Take on Board Podcast – Episode 365

Transcript – (Peri)menopause and the boardroom: what you need to know with Sarah Gray

Today on the Take on Board Podcast, I'm speaking with Sarah Gray about being your best in the boardroom through perimenopause and menopause. Before we start the podcast today, I'd like to acknowledge the traditional custodians of the land on which we record. For me, I am on the unceded lands of the Wurundjeri people of the Kulin Nation, and I pay my respects to elders past and present.

Sarah is on the boards of Moyne Health Services and the Advisory Board for Healthy Life. She's previously been on the board of the Western Regional Football League, which I think Sarah was your first board having completed Board Kickstarter in 2022. Yep. Excellent. So Sarah is one of Australia's only dual qualified health professionals in the fields of pharmacy and nutrition. She's also a certified menopause practitioner and author, if it's not you, it's perimenopause. Her holistic approach helps clients thrive in all areas of life with a special focus on perimenopause. And she's developed a proven and she's developed a proven framework for implementing science based solutions to improve health. Her philosophy is based on the multifactorial nature of health, the foods you eat, the medicines or supplements you take, and how you move and care for your body and mind. Sarah, welcome to the Take on Board podcast.

Thank you so much for having me. I'm really looking forward to our conversation.

Helga Svendsen (02:13.096)
I cannot wait to have this conversation. Unsurprisingly, in a network where there are lots of women, menopause and perimenopause comes up quite a bit. So this is going to be a really fantastic conversation about how to be your best in the boardroom. And folks, I should say this is a precursor to an event that Sarah is coming to for the Take on Board community on the 27th of August. So we've done this before where we do the podcast, you listen to the podcast, you get all of the information, and then you come up with no doubt endless questions because I think people will have lots of questions about this, and Sarah will answer all of your questions at the event. So but Sarah, as always, before we dig on into that, I would like to dig a little bit deeper about you. Tell me, what was young Sarah like and when did you get your first inkling that you might end up in the boardroom?

Pretty much the same as older Sarah. I was pretty much curious about everything and anything from as far back as I can remember and I do have to empathise with my poor mum for having to deal with the zillions of questions I asked about everything and had to understand everything. So I was really curious and even when I think about becoming a pharmacist I still recall a conversation with one of my primary school teachers just asking her, how does paracetamol work?

I don't understand how it knows where the pain is and it takes it away. And funnily enough, that's actually one of the drugs we really don't know a lot about, it's mode of action. There's a couple of different modes of action postulated, but the actual one's not known. So I asked her probably the most trickiest question I could have, but yeah, super curious and wanting to do everything or anything I possibly could.

My God, it's so funny you say that. I have often wondered about that as well. I take a Panadol, how does it know to go to my head or to my arm or to my leg? Like I don't understand how that works. And I think what I'm hearing is no one really understands, but it does work.

Yeah, yeah it does yeah. And then that kind of, I mean the board stuff came a lot later obviously from the primary school days but...

I think I was doing a few sort of corporate jobs and I was going up the ladder a little bit and kind of thinking, where to from here? Like, where does my career go to in the next five, 10 years? And I had a really great coach who suggested to yourself and suggested I think about a portfolio career. So I enrolled myself in that Kickstarter course. I actually didn't know at that point whether I really wanted to do board stuff, but I left that with a lot of clarity.

And understanding that I could do it, it would be really interesting and yeah that's where the first board position came from.

Love it. And now, of course, on a number of boards, on an advisory board and on Moyne Health Services Board, which is I imagine your experience is incredibly valuable in the health sector. yeah. Although today we are drawing on it more for our women in the boardroom, or people who experience perimenopause and menopause in the boardroom. Now, I'm guessing, you'll probably tell me, there are no doubt exceptional circumstances for people, but

Generally are we thinking the area kind of mid to late thirties ish, maybe forty through to kind of sixty ish? Is that the kind of age span that it would be for women and yeah.

Yeah, so the average age of the menopause transition, which is just for clarity. We won't make it a science lesson, but for clarity, it's when you haven't had a period for 12 months in a row. The average age of that menopause date is about 51 in Australia. And yeah, most commonly it begins in your early 40s, but we can see it coming from about early 30s. And then once you're through that 51 sort of menopause line, for many women it does reduce, but it can go on for others through to their 60s and beyond.

Mm. Okay. So for women for people experiencing menopause, for them in the boardroom at performing at their best, or anywhere really performing at their best, where should we start this conversation?

Yeah, I guess there's so many different lenses, but I love this lens of the conversation because it's one that doesn't get a lot of attention. So we get a lot of attention about, know, what supplement do I need or what can I do to solve all my issues, my midline weight gain and everything else. But this actually is one that I see a lot of because the women that I look after often in that age range, similar to myself. And I think it starts with everybody getting on an even playing field or level playing field, I should say, understanding what actually is this.

because for both you and I, we probably didn't learn about this in school. And although I'm in a little bit of a bubble and think, everybody just knows what it's about, I'm really humbled and learning

more that there's less people than I thought actually understand what it actually is and what's happening. So I think that's a good place to start because from there, you can empathise and understand all the things somebody might be going through in this phase of life that can make parts of, you know, board roles, corporate roles, and even just personal life quite challenging.

Okay, well then help us understand that. What is happening? yeah, what's happening?

I'll do the shortened version because we've got stuff to jump into, but the bit that we should know so we understand at a baseline. So I've spoken about that line in the sand of metaphors. So for about four to eight years leading up to that day is what we call perimenopause. And that can go longer, but about eight years on average. And what happens is we're born in our womb with our mums with a finite number of eggs. And as we age, and we're talking broadly here for women that go through a sort of natural life course, we release an egg each month from our ovaries and every month we destroy a lot of eggs in that process and as we start to run out of eggs what happens is our brain says to our ovaries well release an egg but there's no egg for it to release. We have irregular periods, a range of symptoms but there's a really complex interplay where the brain and the ovaries are sort of having a bit of a fight if you like and trying to work out what's happening and then through that we have a range of symptoms but really what then is happening is our hormones are changing so our level of the two key female hormones, estrogen and progesterone are reducing. our estrogen is doing this little fun thing as it goes down, which is really some of the cause of, particularly when it comes to cognition, focus, clarity, decision making, that's impacting that a lot for us too. as you can see, it can affect a wide range of areas in the body, especially because estrogen receptors are all through our body as well. So that's in a nutshell kind of what's happening and how we can understand it a bit more.

Okay. I love that image of the brain and the ovaries having a bit of a barney about what's going on. Do this. I've got nothing left. I can't do it. You know? And and you talked about that impact on the brain. I think you talked about four years. Cognition, focus, clarity in decision making. I mean, you know, it's not like board directors need any of those things, or people just in everyday life, need any of those things. So what's the impact there and I guess how can we manage it best?

Yes. Yeah, exactly.

Yeah, the impact there, I think. It impacts confidence and that's really the first thing that I notice with women who come to see me for help because you've got these complex changes happening in your body, things aren't as easy as they used to be for you. I must say, I'll just pause for moment to say, there's a third of women that have quite serious symptoms, a third mild to moderate, and about the rest have no symptoms to little. So it doesn't mean because you're in a female going through this phase of life, you're going to experience everything and you may never experience these brain fog types symptoms, but about two thirds of women who have those more severe symptoms do get this brain fog and lack of clarity. And it impacts confidence. So I guess when you're in a board room or a corporate office, if you're still looking for your first board role, you can lack confidence and maybe not speak up because you're overthinking things and thinking, have I understood that properly? you know, don't want to be seen as being incapable because women sometimes are quite paramedicine metaphors with a lack of capability, which the two things are completely separate. So that's kind of where for me I see the most impact with people and I'll have women come to see me and for the I have an online clinic I only do it part-time amongst many other things but for the first five minutes of the conversation they can be in tears about the fact that they think they actually can't continue with their job. So it really can be that bad for some women. So it's about understanding that and then the steps they can put in place to help themselves but also as organisations and boards being aware of

what we can do to create a psychologically safe environment for women that will be experiencing this.

It's such a good reminder. So this is this is insight, I guess, intel for people who might be experiencing, perimenopausal or menopausal symptoms, but also what do we need to do as board members to make sure we are looking after our workforce, our colleagues and our workforce in a way that is respectful of that? I'm going to come back to that. I want to just do the individual stuff first. So for women who are experiencing it.

Who might be in that ther or the the two thirds of the one third, or just experiencing, I don't know, impact on sleep, impact on brain function, whatever it may be. What should they be I'm not expecting individual advice for every woman out here in this session, but w what should they be thinking about doing to manage it for themselves?

Yeah, and I love that we've started there because that's the most important thing, right? Not how you're performing in the boardroom, how your quality of life is tracking. first of all, it's the most common question I get is, when is it the right time to go to the doctor? And it baffles me every time. You don't have to have a beautiful capsule of symptoms and package them up for your doctor. If you've got any type of symptom, whether it's this or anything else, see your doctor if it's impacting you or if it's something different or new. And then if you do feel like it could be perimenopause or you think it's hormone related. And look, if you're in your early 40s, you're likely there along that continuum. It depends how early or late. I would get a really good healthcare team around you as a very first point of call. a really great place to go is the Australasian Menopause Society. You can find a practitioner there. That'll be doctors, allied health professionals who have got additional qualifications in menopause because the science is changing and these people are at the cutting edge. And that's the first place because then you'll get a doctor to sit with you and go through everything and then create a plan and that might be dietary changes, lifestyle, supplements, medication, but get somebody to be steering you in that right direction.

Okay, so it's not necessarily just starting with your GP. Find yourself a specialist.

No. Yeah, your GP may have a special interest in women's health and that's great. If not, you can even say to them, is there anybody else at this clinic that's got a special interest in women's health? Because a very common thing is women feel dismissed when they speak to a doctor about it. And quite often I find that's because maybe the doctor hasn't fully understood or had the time in a very short consultation to really get that full picture for you.

Yes, yes, yes. The short consultation is the other thing, isn't it? 'Cause you're in and out within ten minutes often. Okay, all right. So find yourself check on your own GP or find yourself a doctor on the Australian menopause.

Australasian Menopause Society can give you the link as well. Yeah.

Thank you. Yes, great, folks. We'll put a link to that in the show notes. and and I think I also heard in there it's a it's lots of different health practitioners. So it might not just be going to your doctor. There might be, I mean, you're a nutritionist, it might be a nutritionist, could be, I don't know, a physio or an exercise physio about bone density or whatever it may be. Yeah, just have the what are the sorts of health professionals that people might end up seeing?

Yeah, I definitely mentioned probably the main one. So GP, nutritionist or dietitian, exercise physiologist is probably one of my favourite professionals for seeking help with this phase of life because as you mentioned, bone, muscle health and also helps with mental health and does actually help with cognition and brain fog too if you're doing the right types of movement. there's that. And some women might need pelvic floor physios or you might need psychology care. So it's whoever you need for that time. And it seems like a lot. You won't need all of those professionals.

But for specific symptoms they can be really helpful to help you not feel that you're just suffering in silence. There is a group of people that can help you get through.

Yeah, great. Love it. Okay. So I'm wondering, are we moving to what boards should be thinking about? Is there any o on the individual front, what else should we be thinking about or what else would you like to prompt for people to think about?

Just a couple of things, couple of tips. One is just to be careful where you're getting your information and the resources that you seek out for this time of life. All of us probably on some form of social media and I'm obviously double bombarded with this content but there can be a lot of misinformation, a lot of confusion, a lot of women paying lots of money to try all the different remedies that you probably don't need. just really validate your sources of information. Again, Australasian Menopause Society, great place to start, very trusted centre. And the second thing which I think lends itself really nicely to the Take on Board community is community. So I'm sure you know this research but Professor Susan Pinker did her book The Village Effect. It basically looks at you know what are the benefits of experiencing something with the community of people experiencing a similar or the same thing as you and this can be one of the things that actually helps you get through is experiencing it with a group of people whether you find some other friends from the Take on Board community or we use the session we've got coming up, the advantage, because when you realise somebody's experiencing it with you, a problem shared is a problem halved. So that can actually be something really beneficial for you. Even, we'll get to the board stuff later, but buddying up with somebody on a board that you're on or in your business that you work at who may be experiencing it too. So it can help a lot.

Yes, I do not know that book. I'm going to look it up after this because I yeah, that sounds exactly the sort of thing that I would love. So I will have a look at that. And you're right. I remember early on my should I say what board it was? Because it might say who the other person was and I don't have her permission. So let's just say on a board that I was on, we had an external member of our audit committee and I just remember early on there, like this is a while ago, so I was probably I can't even remember.

it's a really good book. Yeah.

Maybe perimenopausal, maybe menopausal, not sure, whichever. But it was such a tiny thing. But I so clearly remember one of the women on that board talking about always having a cold glass of water in front of you so you can put your wrists on it for when you get the inevitable hot flush. And you say just have it and hold it between your w wrists on this part here. So you just hold it between your wrists and it'll just give you a bit of a cooling effect. Now it's a tiny thing.

Yep, to cool you down.

It is.

But it was so useful as you say it was A, useful advice. I've always remembered it. And B, you're just like, we're in this together. Okay. This is helpful.

100 % and like you think stuff like that's really basic but you know I've been in when I was on more community type boards, I've been in the back of the club rooms having a meeting thinking I'm so hot in here, there's no air. I've been in strategic planning days where I've had to like stand up and feel dizzy, just simple things like making sure the environment's cool, there's access to cool water. You have comfort breaks if you're going for a long period of time, can actually really help because when you do get out flush and I have the privilege of getting them myself, you really just can't do anything else about it but think about wanting to cool down because your thermoregulation in your brain is being impacted by the hormonal changes so your body's trying to cool itself down thinks it's too hot and you can't think of anything else in that moment so I haven't tried that one I'm going to try the wrist around the cool glass. Next time I'll let you know how it goes.

Yeah, yeah, yeah. See, there you go. who who knew that I would be the one sharing tips in this one? I love it. In fact, just on that before we turn to what boards should be thinking about for their workforces,

Hahaha!

Are are there any other kind of quick tips, I guess, that you've got like that for women, whether it's the the hot flush, whether it's the, you know, the brain fog, is there yes, go to your your medical professional team and get some kind of long term, but is there any in-the-moment things that women can be thinking about?

Yeah, I think...

Seema really basic, but even when you're sleeping or during the day, make sure you're wearing breathable clothing, so cotton, linen, natural fabrics, because when you do have a hot flush or a night sweat, you can sweat through your clothing and then you could feel a little bit embarrassed if that happens, which I don't think you should, but we're all humans, so wanting to cool down. If you need a moment, just saying, I just need a moment, I might need to just pop into the bathroom, can I have a comfort break? Not just sitting there feeling absolutely terrible and putting up with it because you wouldn't expect anybody to do that. Your fellow board members are likely to say you're not a problem if you need a comfort break. That's probably the main ones. And then actually one tip would be if there's things that are happening like that, keep a record of it because I can guarantee you for every symptom you're having, there is a solution. And unless your doctor knows which one, when you go into your doctor sometimes we kind of, here's everything that is my problem and the doctor's thinking, my gosh, because they're human.

But if there's one or two things like these hot flushes or changes in your mood or lack of clarity, if they're really impacting you, let the doctor know because they'll then make sure what they're using to treat you specifically helps with those things more than others. Yeah.

That is excellent advice too. Just keep that bit of a tracker of it. Okay. So then let's turn to the other side for for boards to think about what bo what should boards be thinking about in terms of managing workforces, oversight of executive teams, oversight of their colleagues that are sitting in the room. What should we be thinking about so that we can ensure that

You know, we've touched on what we can do to be our best in the boardroom. What can we do as board members to make sure that everybody can be their best in the workplace?

Yeah, it's such a good point. And we think about the age range that you spoke about at the beginning. That's the age range where women are usually looking for board roles or at the kind of, what they say, peak. I think it depends on the individual when the peak of your career is, but you're doing lots of things. You may have aging parents. You may have children that require you to take them to all sorts of school events. So there's lots happening all at once. And what we want to do as boards and organisations is retain those women because we know how much diversity and value they their offer to a board role and what can happen is women will quietly step back. So whether that's that there's some research that I love looking at this and sharing this research. It's not a research paper it was an online survey of just over three and a half thousand women that was done by Dr Louise Newsome in the UK if anyone knows her she's an amazing expert in this space and she did a survey looking at women that were experiencing perimenopause or menopause transition and how that impacted them at work.

And I mean obviously women who wanted to complete it were obviously experiencing symptoms but 99 % of them said it negatively impacted their careers. But the bit that really gets me is about one in five of them didn't go up for opportunities that were in front of them because they didn't feel they were capable. So again if I can leave you with one thing because you're experiencing perimenopause brain fog doesn't mean you're incapable. It has nothing to do with your capability. You're still as capable as you were it's just that your brain is now fighting a few things and trying to normalise. And then the other interesting thing, I'm not dovetailing, but I think it's really important to focus on this is the women who took time off work, resigned early, reduced their hours or didn't put their hands up were asked why, why did you do this? And self-reported was reduced efficiency or equality of work and poor concentration. But then when other people were asked those questions about them, answers did not add up. So you know your board reviews, your individual board reviews of you as a board member, I know we're going through, one of the boards I'm on, how we do that process.

It's important that you seek feedback and obviously you're going to get positive and constructive feedback. That's part of developing and learning. But maybe specifically ask questions of the chair or whoever you're buddying up with for that process to say, have you noticed I've been less efficient? And you'll probably find we're being a bit harder on ourselves than the actual reality.

That is gold advice in so many ways. Even about imposter syndrome more broadly, which is not connected to any particular age range, can be or gender. the, you know, one one of the antidotes to imposter syndrome is ask other people. because invariably we are harder on ourselves than anybody else, and often other people haven't even noticed. And not only that.

In my humble opinion, you know, women with young kids are the most efficient people ever. Because they know that they at, you know, whatever the anointed time is, two fifty-five or whatever, it's like I've got everything planned down to the minute, and they just get so much stuff done. So this is coming just after that period where women are used to juggling a million things, occasionally dropping some balls because there are quite frankly just too many of them.

But it comes just after that. So it might be that you're d dropping four balls instead of three, but nobody else even notices that.

No, no, so it's definitely, and that's because it's, was doing some research into the brain fog, the, like the reason why we get brain fog and it's still, there's still so much emerging on that. It's thought to be estrogen impacts, the lack of estrogen impacts the way your brain cells essentially fire and connect. But.

One of the big things some women worry about is, am I getting dementia? Because I actually can't remember things. I walk into a room, I don't know why. I I've always been like this, but you know, I forgot a word mid-sentence. But actually, we have to remember that the brain fog impairment of pores has absolutely no link to dementia or changes to cognitive function. A lot of it is also you're experiencing these changes and you can't see the wood for the trees because you're feeling unsettled, which is fair enough what your body's going through. So yeah, just making sure you seek support and buddy up with a board member or do those reviews and even if you're in a business do a 360 and I remember getting some of my 360 reviews back thinking, oh actually I'm doing alright. Whereas I thought, you know I'm not sure. So it's good to get other people's feedback and of course you get constructive feedback but it helps to validate or invalidate the way that you're thinking about yourself in some spaces.

Absolutely, that is interesting. Okay. And and are there in terms of workplaces, are there policies and practices that boards should be prompting to ensure that we are retaining the best talent through these times?

Yeah, it's such an interesting time we're in. So I say this is a continuum.

There's a few organisations in Australia who have signed up to become menopause friendly workplaces and they're of gold standard and one, I won't mention who it is, there's one organisation that's won awards for this. They've got menopause champions in the workforce. They do lots of education and training. There's others that probably never mentioned the words perimenopause and menopause at all at work and think why would we be talking about that? So there's this continuum. So for me, I like to think let's just start and build towards something on this. It's education. It's understanding and it's support. it's, first thing is everybody sitting around that board table and your executive team should understand what perimenopause and menopause is because there's likely a cohort of people in your organisation and or your board experiencing this. Then when you understand things more, you can empathise more and then there can be more open conversations. And then that third layer is, okay, now we're all kind of on the level playing field, what support can we offer? And is it leave policy?

Yeah.

Is it other policies and support? The things that I've found that work the best, aren't those kind of box ticking exercises? It's an environment where people feel comfortable talking about their symptoms, whether it's with their boss or their colleagues, or where they feel supported that...

it's not going to be made a joke of. I heard a horrible story about a board that I wasn't on. It was a story through a client of a board member sort of off the cuff at a function outside of the boardroom saying, she must have been menopausal. So we have to move away from it being a joke to it being something that we take seriously and everyone feels really comfortable. So I think it's the start. So think going to a policy when you don't have the understanding probably is a bit too far apart.

Yeah, great. Okay. Again, slow down. Slow down to do better. Love it. Sarah, so much in here for individuals, for boards, for us as board members. What are the key things you want people to take away from the conversation that we've had today?

Yeah, you're probably going to get sick of me saying this, but probably one thing is don't ever think that...your menopause symptoms impact your capability. Don't think that you're a less capable person because of what you're going through. Think about what your body's going through, respect

it a bit and get help for the symptoms you need. And the second is do an assessment of the boards or where you work and have a think how, are people of perimenopause and menopause and what is one or two small steps you can take to drop that into the next board meeting or to ask questions of your colleagues or to share your own experience so you can be vulnerable and authentic and make others feel comfortable. So that's probably two big things, but probably the last one is if you're experiencing symptoms, please go and seek help. Don't suffer in silence. You don't have to just put up with it. Please seek help because it can really help improve your quality of life.

Absolutely. And it's not inv well, it is normal. It's common. Maybe let's say that it's common, but it doesn't have to be normal. There's things you can do about it. Yeah, I love it. Is there a resource you would like to share with the Take on Board community?

Well, it's obviously my book, but you're sick of seeing it. I carry a copy of this book with me everywhere I go.

And we will make sure Yeah. Hey. I'm so glad you do. We will put a link to that in the show notes, definitely.

But, and so the reason I wrote the book was I can't help so many people one-on-one, so it helps you understand some of the things I've been speaking through. But by and large, the Australasian Metropole Society is my favourite place to go. There's Jean Hales as well. And actually the governments, Australian governments just started the Perimenopause campaign. So I'm not sure where that's at at the moment. But yeah, keep your eye out for that because there's lots of resources that are coming. And how good or bad they'll be, I'm not sure.

But at least now we know the government's got that on their radar.

Excellent. Well, Sarah, thank you. Thank you for first up coming and having this conversation. And secondly, coming back on the 27th of August. So reminder, folks, we are having an event on the 27th of August where Sarah will answer your questions about this. Whether they are, well, not if they're purely individual, but whether they're questions about how individuals can manage this best, what we could do as board members, those sorts of things. We will have a

an event where you can ask all of your questions. There's a link in the show notes. We would love to see you there. so yeah, thank you for coming and sharing your wisdom and promising to come back and answer all of the questions from the Take on Board community. I really appreciate it and really look forward to that further conversation. So thanks for being here today.

Thank you so much for having me. really appreciate your time.

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