

# Exploring patient's experiences of menstruation in secure services

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## Aims

This formed part of a quality improvement project to gather patient's experiences of menstruating whilst detained in hospital and assess whether the service was adequately meeting their needs.

## Background

The secure service for women at The Edenfield centre consists of a blended service with provision for low and medium security, as well as the women's enhanced medium secure service.

Clinical documentation regarding patient's menstrual patterns is beneficial for numerous purposes. Psychotropic medication can cause side effects including secondary amenorrhoea; enquiry regarding menstrual cycle disruption should be part of reviews concerning side effects of anti-psychotic medication. Diet restriction as part of a depressive illness or anorexia nervosa can also affect menstruation. Knowledge of cyclical changes in mental state would be necessary to be aware of considering a diagnosis of premenstrual dysphoric disorder. In forensic services sanitary wear can also be a risk item which necessitates care planning regarding access.

An audit found that there were relatively low numbers of women with clinical documentation relating to menstruation; just over half (54%) of the patients had relevant documentation on their physical health information tool. Reasons were hypothesised, and it was decided a project with a wider scope was needed which gathered the thoughts of staff and service users.

## Method

There were three focus groups conducted; one on each of the blended wards and one on the WEMSS service and both patients and staff members were invited.

## Impact on mental state

- Many women expressed that they felt their menstrual cycle could impact on their mental state.
- Some noted an increase in suicidal feelings and increased urges to self-harm in the days leading up to their period.
- Some patients had used diaries or apps to track these changes.

## Amenorrhoea & Menopause

- Despite not being mentioned in the focus group prompts, each group independently brought up this topic.
- Some patients had developed secondary amenorrhoea whilst inpatients; and at least one patient brought this up for the first time to clinical staff whilst participating in this group. Patients were unsure whether amenorrhoea related to menopause or medication, but weren't sure who would be appropriate to ask about this.
- One patient contributed 'they tell you in school about your periods starting, but no one ever tells you what to expect when they end'.
- Of patients who had entered the menopause in services, it was expressed that this had a significant impact on their own self image, and for some this was an end to their hope to have their own children once discharged to the community. This provoked a number of poignant reflections on their time spent in services.

## Dignity as an inpatient

- Those attending the groups agreed unanimously that there was at least one member of staff they could speak to if they needed help with menstrual management.
- Some explained that the logistics of security on the ward meant everyone knew if you were on your period; for example on one ward everyone knew if you asked to be allowed in a certain bathroom then you were on your period, as this was the only one allowed to contain a bin.
- Patients were generally positive about the approach of ward staff to menstruation and shared that though they had been embarrassed at times when the topic had arisen, staff had been reassuring and supportive.
- When asked if anyone had a particularly negative experience, these had all occurred in acute services rather than secure services. These included being asked to 'prove' that they were menstruating to be allowed to keep underwear following a ligature.
- Patients described periods as 'embarrassing', 'taboo', and 'awkward'.

## Access to sanitary wear

- Although all patients were aware of tampons and towels as options for sanitary wear, none could name other options such as menstrual cups or absorbent reusable underwear.
- Patients on the WEMSS unit spontaneously acknowledged sanitary wear as a risk item. Following the discussion some patients felt that options they had not considered before, such as swimsuits with absorbent lining, would be good options to help them feel more assured whilst also minimising risk.

## Staff perspective

- Overall ward staff felt confident in supporting patients in menstrual management.
- Ward staff generally felt less confident around supporting patients with secondary amenorrhoea, however agreed that they would signpost to the GP.
- Staff generally felt confident in managing sanitary wear as a risk item, although there was also consensus that specific risk planning around this would be helpful, particularly on shifts where not all staff were familiar with the patients.



## Conclusions

Candid discussion led to further opportunities for patient education and opened wider conversations on topics relating to their relationships as well as physical & mental health.

Speaking to patients about their menstrual cycles can contribute to assessing physical wellbeing, side effects of medication, and monitoring changes in mental state.

Many patients have been affected by period stigma and may feel hesitant to discuss menstruation with staff; the onus should be on services to begin to break down these barriers.

Patient feedback on these issues can increase the sense of patient autonomy, aid in risk management, and help staff support them in menstrual management.

## Action planning

**Hold an event in your service for Menstrual Hygiene day on 28<sup>th</sup> May 2021.**

**Consider integrating enquiry about menstrual cycles into the physical health review in CPA. This can be discussed at the same time as other essential women's health interventions such as cervical screening.**

**For patients who note a cyclical change in their mental state, offer support in using diary tracking to monitor this.**

**For patients where sanitary wear may present as a risk item, consider developing a specific plan in collaboration with them.**