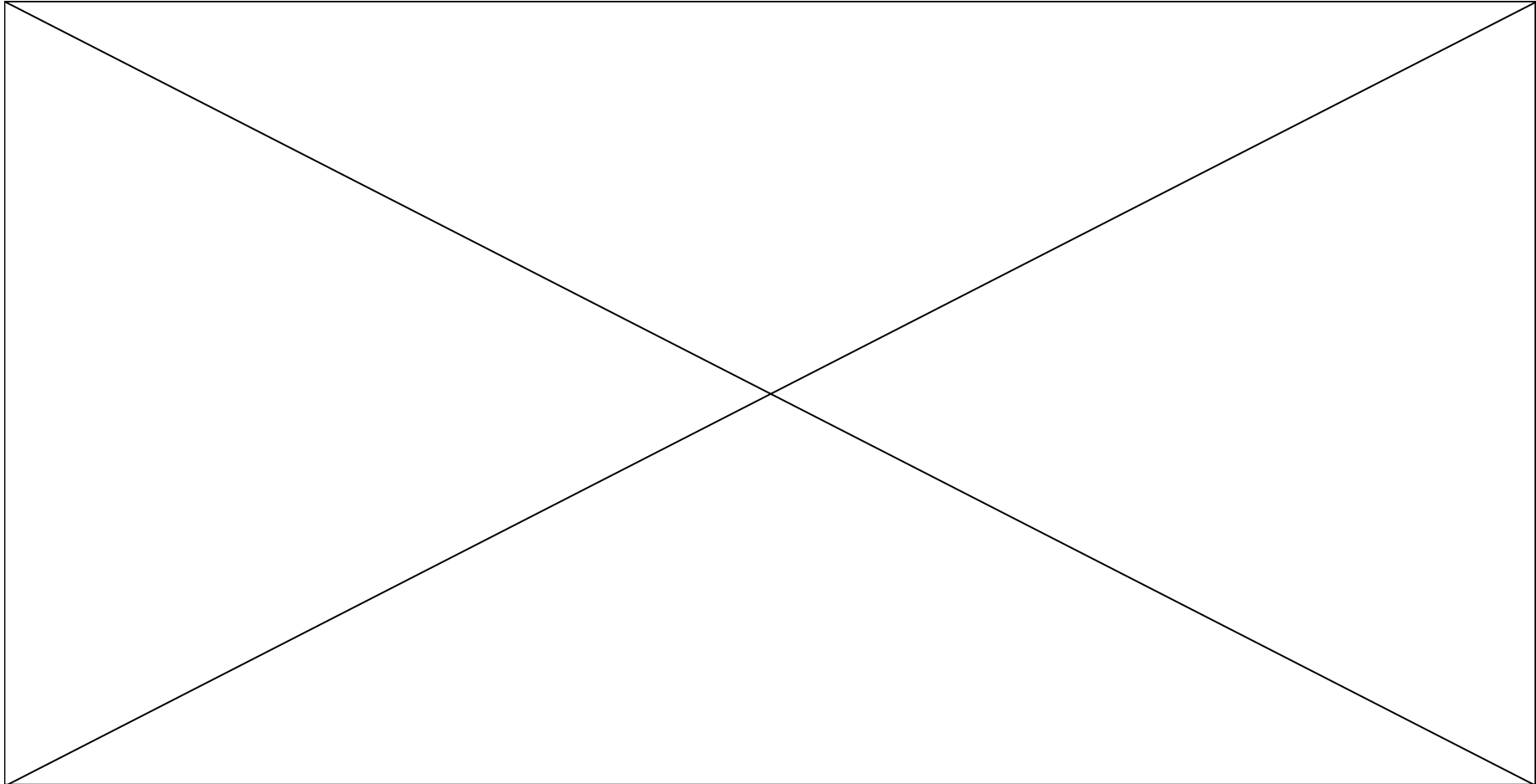




# Let's talk about sex – experiences and reflections

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# Overview

- Landscape and common problems
- My own experiences
- Brief overview of current guidelines and literature
- Possible scenarios



# Landscape

- 7000-8000 in secure care
- Average length of stay over 3 years
- Several thousand in general mental health services more than 3 months
- Tens of thousands in supported accommodation in community
- Majority male and aged 20-30



# Common problems

People with mental health problems may have:

- Increased incidence of childhood and adult abuse and trauma
- Low self-confidence and self-esteem
- Side effects from medication
- Symptoms leading to difficulties with relationships
- Increased risk of engaging in high risk sexual behaviour
- Mental health services – little support for intimate relationships



# Common situations

- Coming out – stigma, abuse, bullying, cultural issues
- Privacy – e.g. masturbation, use of sex toys, close observations
- Sexual disinhibition
- Inappropriate sexual behavior towards other service users and staff
- Grooming, exploitation, manipulation, blackmail
- Relationships – privacy, risk and vulnerability, ground leave, close observations
- Sexual health



# My experiences

- Lack of support and advice about ‘coming out’
- Bullying by other patients after ‘coming out’
- Concerns by staff about ‘risk’ to other patients
- Increased prominence of sexuality in reports
- Concerns over potential relationship
- Discussion in ward rounds – having to ‘ask permission’, open discussion, lack of sensitivity, conflicting views, humiliation
- Constant discussion of ‘vulnerability’, even grooming



# Common responses

- Misunderstanding
- Disbelief and denial
- Suppression and ‘heavy-handedness’
- Risk over-aversion and over-management
- Humiliation – e.g. discussion in community meetings, ward rounds, recording in clinical record





# Why it matters

- A human right: Article 8 of the Human Rights Act 1998 ‘the right to family and personal relationships’
- Enhanced self esteem
- Enhanced quality of life
- Reduced inappropriate sexual behaviour
- Motivator to develop and enhance life skills
- Maintain existing relationships
- Provides hope



# Frequent concerns

Mental health professionals concerns about:

- Capacity of patients to consent to sexual relationship
- Management of allegations of sexual assault and rape
- Sexual exploitation of vulnerable patients
- Unsafe sexual practices and sexually transmitted infections
- Trading of sex for money and drugs
- Unexpected pregnancies
- Concerns by professionals about family
- Public disapproval
- Negative media responses

Windle, 1997; Dein 2008



# Current literature

Only a few psychiatric hospitals in Britain have sexual behaviour policies (Taylor & Swan, 1999)

Factors contributing to difficulties in fostering intimate relationships:

- lack of safe and private space
- inadequate staffing
- lack of training about patient sexuality (Payne, 1993)

Greater likelihood of arbitrary responses by ward staff in the absence of a clear written policy (Davison, 1999; Ford et al, 2003)

Lack of training of clinicians - can lead to homophobia (Mosher, 1991)



# Potential solutions

- Talk about sex and relationships – recruitment, induction and CPD
- Training in LGBT and sexual expression issues – facts and fiction, empathy and sensitivity, risk management, best practice
- Clinical supervision and staff support
- Identified link workers
- Sensitive inclusion in MDT/CPA processes
- *The Avenue*, LGBT support group, Calderstones, Lancashire. *Tapestry*, mental health service user-led dating agency



# Possible scenarios

- Someone in your family has started a sexual relationship with someone who has a diagnosis of Schizophrenia. What are your feelings and thoughts about this?
- A married woman is admitted to a low secure ward. How would you support the couple to continue to have a sexual relationship as part of their human right to family life?
- Two service users on a ward are having a sexual relationship. How can we uphold both people's individual rights whilst ensuring adequate safeguarding?



# Possible scenarios

- What right do we have as professionals to scrutinise intimate details about a service user's sexual history, preferences or morals?
- How would you support a service user who (having capacity), goes out regularly for unprotected sex whilst on leave from the ward?
- How would you support someone who was questioning their sexuality and thinking of 'coming out'?



**Thank you!**

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