Mental Health Clients in Hospital: Sexual Health or Wealth?

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Reconstructing views:

- Changes in sexual functioning occur frequently and people need to be informed
- Sexuality and sexual health information in practice benefits and enhances the client's quality of life

WHO (2001)

- Sexuality is:
  - a "central aspect of being human", and
  - includes:
    - "sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction" and
  - is "influenced by:
    - biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious, and spiritual factors"

Sexuality and mental illness

- The sexuality of people with mental health problems has largely been viewed with “misunderstanding, misconception, stigma and myth”
  (Deegan, 2001)

Sex is everywhere!!!!

- People with Schizophrenia …..
  (McDermott, Sautter, Winstead, & Quirk, 1994, Grassi, Peron, Ferri, & Pavanati, 1996)
- Mental health clients, respiratory ill clients and clients at a sexual dysfunction clinic ….
  (Smith, O’Keane, & Murray, 2002)

- Most research ….. Depression, schizophrenia, or medications associated with the illness
  (Perlman, Martin, Hirdes, Curtin-Telegdi, Perez, Rabinowitz, 2007)
- Sexual issues in mental health settings present great challenges for mental health professionals, administrators and the legal system!

So why address sexuality?

- NOT because it is of greater concern in this population,
- but rather because:

  SEXUALITY IS FUNDAMENTAL TO HEALTH, QUALITY OF LIFE, AND GENERAL WELL BEING TO ALL.

Mental health professionals reluctant to talk about sexuality
(Woolf & Jackson, 1996)

Overall lack of knowledge and comfort influences practice (Hayter, 1996; Commons, Bohn, Godon, Hauser, Gutheil, 1992; Waterhouse, 1996)

Sexual expression over time (Deegan, 2001)

- Considered pathological
  - sex with others; masturbation (historical view)
  - Condoms and mixed messages
  - Pregnancy prevention/sterilization
- Sterilization …relationships with others
- Homosexuality…
- All behaviour open to scrutiny whether private or public

Most Chronic illnesses:

- Impact relationships and sexual satisfaction
  - Physically , socially & psychologically
- Affect:
  - self image, erotic desire, emotional and sexual intimacy & reproduction

Effects of mental illness

- Rate of 67% (compared to 43% women, 31% men in general population)
- Prevalence: Depression 78%
  Schizophrenia: 30-54% (meds)
  Antidepressant meds: 10-50%

(although accurate rates are difficult to get in every population)

Specifics:

- Depression:
  - Decreased libido, erectile dysfunction, anorgasmia
- Schizophrenia:
  - Social problems: lack of personal relationships and negative symptoms

(most people felt illness was primary cause of sexual difficulties)

Youth

- Youth with first time psychosis:
  - High risk sexual activities
  - STI
  - Sexual abuse/exploitation
  - Unplanned pregnancy
  - Lack knowledge (missing education)
  - Interferes with sexual development: relationship and sexual-social behaviour

Lifespan

- More sexual risk behaviour
  - Greater rates of HIV and STI
  - Sex with high risk people
  - Trade sex for material gains (survival sex)
  - Multiple partners
- Low self esteem
- Co-morbid substance abuse
- Social stigma of mental illness

Lifestyle

- Lower SES
- Transient lifestyle
- Partners in risky situations
- Lack negotiation, assertiveness, problem solving, communication skills

Biology:

- Women at greater risk (McGee,Garavan, de Barra, Byrne, Conroy, 2002)
  - Unequal power relationships
  - Sexual and other abuse rates
  - History of sexual abuse contributing to re-victimization

Medications:

- Conventional Neuroleptics:
  - Men: ED, ejaculation, priapism
  - Women: arousal, anorgasmia, irregular menstruation
  - Both sexes: breast discomfort, lactation

  (Ghadirian, Chouinard, Annable, 1982, Bhui & Puffel, 1994, Smith, O'Keane, & Murray, 2002)

- Atypical Neuroleptics:
  - effective with positive symptoms; lower incidences of EP side effects; positive effects on relationships, sexual interest and activity (Covington & Cola, 2000; Baldwin & Mayers, 2003)
  - Some risk of unplanned pregnancy when changing meds: need to educate clients (Gregorie & Pearson, 2002)

Changing the discourse:

- According to the WHO (2001):
  "sexual rights embrace human rights that are already recognized in national laws, international human rights documents, and other consensus statements"……and

  The responsible exercise of human rights requires that all persons respect the rights of others." (including sexual rights)

- To the highest attainable standard of sexual health, including access to sexual & reproductive health care services
- To seek, receive, and impart information related to sexuality
- To sexuality education
- Respect for body integrity
- Choose their partner
- Decide to be sexually active or not
- Consensual sexual relations
- Consensual marriage
- Decide whether or not to have children
- Pursue a safe, satisfying and pleasurable sexual life

- Acknowledge mental health clients as sexual human beings
- Adhere to the sexual rights as set out by WHO
- Develop sexuality and sexual health education programs for professionals
- Provide sexuality and sexual health care to mental health clients

- Inpatient & community based programs:
  - Develop a “sex is spoken here” philosophy
  - Include general information about sexuality and sexual health
  - Provide medication information and options to reduce side effects

  - Include information and support for GLBT persons’ needs
  - In-home supports and skills training for parents and children (residential programs included)
  - Educate professionals to increase knowledge and comfort of sexuality in practice

- Include people with mental illness in policy, research, & education development
- Policies need to address:
  - the needs & rights of adults to seek intimacy, love, and physical comfort
  - the responsibility of the institution to protect against exploitative & predatory behaviour of staff & other clients

  (Deegan, 2001)