

The menopause in places of deprivation of liberty in the UK

Guidance for UK NPM monitors

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Toolkit purpose

This UK NPM toolkit is intended for use by all NPM inspectors, monitors, and visitors in all settings of deprivation of liberty, as a guide for monitoring risk factors and impacts of perimenopause, menopause, and post menopause in detention. It includes a brief introduction to the topic, guiding principles on supporting those experiencing menopause, and indicators that these principles are being followed in detention settings. This toolkit is accompanied by an awareness training video which you can find here: [Menopause Awareness for NPM Monitors](#)

The menopause

People deprived of their liberty are recognised as inherently vulnerable. In addition, there is less awareness of menopause and its impact on detainees than for other health conditions. This can lead to people deprived of their liberty going without their health needs met, with impacts on their physical and mental health and behaviour. Without proper awareness this can mean they are further treated unfavourably. The prohibition of torture and cruel, inhuman and degrading treatment imposes an obligation on the State to ensure that the health and well-being of detainees are adequately secured, by providing the required medical assistance. Monitors play an important role in finding out and reporting if those health and care needs are fulfilled.

Menopause and perimenopause are associated with midlife and predominantly affect women between 45 and 55 years of age. However, premature menopause can affect younger women. The average length of time that women experience menopausal symptoms is from four to 12 years and will be different for each person. Drug and alcohol addiction are known as causes of early menopause in some cases. There are some under-researched differences in the timing of the menopause pertaining to race and ethnicity.

Menopause can induce a wide variety of physical, emotional and mental symptoms, including:¹

- Vasomotor symptoms such as hot flushes or night sweats, palpitations, sweating.
- Mental symptoms including reduced memory function, difficulty concentrating, brain fog, as well as emotional and wellbeing symptoms including changes in mood, depression, suicidal ideation, anxiety, irritability.
- Physical symptoms such as vaginal dryness, loss of bone density, changes in the regularity and flow of the menstrual cycle (culminating in the end of menstruation), headaches and migraines, difficulty sleeping, fatigue, changes in body shape and weight, recurrent UTIs, sensitive teeth, joint and muscle pain.

Some symptoms are more common than others, and not everyone exhibiting symptoms will necessarily be going through menopause. However, 77% of women experiencing menopause do not realise it is the cause of their symptoms. Stress is known to worsen symptoms of the menopause. The particular stress of detention, in any setting, is therefore an additional risk factor. Menopause can also make pre-existing mental health conditions worse, meaning that the women most likely to be affected by mental health or criminal justice detention may be particularly affected by symptoms.²

Transgender and non-binary people can experience menopause symptoms if they have had medical procedures such as hormonal treatments or surgery.

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¹ [Menopause - Symptoms - NHS \(www.nhs.uk\)](https://www.nhs.uk/conditions/menopause/symptoms/)

² Women in prison have disproportionately higher levels of health and social care needs than their male counterparts in prison and women in the general population. Many continue to be sent to prison as a 'place of safety' under the Mental Health Act, or for their 'own protection' under the Bail Act.

Guiding principles when monitoring settings for menopause

All healthcare provision in detention settings should be individualised, of an equivalent standard to that available in the community, and support detainee dignity. To support people with symptoms of menopause, a proactive approach is needed to identify both the cause of symptoms and appropriate support measures. There should be individualised, effective support for physical, emotional, mental and procedural needs, and arrangements to provide individualised care for women experiencing hormonal transition. Not every woman experiencing hormonal transition will require support whilst in detention. However, for those that do, there should be equivalency of the care available in the community.

Human rights standards

The values of human dignity and equality form the basis of human rights standards, and are clear in the prohibition of torture and other cruel, inhuman or degrading treatment and punishment, the principle of non-discrimination, and the right to the highest attainable standard of health in international human rights law.

Bodies carrying out public functions – like prisons, hospitals, or custody units – are also subject to the general equality duty and must therefore have due regard to the need to remove or minimise disadvantages suffered due to protected characteristics (such as sex and age) and take steps to meet the needs of people with these characteristics.³³ Organisations are expected to have a clear policy in place for all practitioners to understand their duties under human rights and legal frameworks.

Various international instruments, such as the Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules) outline human rights based minimum standards for conditions in detention. While the Nelson Mandela Rules and European Prison Rules apply to all prisoners, they do not include sufficient detail on women's particular needs, or the need of trans or non-binary prisoners. To address the oversight for women, the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules) outline supplementary standards more specific to women's experiences.

Particularly relevant are Rule 5 on personal hygiene, Rule 10 on gender specific healthcare, Rules 12 and 13 on mental health and care, and 18, on preventive health-care services.

³ [guidance-essential-public-sector-equality-duty-england_0_1.docx \(live.com\)](#)

The Bangkok Rules

The Bangkok Rules provide a human-rights based set of standards for prisons. Though they do not apply to other detention settings such as immigration detention, police and court custody, or forensic mental health settings, they are an example of applying these standards via clear expectations in detention settings. Failure to implement these standards may amount to a breach of the prohibition of torture and other cruel, inhuman or degrading treatment or punishment.

Comparable rules for other settings include The Council of Europe's 1st Draft Codifying instrument of European rules on the administrative detention of migrants, which requires appropriate care and treatment and regular monitoring for all detainees, and healthcare appropriate to gender specific needs (H.1).⁴ Requests to be examined by health staff of the same sex shall be granted, and hygienic, private sanitary facilities taking into account the needs of women shall be available and women should be provided with a free sanitary kit and regular supply of water for sanitation (F.12). Additional training shall be provided to staff on the needs of women (J.9). UK settings must also follow the Detention Centre Rules, which require all detained persons to be examined by a medical practitioner of the same sex if they wish (Rule 33(10)).

Expectations for police and court custody also require detainees to be able to speak with a member of the same sex if they want to, and reasonable adjustments for physical and non-physical needs.

⁴ [1680714cc1 \(coe.int\)](https://www.coe.int/t/treaties/1680714cc1)

Rule 5

The accommodation of women prisoners shall have facilities and materials required to meet women's specific hygiene needs, including sanitary towels provided free of charge and a regular supply of water to be made available for the personal care of children and women, in particular women involved in cooking and those who are pregnant, breastfeeding or menstruating

Rule 12

Individualised, gender-sensitive, trauma-informed and comprehensive mental health care and rehabilitation programmes shall be made available for women prisoners with mental health-care needs in prison or in non-custodial settings.

Rule 18

Preventive health-care measures of particular relevance to women, such as Papanicolaou tests and screening for breast and gynaecological cancer, shall be offered to women prisoners on an equal basis with women of the same age in the community.

Rule 10

1. Gender-specific health-care services at least equivalent to those available in the community shall be provided to women prisoners.
2. If a woman prisoner requests that she be examined or treated by a woman physician or nurse, a woman physician or nurse shall be made available, to the extent possible, except for situations requiring urgent medical intervention. If a male medical practitioner undertakes the examination contrary to the wishes of the woman prisoner, a woman staff member shall be present during the examination.

Rule 13

Prison staff shall be made aware of times when women may feel particular distress, so as to be sensitive to their situation and ensure that the women are provided appropriate support.

Key questions for monitors

Arrival and induction

- Is menopause included in mental health assessments on arrival and throughout stay in custody?
- Has a menopause screening tool been used? Are appropriate screening questions used?
- Has a wellbeing check that incorporates menopause specific questions been undertaken?

Health care

- Where a detainee is affected by the menopause, has a care plan been produced?
 - o How will the implementation of the care plan be monitored? What is in the care plan? Is it recorded? Is the detainee aware of the care plan?
- Do detainees feel that they have been listened to and that their healthcare is individually focussed on them?
- Are there arrangements for individualised care for hormonal transition? Is appropriate information and choice offered? For example, is HRT considered to alleviate low mood? Is CBT considered to alleviate low mood or anxiety?
- Can women be referred to a healthcare professional with expertise in menopause if treatments do not improve their menopausal symptoms or they have ongoing troublesome side effects? Or if the most suitable treatment options for their menopausal symptoms are uncertain?

Interviews, activities and obligations

- Are timings adjustable, for example rest breaks in interviews, parole hearings, mental health detention reviews? Breaks could assist women to engage with these integral parts of their detention more effectively. Do timings of meals, roll call, work, etc. take this into account?
- Is it possible to make changes to work tasks to accommodate e.g. need for rest, physical requirements, etc.?
- Can women access/perform physical exercise aimed at strengthening bones?
- Do women have access to information on lifestyle choices to improve symptoms?
- Are memory boosting aids (e.g. pen and paper, regular breaks) available?
- Is training on the Bangkok Rules available for staff?

Custody support

- Are staff able and trained to support women, using gender-specific language and treatment?
- Is there sufficient access to more frequent clean sheets?
- Can the detainee access regular changes of clothing?
- Are there sufficient washing and showering facilities?
- Do detainees have autonomy over the temperature of the room they are in?
- Do staff exhibit understanding of how symptoms can influence behaviours? E.g., are increased irritability, anxiety, rage, etc. factored into risk assessments for safety?
- Are menopause hygiene items available? E.g., water face mist spray, a fan, lip balm, intimate washes or wipes. All subject to individual risk assessment
- Are there adequate opportunities to speak to staff of same sex?
- Have mobility issues been catered for?
- What is available to reduce stress and anxiety. Are detainees aware of the help and support available?
- Are detainees able to stay hydrated and are decaffeinated drinks available? Is appropriate food available (e.g., limits to spice, sugar and caffeine) (as long as there is a range of option)?

Release support

- Has the detainee had a recent meal and drink?
- Can they access any medication they will need?
- Is there adequate signposting to support services?
- Is there provision of suitable clothing for the journey home and of sanitary and hygiene products?
- Has a pre-release risk assessment or care plan, which considers impacts of menopause, been completed?
- Do detainees know how to make a complaint if they think their needs have not been met while deprived of their liberty?

