

# What are the lived experiences of healthcare delivery for perimenopausal women with a pre-diagnosed mental health problem compared to perimenopausal women without a pre-diagnosed mental illness?

**A research proposal**  
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## Abstract

Throughout history women have experienced inequalities and some authors have argued that ill health has been used as a form of social control and escape from social situations (Showalter 1987; Appignanesi 2008). This preliminary research proposal gives an overview of an intended research project exploring the healthcare experiences of perimenopausal women with a pre-diagnosed mental health problem. This group of participants will be compared to perimenopausal women who do not have a diagnosed mental illness before entering this transitional period. The aim is to gain a greater understanding of the experiences of women using a generic case study approach with an ethnographic focus. It is anticipated that data collection will begin in June 2013. It is hoped that any recommendations will help to redress some of the inequalities experienced by women with mental health problems.

## Introduction

This paper outlines the intention to explore an aspect of health within a population that has persistently experienced discrimination. Showalter (1987) and Appignanesi (2008) suggest that throughout history women have experienced inequalities, that ill health has been used as a form of social control and women have used it to escape their social and cultural situations.

While it could be hoped that in today's society discrimination against women has been confined to history it appears that the struggle for equal rights continues. In 1970 The Equal Pay Act came into force to ensure that pay was comparable regardless of gender, this was amended

in 1983. In 1975 the Sex Discrimination Act closely followed the Equal Pay Act. It was not until 1991 that the exemption for marital rape under common law was finally abolished in England to reflect the equal status of women within marriage (The Law Commission 1991). In 2010 the Equality Act was launched as the 'law which bans unfair treatment and helps achieve equal opportunities in the workplace and in wider society' (Home Office 2010).

The World Health Organization (WHO) recognises that across the world gender and power relationships are shaped by history and make it difficult to find one solution to solve issues of inequality particularly in relation to women's healthcare (Women and Gender Equity Network 2007). Crombie et al. (2005) found health inequalities across the WHO European region. These are complex, multifaceted with the health risks varying across different groups. One of the identified 'at risk' groups who may experience inequality in health are those who are diagnosed with a mental illness.

It is recognised that people with a diagnosed mental health problem can feel stigma and discrimination (Department of Health [DH] 1999; Disability Rights Commission 2006; Jones et al. 2008;

Pascoe & Richman 2009; DH 2011). This can also lead to diagnostic overshadowing resulting in physical symptoms being viewed as part of the mental health problem rather than being investigated (Disability Rights Commission 2006; Thornicroft et al. 2007; Jones et al. 2008). Jones et al. (2008) suggest however that this may be too simplistic a view and that diagnostic overshadowing is a complex cognitive phenomena dependent on the clinician viewing the presenting problem in a 'multi dimensional fashion'.

The purpose of this PhD project is to gain an understanding of the lived experiences of healthcare delivery for perimenopausal women with a pre-diagnosed mental illness compared to perimenopausal women without this diagnosis. The overall aim is to contribute to a body of knowledge to help to redress the inequality balance for this group of women.

## Overview of the research project

Women have unique lifecycle needs compared with men starting with puberty and menstruation marking the beginning of their reproductive lives. Motherhood can define and change relationships, and menopause marks the cessation of reproduction. For the majority, the

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universal experience of menopause occurs at a point when relationships are changing as it is often a time when offspring leave the family home, the death of a parent may be experienced or women may be facing a longer-term illness for the first time. This can leave some women contemplating the 'change of life' and their role in society (Hunter & Rendall 2007). There appears to be a lack of research in relation to aspects of the female life cycle particularly concerning women with a diagnosed mental health issue. The onset of menstruation, the use of contraception, conception and the effects of menopause may all impact on the health and wellbeing of women who are currently living with the diagnosis of a mental illness.

Physical health and well-being has been outlined as an area for development within mental health settings (DH 2010; DH 2011). Women have some needs which have been identified as different from their male counterparts (DH 1999; DH 2002; National Mental Health Development Unit 2010) some of which are thoroughly researched. The areas covered in depth relate to perinatal and postnatal care along with some studies exploring how to encourage women with mental health issues to use sexual health services if they engage in high-risk sexual behaviours (Cook 2000; Birch et al. 2006).

An initial search of the Cochrane Library revealed studies relating predominantly to perinatal and postnatal care. A further search of CINAHL, MEDLINE, and PsycINFO demonstrated similar results to Cochrane. A small number of articles explored the experiences of menopausal women (Sajatovic et al. 2003; Friedman et al. 2005; Sajatovic et al. 2006) while others reported life cycle issues as part of the inequality experienced by women (Ritsher et al. 1997; Cook 2000; Lyon & Parker 2003; Birch et al. 2006). None of the studies found in the preliminary search related these life cycle issues to the experiences of women in the UK who have been living with a diagnosed mental illness before they reached the perimenopausal period. A number of authors however noted that depression and anxiety are commonly diagnosed during this time (Hunter & Rendall 2007; Moilanen et al. 2010; Parry 2010).

Menopause is defined as the permanent

cessation of menstruation and usually occurs during a women's early 50's (Hunter & Rendall 2007; Marieb & Hoehn 2010; Moilanen et al. 2010; Parry 2010). Menopause is viewed by some as the beginning of the end and by others as liberation from the responsibilities of childbearing years (Hunter & Rendall 2007). Physiological changes occur approximately five years before the menopause and this is when women may experience symptoms resulting from these changes. This transitional period, perimenopause, is most commonly noticed during a women's late 40's to early 50's but symptoms can appear as early as the 4th decade (Hunter & Rendall 2007; Directgov 2010; Marieb & Hoehn 2010; Moilanen et al. 2010; Parry 2010).

It is estimated that in the UK eight out of ten women will experience perimenopausal symptoms (Directgov 2010). Of these around 45% will find physiological and/or emotional symptoms difficult to deal with resulting in a negative impact on their lives (Directgov 2010). As well as the expected disruption to the menstrual cycle, the lack of oestrogen has numerous physiological effects such as atrophy of the reproductive organs, vaginal dryness, intense vasodilation causing hot flushes and night sweats (Marieb & Hoehn 2010; Moilanen et al. 2010). A number of emotional perimenopausal symptoms such as depression, anxiety, stress and mood swings have also been identified (Hunter & Rendall 2007; Marieb & Hoehn 2010; Parry 2010). These have been found to occur in women with no previous history of mental health problems.

There appears to be very little research that considers the impact of perimenopause on the health and wellbeing of women who are currently living with a diagnosed mental illness. This has led to the development of the following research question particularly as diagnostic overshadowing is recognised as an issue for people with a diagnosed mental health problem (Birch et al. 2006; Disability Rights Commission 2006).

'What are the lived experiences of healthcare delivery for perimenopausal women with a pre-diagnosed mental health problem compared to perimenopausal women without a pre-diagnosed mental illness?'

## Aims of the research

The aim of this research is to explore the experiences of healthcare delivery for perimenopausal women who have a pre-diagnosed mental illness compared to the experiences of perimenopausal women without a diagnosed mental illness.

The following questions could help to examine this:

- Do women feel that healthcare staff adequately deal with their life cycle needs?
- Do past personal experiences related to mental ill health, such as abuse or stigma, impact on their ability to seek support to manage perimenopausal symptoms?
- Do past experiences of healthcare impact on their ability to ask for support?
- What do women want from staff to help them manage this aspect of their lives?

By identifying the type of services women with a mental health problem would like to receive should enable the researcher to recommend changes to practice to improve future care provision for perimenopausal women within this group. This may lead to exploration of staff attitudes towards this population generating a further question:

- What support is required to enable healthcare staff to develop their skills in relation to supporting perimenopausal women with a pre-diagnosed mental health problem?

It is anticipated that a generic case study approach with an ethnographic focus would help to develop a deeper understanding of the experiences of this group of women.

## Conclusion

This project is currently in the developmental phase with data collection envisaged to commence in June 2013. The evidence suggests that the perimenopausal experiences of women with a pre-diagnosed mental health problem is an area that lacks exploration. This is an exciting opportunity to investigate in depth and gain a greater

understanding of this group. Through the generation of this knowledge it is hoped that the recommendations will help to redress some of the inequalities experienced by women with mental health issues.

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