A Quality Improvement Project to Assess the Sexual and Reproductive Health Needs of Women Admitted to PICU, the Feasibility of Providing a SRH In-Reach Clinic, and the Acceptability of Delivering a Nurse Lead Referral Programme

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BACKGROUND

- Those with serious mental illness are known to have limited access to Sexual and Reproductive Health (SRH) services and care. This results in higher unmet contraceptive needs, a high prevalence of sexually transmitted infections (STIs)/HIV or sexual dysfunction (Hughes and Gray 2009, Cornford et al 2015, Edelman et al 2014, Edelman et al 2013, Parlier et al 2014). The reasons for this are complex and may include:

Patient factors including patient vulnerability, illness-related behaviours and co-morbid substance use.

Staff factors including mental health staff not routinely having conversations about contraception and sexual health with their patients to identify their needs (Hughes and Gray 2009).

Service factors including those with SMI having difficulty accessing outpatient services that address SRH needs at times of acute illness.

- ES1 Psychiatric Intensive Care Unit (ES1 PICU) provides intensive psychiatric care to women in the acute phase of severe mental disorder with complex biopsychosocial needs. However in this setting it can be challenging to ensure physical health needs are met.

- Since May 2018, an in-reach SRH assessment has been available to all psychiatric inpatients, if referred. Analysis of ES1 PICU referrals over 15 months identified only 24 during this time.

HYPOTHESIS

- Inpatients in PICU are likely to be at increased risk of having unmet SRH needs due to barriers to accessing SRH services.

AIMS

- **To assess:**
  - The SRH needs of women admitted to ES1 PICU
  - The feasibility of providing a SRH in-reach clinic
  - The acceptability of delivering a nurse lead referral pathway

METHODS

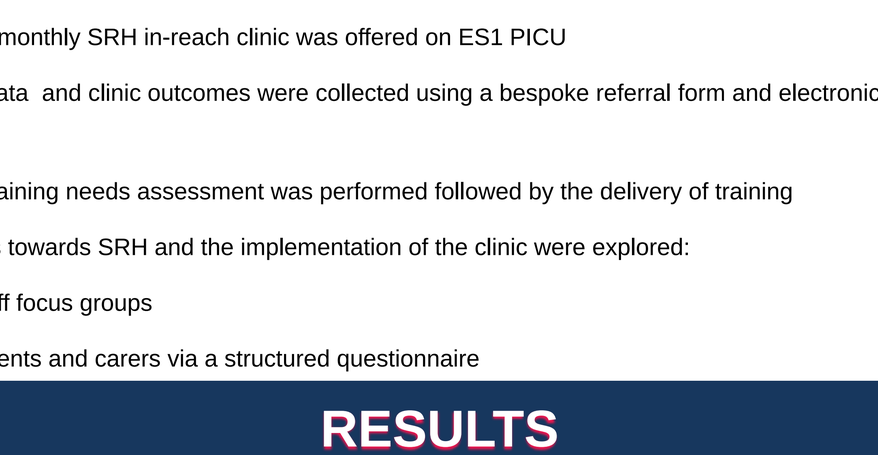
Over a 7 month period between November 2019 to June 2020:

- A protocol was developed involving a nurse led referral pathway
- A twice-monthly SRH in-reach clinic was offered on ES1 PICU
- Referral data and clinic outcomes were collected using a bespoke referral form and electronic patient records
- A staff training needs assessment was performed followed by the delivery of training
- Attitudes towards SRH and the implementation of the clinic were explored:
  - With staff focus groups
  - With patients and carers via a structured questionnaire

RESULTS

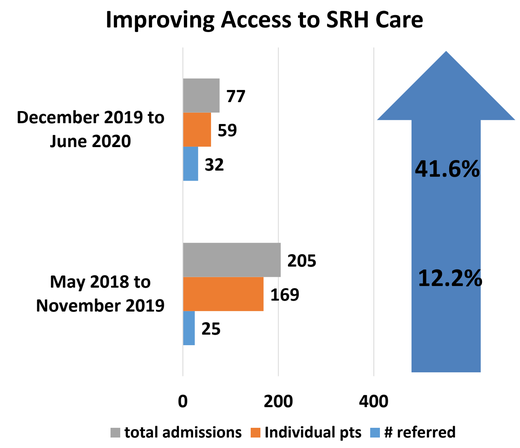
STAFF TRAINING NEEDS ASSESSMENT

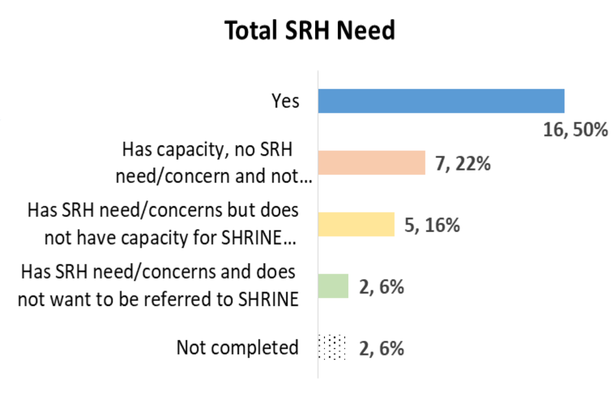
17 members of staff (95%) participated including 4 doctors, 10 nurses, 1 pharmacist, 1 occupational therapist and 1 health care assistant

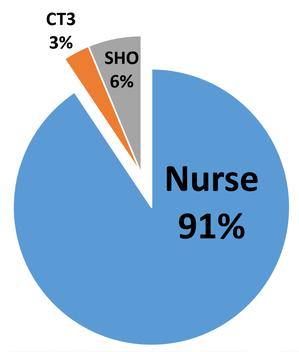


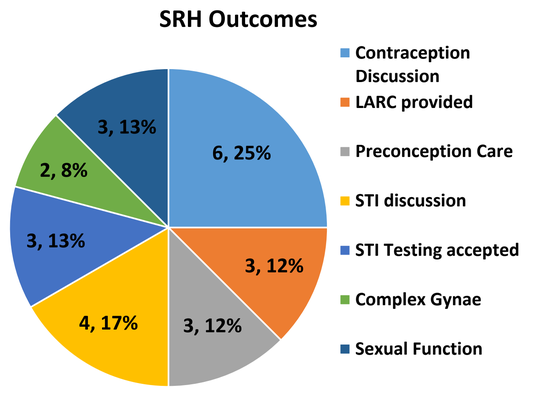
75% of staff self-rated 6+/10 on competence for discussing contraception with patients → yet 81% wanted training on the topic → 82% of staff said they are confident talking about healthy relationships → yet 81% wanted training on how to assess for risky behaviours.

RESULTS









91% of all referrals were made by nursing staff

This highlights the feasibility and acceptability of implementing a nurse led referral pathway. In addition, a staff focus group (N15) highlighted the acceptability and perceived importance of offering SRH care in PICU, if interventions were appropriately timed and the patient's individual risk profile was considered.

This is in comparison to 12% in the 15-month period when ad-hoc, reactive SRH care was delivered on ES1 ward. This represents a 18% increase in identified need of this patient cohort. This is in the context of 42% of all ES1 PICU admissions receiving screening during the project time frame, suggesting the true need in this patient cohort may be even greater.

30% of all referrals from PICU were identified to have a SRH need

This is in comparison to the average length of stay of 24 days in all ES1 PICU admissions during the project time frame. These results suggest that there may be an association between unmet SRH needs and patients who have a prolonged PICU admission. Patients with a prolonged PICU admission may represent those with complex needs and with more severe mental disorder.

This is in comparison to 61% in all ES1 PICU admissions. These results suggest there may be an association between the presentation of mania and the identification of unmet SRH needs. Whilst no firm conclusions can be drawn, this may relate to an increase in impulsive or reckless behaviour in the context of mania which may include risky sexual behaviour. Alternatively, in the context of impulsivity patients with mania may also be more inclined to volunteer information in relation to their physical health which others may view as stigmatising.

The average length of stay for patients where a SRH need was identified was **39 days**

74% of all referrals with a SRH need had a primary presentation of Mania

PATIENT AND CARER ATTITUDES

5 patients admitted to ES1 PICU had their attitudes explored towards SRH and specialist input being offered in a PICU setting via a structured questionnaire:

All patients felt it was important to talk about their SRH health and see a SRH specialist whilst on the ward for reasons including:

"When I'm manic people take advantage and they make sure that I am tested and have a smear test"

"Iv got questions to ask"

"To make plans for when you come out of hospital...to help you not make an impulsive decision"

"Because my medication might be affecting my sexual and reproductive health"

"Because I can be sexually disinhibited"

However 4 of the patients did not always feel comfortable discussing these issues with PICU staff for reasons including a lack of privacy and trust and a lack of relevance in their psychiatric care.

6 family members of patients admitted to ES1 PICU had their attitudes explored towards SRH and specialist input being offered in a PICU setting via a structured questionnaire:

5/6 of the family members thought it was definitely important to discuss SRH. 3 family members thought it was important to discuss SRH in a PICU setting and 3 were unsure, for reasons including feeling patients may not be well enough to engage and it not being relevant for their family member.

Specific feedback included:

"Yes very important, I have ended up with her kids because things weren't planned"

"I just think if you understand their vulnerability , they need these conversations around contraception"

" Yes..can be very promiscuous when manic so important for screening and to talk about risks"

"People have to be well enough..would be very beneficial if could be done before discharge in every case"

CONCLUSION

Whilst further research in the field is required, the project results suggest that SRH needs for PICU admissions are greater than previously realised. Providing a nurse lead referral pathway for an **SRH in-reach clinic is acceptable, feasible** and **beneficial** for PICU patients.

This project has resulted in **service improvements including routinely offering SRH assessments and STI testing to all PICU admissions** and introduction of a routine auditing process**.**

More detail about our results are due to be submitted and published in a peer review journal.