Designing Together

Co-Creating a Virtual Menopause Peer Support Program to Enhance Health Literacy and Psychosocial Well-Being

INSIGHTS FROM THE ADVISORY GROUP

June 2026

Menopause Advisory Group

This notebook captures the insights shared by members of the Menopause Advisory Group who partnered throughout the co-design phase of the Menopause Peer Support Program.

The advisory group brought together women with diverse personal, professional, and community experiences to ensure the program reflected the realities of menopause across different backgrounds and life circumstances.

Collectively, members contributed expertise including:

- Lived experience of perimenopause and menopause
- Healthcare
- Peer support leadership
- Health education
- Mental health
- Menopause coaching
- Research and public health
- Health equity and minority perspectives
- Community leadership and advocacy

Members also represented a range of identities and life experiences, including:

- Minority and health equity perspectives.
- Early menopause and infertility-related experience.
- Rural and Atlantic Canada representation.

01

Design Session One

Understanding Menopause Learning Needs

Listening Before Building

Designing the Menopause Peer Support Program began with the understanding that people who lived through the menopause experience should help shape the program designed to support them. Design Session One was the first step in that process. Rather than presenting a program that had already been developed, advisory members were invited to become co-creators. Their lived experience, professional expertise, and diverse perspectives guided the program's development.

Together, the advisory group explored questions like: What do people need to know about menopause? What do they wish they had known earlier? What information or support was missing during their own menopause journey? What should every person understand before, during, and after menopause? What should a menopause peer support program include to make it meaningful, practical, and relevant?

The conversation went beyond symptoms and health information. Members spoke about preparing people earlier, making sense of unexpected changes, dealing with confusing or mixed information, and feeling dismissed by healthcare providers. They also talked about taking care of mental health and creating opportunities for people to learn and share their experiences. The advisory group shared that menopause is not experienced in isolation; it affects everyday life.

Session Purpose

The purpose of the first co-design session for the Virtual Menopause Peer Support Program was to better understand the experiences, information needs, challenges, and priorities that should inform the development of the program. The summary highlights common themes that emerged, and it is not intended to capture every comment, but rather the main ideas shared during the discussion.

Themes That Emerged

01	Menopause as a whole-body transition
02	Mental health & cognitive changes
03	Healthcare navigation
04	Relationships, work & identity
05	Inclusion, community & hope

Menopause as a Whole-Body Transition

Many people described feeling unprepared for menopause and noted a lack of essential information about what to expect. Group members consistently described limited knowledge about the range and variability of changes, the different stages of menopause, and how menopause can affect physical, emotional, cognitive, and social well-being.

A recurring message throughout the discussion was: “I wish I had known earlier.” Many reflected that earlier access to information would have been helpful. The contributors emphasized that menopause extends far beyond the end of periods or hot flashes. It was described as a full-body experience, a transition that affects mental, physical, and emotional health.

Common changes mentioned included anxiety, brain fog, dry eyes, dry mouth, joint pain, mood changes, memory difficulties, and shifts in confidence, identity, relationships, and work. Several participants noted that they did not know about perimenopause and were therefore not prepared for the changes in their health and well-being. Others were surprised to learn that changes can begin in the 30s and 40s and may occur before noticeable menstrual changes.

Menopause is a full-body experience that affects physical, emotional, cognitive and social well-being.

What this means for the Program

Advisory members also raised the importance of including sexual health in the conversation, including changes in libido, vaginal dryness, and genitourinary symptoms. There was interest in language that feels less medicalized, with some members preferring terms such as “changes” and “phase” rather than “symptoms” and “diagnosis.”

There was also interest in greater clarity about postmenopause and how it differs from perimenopause, including whether changes continue, shift, or ease over time. Advisory members noted that awareness often develops after the transition of menopause, but that this does not lessen the impact of perimenopause. They described the importance of validation, clarity, and hope.

The curriculum will provide every participant with a basic foundation in menopause literacy.
It will include information about perimenopause, menopause, and postmenopause, and describe the range and variability of changes people may experience. It will also include physical, emotional, cognitive, social, and sexual health topics, with attention to whole-person and whole-life impacts.

Mental Health and Cognitive Changes

Mental and emotional changes were among the most distressing and least understood aspects of menopause. Many of the group members said they had not been prepared for the emotional impact of menopause. Several described feeling as though they were “losing themselves” or worrying that something was seriously wrong.

The advisory group spoke about anxiety, panic, brain fog, memory difficulties, mood changes, loss of confidence, and emotional distress. Several said they did not initially recognize these changes as menopause-related, which created fear, uncertainty, and self-doubt. Some also shared that these experiences were not always recognized or taken seriously by healthcare professionals and were sometimes attributed to “just getting older.”

The women in the advisory group described difficulty finding clear information about mental and cognitive changes and noted that it could be hard to explain what they were experiencing.

The discussion also highlighted that changes in emotions can overlap with other conditions and may have a strong impact on people at this stage of life, especially when there is little awareness of menopause. Many also identified weight changes as an important topic, noting the effect weight gain can have on confidence, self-image, and identity.

What this means for the Program

Members distinguished between mental health and mindset and emphasized the importance of self-compassion, confidence, resilience, and the way people relate to their experience of menopause. They also discussed the importance of focusing on strengths, growth, and life beyond menopause.

The program will help participants understand anxiety, mood changes, brain fog, and emotional shifts as possible menopause-related experiences. It will provide clear, accessible information about mental and cognitive changes and create space for sharing, normalization, and validation.
The curriculum also foster self-compassion and emotional well-being.

Healthcare Navigation & Self-Advocacy

Advisory members described challenges finding reliable information and accessing menopause-informed healthcare. They shared experiences of feeling dismissed by healthcare providers, receiving conflicting information, and not getting enough discussion of treatment options.

There was also confusion about Menopause Hormone Therapy (MHT) and other approaches, along with uncertainty about what information to trust.

Several of the contributors said they felt overwhelmed by the amount of information available. They emphasized wanting practical tools to help them communicate with healthcare providers, ask questions, and make informed decisions.

Trusted, balanced, and evidence-informed information was a clear priority, along with greater confidence in navigating healthcare systems and advocating for personal needs.

What this means for the Program: The curriculum will include healthcare navigation skills and self-advocacy strategies.
It will explain how to evaluate information sources, provide an overview of treatment options, and offer guidance for preparing healthcare appointments. Members also suggested including self-care resources.

Relationships, Work, and Identity

Advisory members described menopause as affecting much more than physical health. It influenced family relationships, intimate relationships, friendships, workplace experiences, confidence, self-esteem, and self-understanding. Some described a loss of confidence, while others reflected on adapting to new realities and priorities.

Several group members raised questions about identity, including “Who am I now?” and “How do I adapt to these changes?” At the same time, some described menopause as a time of growth, freedom, and self-discovery.

What this means for the Program

The program will include discussion of relationships and communication, workplace experiences, confidence, identity, and life transitions. It will also create space for reflection on personal growth and adaptation.

Inclusion, Community, and Hope

Members emphasized that menopause experiences are not the same for everyone. They noted the importance of reflecting Indigenous perspectives, women of colour, South Asian experiences, LGBTQ+ and gender-diverse experiences, rural experiences, socioeconomic differences, and early menopause experiences.

The co-design group also spoke about the stigma and silence surrounding menopause. Many noted that menopause remains difficult to talk about, particularly in relation to mental health, sexuality, aging, and identity.

A recurring message was the importance of connection. Advisory members described peer support, shared experience, and community as powerful sources of validation and learning. While challenges were discussed, there was also an emphasis on resilience, self-compassion, growth, and hope.

What this means for the Program: The program will reflect diverse experiences throughout the curriculum, create opportunities for connection and peer support, normalize menopause conversations, address stigma and cultural barriers, and use a strengths-based approach.

Session One

Based on Session 1 discussions, the following topics emerged as priorities for the program:

- Understanding menopause, perimenopause, and postmenopause.
- Mental health, anxiety, mood changes, and brain fog.
- Self-management, including symptom tracking, goal setting, stress management, and fatigue management.
- Healthcare navigation and self-advocacy.
- Relationships, work, and social support.
- Identity, stigma, and cultural considerations.
- Sexual health, including libido, vaginal dryness, and genitourinary changes.
- Recognition of overlap with chronic disease experiences.
- Perimenopause depression and other emotional changes.
- Building confidence, resilience, and community.

The co-design group also emphasized the importance of a program that balances education, discussion, and peer support. Facilitators must create a safe, supportive, and non-judgmental environment, and include practical tools and resources.

The program needs to reflect diverse experiences and perspectives; encourage connection and shared learning; and acknowledge challenges while also fostering hope, resilience, and growth.

02

Design Session Two

Co-Designing the Program Experience

Program Experience

During the second session, the group discussed what would make a menopause peer support program helpful and welcoming to everyone. The main goal was to create a safe, open space where people could share their stories, learn from each other, and get trustworthy information.

Key themes that emerged included:

- **A safe and inclusive space:** Making sure everyone feels connected, accepted, and comfortable by listening, sharing, and treating each other with respect.
- **A balanced approach:** Combining expert information with real-life stories, allowing the group to guide the conversation and stay flexible.
- **Clear peer support roles:** Making sure the group leader is there to guide and support, not act as the only expert, and knows when to offer extra help or resources.
- **Practical tools and resources:** Giving people simple tips and information they can use to find healthcare, speak up for themselves, and make changes in their daily lives.
- **Whole-person support:** Understanding that menopause can affect how you see yourself, your relationships, your work, your confidence, and your overall well-being.
- **Inclusion and accessibility:** Designing a program that reflects diverse experiences, reduces barriers, and creates space for different ages, cultures, identities, abilities, and locations.

What Makes a Meaningful Peer Support Experience

Everyone agreed that it's important to start with a warm, safe, and non-judgmental space where women can share openly, without feeling like they need to be fixed or given advice. The program shouldn't follow a strict agenda but should adapt to what the group needs in the moment.

People want the program to be based on reliable information while remaining flexible enough to include perspectives that research might not fully address.

One of the co-founders of the Menopause Foundation of Newfoundland and Labrador shared that early results from their provincial survey show education is the top request and that care should take a holistic approach.

Another advisory member pointed out that relying too heavily on scientific evidence could unintentionally exclude some groups and that the program should also incorporate land-based and cultural knowledge.

"We don't want to be advocating purple gems as a cure."

Additional design priorities

- A warm opening ritual (e.g., a conversation circle) so participants bond quickly rather than feel like strangers.
- Lifestyle strategies are embedded directly into the conversation, not treated as a separate add-on.
- Bringing in outside experts (e.g., a physician or dietitian) for specific topics, while keeping the tone peer-led rather than clinical.
- Ongoing contact after the program ends, so participants don't feel abandoned once sessions conclude.
- Awareness that hierarchies can creep into group dynamics, with active steps taken to reduce them.
- A bottom-up design approach that centers the needs of the women actually using the program.

What Makes a Meaningful Peer Support Experience

The advisory group described success in terms of connection, validation, and confidence, a shift from confusion to understanding. Some advisory members pointed to the relief of realizing their experience wasn't unique or a sign that something was wrong with them.

Co-design participants emphasized the need for concrete tools and direction, such as practical strategies and resources (books, communities, referrals) to take away. The program's real job is not to answer every individual question, but to leave people equipped to advocate for themselves.

The group also highlighted the importance of evaluating the program over time and recognizing success through ongoing engagement, continued connection, and participants feeling empowered to share knowledge and support others within their communities.

“I'm not the only one”

It was noted that peer support differs from a traditional webinar or information session. Rather than a one-way transfer of information from an expert, peer support is a shared experience where facilitators guide conversations and participants contribute their own knowledge, experiences, and perspectives.

Identity, Aging, and Invisibility

One of the threads that emerged was a desire to go beyond symptom management into identity. Part of the discussion went into bigger questions such as what it means to age, to no longer be defined by reproduction, and how roles and sense of self are shifting.

The advisory group described this as an “identity shift” and connected it to the sense of invisibility many women experience as they age which included feeling seen or spoken to differently in workplaces and everyday life.

Discussions also highlighted the connection between menopause and the workplace, particularly the impact that these experiences can have on confidence, voice, and a sense of belonging..

The members also flagged that caregiving responsibilities (for children and often simultaneously for aging parents) during this period could increase the level of stress, but rarely gets discussed in menopause conversations.

Although too large in scope for the pilot's run, it is worth noting that incorporating a dedicated theme or module on identity and life-stage transition, separate from symptom- or solutions-focused content, would be worthwhile.

Facilitator Role, Qualities, and Boundaries

Advisory group members described the ideal peer facilitator as warm, empathetic, organized, and comfortable creating space for conversation. They highlighted the importance of being able to listen deeply, hold moments of silence, and support discussion without feeling the need to immediately provide answers or solutions.

A key message that emerged was that peer facilitators are guides, not experts or advisors. Their role is to share evidence-informed resources, encourage reflection, support connection, and recognize when additional professional support or referrals may be needed.

Facilitators should approach the group as fellow learners, recognizing that every participant brings valuable lived experience.

The advisory group also emphasized the importance of equipping facilitators with practical skills to navigate challenging group dynamics. This includes setting clear group expectations, maintaining boundaries with compassion, managing difficult conversations, and creating an environment where all participants feel respected and included.

> “Being on the same level with participants. From day one, we are all learning together. We don’t know it all.”

Creating Space for Diverse Experiences

Advisory group members emphasized that menopause experiences are diverse and that the program needs to reflect a broader understanding of who is included in conversations about menopause. The group highlighted the importance of creating a space where participants feel seen, respected, and able to share their experiences without assumptions or judgment.

Discussions highlighted the need to consider differences in age, geography, culture, identity, accessibility, and life circumstances.

Advisory members also raised the importance of recognizing the experiences of those navigating early menopause transitions, rural and remote participants, Indigenous, Black, African Nova Scotian, immigrant, trans, non-binary, and neurodivergent participants, as well as barriers related to language, affordability, and digital access.

The group discussed whether separate identity-based groups were needed or whether a shared group could better support connection across experiences. The discussion landed on the importance of a single inclusive group supported by facilitators who are prepared to understand diverse perspectives, recognize diversity within the group, and create an environment where all participants feel a sense of belonging.

A Shared Vision for the Future

Throughout the co-design process, advisory group members highlighted that menopause support can extend beyond symptom education to a broader vision that recognizes menopause as a shared life experience connected to identity, relationships, workplaces, communities, and across generations.

The group discussed the value of creating opportunities for different perspectives to come together, including younger and older generations, diverse cultural perspectives, and broader community voices.

It reinforced the idea that menopause is not a single experience; it impacts more than those experiencing it directly. Increasing awareness among partners, families, workplaces, and communities could help reduce stigma and create a more informed and supportive environment.

“This isn't a women's-only issue; this is a society issue. If we are not talking across society, we're not really moving the needle in the direction it needs to be moved.”

From Co-Design to Program Development

The insights gathered through these sessions will directly inform the next stages of program development, including curriculum design and peer facilitator training. The experiences, perspectives, and insights shared by advisory group members will shape the foundation of the program and its direction.

Through co-design, the program is being built to reflect what women identified as most important: connection, understanding, evidence-informed information, practical tools, and a supportive community where menopause experiences can be openly discussed.

Acknowledgement

Thank you for helping shape what comes next.
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