



Research at the Intersection of Sexual health, Sexual Safety and Sexuality and Mental Health

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Funded by



National Institute for
Health Research



Rationale for Research

- People with serious mental illness engage in sexual activity
- They experience higher rates of exploitation and sexual violence, as well as STIs, unplanned pregnancy, and blood borne viruses
- Theories proposed to explain this include:
 - During times when psychiatric symptoms are more troublesome
 - Co-morbid drug and alcohol problems
 - Previous experience of sexual abuse
 - Sexual stigma
 - Lack of social skills (assertiveness, negotiation re condoms etc)



Disclaimer

- **Funding acknowledgement**

This research was funded by the NIHR Health Technology Assessment 14/172/01, and **Health Services and Delivery Research 16/117/03**

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Sexual Health and Mental Health- what are the issues?

- Everyone has the right to a safe and satisfying sexual life – free from coercion, violence. Everyone has the right to express their sexuality (WHO definition of sexual health)
- The reality for people with mental health problems is more bleak and mental health services have not been proactive at addressing the issue.
- McCann 2010 people with psychosis in CMHTs- aspire to have relationships, tend to have exploitative and risky ones, rarely discuss with their care coordinator if ever (McCann, E. 2010).
- Hughes et al (2016) systematic review of HIV, hepatitis B and C found people in psychiatric care had elevated rates of blood borne infections (far more than would be expected in the general population).
- Khalifeh et al (2015) reported 6- to 8-fold elevation in the odds of sexual assault among both men and women with a serious mental illness (SMI) compared with the general population. CSA is a common experience amongst people with mental illness.
- Almost 50% of people who attend Sexual Assault Referral Centres are known to mental health services (Brooker and Durmas)
- Stigma and human rights (Elkington 2010)- sexual stigma has been identified as an issue for those with long term mental health problems and is linked to sexual risk taking and exploitation
 - Institutional – staff tell them to avoid intimate relationships and/or have children because of their mental health issues
 - Self- stigma
 - Interpersonal stigma

Improving staff response to sexual safety

- Studies in Australia and UK (Quinn 2011, Hughes 2018) consistently show that mental health staff are really concerned about sex as a topic
- They are worried about upsetting, destabilising the person and therefore avoid the topic
- Brooker (2016) found that the question about sexual assault is not recorded in 40% of CPA records even though this is a required field to complete
- Study in Australia also found that mental health staff avoid routine enquiry (McLindon, E. & Harms, L. (2011
- However we can improve staff responses – Quinn and Happell (2012) found that training to desensitise staff regarding sex improved the number of conversations about the topic
- We need more research around what would help staff to have more discussions and an organisational buy-in that supports this work
- If it becomes normal, it becomes less of an “issue”
- So in sum- there are three main issues:
 - People have unmet sexual health needs leading to STIs, poor contraceptive choices, and unintended pregnancy/poor pre and antenatal care
 - The high levels of sexual trauma both in childhood and re-victimisation as adults
 - The inequality of mental health issues in people who identify as Lesbian, Gay, Bisexual, Transgender (LGBTQ+)

Qualitative interviews with mental health staff (Hughes et al 2018)

- 4 focus groups- 2 in London; 2 in the north
- Asked 2 questions: what are the sexual health and relationship needs of people you work with AND what is your role in sexual health
- Main themes:
 - Tend not to discuss unless the subject is raised by service user
 - Identified significant sexual health and relationship needs
 - Not wanting to ask- worried about upsetting, destabilising and being perceived as being abusive or predatory
 - Not knowing what to do with information
 - Its not part of assessment or encouraged by system/organisation

Hughes, E. , Edmondson, A. J., Onyekwe, I. , Quinn, C. and Nolan, F. (2018), Identifying and addressing sexual health in serious mental illness: Views of mental health staff working in two National Health Service organizations in England. *Int J Mental Health Nurs*, 27: 966-974. doi:[10.1111/inm.12402](https://doi.org/10.1111/inm.12402)

RESPECT Study

(Hughes et al (2020), www.respectstudy.co.uk)

- Feasibility RCT 2 arm: intervention in addition to treatment as usual v treatment as usual
- Setting: community mental health teams in 4 Trusts (Leeds, Barnsley, Camden and Islington, North East London and Brighton)
- Participants- people with serious mental health problems willing and able to give consent to participate
- Follow-up at 3 and 6 months
- Recruited 72 (target 100 but anticipated 30% attrition)
- Intervention – improve knowledge re safer sex, improve motivation to adopt safer sexual practices and improve assertiveness skills in negotiating in sexual relationships
- Outcome:
 - Acceptable and feasible to offer a 3 x 1 hour sexual health promotion intervention to people with serious mental illness
 - Really good completion of measures at all time points and across the two trial groups
 - Changes in outcome measures in the direction of the intervention (not powered to detect the difference)
 - Report and main trial paper published
 - Full trial HTA and process evaluation **September 2022**- 400 people RCT national sites

RESPECT

Qualitative feedback

- "For me, it was taking part because I believe it's a very important topic, sexuality"
- "It was quite interesting, it made me think that I needed to brush up on a few things, for example sexual health knowledge, for example how like things are transmitted and stuff because I'd clearly to read up on really. I think the questions were appropriate, suitable, well scaled, in terms of the scoring scale and stuff. So I thought it was good."
- "The study, yes, definitely, it's like educational, so like increase and improve my knowledge, because I haven't really studied it or looked at it in that detail since school and there's been developments, so yeah, it was definitely helpful."
- : "afterwards [intervention], I've now discussed it more with my like care co-ordinator"



- NIHR HSDR funded national study of the effectiveness of sexual assault referral centres in meeting mental health and substance use needs of people who attend sexual assault referral centres
- 5 stages- evidence review, national survey of SARCs, prospective prevalence study, case studies, routine data analysis and final stage to develop tools to translate findings into tools to inform commissioners and providers
- Using a Realist approach- to identify what works for whom in what contexts and how (mechanisms)
- 3 year study – started June 2018; completed 2021
- Report submitted, papers in preparation, dissemination event July 2022 (in person and "beyond the room" with Mental Elf)
- www.mimos.org.uk
- @astudymimos



- Systematic review- limited evidence on what works for mental health and substance use issues at sexual assault referral centres
- National SARC survey- limited mental health staff in SARCs, assessment of MH/SU very variable, poor pathways to MH/SU care
- Prevalence study: screening tools indicate high levels of significant MH/SU need
- Case studies: impact of clinical psychology positive for attendees as well as improving confidence and skills of staff (and helps vicarious trauma)
- Secondary data analysis (CRIS data): people with SA had more needs at baseline and had more intensity, but made similar improvements.

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