Improving sexual and reproductive health of those with serious mental illness: scoping review

Northern Health

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Abstract

The sexual and reproductive health of those with serious mental illness (SMI) is known to be significantly poorer than the general population. Appropriate and timely sexual and reproductive health care can prevent poorer health outcomes and should be standard care. This scoping review has systematically located and summarized the available literature related to adults with SMI and the current access to sexual and reproductive health care available within mental health services. Fifteen studies met the inclusion set by the authors and were included in this review. The themes generate in this review highlighted that service users were provided poor sexual health care overall; service users welcome sexual health screening and education; and that mental health clinicians did not view sexual health as part of their role however, this was improved with training in sexual and reproductive health. This scoping review indicates the need to increase the sexual and reproductive health care provided to those with SMI through further training of mental health clinicians and increased access within mental health services.

Background

- Sexual health is often neglected in those with SMI.
- Screening rates are lower for reproductive cancers in those with SMI.
- People with SMI have a higher risk of sexual and blood borne viruses.
- Mental health clinicians avoid the topic.
- Sexual and reproductive health should be a part of routine care.

Aim

To explore the extent of literature on how the sexual and reproductive health care needs of adults with SMI were being met while they accessed mental health services.

Review Questions

1. What sexual and reproductive health care is received from mental health services?
2. What are the barriers and facilitators?
3. What gaps are there?

Methods

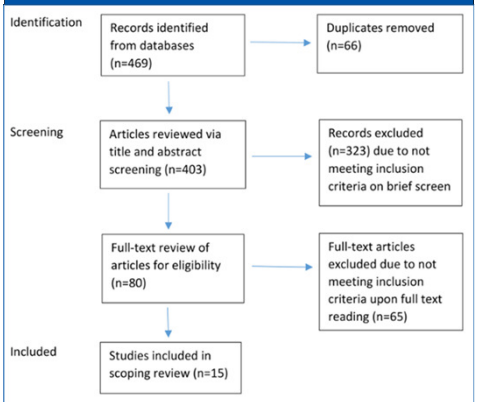
Table 1. Method steps.

1	Identify the primary research question
2	Inclusion and eligibility criteria using the PCC
3	Search strategy including databases searched
4	Evidence screening and selection
5	Analysis and presentation of results
6	Review findings
7	Discussion

Table 2. Inclusion criteria.

Criteria	Inclusion criteria
Population	Adults (18–65 years) with serious mental illness (excluding veterans). Mental health clinicians.
Concept	Sexual and reproductive health including cervical screening, contraception, STI screening, sexual history taking
Context	Care provided by mental health clinician. Settings where those with SMI receive primarily mental health care (excluding forensic settings)
Language	English
Types of source	Original full-text articles
Time period	2009–2024 for relevancy to current practice standards

Methods continued



Results

1. **Poor sexual and reproductive health screening is provided to mental health service users**
   - Sexual and reproductive health is not a part of routine care in mental health settings
   - Less than a third of psychiatrists incorporate sexual and reproductive health in their management of service users
   - There is a lack of policies to support sexual and reproductive health screening within governments and organisations
2. **Consumers welcome sexual and reproductive health screening and education**
   - Service users are accepting of sexual and reproductive health interventions in the mental health setting
   - Sexual and reproductive health assessment, testing and treatment is accepted by mental health services users
   - Mental health services users think that sexual and reproductive health care should be provided in the mental health setting
3. **Mental health clinicians do not view sexual and reproductive health as part of their role**
   - Reproductive health care is often viewed as outside the role of the mental health clinician
   - Mental health nurses do not believe they have the knowledge to address this aspect of health care
   - One article found mental health clinicians viewed sexual and reproductive health promotion as part of their role
4. **Mental health clinicians should be trained in sexual and reproductive health**
   - Training around sexual and reproductive health results in improved attitudes towards this type of health care in mental health settings
   - Mental health staff need a formal approach to training and support to make sexual and reproductive health care part of routine care
   - Training on STIs, contraception, sexual dysfunction, and sexual violence would improve its provision in mental health settings

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ABSTRACT

The sexual and reproductive health of those with serious mental illness is known to be significantly poorer than the general population. Appropriate and timely sexual and reproductive health care can prevent poorer health outcomes and should be standard care. This scoping review has systematically located and summarised the available literature related to adults with serious mental illness and the current access to sexual and reproductive health care available within mental health services. Fifteen studies met the inclusion criteria set by the authors and were included in this review. The themes generated in this review highlighted that service users were provided poor sexual health care overall; service users welcome sexual health screening and education; and that mental health clinicians did not view sexual health as part of their role however, this was improved with training in sexual and reproductive health. This scoping review indicates the need to increase the sexual and reproductive health care provided to those with serious mental illness through further training of mental health clinicians and increased access within mental health services.

Introduction

Sexual health has been defined for almost 20years by the World Health Organisation (WHO) (2006, p. 10) as "... a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled."

For this scoping review, sexual health included cervical screening, contraception, sexual history taking, and sexually transmitted infection screening and treatment. These parameters were the focus here because in medicine these are the areas of sexual and reproductive health that clinicians can deliver care and change outcomes (Melville, 2015). Sexual health of those with serious mental illness (SMI) is an often-neglected aspect of physical health care (Abel & Rees, 2010). Screening for reproductive cancers such as cervical, breast, and prostate are undertaken at lower rates in those with SMI (Kerrison et al., 2023; Solmi et al., 2020). This is despite the knowledge that those with SMI often have complex sexual health and reproductive health needs (Hendry et al., 2018). Those with SMI are also at higher risk for sexual and blood borne viruses, including HIV and Hepatitis C when compared with those without SMI (Pandor et al., 2015). This is due to higher rates of unprotected intercourse, multiple sexual partners, prostitution, and illicit substance use that increase the risk of sexually transmitted infections (STIs), blood borne viruses and unintended pregnancies (Kaltenthaler et al., 2014).

Background

Despite what is known, the sexual health needs of those with SMI who access mental health services are not attended to (Gascoyne et al., 2016). Mental health nurses as one of the largest professional groups in the mental health workforce are already supporting routine bio-psychosocial assessments due to their proximity to those with SMI (Corbett et al., 2017). However, they often do not support routine access to sexual health care in practice and miss the opportunity to address this aspect of health care (Hendry et al., 2018). There is a general discomfort amongst nurses to discuss sexual health often due to personal or cultural values and understanding this can assist in the development of ways to address this gap in best practice (Hendry et al., 2018). Studies have highlighted that clinicians avoid discussing sexual health in those with SMI due to embarrassment, a lack of knowledge on the topic (due to inadequate training on the subject), and therefore a lack of confidence in managing what may be brought up in a discussion about sexual health (Hughes et al., 2018; Quinn et al., 2018).

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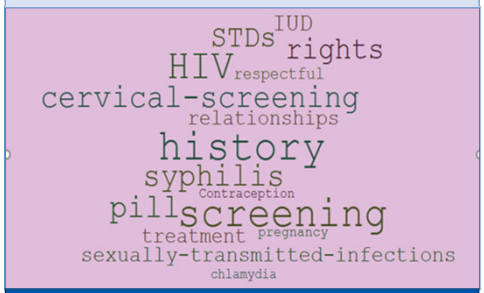
Discussion

- Sexual and reproductive health care is not a part of routine care in mental health settings
- This is a contributing factor to poorer physical health outcomes
- There is some research out there to support provision of sexual and reproductive health care but it is limited into what that entails
- Other research has found service users are wanting information on sexual and reproductive health but not how this care could be provided
- Co-design and co-production is missing



Research Gap

There is limited research available that addresses this topic.

No studies have been found that incorporate the provision of all aspects of sexual and reproductive health care within mental health settings. There are no studies that have incorporated co-design and co-production principles within this aspect of care.

The researchers are currently conducting a study to answer the gaps in the literature.

Reference

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