians](#)
- [NHS Inform short video about menopause](#)
- [The Highland Council Menopause in the workplace webcast](#)

**Sources for this guide:** [ACAS](#), [CIPD](#), [NHS Inform](#), [The NHS Website](#), [CIPD](#), [CIPD](#), [NHS Highland](#)

### Other people's stories

Below HLH colleagues share their stories about how the menopause affected them. You can also hear other stories on the [NHS Inform You Tube channel](#).

#### My Perimenopause Story

Michelle Lawrence works within High Life Highland's Corporate Services Team as HR Officer. Michelle has been with the charity since January 2012, having started her career as a clerical assistant in the Highland Council in 1990, moving through various corporate posts into the position she holds today.

In the following interview, Michelle opens up, for the first time on her menopause story.

“The last two years have been incredibly hard for everyone. What I didn’t know at the time is that as well as trying to navigate through a global pandemic, I was also really struggling with the perimenopause.

“The various symptoms I was experiencing were affecting my daily life including work. I thought I was losing my mind and I couldn’t understand why I was feeling the way I was.

Speaking about how she started to put the pieces together, Michelle explained, “By chance I happened to watch a television programme about ‘the menopause’ and as I watched, I immediately recognised that some of the signs and symptoms they were talking about on the TV show, were actually mine.

“That’s when I realised I was almost definitely suffering from perimenopausal symptoms. It was my lightbulb moment. Everything started to make sense and when I then started to do my own research, I knew this is what I’d been going through.”

According to the NHS, perimenopause is when a woman has symptoms before their periods have stopped. Menopause occurs when a woman hasn’t had a period for 12 months and is due to lower hormone levels.

Referring to her perimenopause discovery, Michelle said, “It was all quite a surprise to me as, *only* being in my 40’s, I wrongly assumed I was too young. I wrongly assumed that the menopause only affected women in their 50’s and older. I also wrongly assumed that you only got menopausal symptoms when your periods stopped and that it was all about night sweats. I was wrong, wrong, wrong on all counts.

Michelle went on to highlight some of the common misconceptions saying, “I soon discovered that the perimenopause can affect women in their 20’s, 30’s, 40’s & 50’s and women often suffer with symptoms for years before being correctly diagnosed. I also discovered another common problem – some women may be getting mis-diagnosed with depression (because of the low mood associated with the perimenopause) and may be being wrongly prescribed anti-depressants so sadly those women continue to suffer from perimenopausal symptoms.

“When I look back, my symptoms probably started about four or five years ago but exacerbated over the last 2 years. I found the mental health symptoms more challenging to deal with than the physical ones. The anxiety was probably the worst - some days I would struggle to get through yet another Teams meeting which often left me in tears and simple tasks like parking in a multi-storey car park would make me literally sweat with panic. This was tough enough to deal with but trying to pretend I was “fine” and carry-on as normal was utterly exhausting.

Detailing how that made her feel, HLH’s HR Officer outlined the really negative feelings that she experienced, “I lost my confidence, felt useless at my job, and thought I was failing at everything. Other symptoms included brain fog, tearfulness, irritability, disturbed sleep and becoming very stressed over things which wouldn’t normally bother me. The physical symptoms included joint pain/aches, irregular periods, heart palpitations, fatigue, and nausea.

“I think my symptoms became worse over the last two years due to the pandemic as I lost all my usual support outlets (which I’m sure helped me before COVID) as I wasn’t allowed to go and visit family, meet friends for a meal, have a Saturday night out with the girls, go to the football, etc.

“COVID also made it difficult to see my GP so when I eventually summoned up the courage to ring the Doctors, I remember I started the telephone appointment by apologising for taking up the GP’s time as I knew how busy they were – that was just the place I was in at that time. Luckily the GP quickly re-assured me that I wasn’t and following an open and honest conversation she confirmed I was indeed going through the perimenopause, and we then discussed how best to treat my symptoms which for me was with HRT medication. Whilst I didn’t get an immediate improvement in all the symptoms, things did start to improve over a period of 2-3 months. I’ve since had to alter my medication three times as it’s not a “one-size fits all” prescription and you do need to give things time to work. I continue to see my GP for regular reviews, and I know that my medication may need to change as and when required.

Giving a personal, non-medical perspective of the treatments available, Michelle commented, “I understand that HRT is not for everyone but again there is a lot of incorrect and confusing information out there so I would just urge anyone to find out all the facts for themselves, speak to a GP/nurse/specialist and don’t rule anything out as you could be needlessly suffering symptoms which could be alleviated.

“Before I had my GP appointment, I did my own research and it really helped me to understand what I was going through. I completed a symptom check list which helped me prepare for my appointment as I was unsure how to explain how I was feeling and that helped me to begin the conversation with my GP.

Responding to the benefits she has felt since starting her medication, she said, “I’ve now been on HRT for just over one year and a lot of my symptoms have improved. I do still get some “bad days” but then don’t we all?! The difference is now I have a much better understanding and awareness of my symptoms. It really helped me to research the perimenopause and having all that knowledge and information has made me feel like I have taken the control back.

So, why did Michelle Lawrence, HLH’s HR Officer decide that she wanted to share her story at this time? She explains, “My journey to date is obviously very personal and private to me, but I decided to use that control and share my story in the hope that it helps women directly or indirectly for family members/friends/colleagues better understand and be able to talk about the ‘final taboo’ that is the menopause. Hopefully someone reading this might get the opportunity to have the same “lightbulb moment” that I had.

Having the last word, Michelle concluded, “I know this doesn’t affect everyone, but it does affect a lot of us, and we do need to talk about it more. I’m happy to start the HLH conversation...and hope others will join me.”

Michelle Lawrence has been one of the members of a HLH short-life working group looking at raising awareness of the menopause across all of the charity services.

## Version history

Version	Title	Status*	Date	Notes
1	Menopause Guidance	Created	June 2022	
		Review	April 2024	

**\*Status Key**

Created = a new policy

Updated = previous version retained with amendments/additions

Reviewed = existing version considered to need no amendments/additions

Archived = No longer required