



Experiences and Barriers to Perimenopause and Menopause Support in Tower Hamlets

Healthwatch Tower Hamlets Report

2026

healthwatch
Tower Hamlets

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Introduction

Healthwatch Tower Hamlets is your **local, independent health and social care champion**. We help local people to voice their views and opinions about the services they use.



We **listen** to people and collect their feedback on health and social care services



We **report** key findings and make recommendations for improvement.



We **present** these reports to those involved in the planning and commissioning of the health and social care services.

Project Background

Based on feedback from residents and stakeholders, Healthwatch Tower Hamlets decided to focus one of its research projects for the 2025–26 financial year on the Experiences of Perimenopause and Menopause Support in Tower Hamlets.

Perimenopause and menopause are life stages that are often ignored and not talked about. The symptoms can be varied, and for many, they can be severe enough to disrupt social and work life, making it difficult to carry out normal routines. Many need help and support during this transition, yet barriers such as language differences, cultural beliefs, and a lack of awareness can prevent people from reaching out.

The opening of the Women's Health Hub at the Mile End Hospital has made it easier for women to access specialist help for women's health conditions, such as menopause. However, our preliminary engagement with residents and partners on menopause at the Women's Health event at Bethnal Green Library in July 2025 clearly evidenced that more work is needed to raise awareness of menopause and remove barriers.

In combination with a lack of recent local research on people's experiences of perimenopause and menopause support, this led us to conclude that it was important to engage with residents about their experiences and how support can be improved to make it more accessible.

The project set out to:

- Gather insights from women, transgender men, and non-binary people living and accessing services in Tower Hamlets with a focus on their experiences and understanding of perimenopause and menopause.
- Identify and capture evidence-based recommendations that could improve services for women, transgender men and non-binary people experiencing perimenopause and menopause.

Introduction

Methodology

Feedback was collected over 4 months from October 2025 to January 2026 through online and in-person engagement with residents. To ensure a comprehensive understanding of their experiences, HWTH coordinated engagement activities, including:

Stakeholder engagement – Collaboration with local organisations to raise awareness of the project and participation.

Online survey and in-person interviews – Structured feedback collection through an online survey and a paper version for in-person interviews.

In-person and online group sessions – Informal discussions with individuals currently experiencing perimenopause or menopause symptoms or having gone through menopause.

In total, we collected feedback and demographic data from **113 people** using our survey. In addition, we attended two group sessions with approximately **20 Bangladeshi women**, who shared their experiences of menopause during informal discussions. We did not collect demographic information from the women.

Limitations

A lack of understanding and awareness of menopause, cultural stigma and language barriers prevented us from collecting feedback from some residents.

Perimenopause and menopause are still relatively unknown terms, and many people do not know what they are. We found ourselves often having to explain the symptoms and the difference between perimenopause and menopause. We also heard from many residents how menopause is something that is not talked about, and it is *“just something that you get on with”*. Particularly, we were told that older generations from, for example, the Bangladeshi community do not know what ‘menopause’ means. While younger generations are now more willing to talk about it, they need more information and often rely on sources such as social media for knowledge and understanding.

Although the project initially set out to speak with transgender men and non-binary people, we collected feedback from only 5 non-binary people and none from transgender men, concluding that more is needed to engage with them regarding services.

Overall, these limitations have made it clear that more information sharing is needed to raise awareness of perimenopause and menopause.

We also acknowledge that the feedback collected is not fully representative of the population in Tower Hamlets.

Introduction

Acknowledgments

We want to thank the staff at the Wild Women's Collective, St. Hilda's Women's Group, Tower Hamlets Carers Centre, Social Action for Health, ELOP, Tower Hamlets Women's Network, Positive East, Royal London Hospital Perimenopause and Menopause Café, Ocean Women's Association, and Feldy Community Centre for facilitating our engagement with their clients and for sharing and promoting the project.

We would also like to thank Dr Rachna Kapoor for delivering an information session on menopause at the Tower Hamlets Carers Centre.

And most of all, we want to thank all residents who took the time to share their experiences with us. Your feedback is invaluable and highlights both positives and negatives, and gaps in the current support for perimenopause and menopause in the borough.

Information on Perimenopause and Menopause

Perimenopause is when you have symptoms of menopause but your periods have not stopped. Perimenopause ends, and you reach menopause when you have not had a period for 12 months.

Menopause is when your periods stop due to lower hormone levels. It usually affects women between the ages of 45 and 55, but it can happen earlier.

Symptoms can include things like anxiety, mood swings, brain fog, hot flushes and irregular periods. These symptoms can start years before your periods stop and carry on afterwards. There are things you can do to manage symptoms, and medicines that can replace the missing hormones and help relieve your symptoms.

Speak to a GP, nurse or pharmacist for advice in managing your symptoms, including healthy eating, physical activities and mental wellbeing. GP can also prescribe Hormone Replacement Therapy (HRT) or other medication for low mood, hot flushes and other symptoms, or they can refer you to a specialist service, such as the Women's Health Hub.

For more information:

- NHS - www.nhs.uk
- Women's Health Hub (North East London NHS) - www.northeastlondon.icb.nhs.uk

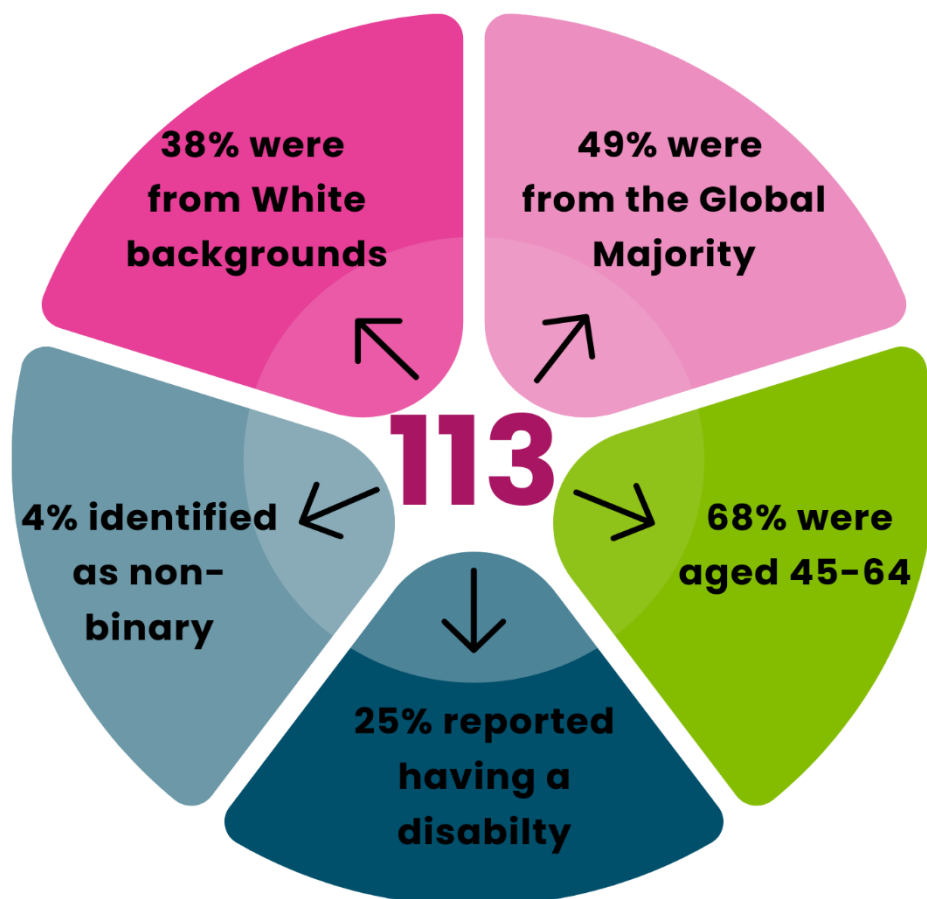
For community support and organisations, contact Healthwatch TH on 0800 145 5343 or info@healthwatchtowerhamlets.co.uk

Who we spoke to

In total, we collected feedback from 113 people using our survey.

- Most people (86%, n=97) told us they were currently going through perimenopause or menopause.
- 9% (n=10) completed the survey on behalf of someone who is going through perimenopause or menopause.
- 5% (n=6) were not sure if they were currently going through perimenopause or menopause

Here is a summary of the demographic data collected (see [the Appendix](#) for a detailed breakdown):



Key Findings & Recommendations

Recommendation 1: Improve information sharing on perimenopause and menopause to raise awareness

Many people we spoke with were unsure if the symptoms they were experiencing were related to perimenopause or menopause. 27% of respondents told us that lack of knowledge of perimenopause and menopause had prevented them from accessing support, and 35% told us that having access to more information and educational resources would help them. Respondents told us that learning about symptoms would prompt them to seek help sooner, and knowing what support is available locally would help them to navigate the system. Regarding the best ways to share information, most people (36%) suggested sharing it at GP practices or other healthcare settings, such as pharmacies or women's health clinics. 33% of respondents suggested printed media such as leaflets and posters, and 32% suggested digital media, such as social media.

Co-producing a localised campaign with professionals and residents with lived experience to provide information about menopause in digital and print formats, and promoting it in GP practices, community settings, and on social media will help raise awareness with the wider public. Additionally, the campaign should include short educational videos and details of how to access further information about perimenopause and menopause. The campaign should also include translated copies of posters and leaflets, as well as educational videos, in community languages such as Bengali and Somali.

Recommendation 2: Menopause specialists to deliver educational talks and workshops to community groups and organisations

32% of the respondents to our survey also mentioned community outreach as an effective method of raising awareness of perimenopause and menopause. Most people said that the community outreach should involve educational workshops and talks led by health care professionals specialising in menopause, and some suggested more informal peer support groups. In addition, during our engagement activities to collect feedback for this project, we received many requests to deliver information sessions and were asked questions about symptoms of perimenopause and menopause.

While delivering a digital and printed information campaign will help raise awareness amongst the wider public, there is also a need to provide educational talks and workshops delivered by trained menopause specialists through community outreach with a more targeted approach. These sessions should also allow participants to ask questions and be signposted to support services. The outreach work should also target organisations that work with people with language barriers, disabilities, and non-binary and transgender people.

Key Findings & Recommendations

Recommendation 3: Improve menopause education and training for front-line health professionals, including GPs, Nurses, and Pharmacists

We found that while many people (51%) had positive experiences with healthcare professionals who provided effective and person-centred support and treatment, this was not always the case. Of the respondents who had consulted a health care professional for their symptoms:

- **61% of people from Asian backgrounds had an overall positive experience with a health care professional. This was true for 55% of respondents from Black and 50% from White backgrounds.**
- **51% reported feeling listened to by the health care professional, but 45% felt somewhat listened to or not at all.**
- **33% felt that the health care professional was very well-informed about menopause. However, 52% felt they were somewhat informed or uninformed.**
- **35% of respondents with a disability reported a negative experience with a healthcare professional compared to 21% of people with no disability.**

(See [Experiences with Health Professionals](#) for more detailed analysis.)

The negative experiences with health professionals by the respondents were commonly related to dismissive attitudes, lack of knowledge of perimenopause and menopause symptoms, treatment options, and not receiving care and treatment that considered their specific needs and circumstances. There was also variation in the quality of care received from health care professionals, including multiple appointments with different providers, leading to delays in receiving appropriate care and treatment.

Therefore, we recommend that GPs, nurses, pharmacists and other front-line health professionals should be provided with more education and training on menopause, symptom management and treatment. This could involve educational toolkits, such as the British Menopause Society Principles and Practice of Menopause Care Resources Toolkit¹ which provides information on National Institute for Health and Care Excellence (NICE) guidelines for identifying and managing menopause, the benefits and risks of HRT, and alternative treatment options to HRT. The training should also include advice on best practices for cultural sensitivity; disability, non-binary and transgender-inclusive practices; and signposting to community support groups in Tower Hamlets.

Full Findings



Awareness of Perimenopause and Menopause

Symptoms of Perimenopause and Menopause

Our survey started by exploring the range of symptoms the respondents were experiencing. We asked the respondents to select from a list of symptoms or to use the 'Other' option to report symptoms not mentioned on the list.

Common symptoms experienced included:

- Having trouble thinking clearly ('brain fog') (72%, n=79)
- Trouble sleeping (72%, n=79)
- Aches and pains (67%, n=74)
- Anxiety (66%, n=73)
- Hot flushes (62%, n=68)
- Weight gain or body shape changes (62%, n=68)
- Mood swings (59%, n=65).

Around 40% told us that they experienced at least one of the following symptoms: irregular periods, sensitive teeth and gums, skin changes, and a low sex drive.

48% (n=52) of respondents selected 8 to 10 or more symptoms from the list. People from Asian backgrounds were most likely to select more than 10 symptoms, with 39% doing so.

Many people we spoke with were unsure if the symptoms they were experiencing were related to perimenopause or menopause, leading us to signpost many women to contact their GP for professional advice. This uncertainty can increase even further when dealing with long-term conditions or disabilities:

"If you have other long-term conditions, it can be hard to know what is actually causing the symptoms. For example, I suffer from diabetes and depression (for 20 years), so I don't know if it is one of those or the perimenopause causing the brain fog. I have had a triple heart bypass. Is the palpitation due to that or the perimenopause? So confusing, and you don't want to waste GPs' or nurses' time over something that is normal."

This suggests that more information should be shared about symptoms and when to seek advice from a health professional. People with long-term conditions and disabilities should also be provided with information about whether menopause can affect their condition or disability, to help them know when to access professional support.

Awareness of Perimenopause and Menopause

Self-care Strategies

While the majority (90%, n.94) reported trying at least one self-care strategy, 11% had not tried any.

Exercise and healthy eating were the two most popular self-care methods among respondents, with 67% (n=71) and 62% (n=66) reporting they had tried them, respectively.

Significantly fewer people had tried complementary and alternative therapies, such as Mindfulness and herbal remedies (33%, n=35 and 32%, n=34, respectively).

Many people also indicated that, as a self-care strategy, they had done their own research on perimenopause and menopause by reading books or online articles about menopause.

"I listened to podcasts for information/understanding symptoms."

"Most of my understanding of surgical menopause has been through my own research, following menopause/endometriosis specialists on social media as well as reading journals and articles available online."

"Watching videos and reading articles on reliable sources from the internet."

Using self-care strategies to manage symptoms of perimenopause and menopause was more common than seeking advice from a health professional. While 90% (n=94) of respondents had tried at least one self-care strategy, fewer people (68%, n=75) reported seeing a health professional for support and help with symptoms. Almost a third (31%, n=34) had not seen a health professional.

In the following sections of the report, we explore experiences of consulting health care professionals for perimenopause and menopause symptoms, as well as barriers to accessing professional support.

Experiences with Health Professionals

68% (n=75) of respondents reported having seen a health care professional, mainly their GP, for support and help with symptoms of perimenopause or menopause. The respondents had mixed experiences with health professionals; while a majority (51%, n=37) reported an overall positive experience, 24% (n=17) rated their experience as Neutral, and 22% (n=16) as Negative.

We also asked the participants whether they felt listened to by the health care professional they had seen and whether they thought the health care professional was well-informed about perimenopause and menopause symptoms.

We found that:

- **67% (n=28) of respondents from White backgrounds and 66% (n=19) from Asian backgrounds reported seeing a healthcare professional. However, only 58% (n=11) of respondents from Black backgrounds had seen a healthcare professional.**
- **61% (n=11) of respondents from Asian backgrounds had an overall positive experience with a health care professional. 55% (n=6) of respondents from Black and 50% (n=14) from White backgrounds reported an overall positive experience.**
- **51% (n=37) reported feeling listened to by the health care professional. 26% (n=19) felt somewhat listened to and 19% (n=14) not at all.**
- **33% (n=24) felt that the health care professional was very well-informed about menopause. 40% (n=29) felt they were somewhat informed, and 12% (n=8) uninformed.**
- **35% (n=7) of respondents with a disability reported a negative experience with a healthcare professional compared to 21% (n=8) of people with no disability.**

The participants were also asked to describe, in their own words, their experiences with health care professionals, and these responses were analysed to identify key themes.

The experiences of people seeking help for symptoms of perimenopause and menopause are clearly linked to 3 core themes: **Attitudes of health professionals**; **Understanding of menopause among health professionals**; and **Person-centred care and treatment**. The positive and negative experiences relating to these themes were the deciding factors in whether someone's experience with a health professional was positive or negative.

In the following sections, we explore these 3 themes and the positive and negative experiences relating to them.

Experiences with Health Professionals

Attitudes of health professionals

While many respondents described being taken seriously by the health professional they had seen, many also described their symptoms being dismissed, indicating that attitudes to menopause amongst some health professionals remain negative.

24% (n=9) of respondents who rated their *overall experience as Positive* reported being taken seriously and feeling validated by the health professional.

"I first spoke to my GP about my anxiety and asked if she thought it could be menopause related. I felt that she believed in me and took me seriously. She referred me to the menopause clinic straight away."

On the other hand, 39% (n=13) of respondents who rated their *overall experience* with a health professional as *Neutral* or *Negative* often described experiencing dismissive attitudes from the healthcare professional. Some reported being dismissed because of their age, and some felt their symptoms were not taken seriously. With such a large share of negative experiences citing dismissive attitudes, it is clear that this area needs improvement to help people feel comfortable asking for help and to reassure them that they are taken seriously.

"Talking to the GPs and trying to get them to believe and understand that my symptoms were not normal was difficult. Due to my age, they were very dismissive of the idea that I may be Perimenopausal. After much back and forth, I was finally referred to a consultant who agreed that my symptoms were those of a perimenopausal woman and referred me for ongoing testing."

We also heard from some respondents that they had multiple appointments with different healthcare professionals before their symptoms were taken seriously and addressed accordingly, resulting in delays in receiving care and treatment.

"The GP sent me for blood tests. When I went back and saw another GP, they said the blood tests were not relevant, and they preferred to go off clinical presentation/ symptoms, and it was clear I was in menopause. They started me on HRT straight away. I felt very listened to by the second GP but not the first. They didn't want to talk about my symptoms, just sent me for bloods."

Experiences with Health Professionals

Understanding of menopause among health professionals

46% (n=11) of respondents who reported that the health professional they consulted with was *Well-informed* told us that the health professional gave them detailed information about hormonal changes and symptoms of perimenopause and menopause.

"She explained the hormonal changes well, understood the signs and symptoms and discussed my needs well."

"Not only was she able to answer my questions, but she also asked me questions to ensure that the treatment plan was appropriate for me. She was also able to direct me to sources of information and give non-medical suggestions to help alleviate some symptoms."

27% (n=13) of respondents who reported that the health professional was *Somewhat informed* or *Uninformed* told us about instances where health professionals didn't have the required knowledge to provide appropriate care and treatment.

"The second GP I saw seemed far more aware. Others, since, have not been so aware, with one GP telling me there is no known link between menopause and mood."

"She didn't know too much information; she had to do some research."

Furthermore, 23% (n=11) told us that the health professional had provided them with limited information about treatment options and support services and groups available in Tower Hamlets, suggesting that appropriate training on treatment options and local support offer, including support available through community and voluntary organisations, is needed.

"I think I was just given a leaflet telling me what the menopause was and a leaflet about diet and exercise."

"She was somewhat informed, but not aware of any support available in Tower Hamlets."

A few respondents reported that they had seen a health professional who had offered treatment and advice based on knowledge gained from their personal experience with menopause but did not consider the individual needs of the patient.

"Totally related it all to herself and informed me that I needed to lose weight...just like she did. Made it generalised and didn't really address MY concerns at all."

Experiences with Health Professionals

Understanding of menopause among health professionals

Only 20% (n=14) of the respondents who had seen a health professional had been referred to a specialist service, such as the Women's Health Hub. Those who had received care from a specialist were often more satisfied with the outcome.

Some respondents highlighted the differences in the quality of care in their comments about their experiences with a specialist:

"The gynaecologist had a better understanding of my condition and exercised empathy and compassion towards my circumstances."

"After taking HRT for a while, I began to struggle with symptoms again, and my GP added an extra patch. This led to bleeding, and I was referred to a hospital specialist [...]. The specialist told me the GP's prescription of 2 patches was very unusual. The specialist [...] was very knowledgeable and reassuring. They prescribed progesterone, and I have felt much better since."

"Only the consultant was well-informed. The GP was either not well informed or plain ignorant- and they were female."

"Initially, the GP refused to prescribe medication even when I was unable to work at the time. However, my gynaecologist was helpful in ensuring I received the support required."

The findings and feedback included in this section clearly indicate that front-line health care professionals need more consistent education and training on perimenopause and menopause to improve attitudes and understanding. Fear of being dismissed because of age can discourage people from coming forward. Seeing a health care professional who does not have the appropriate training in menopause treatment can have a significant impact on people's lives, as demonstrated in one of the comments above.

On the following pages, we further explore people's experiences of the care and treatment received from front-line health professionals.

Experiences with Health Professionals

Person-centred care and treatment

Respondents told us about health professionals who went above and beyond to provide care and treatment that were suitable to their needs and circumstances. 24% (n=9) of respondents who rated their *overall experience* with a health professional as *Positive* reported being satisfied with the treatment and advice they received. Some mentioned that the GP they had seen was a menopause specialist, which they believe improved the quality of care and treatment.

“My GP not only listen to what I am saying but also hears me. She has adjusted my HRT when I have told her that my symptoms are not improving. I feel she works with me rather than telling me what to do.”

“They were understanding and offered solutions.”

“The GP is a menopause specialist. Whenever I have made suggestions or asked questions, she has listened, checked anything she was unfamiliar with and always explained her treatment plan. Additionally, she has followed up after appointments.”

However, we were also told that health professionals did not always carry out a thorough consultation or explore treatment options. 30% (n=10) of respondents who rated their *overall experience* as *Neutral* or *Negative* described dissatisfaction with the quality of care and treatment provided by a healthcare professional for their menopause symptoms. The issues with the care and treatment included not being offered effective treatment or advice, not being offered alternative treatment options, not receiving an adequate explanation of the treatment, or not being referred to a specialist service.

“I had to constantly speak to them about the referral. Even when I was put onto HRT, the symptoms were not easing, and it took a long time to get to my dose, although not all symptoms have gone.”

“As the GP appointment was running late, the talk was rushed- I was given HRT patches, but I’m feeling confused about how to take them and how often, as the patches are for over a month.”

“I was told I could have medication quite flippantly without discussion or exploration of the cause of symptoms.”

Experiences with Health Professionals

Person-centred care and treatment

When asked about the treatment and support the health professional had offered, HRT was the most common, with 45% (n=32) of people who had seen a health care professional being prescribed HRT. This was closely followed by advice and information on diet and exercise (42%, n=30).

Fewer than a third (30%, n=21) had been provided with advice and information about looking after their mental health. With anxiety being one of the most common symptoms experienced by the respondents, and yet less than a third having been offered support for mental health, this further highlights the need for better consultations and a more holistic approach to menopause support that considers not only physical health but mental health too.

When asked about what other support they would have liked to receive from the health professional, respondents mentioned empathy, signposting to support groups and workshops, more information, and a more personalised approach.

“More time to talk through the symptoms, what is available, to feel reassured and supported and not feel fobbed off.”

“More information workshops, sessions on Wellwoman, I would have liked to have been given information on where to go for support and advice and how to manage symptoms.”

“Also support services where I could talk to and share experiences with other women going through the same.”

“A more personalised approach would have been nice; there is no one-size-fits-all response to menopause.”

Barriers to Accessing Support

Around a third (31%, n=34) reported not seeking advice and treatment for symptoms from a health care professional. Our survey asked respondents about their reasons for not seeking professional advice.

While the reasons were varied, a significant proportion (34%, n=15) reported preferring to self-manage symptoms, find information online, or speak to family and friends rather than to a professional. Although only 5% (n=2) selected embarrassment as a reason that has prevented them from accessing support, the preference to self-manage symptoms indicates that many are clearly still hesitant or embarrassed to talk to a health care professional about perimenopause and menopause.

30% (n=13) of respondents chose the 'Other' option from the list of barriers to accessing support. These reasons included a lack of culturally sensitive and inclusive health services, negative experiences with health professionals and the NHS, preferring natural remedies instead of medication, and not needing support for symptoms.

When asked about the barriers, people told us:

"Many women feel a lack of trust in the system and are reluctant to seek help. This reluctance is fuelled by documented issues regarding the unreliability of critical screening tests (such as cervical and ovarian cancer screening), which often miss crucial diagnoses, leading to delayed treatment. There is a strong perception within communities, including the Brazilian community, that the NHS and GPs provide inadequate support and guidance for sensitive, long-term health issues like perimenopause. This systemic frustration leads many to self-manage or avoid consultation entirely."

"Previous poor responses from health professionals to my sexual orientation."

"I don't know who to go to, and (I'm) also worried that the GP will dismiss my symptoms. Also, a lack of female GPs at my surgery."

"Would rather (use) natural remedies and not drug-related treatment."

A lack of knowledge of perimenopause and menopause also acted as a barrier for many (27%, n=12). People from Asian backgrounds were most likely to say that the lack of information had prevented them from accessing support, with 31% (n=4) of the respondents who selected this as a barrier being from an Asian background. This aligns with our experiences during our engagement with the Bangladeshi women's group run by the Ocean Women's Association (OWA) and with an online session for the Bengali Women Peer Support Group hosted by Social Action for Health (SAfH).

During the session with OWA, we found that the women, whom we communicated with using an interpreter, had already gone through menopause and described it as something that *"you just get on with"*. The interpreter also informed us that menopause is not something that is talked about in the older Bangladeshi community.

Barriers to Accessing Support

In the second session with SAfH, we received many questions about the symptoms of perimenopause and menopause. Some of the women had been experiencing symptoms, but were uncertain if they were caused by perimenopause or menopause. They were also unclear about the difference between perimenopause and menopause. We provided these women with information on the differences between perimenopause and menopause, using information from the NHS website, and signposted them to speak with their GP.

These group sessions highlighted both language and a lack of information and awareness of perimenopause and menopause as barriers to seeking professional advice, highlighting the need for more targeted information sharing.

Improved Information Sharing

When respondents were asked what they thought was the best way to share information about perimenopause and menopause to raise awareness, most people (36%, n=31) suggested that the information should be shared at GP practices or other healthcare settings, such as pharmacies or women's health clinics. 39% (n=12) of respondents who suggested this also mentioned that there should be a more proactive approach from healthcare professionals, such as GPs, to share information about perimenopause and menopause, targeting people from that age group.

"Poster in GP surgery, email to all women of that age group to let them know what can be expected and how they can access support."

33% (n=29) of respondents suggested printed media such as leaflets, posters and advertisements. Some suggested these should be found at health care settings, but others said they should be more widely available in public settings such as libraries, bus stops, and train stations.

"Via a work forum, newsletters, advertising in doctor waiting rooms, underground and train stations and women's gynaecological departments."

32% (n=28) suggested digital media, mostly online and social media, but also digital advertisement, TV programmes and radio.

"Via a website or app, also via email, with maybe newsletters or focusing on one theme per email and then providing medical advice, tips, and other information that can be useful."

Barriers to Accessing Support

Improved Information Sharing

32% (n=28) also mentioned community outreach as an effective method of raising awareness of perimenopause and menopause. Most people said that the community outreach should involve educational workshops and talks led by healthcare professionals specialising in menopause. Some suggested more informal peer support groups.

“Have sessions/engagement events in workplaces, community centres, and at local community events. Use local libraries. Tower Hamlets has Residents Hubs.”

Respondents also suggested that workplaces and schools should share information about perimenopause and menopause to help raise awareness. This would also help family members, such as partners and children, to support someone going through perimenopause and menopause.

“School education to include what is and isn't a normal period, and then into perimenopause and menopause. Not just the biology of hormone levels, but the symptoms and how to help yourself.”

“Teach about it in school - it will affect family members.”

“Have regular meetings. Open culture about perimenopause and menopause, make discussing the topic more accessible via Teams chat and dedicate a member of staff who is an expert in advice and guidance.”

It was also mentioned by respondents that educating men on perimenopause and menopause is important to help them understand what their partners and family members might be going through and to support them appropriately.

“[...] I witnessed my husband practically shun his own sister when she tried to discuss what she was experiencing, and that sparked a debate I never thought I would have to have. It opened a conversation, though, as I had to explain to him that he will need to be strong-backed during this process, as there is a somewhat 'don't really care' attitude that I want him to understand and work with.[...]”

“[...] I would love more info to be accessed by men. The support groups have at times been heartbreaking, listening to women really struggling with their mental health. I want men to be able to hear that to have a better understanding.”

Barriers to Accessing Support

Sharing information about perimenopause and menopause would also help and encourage people to access support, with the majority (35%, n=31) of respondents telling us that having access to more information and educational resources would help them. Respondents told us that learning about symptoms would help them seek help sooner, and knowing what support is available locally would help them to navigate the system.

"Maybe more awareness of menopause symptoms. Many symptoms are dismissed because we don't think they are related to menopause. I took a long time to seek help for my anxiety because I didn't realise that it could be related to that..."

"Having workshops, online webinars on perimenopause. Knowing where to go and whom to speak to, and what to do if your symptoms are dismissed."

19% (n=17) of the respondents told us that having easy access to menopause specialists, whether a GP who is a specialist or a menopause clinic, would make it easier for them to access support. Throughout our project, we found that many residents were unaware of the existing Menopause Clinic or the Women's Health Hub.

"Access to more specialist advice, e.g., menopause clinic. It is hard to get a referral and a very long wait."

"If there was a special unit dealing with these issues."

Additionally, respondents told us that peer support groups would be helpful by allowing them to talk to people who are or have gone through perimenopause or menopause.

"To feel understood, find a network of peers to support each other."

"I would like to be involved in a group that understands the symptoms."

Some people also wished for better access to GP support, such as improved access to appointments at their GP practice and a more proactive approach to providing information on menopause.

"Easier access to speak to someone, mine is all done via the GP surgery, which is impossible to get through or book an appointment."

"GPs need to approach people when they are a certain age, because women are shy and have language barriers."

Barriers to Accessing Support

Improving menopause training for health professionals would enhance their knowledge and understanding, resulting in less judgment, better consultations, and improved treatment.

“Access would be significantly improved by ensuring GPs receive mandatory, up-to-date training on menopause management, leading to longer, dedicated consultation times.”

“Better understanding of gender diversity and support for LGBT+ people dealing with such issues. Healthcare staff not limiting themselves to expectations around what cisgender and/or heterosexual people are looking for in treatment as their sole guidance.”

Other areas for improvement included fostering a supportive work environment and offering a more varied range of treatment options, including alternative treatments.

“A better understanding of the impact of menopause on women and how this affects them at work, employer support, and not to feel like ‘here she goes again’.”

“Knowing that this is a specialist, female, who has been through it or is knowledgeable about all the symptoms and is willing to try alternative treatments and not only drugs.”

Conclusion

Much of the feedback regarding barriers to accessing support reflects the need to change attitudes towards perimenopause and menopause, from being considered as something “that you just get on with” to being thought of as a significant life transition that many are impacted by and need support with.

Information sharing and education are important parts of this cultural shift to address the lack of understanding, misconceptions, and dismissive attitudes. This should start early in life and include family members, health professionals, and the wider society, such as workplaces. Beyond this, individuals should receive a personalised approach to care and treatment that considers their unique needs and circumstances, while also giving them a choice among the available treatment options.

We have addressed these barriers in our recommendations to improve information sharing, deliver educational talks and workshops, and provide more education and training to front-line health professionals. We hope that these findings and recommendations are used by the commissioners and service providers to help improve the support for people experiencing perimenopause and menopause in Tower Hamlets and elsewhere.

Appendix



Appendix

Age	n.	%
18-24		
25-34	1	1%
35-44	15	13%
45-54	46	41%
55-64	31	27%
65-74	8	7%
75-84		
85+	1	1%
Prefer not to say		
Not answered	11	10%
Grand Total	113	100%

Gender identity	n.	%
A woman	95	84%
A man		
Non-binary	5	4%
Prefer not to say	1	1%
Not answered	12	11%
Grand Total	113	100%

Ethnicity	n.	%
Asian/Asian British - Bangladeshi	24	21%
Asian/Asian British - Indian	3	3%
Asian/Asian British - Pakistani	1	1%
Asian/Asian British - Chinese	1	1%
Asian/Asian British - Any other Asian background		
Black/Black British - Caribbean	13	12%
Black/Black British - Somali	1	1%
Black/Black British - Other African	5	4%
Black/Black British - Any other black background	1	1%
Mixed/Multiple ethnicities - Black African and White	1	1%
Mixed/Multiple ethnicities - Any other mixed background	2	2%
White - British	35	31%
White - Irish	1	1%
White - Any other White background	7	6%
Other - Any other background	3	3%
Prefer not to say	2	2%
Not answered	13	12%
Grand Total	113	100%

Appendix

Disability	n.	%
Yes	28	25%
No	64	57%
Prefer not to say	6	5%
Not answered	15	13%
Grand Total	113	100%

Type of disability	n.	%
Physical or mobility impairment	11	10%
Sensory impairment	1%	1%
Learning disability or difficulties	5	4%
Mental health condition	7	6%
Other	14	12%



healthwatch

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