

Dorset Women CIC DR EMMA BONUS EPISODE 3_mixdown v1

📅 Thu, Jan 15, 2026 5:54PM 🕒 13:48

SUMMARY KEYWORDS

Women's mental health, hormonal fluctuations, menopause, postpartum depression, premenstrual dysphoric disorder, pre-existing mental health, social prescribers, lifestyle medicine, body literacy, empathy, compassion, family support, cultural therapy, holistic approach, men's hormonal changes.

SPEAKERS

Dr Emma Hayward, Anjali Mavi, Marianne Storey

M Marianne Storey 00:00

Hey, welcome to our next bonus episode with the wonderful Dr Emma. It's lovely to have you back with us today again, Emma, and as I always ask you at the beginning of all these episodes, which necklace are you wearing today? All right, my clitoris necklace. Marianne, to me, it looks like a wishbone. How is that a clitoris?

D Dr Emma Hayward 00:28

Well, I could go into this in detail, but in 2004 Dr Helen McConnell, who was a urologist in Australia, finally mapped the full anatomy of the clitoris, and it looks like a wishbone, but a lot curvier than a wishbone, but

M Marianne Storey 00:44

yeah, that's something for our listeners to Google.

D Dr Emma Hayward 00:49

A moment of education with my neighbours as always. Okay,

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Marianne Storey 00:54

well, it's great to have you here, and today we're talking about women's mental health, important, very important, and a subject that we have just recorded our a whole episode with the amazing people from Dorset HealthCare. This is a particular topic of interest to me, because I just don't think it's a subject that really gets talked about very much. We talk about mental health a lot, and that is fantastic. It's just that there are some mental health things that women experience, particularly linked to their hormones. And think the you know, the reproductive things that they experience in their life that affects their mental health. So it's great to have you here today to talk about that. Could you just maybe talk to us a little bit about why do hormones affect women's mental health? I mean, why is it even a thing?

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Dr Emma Hayward 01:37

Yeah, so I think you know, mental health is important at any stage of life, but we have no we have periods of vulnerability, if we're talking specifically about hormonal related mental health. So pregnancy and postpartum is a particularly, you know, vulnerable time, but also menopause. And it's really because we're whole humans. It's not like our heads and our bodies are disconnected. It's because, you know, our hormone cycles and hormones, there's receptors in the brain for estrogen, and they can really influence other aspects of our well being, rather than just maybe thinking about, say, the menstrual cycle, it's a really whole body experience. But I think yes, hormones are influencing our mental health at these life stages, but also they're often quite challenging life stages in of their own right as well. So, you know, we don't There might have been a woman who's had some birth trauma, and that can be devastating and their own right. And actually, yes, we're talking about, say, postnatal depression, but it could be also PTSD. So it's important to tease out whether it's a specifically hormonal related thing or if it's another life event that's happened at that time. And we know, for example, some of the presenting complaint as we medically speak, presenting complaints. So one of the symptoms that women might present with, say, a menopause, might be more anxiety. Either they had a history of anxiety and it's flaring up again, or they've not really been an anxious person before, but they are now, or they're more easily to be overwhelmed. And that, again, is because of the hormone cascade and fluctuations, really, at that stage that that's influencing them,

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Marianne Storey 03:05

and quite often, as young women, we might notice that we have mental health symptoms before our period starts. For example, yeah. Does that make us more predisposed to mental health problems with other hormonal things like pregnancy or menopause, or are they unrelated?

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Dr Emma Hayward 03:20

I have to say, compared to, say, menopause, which GPs deal a lot with, with, particularly, say, like the perinatal period, we have so many great specialists. We've only spoken to that almost it does mean that we don't see so much of that, because we have such a good service to forward onto. But say, thinking more pre menopausally with menstrual cycle things, yeah, we have PMS, which most people know about. But there's also PMDD, which is pre menstrual dysphoric disorder, which is much more severe than just just inverted commas, PMS. But actually that can be really challenging for women to deal with. And I think again, it's another more overlooked area, particularly when we co localise PMS, you know. Oh, she's pmse or something like that, you know. And actually, we trivialise quite a lot of women's health issues in that way. So, yes, the hormonal fluctuations. It's often the fluctuations that are really the most impactful for for women's health, mental health.

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Marianne Storey 04:12

I mean, the other thing we heard experts talking about was if you have a pre existing mental health condition, just sort of almost flipping this the other way around. If you have a pre existing mental health condition, some of these life changes, yes, can make it worse or just make that particular change challenging. I mean, it's not that, you know, they're a bit hard, it's just they do physically change. What's going on, yeah.

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Dr Emma Hayward 04:34

So if you have a pre existing mental health condition, it might be that you're more predisposed. And I'm saying more predisposed. It's not the same you're going to get it, but you might be more predisposed to say postnatal depression or even postnatal psychosis. At a population level, those with, say bipolar disorder, might be more predisposed to say postnatal psychosis than the average person. And in a previous episode, we talked about how. Important it is to know your menstrual cycle and what is normal for you. Is there something similar here around knowing when it's not premenstrual syndrome or when it's not depression in menopause? Is there a way of knowing the difference between just struggling a bit and an actual mental health problem condition? Yeah, I, I think we all have ups and downs, and we don't need to pathologize normal life's ups and downs. Yeah, I think there's also, you know, life events that might trigger conditions, like grief, can go into bereavement, and actually that can then trigger depression. And yes, medically speaking, we have cut offs. We have questionnaires that I could ask you, and if you score a certain amount of that, then I would think you are, you know, meet the clinical threshold for depression, and we have a specific questionnaire for postnatal depression. And again, if you meet the threshold for that, it would be that, yeah, maybe you need a referral to secondary care because you meet the clinical criteria for it. But we don't expect women to know these clinical criteria. So I would, I would use the same philosophy as the last conversation we had about if you're concerned, if you think something's abnormal for you, come and seek some help. And actually, then we might be able to either offer diagnosis and go down management or just offer reassurance about how you know, we do know life is hard at these times, and actually it might be that you don't meet the clinical criterion yet, or clinical threshold yet, but we can offer you support that at that at the appropriate level of your symptoms.

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Anjali Mavi 06:28

Well, you know, I agree this mental health is important, and I'm sorry. I know we are talking about women's health, and we are doing this in under umbrella, outdoors in women, but I as a person, feel like mental health can not be any gender bias. It can be anybody. Yeah, definitely. And the first, very funny question I should definitely ask, Do men have any hormone change in their life?

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Dr Emma Hayward 06:54

Oh, yeah, of course. There's a site called the andropause, which is not known as such as the menopause. Again, it's not the severity, it's the significance of, I think Andrew pause. And again, I have a more this is exactly highlighting the whole GP is a generalist rather than specialist. I have a limited understanding of andropause compared to, say, menopause, partly because of areas of interest, but then the people who come to see you. But yeah, there's an absolute decline in men's testosterone over time. And yes, we have this hormonal cycle, which is over a month in women, whereas men have a diurnal so a day to day cycle in their testosterone. So they have a testosterone peak early in the morning, and it tends to be lower than in the evening. But also, we're women are so complicated, we have this cycle, whereas actually men testosterone can be all over the place. If they see a naked woman or go to a gunshot or their football team wins, testosterone will spike, whereas, actually, if they just had a baby, their testosterone will drop. And now there is some discussion about whether actually we could diagnose men with postnatal depression, and that's an interesting, ethical clinical discussion about whether we should call it that or not.

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Anjali Mavi 07:56

Yeah, actually, why I ask this question is because when we talk about mental health, it's not always medically how you're feeling. It's very important, if somebody is going with the depression or anything after baby or during menopause or anything, it's very important for having a support from family. And the support is there. You will provide the medical support. You will tell us a lot of things we are when we are going to the mental health problem. But I think it's very important, through the system itself that things can go to the families the mental health exists. This problem is real problem. And because still, the communities, some South, you know, I can say that the South Asian community, they still don't believe a word called depression. I mean, I've seen very closely in my life, and really I've seen the worst, how somebody can go in depression when the family is not supporting them. So there is a 10% they are in depression, then 90% is because of the family is not supporting them. Yes, I think that kind of awareness is very important, especially in the minority and ethnic background, because that's not in their genes to understand.

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Dr Emma Hayward 09:08

Yeah, and I think that kind of highlights how, say, for example, in our GP practice, we do have things called professionals, called Social prescribers now, and I've done like the diploma of lifestyle medicine. So I think in terms of that's how that the lifestyle aspect of health in general, but also mental health is really important. And actually we know that being isolated and lonely is worse than up for our health and smoking 10 cigarettes a day. So actually it's really important we take this holistic approach and don't just put it down to the hormonal fluctuations. It could be more life events. It could be we know that a lot of women feel really lonely after giving birth. So actually, there's a lot of things that are going on. And yes, fundamental, having support is really vital. And unfortunately, in the medical system, we have these social subscribers who might be able to work with our brilliant colleagues in the community and highlight where they might be able to get support and what groups might be able to be available. And say, if you were feeling depressed, we've got cherry tree nursery, which is amazing. That's more. Cultural therapy. So it's very much different to what you might think about going to the doctor and getting a prescription for and there you can be really beneficial therapies above and beyond. In some cases, the more pharmaceutical it really depends on the individual patient. And it might be a more we know that a more combined approach is really good. So you have steps and well, being in Dorset for the more that's the improving access to psychological therapies pathway in Dorset, and that's and that's for the psychological side of things. So more cognitive behavioural therapy, then we've got the medication, so antidepressants, anti anxiety medications, often other things that GPs might prescribe, but we do have the social prescribers as well. But I think if you can talk to your family, I know you were saying about how there's those challenges there, about is this a real thing, but that is a real vital sort of it's a whole wraparound of care, whereas actually the medical sphere, the traditional medical sphere, is actually very not the whole thing, is what I'm saying. It's a small aspect of that bigger picture. Yeah.

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Anjali Mavi 10:53

I mean, we might say something in the end of this podcast, maybe the one session, I think launch should only for the men in the family or men around the community for all these podcasts which we have covered. And thank you, Emma, you had given so many information. But I think women's we are targeting, but I think we should target the men in the in the community, because they need to understand, especially the mental health. Then only 25 I feel like 30, 35% problem will solve there when they start understanding what the lady in their house had a daughter, mother or sister, going through. So that's what I feel like. I'm going to share this all with the men, actually, first,

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Dr Emma Hayward 11:34

yeah, well, I think a lot of men want to learn. And I think, actually, you know, it goes back. I think it's really interesting to look at the research about what girls want in sex ed, whether they want, you know, sex gendered, segregated education, or they want it together. And actually, a lot of them do want it segregated because they feel they can talk more. But I think there's a big value in men learning about periods, men learning about menopause. And actually, they might, actually, you know, it's, again, this whole taboo culture. And actually, if we talked about periods more, you wouldn't have women hiding tampons up their sleeve at work to go to the toilet, actually, and it's all that shame that goes around it, and actually a lot of it is body literacy and health education from both sides, and with that comes empathy, compassion and understanding. And actually it's a lot of ignorance, and I don't mean that in a negative sense. It's just and it's no one's fault, but if they don't understand and they don't know about something, how can you be empathetic or compassionate about it? So a lot of it is the education side.

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Anjali Mavi 12:24

I totally agree. I mean, last thing, in the funny way, one of my very close friend, when her son got to know first time about period and how to give a birth, he literally didn't had food, and he was just crying and looking her mother and holding her hand, and literally touched her feet and all like she was so emotional, and it was a kind of eye opener for the family, where all of us are like, how difficult he was emotional to know this has happened to the woman. So I think it is very important to the men should know about it.

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Dr Emma Hayward 12:56

Yeah. I mean, yeah, you can imagine what my husband's like. He lives with all the talk of everything I've learned, what his level is at dinner, though,

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Marianne Storey 13:07

does he draw a line? Emma at what is allowed

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Dr Emma Hayward 13:11

to be? No, no, I gauge and adjust accordingly. Yeah, yeah.



Marianne Storey 13:17

Well, Emma has been fantastic having you here again. Thank you once again for your expertise and for helping our listeners to understand all things women and mental health. See you next time. Thank you. You you.