

Experiences of menstrual health in psychiatric inpatient settings in England

By Hat Porter

Background

- This research was rooted in my lived experiences of detention in mental health wards (as someone who menstruates)
- There is a lack of research, policy or discussion of the topic of menstrual health in mental health services
- Research about experiences of mental health services overlooks menstruation
- These experiences exist within a wider context of harms and abuses in psychiatric inpatient services
- (Presentation photographs are provided by people with experience of inpatient treatment on Twitter)





Methodology

- 101 questionnaires (lived experience)
- 67 questionnaires (staff members)
- 10 interviews (lived experience)
- Analysis of policy documents obtained through freedom of information requests
- Ethical approval obtained through NHS research ethics



Access and availability of menstrual materials

"The pads they gave me were rubbish, to put that out there. Bleed throughs would mean my clothes would then get covered in blood and then I wouldn't have a way of getting them clean again. I would like... literally clothes had to go in the bin because they're covered in blood and shit and I was literally sitting curled up in a ball in the corner of the room and couldn't deal with it myself."

— interview participant, experience of 136 suite and acute wards

"The pads they did give you... you had to ask each time and go into a room of people and going 'Hey, can I have a pad please?' And then they do you know what I mean, look at you and like, 'hang on a minute... um didn't I just give you one?' like 'yes, it's gone through'. It's just really embarrassing."

— interview participant, experience of NHS acute wards

"They gave me an anti-lig[ature] blanket and was just like 'cover up with that'. But I had like literally no, um like nothing for like, my period or anything [...] I was literally just bleeding on the floor like it was, it was awful. [...] they didn't even have toilet roll or anything, [...] it was just... it was just awful. And being on my period at the time it was, it was just an absolutely horrendous experience."

— interview participant, experience of CAMHS low secure, adult acute, PICU and rehabilitation units

Access to menstrual materials

- Period products not provided
- Patients given unsuitable period products (incontinence pants)
- Large, uncomfortable pads or thin and unabsorbant
- Didn't meet sensory needs, product preference or need (e.g. heavy flow)
- Medications not available (out of stock)
- Bins not provided or not emptied enough

Restrictions and rules

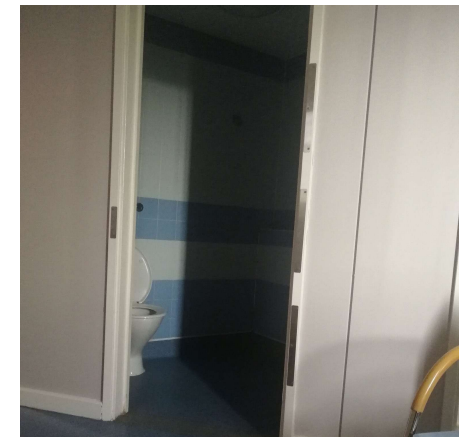
- Period products withheld as "risk items"
- Blanket restrictions
- Left without underwear, clothing, toilet paper in seclusion

Loss of independence, privacy and control

- Supplies of period products controlled by staff
- Need to share that you're menstruating in order to access what is needed
- Some patients too anxious to ask staff
- Staff question why patients are getting through pads too quickly
- Leaves patients vulnerable to staff abusing power and control

The lack of privacy when menstruating in psychiatric hospitals

- Changing period products, changing, washing and using the toilet when on 1:1
- Even intermittent observations impacted privacy (needing to plan when to change period products and use the bathroom)
- Lack of privacy in disposing of used period products: leaving period products in a pile on the floor, in open bins, in a paper bag
- Strip searches, property and room searches
- Bathroom doors (no doors, partial doors, curtains)
- Surveillance



“I would have to like... change your products in front of people. And again, it was really degrading, really dehumanising, embarrassing, not just for me, but for them as well. Um so that's just not a normal human experience like watching someone change their pad and being watched changing your pad so it was just really unnatural.”

— interview participant, experience of an eating disorder unit

“I think for me, the top thing was like, there was just no privacy at all. Like, I think my period connects a lot with my like, history and my trauma [...] in the hospital space you had like no ability to be private at all, like, people would walk into your room. Or like, walk into the bathroom. Well, the bathroom never had a door, so they... if they walked into your room they were in the bathroom basically.”

— interview participant, experience of acute wards

Attitudes and approaches towards menstruation

- Menstruation being overlooked (e.g. staff participants stated they hadn't considered the topic previously)
- Shame created through negative attitudes from staff
- Patients made to feel like an inconvenience, feeling angry towards themselves and their bodies
- Staff spoke with disgust about menstruation
- Added taboo for transgender participants (and interactions with transphobia)
- **But:** more positive experiences especially where staff shared their own experiences finding common ground and empathy.

"[Menstruation is] just not something I had thought about before this survey!"

— questionnaire participant, Nurse on acute admissions ward

"Staff finding it awkward made it very hard. I think their embarrassment to myself having periods left myself being embarrassed to have one which then led to me not looking after myself such as cleaning myself."

— questionnaire participant, experience of acute ward and personality disorder unit

"It was like it was embarrassing to be female and um... like I said like the place was set up by a bunch of blokes who didn't have a scoobydoo."

— interview participant, experience of 136 suite and acute wards

"I had to ask repeatedly again and again to be taken seriously. I asked my doctor for leave to go to the gp for implant removal after really painful periods, this took weeks to arrange whilst I was remaining in pain. By the time I got seen, I had fallen unwell with anemia due to blood loss."

— questionnaire participant, experience of CAMHS, locked rehabilitation and low secure wards

"What I realised was mental health deal with brains and brains alone. They do not do physical bodies whatsoever [...] they don't get that the two of them actually affect each other and they're of the same person."

— interview participant, experience of 136 suite and acute wards

"I've had a lot of trauma so when I have been on my period, and I've been in so much pain, like, I felt like the pain that I couldn't control, like, triggered a lot of flashbacks for me. [...] I was on one to one at a time and my one to one was just like 'why are you crying?' [...] the pain is making me think about it, like the pain is causing the flashbacks, like... and they just didn't understand."

— questionnaire participant, experience of CAMHS, locked rehabilitation and low secure wards

Support needs and care provision

Physical health

- Patients not provided with pain killers and their pain was dismissed
- Having to ask again and again to be taken seriously (impact on physical health)
- Separation of mental and physical health – someone else's problem
- Assuming everything is about mental health (ie being in bed due to pain rather than mental health)
- But some more positive experiences

Mental health

- Lack of knowledge about PMDD.
- Links between mental and menstrual health overlooked
- Lack of support for autistic people around menstruation and sensory needs
- Lack of support around trauma and its impact on menstruation
- Eating disorder context
- Self-care

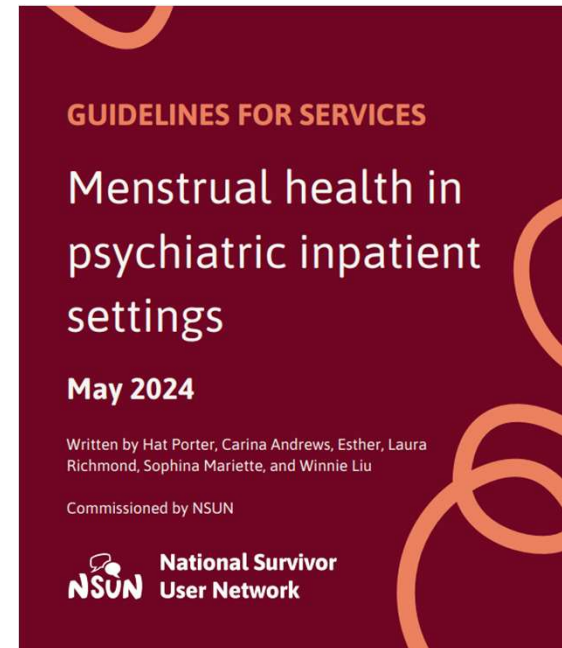
Restrictive practices context

- Overuse of blanket restrictions
- Lack of considerations of the harms (including psychological harms) of restrictive practices
- Lack of consideration of how restrictive practices have disproportionate impacts on different groups
- Poor practice is restrictive practice (e.g. not having period products)



Guidelines

- Developed based on the research findings and discussion with a focus group
- Wide support from stakeholders to try and support impact
- Outlining simple, tangible actions to show what services need to do to improve experiences



These guidelines have been endorsed by:

Bloody Good Period

Centre for Mental Health

Cysters

Mind

Restraint Reduction Network

Rethink Mental Illness

Royal College of Occupational Therapists

WISH