

## Written evidence submitted by Maria Evans [MEW0019]

I am writing this submission as an individual but also reflecting on my experience of coaching middle-aged women and providing informal advice and ideas to a wide range of female friends.

Like most women I know I started going through the menopause with almost no awareness of, or preparation for, the seismic changes which would take place. It was a topic completely absent from the many organisations I have previously worked for. The contrast with the access to information and support when I was pregnant is stark. The moment I knew I was pregnant with my first child I had a pretty good idea on what to do, my rights, how to access information. It was relatively easy to have time off for doctor and hospital appointments. Work colleagues were informed and supportive.

With the menopause, I had no idea what was happening to me for several months and when I did realise I was going through the menopause I never spoke about it at work; there were no policies in place that I was aware of; if I did have rights, I didn't know about them. I felt anxious, alone and terribly worried about the impact that my 'unprofessional' behaviour (as I perceived it to be, particularly around frequent, inexplicable and uncontrollable bouts of crying) was having on my work and colleagues. I asked to do a job share to help me better reconcile the needs of the job with demands at home and feelings of overwhelm and exhaustion but the application was turned down.

I moved to a different organisation. By this time I was on HRT which helped with many of my menopausal symptoms, but not chronic insomnia. Again, I felt deeply anxious about the effect this might have on my work. It never occurred to me that I could explore flexible working arrangements on health grounds, which would have made a significant difference to the quality of my life – and work. I also had no idea at this point that memory loss was a menopausal symptom, and struggled, as I continue to struggle, with forgetting critical information, forgetting what I am about to say, misspelling words where I'd previously had a reputation as an excellent speller and proof reader. I left this job, for complicated reasons, but exacerbated again by feeling overwhelmed and utterly, utterly exhausted.

In both instances, it is possible that policies were in place. Is it discrimination if organisations fail to make explicit support that could be available, fail to create a culture where all forms of health problems can be talked about with ease, fail to put in place training for managers to help them spot signs of menopause and offer support? Certainly organisations that are not proactive about creating policies, awareness and support are suffering the economic impact of anxious and exhausted women who at best persevere silently and at worst leave because they can no longer manage work and their menopausal symptoms. My story is not unusual and so the negative impact of fear, stress, anxiety, loneliness, insomnia, etc on work is being replicated across the country.

The impact on wider society is significant. I was lucky in that I could explore other jobs as I tried to find a way of working in my fifties that I could, quite literally, live with, before settling on working for myself. Other women are not so lucky and so the economic impact to them and their families' lives can be huge. Also significant is the impact on partners and children. Without the support of organisations women inevitably take the stress and anxiety home to their families. Again, I was lucky. I had a partner who offered sympathy when I flew into uncontrollable rages, and who helped pacify my frightened children. Who helped me recover from the shame of these episodes. I know others who have been less fortunate, with sometimes devastating consequences on relationships with partners and children.

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All businesses should have clear, accessible policies and practices to help support women experiencing the menopause. Organisations need to be proactive about communicating these policies and practices to all staff, including men and younger women who need this information as well, so that they can understand and respond appropriately. Training should be made available for managers to help them support female staff who are peri-menopausal and menopausal.

I know of few organisations who offer the best and inclusive practices. Channel 4 is one.

Current legislation cannot be effective given how few organisations do have workplace menopause policies in place, and given the numbers of women reporting discrimination and unfair dismissal (<https://www.theguardian.com/uk-news/2021/aug/07/menopause-centre-increasing-number-uk-employment-tribunals>).

In terms of a strategic approach across government, the absence of awareness, information and support from GPs is, I believe, a clear sign that way more needs to be done. With many physical or mental health problems employees know they can seek help from a GP who will, if needed, write doctors' notes in support of requests for time off etc. The woeful lack of information and support available to women seeking help from their GPs is nothing short of a national scandal. Women are regularly misdiagnosed as having depression, whilst access to HRT is a postcode lottery. A recent study showed that 66% of women with menopausal symptoms were prescribed antidepressants (<https://www.themenopausecharity.org/2021/05/10/mood-changes-in-the-menopause-and-effective-treatments/>)

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