How to preserve the dignity of inpatients during menstruation

To treat mental health inpatients with compassion and dignity, menstrual health needs to be taken seriously and specific questions must be asked.

Many inpatients in mental health settings will have a period during their admission. However, experts say there is a lack of training, understanding and recognition about the importance of upholding period dignity for these patients.

‘Menstrual well-being hasn’t been covered in professional training for nurses,’ says Katharine Gale, a nurse consultant in women’s health and director of FluxState, a company that offers coaching, consulting and courses about menopause.

She says 51% of the population are female ‘and we need to be aware that periods may be impacting on people’s health and well-being’.

Periods and mental health can be closely linked. Depression and stress can cause irregular cycles, while commonly prescribed medication can affect the menstrual cycle.

Middlesex University associate professor in mental health Nicky Lambert says: ‘You can get irregular cycles with some diagnoses, such as eating disorders. This can be frightening and distressing, and stress can heighten pain and affect periods.’

Availability of products

One of the main issues patients face when menstruating is having to ask staff for sanitary products. Ms Lambert says: ‘We should know when someone’s period is coming up, and give them products in advance.’

Lara Fergie, an inpatient in an all-female mental health ward, says she was only given one size of tampon. ‘Everyone’s periods are different, so having one size for the whole ward doesn’t make sense.’

She also has no access to a sanitary disposal bin. ‘On our ward all we have is a paper bag open on the floor for everyone to see, which is unhygienic and undignified,’ she says.

Ms Gale says having sanitary products available without patients having to ask for them is particularly important for trans patients who menstruate.

Keeping people safe

Inpatient Lucas Chapman, who is trans, has found one-to-one observations difficult when menstruating. ‘I understand the need for keeping people safe, but being stared at when you are on the toilet is hard enough, let alone when trying to change a pad,’ he says.

When having his period, Mr Chapman wishes he could shower more often, but finds this difficult when he is under one-to-one observation.

‘Depending on the person’s risk, there could be ways of giving people a bit more privacy in a shower,’ he says.

Mr Chapman is on an all-male ward where there are no sanitary bins, and says the staff do not seem to understand how much menstruation can affect someone’s mental health. ‘I always find I am worse when I’m on my period, which is exacerbated by being trans.’

Ms Gale says that for patients whose periods are heavy, nurses should try to understand what else could help them through this time, such as offering – where safe – clean bedding and clothes, showers and even heat packs.

‘These can be important for dignity, to help people through this time. Be aware that people might not be as engaged in treatment at this time, may not want to be in group sessions or might withdraw more.’

Patients can also face difficulties when accessing painkillers for menstrual cramps.

Ms Lambert says: ‘A lot of people who have not...’
experienced a period do not know how painful it can be. Some staff are too light when prescribing pain medication, and sometimes when people need to ask for pain medications for their period they feel embarrassed and awkward, which staff may misinterpret as drug-seeking behaviour.

Ms Fergie says she has never asked for painkillers for period pains, despite feeling she has needed to in the past.

‘I have been an inpatient for a total of three years within the last five years, and I have never asked for pain relief because I have been too embarrassed, knowing how staff will react,’ she says.

This reluctance is exacerbated by the fact that periods are never mentioned on her ward. ‘If periods were de-stigmatised it would be far easier to ask for pain relief. It feels like a dirty little secret,’ she says.

Many believe that periods, and how they can affect mood and behaviour, should be included in training for nurses.

Important questions

Staff should be encouraged to ask patients important questions to find out if they have premenstrual syndrome (PMS) to a degree that it affects their mental health, or premenstrual dysphoric disorder (PMDD), a severe form of PMS that can cause mood swings, irritability and low mood in the second half of a person’s menstrual cycle, because there is a suicide risk with this.

Ms Lambert says: ‘We ask about risk of pregnancy to avoid certain medications when people are assessed or processed in a mental health ward, but don’t always ask them when they had their last period and if they have any issues associated with menstruation.

‘Staff often stick to generic questions rather than specific ones that could give them a better idea of a patient’s menstrual health. People struggle to deal with intimate questions, but if you can ask someone if they are suicidal, you can ask them when their last period was.’

Role of education

The lack of knowledge and education plays a huge role in periods often going unmentioned on mental health wards, Ms Lambert adds. ‘Some staff aren’t educated about bodies that do not look like their own, so there can be a low level of understanding that women’s bodies fluctuate over the month.’

Ms Gale says mandatory training on periods could also encourage nurses to screen patients for PMDD by tracking their cycle. ‘PMDD takes an average of 12 years to diagnose,’ she says.

‘Patients with PMDD may be admitted regularly and no one is joining up the dots around suicide risk, and they may be misdiagnosed with bipolar disorder or borderline personality disorder,’ says Ms Gale.

For Ms Fergie, the most important outcome of increased awareness of menstruation is increased dignity. ‘On the ward you often feel dehumanised, and being able to access the right products makes you feel normal, and would stop the embarrassment of having to ask male members of staff for sanitary products.’

Ms Lambert agrees that treating patients with compassion and dignity means taking menstrual health seriously. ‘You cannot protect someone’s mental state if you cannot guarantee their dignity.’

Research project on menstrual health in psychiatric inpatient settings

The National Survivor User Network is supporting a research project on psychiatric inpatients’ experience of menstrual health needs.

The study is led by occupational therapist Hattie Porter, who says staff in multiple mental health inpatient settings failed to recognise their needs relating to menstrual health.

‘It was completely overlooked that people would have periods while I was in hospital,’ they say.

Although there is minimal research on meeting the menstrual health needs of people in inpatient settings, this project aims to gain insight into people’s experiences of menstrual health in mental health inpatient settings.

‘I never used sanitary pads for self-harm’

Mx Porter says there were times they did not have access to sanitary products. ‘I was so unwell I found it difficult to ask for anything I needed generally, as well as it being a taboo topic.

‘I never used sanitary pads for self-harm, so there was no reason for them to be taken away. It seems restrictions are not individually risk-assessed.’

Mx Porter later found that their experience was common, and started the research project. They have since developed questionnaires for people with lived experience and for staff working in psychiatric inpatient settings and are interviewing people with lived experience.

A focus group will be formed including people with lived experience, with the aim of producing guidance to support menstrual health in mental health inpatient settings.