

## Written evidence from Name Withheld [MEW0022]

Whilst I did not experience any disciplinary issue related to menopause, I had quite significant symptoms that cause sickness absence that damaged my good standing with Senior Leaders in the school. I suffered migraines and severe dizziness that caused me to be so unbalanced that I was unsafe to drive, or be around young children and unable to look at a computer screen in movement without vomiting. The head teacher was legally appropriate but did imply that she thought that I was either experiencing mental health issues or skiving as I suffered repeated, several days of these episodes linked to my perimenopause cycles.

More to the point, male doctors, both my GP and my ENT specialist, repeatedly continued to discount that the two it could be related until I produced a 6 month journal of my cycle and symptoms that exactly correlated the two. I nearly had to leave the profession and went part-time due to my stamina being so compromised by this and repeated sleep disruption. I finally was able to see a female GP of a similar age who validated my experiences and prescribed HRT, largely removing or improving all symptoms. But I spent nearly a year barely functioning and my career has been sabotaged by such poor understanding of menopause in the wider medical profession.

I am one of the older members of staff and as my colleagues begin to suffer similar health challenges, I am beginning to be redeemed in the eyes of some. I strongly agree that explicit legislation for employers may help but, **More Importantly**, more specific medical training for the medical profession on common clusters of symptoms so they consider this as a possible contributor with women over 40 (or sometimes less). As I have educated myself over common issues for women, I realised that I had been to the doctor's for repeated less severe health issues that are extremely common for menopausal

women and the right support sooner would have vastly improved my quality of life and saved the NHS a lot of time and money.

A close friend who had a mastectomy and follow-up chemotherapy that triggered sudden early menopause has also found no support for her debilitating symptoms and has had no access to a menopause specialist to help her return to anything like normal function; a talented woman, lost to her profession. **Half the population** may experience some versions of the above. I could list many more examples from 50 somethings but you get the picture. The NHS needs to have the staff and funding and expectation to improve this.

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