

Garda National
Wellbeing Office

Menopause guidance



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1. Introduction

A significant proportion of An Garda Síochána personnel will, at any one time, be experiencing menopause. While menopause is a natural part of the life cycle, it can have a significant impact on some individuals. This Guidance document on menopause aims to support the development of An Garda Síochána's work culture such that issues related to menopause are understood by all colleagues and can be discussed and considered in an inclusive, respectful manner, and such that colleagues experiencing menopause and the impact of menopause symptoms feel supported.

This guidance document is for anyone who is experiencing, or who may in the future experience, menopausal symptoms, whatever their gender identity. The document is also intended as a guidance tool for supervisors and colleagues of those personnel experiencing menopause.

The publication of this menopause guidance document is another step in An Garda Síochána's efforts to embed a culture of dignity and respect in the workplace and to promote health and wellbeing, as part of the implementation of the Health and Wellbeing Strategy 2021-2023.

The guidance document aims to



Assist all personnel,
irrespective of location,
in gaining an enhanced
understanding
of menopause



Assist supervisors
in supporting those
experiencing symptoms
of menopause



Provide resources
to ensure that appropriate
supports and resources
are available



**Champion
greater awareness**
of menopause across
An Garda Síochána

A sensitive and proactive approach is required by supervisors, and while Human Resources and People Development (HRPD) and Garda Occupational Health Service (GOHS) can offer advice and support, they cannot address all issues relating to menopause transition on the supervisor's behalf.

This guidance document has been developed using a number of different sources, including information from the Health Service Executive, the Chartered Institute of Personnel and Development, the Garda Employee Assistance Service (EAS) and the private sector. It has been particularly enriched by the engagement of colleagues across An Garda Síochána, including the Menopause Steering Group Committee, whose contributions through focus groups and direct feedback were invaluable.

In this document you will find information on:



Menopause and menopausal symptoms;



Menopause in the workplace, in any location in An Garda Síochána;



Guidance for personnel experiencing menopause;



The role of supervisors in supporting colleagues;



The supports and services, points of contact; and links to further information.

This document will be reviewed regularly to ensure An Garda Síochána is adopting the best approach to supporting colleagues experiencing menopause.

2. Relevant Terms & Definitions

Peri-menopause:

The time leading up to the menopause is referred to as peri-menopause, meaning 'around menopause' or 'menopause transition'. This phase generally begins around 45 years of ages and is marked by changes in reproductive hormones. During peri-menopause individuals will still have menstrual periods, and can still become pregnant, but may begin to experience physical and psychological symptoms of hormonal changes such as declining levels of oestrogen, progesterone and testosterone, and resultant impact on other hormones like insulin, thyroid, cortisol and adrenaline.

Menopause:

This is usually defined as a single day event when an individual has not had a menstrual period for 12 consecutive months. Once the menopause occurs, an individual has entered post-menopause.

Post-menopause:

This is the rest of a woman's life following the menopause. During this phase any symptoms previously experienced may become milder or go away. However, some individuals may continue to experience menopausal symptoms for some time afterwards.

3. Overview of Menopause

3.1

Menopause is a biological process in the life of a woman when their hormonal balance changes and eventually menstruation stops. This guidance document uses the terms 'women' and 'woman'. However, it recognises that people with other gender identities can experience menopause as a result of hormonal changes, and the guidance document is intended to be inclusive of everyone.

3.2

Women usually experience menopause between the ages of 45 and 55, when the levels of oestrogen, along with progesterone and testosterone, decline. The average age that individuals in Ireland reach menopause is 51. Around 1 in 100 individuals experience menopause before 40 years of age; this is often referred to as premature or early menopause. For those who have early menopause there is sometimes no clear reason why this happens; sometimes it can be caused by medical treatment such as surgery to remove the ovaries, or chemotherapy or radiotherapy, and it can also happen due to an underlying medical condition. Hormonal changes can be experienced at other times of life as well – when receiving fertility treatments, taking contraceptives or other hormonal treatments, or during illness.

3.3

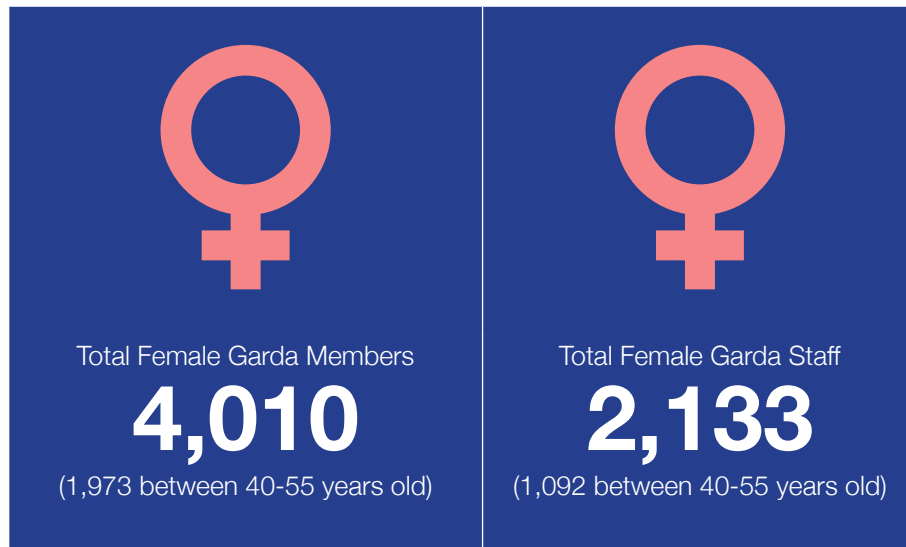
Menopause is increasingly recognised as an important workplace issue and has been the subject of a number of reports and studies in recent years. It has also been the focus of increased media attention with dedicated television and radio programmes outlining the challenges associated with symptoms.

Menopause has also been recognised as a serious issue within policing at an international level. In the UK, there have been several comprehensive surveys and working groups established to address the issue at policy level.

The need for improved support in the workplace was also championed by the Police Federation in 2016, recognising that if practice did not improve, the service was *“likely to lose experienced and capable female members of staff. With better support through this normal but often challenging stage in their lives, these staff could offer many more years of service”*

There are around 350,000 women in paid employment at the average age for menopause in Ireland, and in some sectors they are the fastest growing demographic.

Figures from October 2022 for An Garda Síochána confirm the following:



Given that menopause typically occurs around age 51 and lasts four to eight years, a significant number of women will be in menopause transition. It should also be noted that the ratio of older female members is likely to increase as the gender balance among recruits increased significantly in recent decades.

While this guidance will be most relevant to those experiencing symptoms of menopause, it is hoped that it will also provide information and support for those who are impacted by someone close to them – a spouse, partner or family member - experiencing menopausal symptoms.

3.4

Individuals may experience a spectrum of physical and psychological symptoms associated with menopause; the severity and duration of the symptoms will vary significantly. Some may experience multiple symptoms, either physical, psychological or a combination of both, over a prolonged period of time, and others may not. Certain menopausal symptoms appear to be experienced more (or less) among women of different ethnicities. Menopause can also complicate or exacerbate pre-existing challenges, such as a physical disability or stress management, or an illness such as MS. Moreover, symptoms can change over time. Anxiety has been reported as one of the earliest symptoms that women experience when it comes to peri-menopause. Most individuals experience symptoms for at least four years after their last period, while 1 in 10 individuals can experience symptoms for up to 12 years.

3.5

Reported common physical symptoms associated with menopause include:

- | | | | |
|----------------------|-----------------------|--|---|
| ■ Hot flushes | ■ Hair changes | ■ Vaginal dryness and discomfort during sex | ■ Muscle and joint stiffness, aches and pains |
| ■ Palpitations | ■ Fatigue | ■ Migraines and headaches | ■ Loss of libido |
| ■ Dry mouth or eyes | ■ Breast pain | ■ Periods become light or heavy and / or irregular | ■ Altered sense of smell |
| ■ Digestive problems | ■ Frequent urination | | ■ Itchiness |
| ■ Facial hair | ■ Difficulty sleeping | | |
| ■ Night sweats | ■ Weight gain | | |



listening - supporting - understanding



The symptoms of menopause are many and varied. They can also fluctuate in terms of severity. The sudden onset of symptoms such as a “hot flush” or “flash period” can be distressing at any time but are even more stressful when they happen in the workplace.

3.6

Reported common psychological and emotional symptoms associated with menopause include:

- Anxiety
- Panic attacks
- Loss of confidence
- Tearfulness
- Loss of self-esteem
- Feeling low
- Memory problems
- Poor concentration
- Brain fog
- Mood changes
- Loss of motivation

3.7

Each woman’s experience of menopause is unique and each individual chooses how to manage their own menopause. Many guides on menopause recommend consultation with a healthcare professional for anyone experiencing symptoms, which can facilitate discussion of options to help manage symptoms such as hormone replacement therapy (HRT), lifestyle changes and other complementary treatments. It is quite possible that an individual’s perception and experience of menopause will change during the menopause journey. Some women report a surge in energy, creativity and productivity in the post-menopause years, which can be of tremendous value in the workplace. However, for some, managing symptoms of menopause in the workplace can be challenging.

3.8

Treatment Options

The General Practitioner (GP) is the primary source of advice and support for women experiencing menopausal symptoms. A GP will be able to offer the relevant tests, and to give advice and treatments tailored to individual needs.

A GP can also refer to a menopause specialist if an individual’s symptoms don’t improve after trying treatment. The first dedicated Menopause Clinic in Ireland opened in January 2022 in the National Maternity Hospital in Dublin. Clinics will also be established in Cork, Limerick and Galway.



In An Garda Síochána, help and advice is also available from Garda Occupational Health Service, Employee Assistance Service and the 24/7 counselling Helpline. All contact details are contained at the end of the document, along with additional signposts for support and information.

Support and advice is also available on the Garda Wellbeing App – KOPS which can be downloaded to any mobile phone. Open the browser on your phone e.g. Google Chrome or Microsoft Edge and type in <https://kops.garda.ie> and you can then save the App to your home screen. In the section ‘Common Concerns’ there are tabs on Fertility and Reproductive Health which includes the Menopause.

3.9

Male Menopause

Some men also develop physical and emotional symptoms when they reach their late 40s to early 50s.

Symptoms common in men this age are:

- | | | | |
|--------------------------------|--|---|---|
| ■ depression | ■ a general lack of enthusiasm or energy | ■ difficulty sleeping (insomnia) or increased tiredness | ■ loss of muscle mass and reduced ability to exercise |
| ■ mood swings and irritability | ■ loss of sex drive | | |
| ■ fat redistribution | ■ erectile dysfunction | ■ poor concentration and short-term memory | |

These symptoms can interfere with everyday life and happiness. It's important to find the underlying cause and work out what can help to resolve it.

Male menopause causes

Male menopause is a term that is sometimes used, but it is misleading.

It suggests the symptoms are because of a sudden drop in testosterone in middle age, similar to what happens in female menopause. This is not true.

Testosterone levels do fall as men age. But the decline is steady at less than 2% a year from around the age of 30 to 40. This is unlikely to cause any problems.

But often the symptoms of 'male menopause' are nothing to do with hormones.

Personal or lifestyle issues

Lifestyle factors or psychological problems are often responsible for many of these symptoms.

For example, erectile dysfunction, loss of libido and mood swings may be the result of either:

- stress
- depression
- anxiety

There are also physical causes of erectile dysfunction. These may happen alongside any psychological cause.

Psychological problems can be brought on by work or relationship issues, divorce, money problems or worrying about family. A midlife crisis can also be responsible. This can happen when men think they have reached life's halfway stage.

Anxieties over what they have accomplished so far in their job or personal life can lead to a period of depression.

Other possible causes of these symptoms include:

		
lack of sleep	poor diet	lack of exercise
		
drinking too much alcohol	smoking	low self-esteem

Late-onset hypogonadism

Sometimes the symptoms of male menopause may be the result of hypogonadism. This is where the testes produce few or no hormones. Hypogonadism is sometimes present from birth. It can cause symptoms like delayed puberty and small testes.

Hypogonadism can also develop later in life, particularly in men who are obese or have Type 2 diabetes. This is known as late-onset hypogonadism. It can cause these male menopause symptoms. But this is an uncommon and specific medical condition that is not a normal part of ageing.

A diagnosis of late-onset hypogonadism can usually be made based on your symptoms and the results of blood tests used to measure your testosterone levels.

Where to get help

If you are experiencing any of these symptoms talk to a healthcare professional – e.g. a GP service, family planning clinics or well-man centres. They will ask about your work and personal life. This is to see if your symptoms may be caused by a mental health issue, such as stress or anxiety.



If stress or anxiety are affecting you, you may benefit from medication or a talking therapy. Exercise and relaxation can also help.

Read about:

- Stress management
- Help for low mood and depression
- Exercise for mental wellbeing

Hormone replacement therapy (HRT)

Your healthcare professional may also order a blood test to measure your testosterone levels.

If you have a testosterone deficiency, you may be referred to an endocrinologist. This is a specialist in hormone problems.

Your specialist may offer you testosterone replacement to correct the deficiency. This should relieve your symptoms.

This treatment may be:



tablets



patches



gels



implants



injections

4. Menopause in the Workplace

4.1

This Guidance document aims to encourage all women working in An Garda Síochána to disclose, if appropriate, that they are experiencing menopausal symptoms. Menopause transition, like pregnancy, should be acknowledged in the workplace as a natural process and women should be able to seek support and discuss their condition openly. It is important for everyone – especially supervisors - to understand the potential impact menopause can have on the individual and their performance at work.

4.2

An Garda Síochána's approach to menopause, along with all aspects of our commitment to Health and Wellbeing, is grounded in, but not limited to, responsibilities under Irish legislation and civil service policy. An Garda Síochána recognises the importance of supporting the well-being of all personnel experiencing menopause. Personnel indirectly experiencing the impact of menopause – for example, personnel with a partner experiencing night sweats, or psychological symptoms – may also benefit from some of the supports referenced below.

The impact of menopause on work depends on a variety of factors, including severity of symptoms, workload, environment, and attitudes of colleagues and managers. Some women report no impact. However, 52% of women surveyed by The Menopause Hub said their performance was affected a little, while 30% said their performance was affected a lot. International research indicates that there is significant stigma attached to menopause, with 43% of women with symptoms feeling too embarrassed to ask for support.

4.3

Menopause can be a time of confusion and worry about what is happening physically and emotionally. Talking about menopause may feel stressful and embarrassing. There may be significant unconscious bias, including a feeling that requests for support may be seen as an indication of general ill-health, a lack of resilience, or that someone is “past it” and less capable than other colleagues. Furthermore, even though there has been a movement in Ireland to normalise discussion of menopause, this is not the case everywhere. As a result, while it is a time when support may be particularly welcome, menopause can instead be a time of isolation and loneliness.

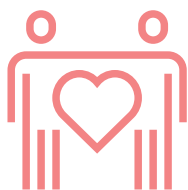
4.4

This guidance document aims to foster a culture where, should they wish to, personnel in An Garda Síochána can talk about menopause, without fear or embarrassment, and with respect for privacy. It also aims to ensure that personnel experiencing symptoms are aware of options, and facilitated in accessing supports.

The Garda National Wellbeing Office, with internal partners, will:



Continue to raise awareness and understanding of menopause among all personnel;



Affirm the right of colleagues experiencing menopause to receive appropriate support in the workplace, where needed;



Ensure that training for supervisors addresses menopause, and how supervisors can support colleagues impacted by menopause;



Work to ensure that appropriate workplace facilities (see examples in section 5.6) are in place where possible, and that personnel can avail of supportive arrangements in a timely manner;



Champion issues related to women's health, including menopause, as part of the Health and Wellbeing Strategy.

5. Guidance for Personnel

5.1

Summary

			
Consider how you want to manage your menopause. Make a note of how menopause is affecting you, including in the workplace.	Talk to HRPD, the Garda EAS, a trusted colleague, or your supervisor, to help think through options and provide support.	Discuss the situation with your supervisor. Agree on follow-up.	Continue to monitor how symptoms impact you, and keep in touch with your supervisor.

5.2

In the same way that each of us is a unique individual, it is important that everyone be individually supported as they navigate their own menopause. Research recommends speaking with a healthcare professional if experiencing symptoms – e.g. a GP service, family planning clinics, well-woman centres, or dedicated menopause centres. Please see Greene Climacteric Scale (Appendix B at the end of this document) which will help you provide a brief measure of your menopause symptoms to bring to your healthcare professional. A healthcare professional can help you make informed choices around options that can help manage symptoms such as hormone replacement therapy, lifestyle changes and complementary treatments. Should symptoms you are experiencing present challenges in the workplace, the following sections outline how you might seek support.



5.3

As a first step, consider who you would like to speak with to discuss your situation. If you would prefer not to speak with your Supervisor in the first instance, you could have a confidential conversation with one or more of the following:

- All personnel can have a confidential conversation with the Garda EAS which is a confidential service assisting all personnel to manage work-related and personal difficulties which may be adversely affecting attendance, work performance and quality of life. The Garda EAS will be able to discuss potential options and direct you to further information or support.
- A Trusted Colleague: If the above options seem too formal, consider reaching out to a trusted colleague to discuss your options.
- HRPD or local HR Manager are also available to have a confidential conversation with and who will help signpost you to the various supports available.

5.4

In advance of a first discussion, consider preparing the following:

- Make a note about how menopause is affecting you. What are the symptoms you are experiencing and when? How are they impacting you in your role?
- Prioritise the key issues you would like to discuss. Do you want to let someone know you are experiencing symptoms? Would you like information on possible supports? Are you looking to discuss possible supportive arrangements or other flexible working options?
- You could also consider whether you would like to request a risk assessment of your physical working environment.

5.5

In a first discussion, and if desired later with your Supervisor, it will be helpful to talk about how the menopause is affecting you at work. You may simply wish to let someone know your situation, what you are feeling and experiencing, or you may wish to discuss specific possible supports. Depending on your role, the work environment, and severity of symptoms experienced, a formal risk assessment of your physical work environment may be beneficial.

5.6

Depending on your role and the work environment, discussions with your Supervisor may include agreeing local arrangements to support:



A comfortable working environment:

e.g. work space temperature, access to ventilation (e.g. desk fan, ability to open/sit by a window), and access to water;



Privacy:

how you might access a space for rest and privacy to manage symptoms, or to talk with a colleague before returning from a break.



Flexible working options:

flexibility to take breaks when needed e.g., a walk to ease pain, or to take medication at specific times and, if appropriate, how to apply for different leave and work-life balance options.



Blended working:

Should your role be suited to blended work, and where an agreement is in place, requests can be made for supports to help your individual requirements while working from home.

It may not be possible for your Supervisor to make an immediate decision on supports; they may need time to consider and seek further advice before reverting back to you. Before the end of the meeting, confirm with your supervisor what details you would be comfortable with them sharing, and when you both will meet again.

5.7

If you are experiencing menopause symptoms so severe that you are temporarily unable to work, sick leave limits for Garda personnel can be found in HQ Directive 139/10. The scheme provides for the continuation of payments up to limits as outlined in the document referred to. Information on sick leave can be found on the Garda Portal. There is not currently any specific leave available related to menstrual health; however An Garda Síochána will champion consideration of women's health, including menopause, in relevant discussions at Senior Management Level.

5.8

It is important to remember that symptoms can change over time, and arrangements agreed with a supervisor may need to change at a later date. Keeping a diary of the symptoms and how they impact you in work, and continuing the conversation with your supervisor, can be helpful in supporting your well-being and performance and agreeing supportive arrangements that may be needed at a later stage. If for whatever reasons discussing your situation with your Supervisor is too difficult, or if following a discussion with your supervisor you have concerns, you can always contact Human Resources and People Development (HRPD) to discuss your situation in strictest confidence.

6. Role of Supervisors

6.1

Summary



Learn

about menopause and how it can impact individuals in the workplace.

Change is inevitable -
Start the Conversation.



Encourage

personnel to talk and reassure them that you are there to support them.



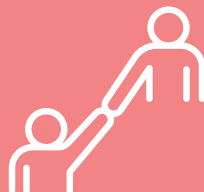
Explore

what supports personnel may require, and consider supportive arrangements to allow for e.g. a more comfortable working environment, access to a private space, and specific work arrangements.



Respect

confidentiality, but ask for support and assistance as appropriate, e.g. from your Supervisor, or HRPD and the Garda EAS.



If you notice behaviour which causes concern, and this has not been raised by the colleague, sensitive intervention is preferable to ensure that appropriate supports are offered. Consult in advance of speaking to the colleague.



Keep in touch

with your colleague once arrangements are in place.

6.2

Supervisors - are front line supervisors of Sergeant or Inspector rank for sworn members and Executive Officer or Higher Executive Officer for Garda Staff.

6.3

Supervisors have a general responsibility to promote a positive, open and inclusive working environment where individuals and teams feel valued and supported, and empowered to take responsibility for their work and well-being. The more that a line supervisor can create an inclusive work environment, the more confident personnel will feel about discussing sensitive matters.

6.4

Like with other challenges to well-being, supervisors can have an important role to play in supporting colleagues experiencing menopause. Engaging with personnel experiencing menopause should be done in a sensitive manner. Managers are not expected to be experts, but they are expected to have a good understanding of this guidance document and to know that symptoms can be physical, psychological and emotional and can change over time. Many recognise hot flushes as a symptom of menopause, but fatigue, difficulty focusing or concentrating, anxiety, and insomnia are the symptoms women say most affect them at work. Supervisors should consider how to communicate to all team members their understanding of menopause and their openness to talking in confidence with colleagues.

6.5

If a colleague comes to you to discuss how they are impacted by menopause:

- Ensure the conversation takes place in a confidential space. If this is not immediately available, reassure your colleague that you will find one and rearrange the meeting.
- Keep an open mind and actively listen; appreciate the sensitivity of the discussion;
- Reassure them that you are there to help and to find a workable solution;
- Avoid assumptions, judgements and downplaying the situation;
- Explore what supports the individual may require;
- In certain circumstances, depending on the role, work environment and severity of symptoms experienced, a formal risk assessment may be beneficial.

6.6

Discussions can include reviewing and agreeing appropriate local arrangements to support:

- A comfortable working environment: e.g. work space temperature, access to ventilation (e.g. desk fan, ability to open/sit by a window), and access to water;
- Access to a private space for rest and privacy: e.g. how to access a quiet space for rest and privacy dealing with symptoms, or to talk with a colleague;
- Flexible working: flexibility to take breaks when needed e.g. a walk to ease pain, or to take medication and, if appropriate, how to apply for leave and work-life balance schemes.
- Blended working: Should the colleagues' role be suited to blended work, and where an agreement is in place, requests can be made for supports to help the individual's circumstances.

6.7

In a first meeting, you may not have an answer to every question or supportive arrangement requested – that is okay. Provide the support and information you can, and reassure them that you will follow-up on issues where further information is needed. Before the end of the conversation, confirm what is to happen next, including a date for a follow-up meeting. You may find it useful to reach out to the HRPD in the first instance, who may then put you in contact with the Health & Safety Unit, other staff in HRPD, or the EAS. Remember, any medical information staff member shares with you is confidential; do not disclose this information to anyone else, even Human Resources, without explicit permission to do so.



6.8

If a colleague is experiencing menopause symptoms so severe that they are temporarily unable to work, sick leave limits for Garda personnel can be found in HQ Directive 139/10. The scheme provides for the continuation of payments up to limits as outlined in the document referred to. Information on sick leave can be found on the Garda Portal. There is not currently any specific leave available related to menstrual health, including the menopause.

6.9

Sometimes colleagues may not themselves raise issues that are of concern, including issues related to menopause. However, if you notice behaviour that causes concern it should be addressed - early intervention is preferable to ensure that the appropriate supports are offered. In such situations, a first step is to check-in and ask how the colleague is doing. Don't jump to conclusions, even if you suspect that issues could be related to the menopause. Instead, consider asking: 'how are you doing, is everything okay?' It's up to the individual to disclose information to you – avoid forcing it, be aware of cultural considerations in discussing menopause and be prepared to respect a person's right not to discuss intimate issues, especially with a male supervisor. However, if concerns remain, you may need to have a sensitive conversation with the staff member. Consider consulting with your supervisor, HRPD, or the Garda EAS as appropriate for guidance in advance of speaking to the staff member. The core goal of such a sensitive conversation is to discuss with the staff member how you can support them.

6.10

If at any time you feel you need support to discuss a situation related to menopause, raise this with your supervisor, the Garda EAS or HRPD.

7. Further Information on the Menopause

Contact Details and Signposting to Supports and Services inside and outside of An Garda Síochána:

Garda Occupational Health Service (GOHS):

- Garda Occupational Health Service on 01-666 2325/26

Garda Wellbeing App – KOPS (Keeping Our People Supported)

- KOPS App: includes a 'Help Me Now' button to connect you to a 24/7, 365 days-a-year helpline and in the section 'Common Concerns' there are tabs on Fertility and Reproductive Health which includes the Menopause.

Employee Assistance Service (EAS)

- Garda Employee Assistance Service on 01-666 0390

Human Resources & People Development (HRPD)

- Garda Portal Page

Women's Network on the AGS Portal

Inspire Helpline and Counselling Service:

- The free, 24/7, confidential helpline that is run, entirely independently, by Inspire Wellbeing on 1800 817 433
- Inspire Website – for additional information.

Guidance for Colleagues Experiencing Symptoms

- | | |
|-----------------------------------|---|
| ■ HSE – Menopause Overview | ■ HSE – Early Menopause |
| ■ The Menopause Hub | ■ The Vitality Clinic – Sligo |
| ■ The Wellness Warrior | ■ Bray Women's Health Centre |
| ■ CIPD Menopause at Work | ■ Male Menopause |
| ■ Oscar Kilo website on Menopause | ■ RTE Programme "The Change: Ireland's Menopause Story" |

Guidance for Supervisors

- CIPD Menopause Guide for Supervisors

Appendix A

RECORD OF MEETING AND ANY PROPOSED SUPPORTIVE ARRANGEMENTS

NAME	
DIVISION/UNIT	
DATE	

This is a living document and should be retained by the individual for as long as is necessary. During meetings between the individual and Supervisor this document should be updated to reflect the current situation following which it should be shared with Human Resources & People Development (HRPD).

Areas to consider	Further Detail	Proposed Supportive Arrangements
Sanitary and health issues	Are workstations/work areas easily accessible to sanitary and rest facilities? Are private washing and changing facilities available? Is there access to sanitary products (bins etc.)? Can rotas/shifts facilitate colleagues to have easy access to sanitary and washing facilities?	
Temperature – hot flushes and perspiration	Is ventilation provided? Is additional ventilation available for example portable fans? Does the uniform and PPE reflect the colleagues needs?	
Aches and pains, dizziness, lack of energy, headaches	Have workstation assessments been reviewed to take the menopause into account? Are there opportunities to switch to lighter or different duties?	
Reproductive organs and bone damage	Is there access to natural light? Are there regular and flexible breaks? Are uniforms made of natural fibres? Are work processes considered?	
Mood swings, irritability, loss of concentration, insomnia	Are there flexible breaks? Is there access to natural light? Can there be some flexibility about start times where insomnia is an issue?	
Workstations and work environment for skin and eyes	Can the workstation set up be reviewed? Where VDUs are used, are there regular breaks? Are ventilation systems functioning?	

Please note:

The list above is not exhaustive. There may be other issues which could be discussed when considering supportive arrangements which can be added into the comment box below.

--

Record of discussion was held for _____ on _____.	
Signature (Supervisor)	
Printed name (Supervisor)	
Signature (Employee)	
Printed name (Employee)	

Private and Confidential (for employee use only)

Can be shared with healthcare professional if required.

Greene Climacteric Scale

The Greene Scale provides a brief measure of menopause symptoms.

It can be used to assess changes in different symptoms, before and after menopause treatment.

Three main areas are measured:

1. Psychological (items 1-11).
2. Physical (items 12-18).
3. Vasomotor (items 19, 20).

Please indicate the extent to which you are bothered at the moment by any of these symptoms by placing a tick in the appropriate box:

SYMPTOMS	Not at all 0	A little 1	Quite a bit 2	Extremely 3
1. Heart beating quickly / strongly				
2. Feeling tense or nervous				
3. Difficulty in sleeping				
4. Excitable				
5. Attacks of anxiety, panic				
6. Difficulty in concentrating				
7. Feeling tired / lacking in energy				
8. Loss of interest in most things				
9. Feeling unhappy or depressed				
10. Crying spells				
11. Irritability				
12. Feeling dizzy or faint				
13. Pressure or tightness in head				
14. Parts of body feel numb				
15. Headaches				
16. Muscle and joint pains				
17. Loss of feeling in hands / feet				
18. Breathing difficulties				
19. Hot flushes				
20. Sweating at night				
21. Loss of interest in sex				
Score				

Greene, J, A factor analytic study of climacteric symptoms Journal of Psychosomatic Research (1976), 20, 425—43



An Garda Síochána

Guideline Document

Well.Team@garda.ie