# Does menopause make school life harder? or Does school life make menopause harder?

**A resource for Now Teachers** 

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## Does menopause make school life harder? Or does school life make menopause harder?

#### **Features of Perimenopause**

Brain Fog
Loss of memory (especially verbal)
Fatigue
Emotional issues
Menstrual unpredictability
Bladder problems
Body temperature problems

#### **Features of School Life**

Lack of flexibility of time and place
Need for good communication skills
High levels of interpersonal interaction
Dealing with difficult emotions
Pressure of work
Dealing with stressful situations
Not much time alone

You can probably see how these things might clash..!

#### The Social Model of Disability...

is a way of viewing the world that says that people are impeded by barriers in society rather than by their own bodies. For example: a wheelchair user is disabled by steps and by lack of ramps.

Menopause isn't a disability — and we certainly wouldn't want to live in a world that considered all women disabled for around a decade of their lives. However, the symptoms of menopause can be considered a disability — and this even comes up in employment tribunals, alongside sex discrimination.

Looking at menopause through the social model of disability can be very useful because it helps us look through the other end of the telescope and see things a different way.

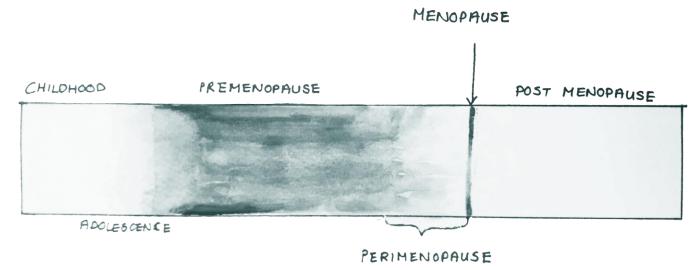
- How does the organisation of the school day disable those experiencing peri/menopausal symptoms, who may include younger women and those who identify as male?
- Have they got chance to visit the toilets and refresh their energy and wake up their brains properly? Can they unwind or blow off steam?
- How are those people disabled by access to toilets and by lack of storage in toilets? Can they get there? Can they have a change of clothing in a safe place for emergencies?
- How does the classroom environment disable them? Is the temperature appropriate? Can they sit comfortably? Can you think of ways they can nip out if they need to?

#### What can you change?

How can the school environment be healthy for everyone?

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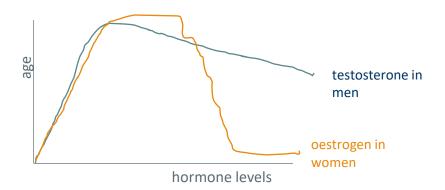
#### Ageing in Men and Women: Part 1



Menopause is defined as the point at which our periods stop. But we don't know they've stopped until they don't come back, so we count it as one year after our last period – it's a point rather than a phase.

That tends to happen in our early fifties but it varies. There may be many reasons, including medical and surgical ones, that some people enter menopause early. Other people may experience challenging hormonal changes if they undergo gender reassignment.

Afterwards we are post-menopausal for the rest of our lives. Before the point at which our periods stop, we are perimenopausal for several years – somewhere between 2 and 15! Before that we are premenopausal – which for most of us are our menstruating fertile years.



We are all ageing, but hormonal changes play a significant part in how women age. Women's brains have large numbers of oestrogen receptors and the change in hormones has an impact throughout the body. Men's hormone levels do decline as they get older – but usually in a more gradual way.

Generally speaking, women live for longer but suffer from more chronic health problems as they age – however lifestyle makes much more difference than sex.

(These are generalisations – and may not apply equally to all men and women.)



#### **Ageing in Men and Women: Part 2**

Impacts of Hormonal Changes in Women	General Ageing (for both men and women in their 50s)	Impacts of Low Testosterone in men
<ul> <li>Genito-urinary Syndrome of Menopause</li> <li>Low bone and muscle mass</li> <li>Increased risk of osteoporosis</li> <li>Loss of memory, especially verbal</li> <li>Hot flushes</li> <li>Mood swings</li> <li>Low Energy</li> <li>Poor sleep</li> <li>Digestive problems</li> </ul>	<ul> <li>Weight gain</li> <li>Increased diabetes risk</li> <li>Increased healing time after injury</li> <li>Skin drying and wrinkling</li> <li>Some vision and hearing problems</li> <li>Increased susceptibility to infection</li> </ul>	<ul> <li>Loss of sexual function</li> <li>Prostate issues</li> <li>Low bone and muscle mass</li> <li>Hot flushes</li> <li>Mood swings</li> <li>Low energy</li> <li>Poor sleep</li> </ul>

# Why a menopause-aware culture is a wellbeing-aware culture

What we'd all like to see is an environment where any employee struggling because of their physical or mental health can expect a sensitive and practical response from their employer.

This hasn't always happened for menopause, for many historical reasons – but it's on the front page right now and we have a unique opportunity to come together and talk about it.

Every woman who has a difficult conversation about bladder weakness helps a man with prostate problems. Every woman who talks openly about menopause despite her embarrassment helps not only men with low testosterone, but women with endometriosis or fertility issues.

These conversations are not equally easy for all of us – sometimes because of our personalities, sometimes because we are also dealing with challenges around race, sexuality and gender in the workplace. But when any one of us insists that their health issues are taken seriously, they help us all.

#### **Everyone benefits from a Menopause- Aware Culture!**



#### How we look after our menopausal body and brain

Brain breaks: the brain loves a change of scene, or a change of pace.

**Stress management:** stress makes menopausal symptoms worse – menopause makes stress harder to cope with.

**Sleep:** poor sleep affects brain function, mood, memory, weight, gut health, blood pressure and the immune system.

**Nutrition:** we may need to eat less sugar and more fibre and more protein. It's particularly important to eat a variety of fruit and vegetables.

**Exercise**: exercise that pulls on our bones helps protect us from osteoporosis. Exercise that uses weights or involves jumping is especially useful. We also need exercise to help with flexibility, mood and mental well being.

**Medications:** there are both hormonal and non-hormonal options available and the links below should help you find more information.

#### **Menstrual Discretion**

Menstrual blood is taboo in a way other blood isn't — and most of us would prefer to keep it to ourselves. It's not just a problem for perimenopausal women — but issues such as flooding get worse. It's worth thinking about period knickers, which come in some pretty secure styles and can be doubled up with other sanitary protection. But it's also worth thinking about safe places to keep your handbag or a change of underwear.

See your doctor if you're changing a pad more than every couple of hours or if bleeding lasts more than a couple of weeks – or if it's just unusual compared to what's normal for you!

#### Let's talk about toilets

Access to a toilet is important if you're menstruating, but it's not uncommon for women in menopause and peri-menopause to have bladder and bowel problems. These can also affect men and younger women – so it's a wellbeing issue for everyone. Plan for your own toilet needs and work out who is the best person to talk to about it – for everyone's sake!



#### **Three Quick Resets for the Brain**

Sometimes you may well need a deeper and more sustained strategy – and you may want to think about medical options or Cognitive Behavioural Therapy. However, these quick resets can work to give you a way of positively affecting your own brain and body in the moment – and in emergencies!

#### **Anxiety to Excitement**

- \* Focus on the breath.
- \* Breathe deeply from the belly.
- \* Smile.
- ★ Move turn nervous energy into action.

When we breathe deeply and with awareness, using our diaphragm, it activates our parasympathetic nervous system and calms us down.

When we smile, it sets off a chemical chain reaction that makes us produce endorphins and serotonin.

# **Blow away Brain Fog**

- Walk (preferably outside).
- Look (at a change of scene).
- Focus on the breath. Breathe deeply from the belly.

Movement reduces levels of cortisol and adrenaline and increases 'feel-good' chemicals.

#### **Break the Stress Cycle**

- Step away.
- Breathe deeply from the belly.
- Pay attention to the senses what can you hear, see, smell, touch.
- Breathe deeply.
- Step back.

Our brains switch off when things stay the same and wake up when they get new information from our environment.

Mindfulness has been shown to help us manage stress.



#### **Positive Ageing: Part 1**

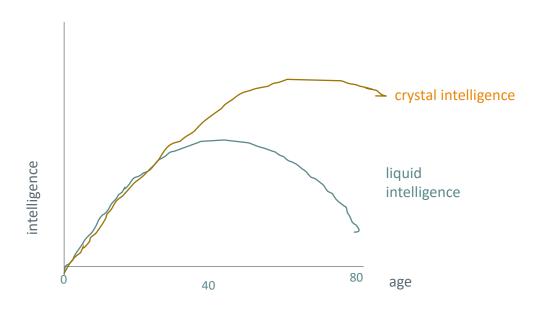
### I and T shaped Employees

When we're young, we're often I shaped employees. We have studied one thing in depth – usually our subject and our pedagogy – and this gets things done. When we've had a varied experience of life and work, we add the cross bar of the T – we have a broader range of experiences, and we can work across disciplines, joining up ideas and connecting with different people.

#### Liquid and Crystal Intelligence

When we're young, our intelligence is more fluid. We think quickly and we're great at solving problems – despite our lack of experience. This peaks in our twenties – but there's still plenty of it in our forties, fifties and sixties.

But throughout those decades, our crystal intelligence has been developing. We have amassed wisdom and experience. We understand how things work. We have amassed knowledge. We have better language and reasoning skills. In fact, if you look at the graph, you'll see that our liquid and crystal intelligences combined are greatest in middle age.





#### **Positive Ageing: Part 2**

During menopause, women's memory capacity declines so it's only slightly above that of men. These are the surprising results from a study published in <u>Menopause</u>. Women worry a great deal about their memory in menopause. But that's partly because we've got used to having a really great memory – and it's also because we try to remember too much.

# "Menopausal memory loss involves forgetting where you put your keys. Dementia involves forgetting what your keys are for."

It's not uncommon for us to feel that we are suffering from dementia in menopause when our memory starts to let us down. We're not, as this quote from Dr Sarah McKay reminds us.

#### Our brains are still plastic

Brain plasticity is not just for children. We retain a lot of it into adulthood and as we age. We are building and rebuilding our brains all the time. Our hormones are just one thing that influences them. They are also influenced by our own thoughts and our emotional and physical health and the way we look after it.

#### **Putting Your Own Oxygen Mask on First**

Menopause can be a profound experience. Women often realise that they have devoted a lot of their life to looking after other people and not enough to caring about ourselves.

Menopause often motivates us to take better care of ourselves, not just physically but emotionally. It can be a time for moving away from unsupportive and draining relationships and for avoiding negative environments at work.

When we do this we send powerful messages to those around us.

Our own wellbeing is important. It's OK not to engage with moaning and sniping around us. It's good to have boundaries and insist that we are always treated with respect.

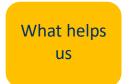
When we do this, we challenge the culture around us to change for the better and we allow others to learn from us.



#### What can we ask from our schools?

There are two starting points to this discussion: theirs and yours. You will have a list of the things you want that will make your job and your menopausal experience work. They will have a sense of what they can offer – which they should have worked out through their menopause policy, but may not have.

You will probably find a solution somewhere in the middle.



#### **Space for negotiation**



What schools can offer

#### Accommodations You Can Ask For

Fans
Access to chilled water
Somewhere safe to leave your handbag
Lockers in toilets
A classroom nearer the toilets
A cooler or warmer classroom
A system to call for cover when you need
A menopause support group in school
Going off site during non-contact time
Changing your cover or duty commitments
Compressed timetables
Changes to the classes you teach
Part-time hours (retaining responsibilities)
Time off for appointments and treatments

#### **Menopause Policies**

All schools should have menopause policies. They don't. If they do they may not disseminate them, or be aware what's on them. Ask to see them. Ask to see them before you need to. You could ask to see them before you even accepted a job at the school.

A menopause policy won't solve everything but it will give you an idea how much thought has been given to the problem and what they think they can offer.

#### No one right answer...

Sometimes managers might assume they know what you need. You may have to gently remind them that menopause is a unique experience and insist that they listen to your experience and work with that, rather than apply one-size fits all ideas. This may be particularly true where issues of race, sexuality, gender or disability are also involved and people may make incorrect assumptions based on those. It may fall to you to guide the conversation; frame it as a mutual problem-solving exercise, and seek further support if you are finding that challenging.

Do you know who to talk to before you need to talk to them?

#### **About Helen Clare**



Helen Clare helps schools and teachers deal with challenges that arise due to perimenopause and menopause. An exbiology teacher and life-long biology geek, she has also worked in schools as a poet and artist and as part of her work for Creative Partnerships and Arts Council England. Helen is also an ICF trained coach and an associate of the British Menopause Society.

#### Reliable sources of support and information

- British Menopause Society
- Menopause Support
- <u>Jen Gunter</u> (also on Twitter)
- My Menopause Doctor
- Menopause and Me
- · Menopause Café
- The Effing Menopause Blog
- The Effing Menopausers Community