WOMEN'S HEALTH FACTSHEET

Emotional Wellbeing During Menopause

Understanding emotional changes, finding support and knowing when to seek help

The short version

Mood swings, irritability, anxiety, low mood, reduced confidence and concentration difficulties can occur during perimenopause and menopause. Hormonal change may contribute, but sleep, physical symptoms, health conditions, medicines, relationships, work, caring and other pressures also matter. Emotional distress is real and deserves support; persistent, worsening or severe symptoms should not simply be dismissed as menopause.

What might emotional change feel like?

Mood	Feeling low, tearful, emotionally flat, irritable or more reactive than usual; experiencing rapid shifts in mood or reduced enjoyment.
Anxiety	Persistent worry, tension, panic-like feelings, feeling unsafe or overwhelmed, racing thoughts or physical symptoms such as a pounding heart.
Confidence	Feeling unlike yourself, less capable, self-conscious about body changes, or less confident at work, socially or in relationships.
Thinking	Memory lapses, word-finding difficulty, reduced concentration and mental fatigue - often described as brain fog.
Connection	Withdrawing, losing patience, feeling misunderstood or finding intimacy and communication more difficult.

Why can this happen?

Body and symptoms

- Hormonal fluctuation
- Night sweats and disrupted sleep
- Pain, fatigue or migraine
- Changes in sexual or bladder health

Life and circumstances

- Work or financial pressure
- Caring responsibilities
- Relationship or identity changes
- Grief, illness or reduced support

What can help?

Support should match the symptoms, their severity, personal preferences and any other mental or physical health needs. It may involve more than one approach.

Clinical review	A GP or qualified clinician can assess menopause symptoms, mental health, sleep, medicines and other possible causes. Treatment should be individualised.
Menopause treatment	HRT may be considered when depressive symptoms begin alongside other menopause symptoms, after an individual benefits-and-risks discussion. It is not a substitute for appropriate care for diagnosed depression.
CBT	Menopause-specific cognitive behavioural therapy can help some people manage depressive symptoms, anxiety, hot flushes and sleep difficulties. Options may be face-to-face, remote, individual, group or guided self-help.
Talking therapies	NHS Talking Therapies can support anxiety and depression, and adults in England can usually self-refer without a diagnosis or prior GP appointment.
Medication	Antidepressants or other medicines may be appropriate for diagnosed depression, anxiety or another condition. Decisions should be made with a qualified prescriber.
Practical support	Adjusting workload, sharing caring tasks, workplace support, financial advice and help with sleep or physical symptoms can reduce pressures that are maintaining distress.

Everyday foundations

- Keep a simple record of mood, sleep, symptoms and significant pressures to look for patterns without judging yourself.
- Use regular meals, fluids and medication routines to reduce avoidable physical strain.
- Choose movement suited to your health and ability; even light activity can support mood and sleep.
- Protect rest and reduce demands after especially difficult nights or medical appointments where possible.
- Tell at least one trusted person what is happening and what kind of support would be useful.

Small steps count

On a difficult day, emotional wellbeing may mean completing one essential task, eating something nourishing, taking prescribed medicine, opening the curtains, messaging someone or asking for help. A smaller plan is not a failure.

When it may be more than a temporary mood change

Arrange professional support if emotional changes persist, worsen, repeatedly interfere with daily life or feel out of proportion to usual stresses. Menopause can overlap with depression, anxiety disorders, trauma, bipolar disorder, medication effects, thyroid problems and other conditions.

Low mood	Persistent sadness, emptiness, hopelessness, loss of interest or inability to enjoy things that would usually matter.
Daily functioning	Difficulty washing, eating, working, caring, leaving home, managing medication or meeting basic responsibilities.
Anxiety or panic	Worry that feels uncontrollable, frequent panic, avoidance, compulsive behaviours or physical symptoms that need assessment.
Sleep and behaviour	Severe insomnia, sleeping far more than usual, marked agitation, unusually elevated mood, very little need for sleep or risky behaviour.
Safety	Feeling unable to cope, thoughts of self-harm or suicide, harming yourself, or concern that you cannot keep yourself or someone else safe.

Getting help in England

Routine support	Contact your GP or self-refer to NHS Talking Therapies for anxiety and depression through nhs.uk/talk.
Urgent mental-health help	Use NHS 111 online or call 111 and select the mental-health option. You can also ask for an urgent GP appointment.
Immediate danger	Call 999 or go to A&E; if someone's life is at risk, serious self-harm or overdose has occurred, or you cannot keep yourself or someone else safe.
Someone to listen	Samaritans can be contacted free on 116 123 when life feels difficult and you need a confidential listening service.

You are not wasting anyone's time

A mental-health emergency should be treated as seriously as a physical emergency. If you are unsure how urgent the situation is, NHS 111 can help direct you to the right service.

How Health Matters UK can support you

Health Matters UK can offer a supportive wellbeing conversation, help you organise concerns, recognise pressures, plan realistic self-care and prepare questions for a professional appointment. We do not diagnose mental-health conditions, provide psychotherapy, manage a crisis or replace a GP, psychologist, counsellor or crisis service.

One compassionate next step

Write down one sentence beginning: 'The thing affecting me most at the moment is ...' Note when it began, how it affects daily life and any relevant sleep, symptoms or medicines. Then decide who is best placed to help - someone close to you, your GP, NHS Talking Therapies, a workplace contact or an urgent service.

Women's health matters to us

Emotional changes are not weakness, attention-seeking or something women should simply endure. We believe every woman deserves to be heard, taken seriously and supported with compassion, safety and evidence-informed care.

Important information

This factsheet provides general education and does not replace assessment, diagnosis or treatment. If you need urgent help for your mental health, use NHS 111 online or call 111 and select the mental-health option. Call 999 or go to A&E; if life is at risk or you cannot keep yourself or someone else safe.

Evidence, sources and review

Prepared to Health Matters UK's Evidence & Editorial Standards using current NHS, NICE and British Menopause Society information. External guidance and crisis services remain the responsibility of the issuing organisation.

- NHS. Menopause symptoms, treatment and things you can do. nhs.uk/conditions/menopause-and-perimenopause/
- NHS. Cognitive behavioural therapy and NHS Talking Therapies. nhs.uk/mental-health/
- NHS. Where to get urgent help for mental health. nhs.uk/nhs-services/mental-health-services/
- NICE. Menopause: identification and management (NG23), updated 2026. nice.org.uk/guidance/ng23
- British Menopause Society. CBT for Menopausal Symptoms and clinical tools. thebms.org.uk
- Samaritans. Confidential listening service: 116 123. samaritans.org

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