

An evaluation of the Medication to Manage Sexual Arousal (MMSA) Service within the West Midlands

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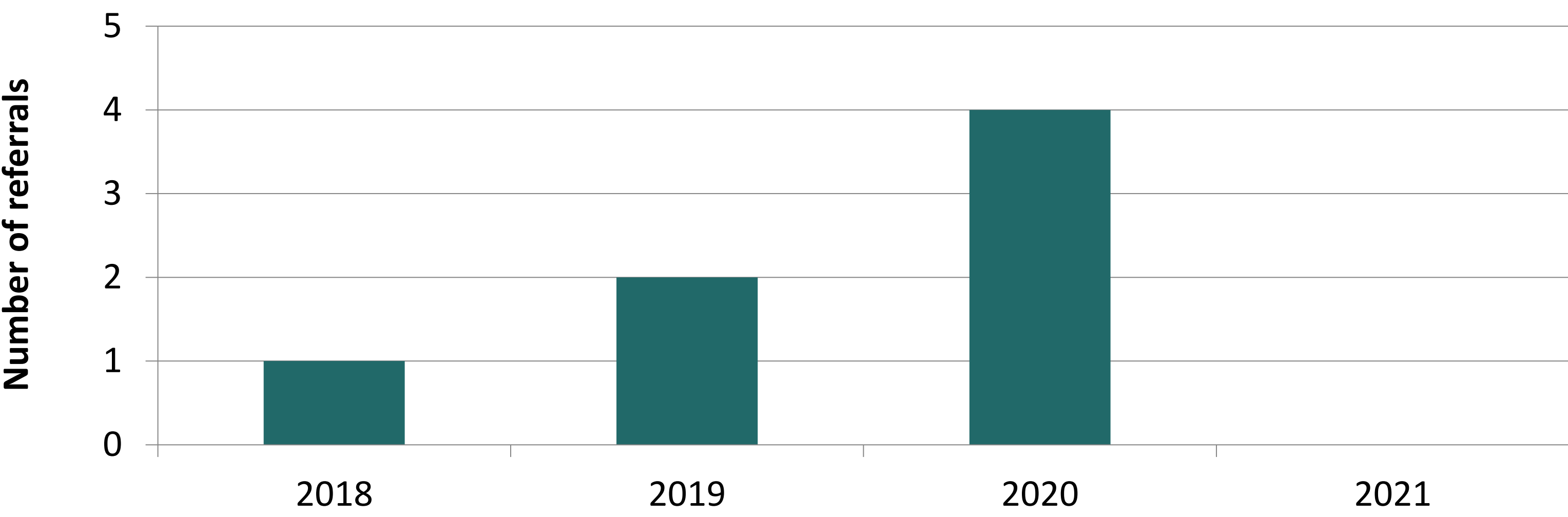
Background

The Medication to Manage Sexual Arousal (MMSA) service is a specialist prescribing service for male sex offenders who experience psychological distress associated with intrusive sexual thoughts and compulsive sexual behaviour. When effective, medication can support service users to engage in offending behaviour programmes or help them avoid high risk situations. The MMSA service within Birmingham and Solihull Mental Health NHS Foundation Trust was established in 2018 and is commissioned on a case by case basis as part of the Offender Personality Disorder pathway.

Results

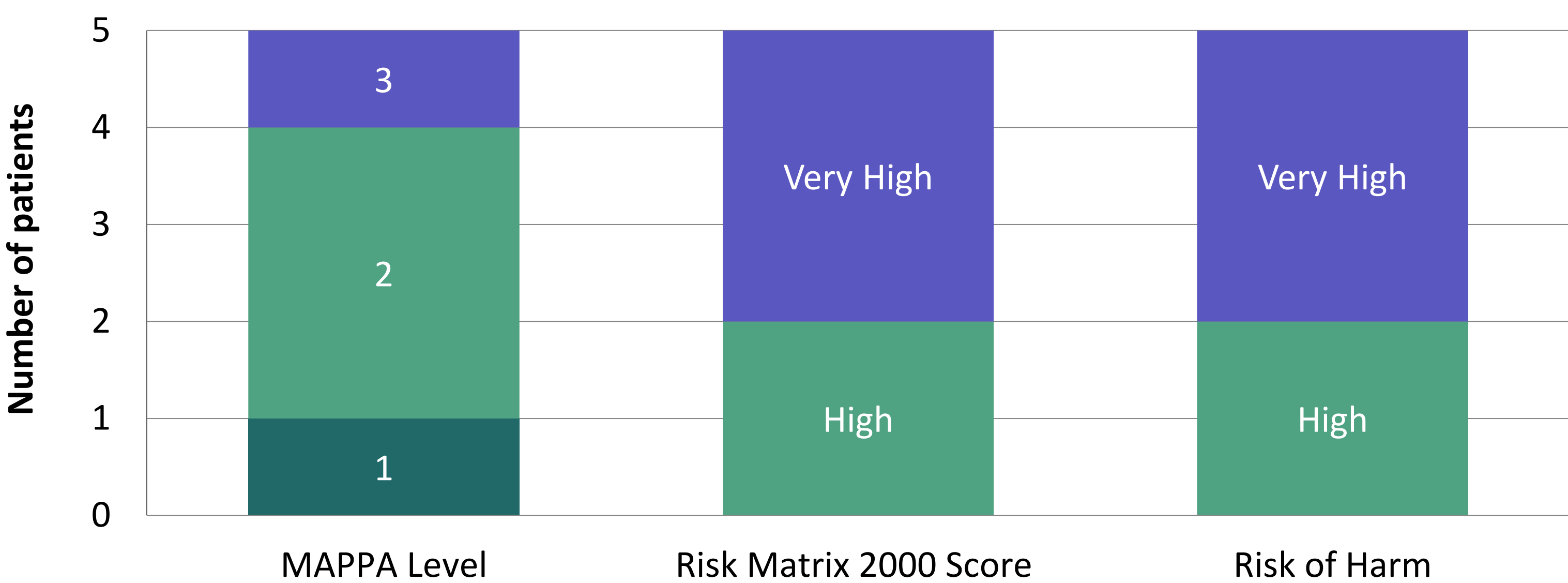
All service users identified as male and were aged between 30 and 67. Referrals came from local probation officers.

Figure 1: Graph showing number of referrals per year (as of May 2021)



- All patients had convictions for contact offences with children
 - Including rape, sexual assault and indecent assault
- 4 out of 5 (80%) had convictions for possession of indecent images
- One patient also had multiple convictions for indecent exposure

Figure 3: Graph of risk Information (as held by probation services)



Aims and Objectives

- To examine the heterogeneity of referrals
- To evaluate service delivery since inception
- To plan future development of the service

Methods

A retrospective case note review of referrals (n=7) including demographic data, psychiatric and risk history, sexual behaviours and outcomes of initial assessment.

Figure 2: Graph showing reason for referral

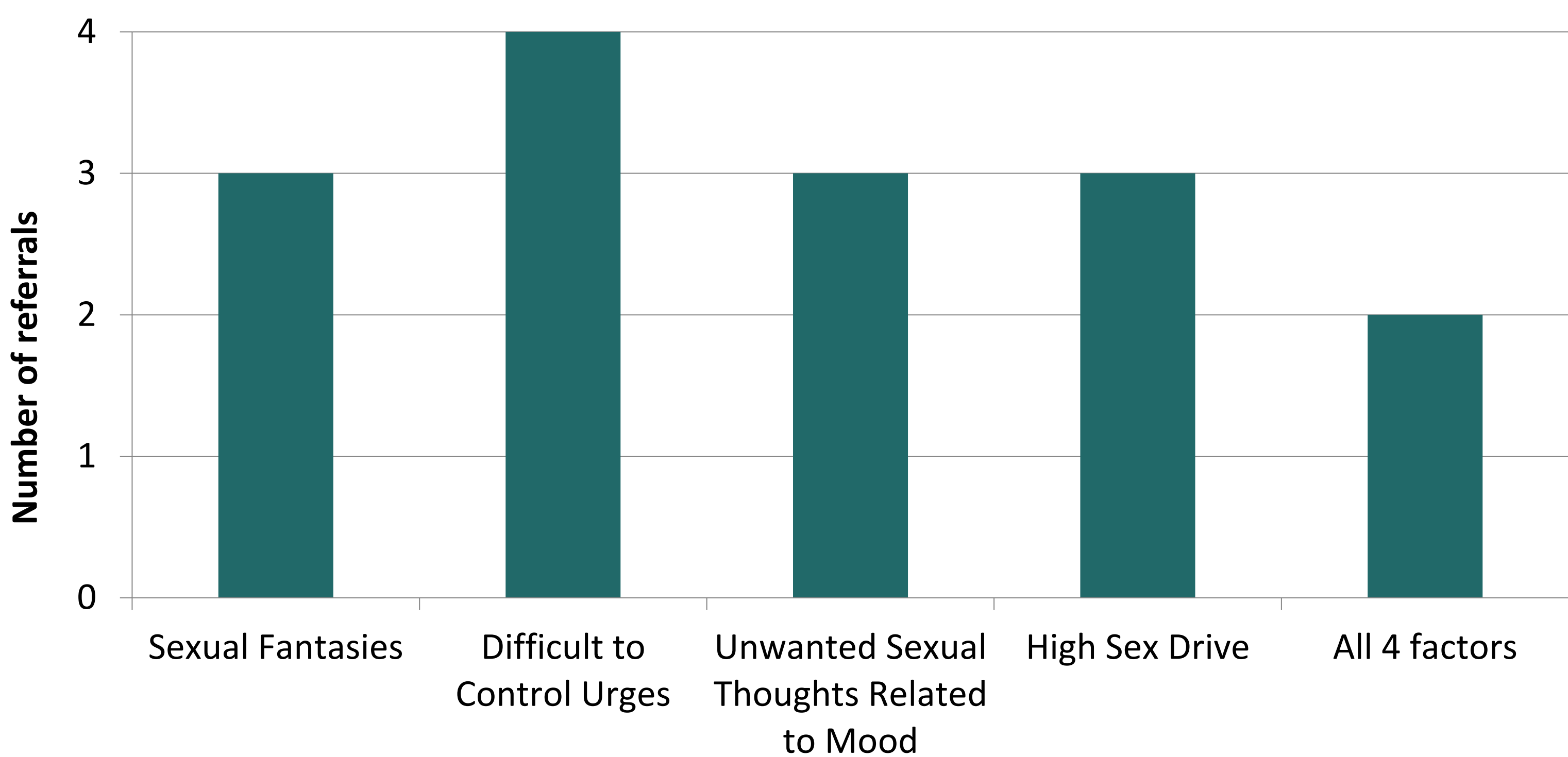


Figure 4: Graph showing known Past Psychiatric History

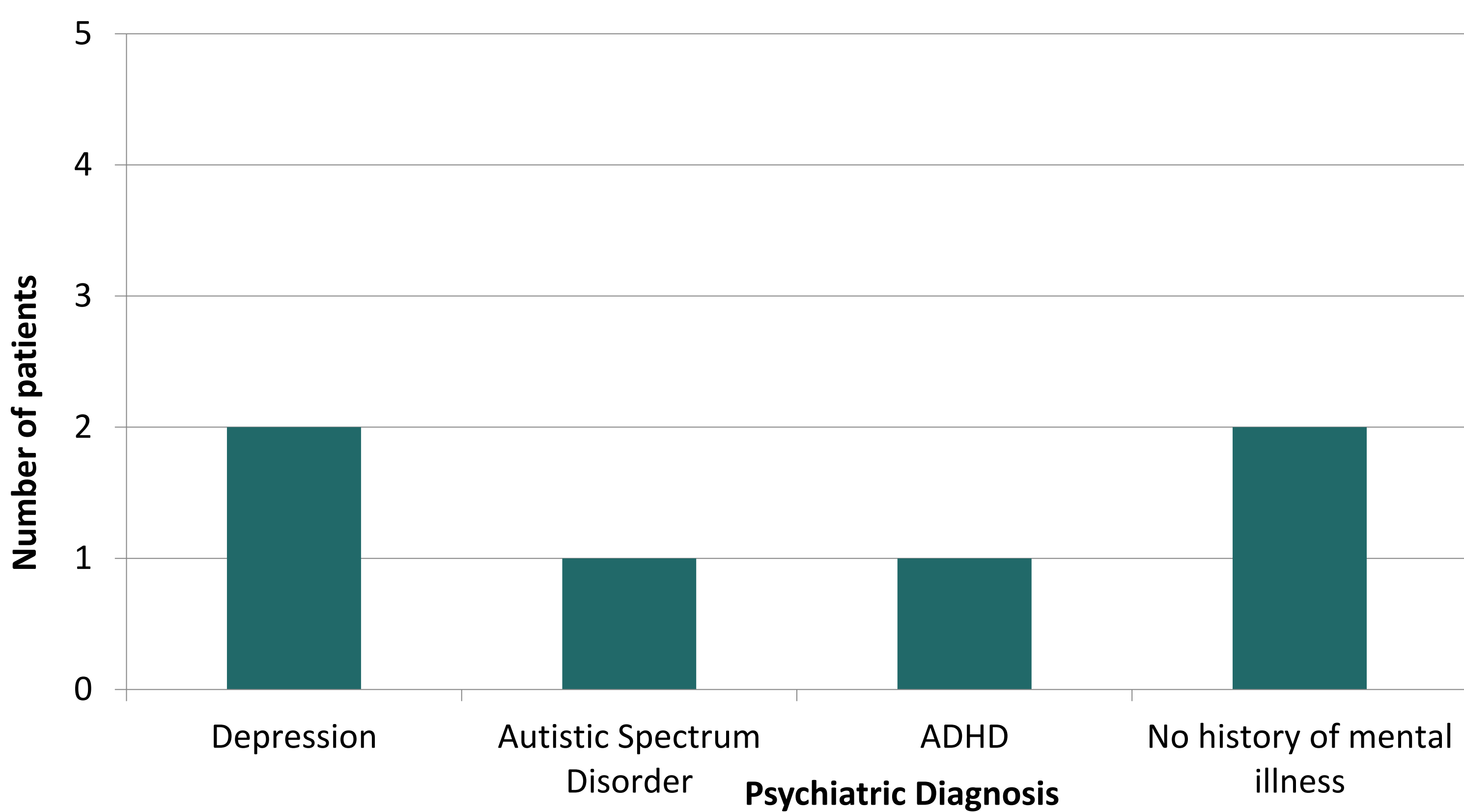
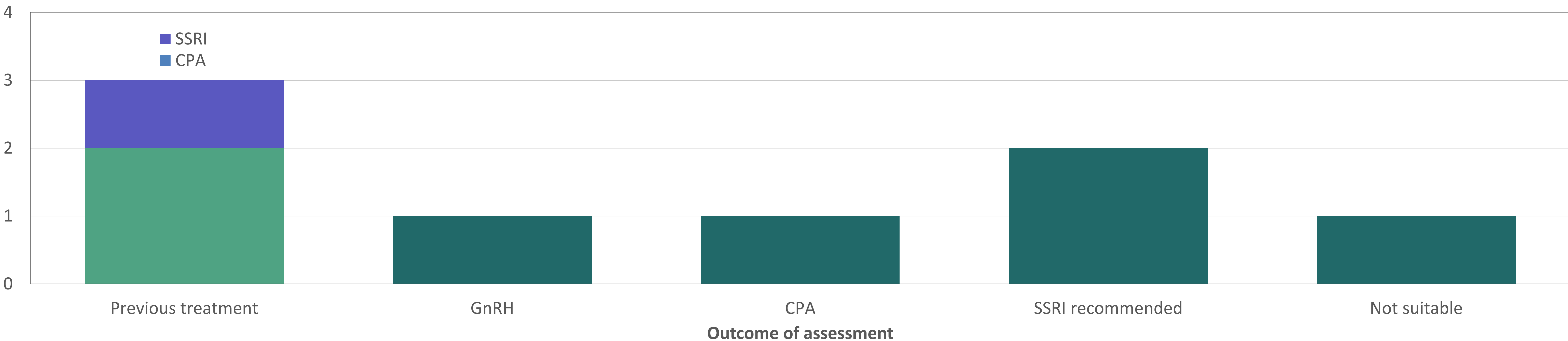


Figure 5: Graph showing previous MMSA treatment and outcome of initial assessment



Conclusion

Since the inception of the MMSA service in 2018, referrals have steadily increased until 2021. Patients who have been referred to the service have been heterogeneous in their patterns of sexual offending, sexual behaviours and treatment needs. Possible factors for the lack of referrals in 2021 include the ongoing Covid-19 pandemic and a lack of awareness amongst relevant stakeholders.

Proactive liaison with primary care and probation services and expansion of the service to incorporate a healthcare commissioning pathway are areas for future development. As the service continues to grow, we recommend that the service is re-evaluated in March 2024.