



NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH

The Sexual and Reproductive Health Rights, Inclusion and Empowerment (SHRINE) programme

An evaluation of pilot sexual and reproductive health clinics at the Bethlem Royal Hospital. Appendices.

Contents

Appendix 1: Staff training session contents	3
Appendix 2: Copy of staff training feedback form	4
SHRINE Training Feedback Form – Session 1	4
Appendix 3: Copy of staff survey	6
Time point 1	6
Time point 2 and time point 3	8
Appendix 4: Copy of NoMAD questionnaire	11
Appendix 5: Copy of focus group topic guides	17
Staff focus group	17
Patient focus group topic guide	18
Appendix 6: Mother and baby unit staff – additional barriers and facilitators survey	20
Appendix 7: Copy of the patient feedback questionnaire	23
Sexual and Reproductive Health Rights, Inclusion & Empowerment (SHRINE) – Patient experience feedback questionnaire	23
Appendix 8: Copy of the easier-to-read patient feedback questionnaire	25
Appendix 9: Clinic data on referring wards	27
Appendix 10: Demographics of staff responding to survey	28
Appendix 11: Demographics of focus group participants	29
Appendix 12: Focus group total framework and supporting quotes	30
Abbreviations	49

Appendix 1: Staff training session contents

Three 1-hour staff training sessions were conducted, with the following aims:

1. Sexual and Reproductive Health Basics

- a. Describe the symptoms of different sexually transmitted infections (STIs)
- b. State at least five methods of contraception and two methods of emergency contraception
- c. Identify patients who need further support with their sexual and reproductive health
- d. Describe where patients can get more advice about contraception, pregnancy decision-making, abortion and sexual health

2. Contraception (for the mother and baby unit (MBU) and female medium secure unit [MSU])

- a. Explain the relevance of contraception for MBU patients
- b. Describe, using simple terms, different methods of contraception
- c. State which methods of contraception are most effective at preventing pregnancy
- d. Describe common side effects from contraception
- e. Identify where patients can get more advice about contraception, pregnancy decision-making, abortion and sexual health

3. Sexual and Reproductive Health (for River House)

- a. Explain the relevance of sexual and reproductive health in the MSU
- b. Describe the symptoms of different STIs
- c. State at least five methods of contraception and two methods of emergency contraception
- d. Identify patients who need further support with their sexual and reproductive health
- e. Describe where patients can get more advice about contraception, pregnancy decision-making, abortion and sexual health

Appendix 2: Copy of staff training feedback form

SHRINE Training Feedback Form – Session 1

Thank you for attending the first Sexual and Reproductive Health Rights, Inclusion & Empowerment (SHRINE) training session, and for taking the time to complete this short feedback form.

This form will briefly ask about your thoughts and feedback on the training session, so that we can monitor whether we need to make any changes for future sessions.

This form should take a maximum of 3 minutes to complete.

Confidentiality:

Information provided in this form will be kept strictly confidential and will not be accessible by anyone outside of the NCCMH or SHRINE internal teams. Data collected in this form will be used strictly for the purposes of evaluation of the SHRINE project, by the internal NCCMH and SHRINE teams.

Further supporting information:

The SHRINE project is being run in collaboration with the National Collaborating Centre for Mental Health, which is based at the Royal College of Psychiatrists.

The dates of the next training sessions are: 28/10 (11–12pm) (MBU and female MSU wards); 4/11 (2–3pm) (River House)

If you have any questions, or would like any further information, please contact: safetyimprovement@rcpsych.ac.uk

1. What is your job title? Please select which best applies:

- ☐ Health care assistant/nursing assistant
- ☐ Nurse/mental health nurse
- ☐ Ward manager
- ☐ Support worker
- ☐ Activities co-ordinator
- ☐ Occupational therapist
- ☐ Junior doctor/doctor/consultant
- ☐ Psychology
- ☐ Social worker

2. The content of the training was relevant to me:

1 = Strongly disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Strongly agree

3. The content of the training was pitched at the right level:

1 = Strongly disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Strongly agree

4. My understanding of STIs, contraception, identifying sexual and reproductive health needs in patients, and how to address these needs before the training session was...:

1 = None; 2 = Limited; 3 = Average; 4 = Good; 5 = Very good

5. My understanding of STIs, contraception, identifying sexual and reproductive health needs in patients, and how to address these needs after the training session is now...:

1 = None; 2 = Limited; 3 = Average; 4 = Good; 5 = Very good

6. If you have any comments, feedback or suggestions about this training session, or any suggestions or ideas of future training topics, please provide these here:

[Open ended answer option]

Appendix 3: Copy of staff survey

Time point 1

Sexual and Reproductive Health Rights, Inclusion & Empowerment (SHRINE) – Pre-project questionnaire

The SHRINE programme is an initiative of King's Health Partners that uses a human rights-based approach in looking after the sexual and reproductive health (SRH) needs of people with addiction, severe mental illness and/or learning disability. The National Collaborating Centre for Mental Health (NCCMH) is working with the SHRINE programme to support the introduction of SRH clinics within inpatient mental health services at the Bethlem Hospital. The project will involve running monthly on-site SRH clinics from June 2022 to January 2023 on the mother and baby unit and River House. We will be evaluating the project to help us understand what aspects of the introduction of the new clinics worked well and where improvements can be made for the future.

The purpose of this questionnaire is to gain an understanding of your previous experience and confidence in initiating and having conversations with patients about their sexual and reproductive health. We will also be carrying out focus groups further into the project to hear your views on how the project is going.

The responses that you provide will be combined with the other staff who complete the questionnaire and kept confidential.

Thank you for your time completing this questionnaire,

The NCCMH Evaluation Team.

1. How would you describe your professional job category?

.....

2. How long have you worked in inpatient mental health services? Please tick one option:

- ☐ Less than 1 year
- ☐ 1–2 years
- ☐ 3–5 years
- ☐ 6–10 years
- ☐ 11–15 years
- ☐ More than 15 years

3. Please indicate your agreement with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I have a good level of knowledge about sexual and reproductive health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident talking to patients about their sexual and reproductive health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a lot of previous experience talking to patients about sexual and reproductive health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How often do patients currently initiate conversations with you about their sexual and reproductive health? Please tick one option:

- ☐ Never
- ☐ Monthly or less
- ☐ 2–3 times a month
- ☐ Weekly
- ☐ 2–6 times a week
- ☐ Daily or more

5. How often do you currently initiate conversations with patients about their sexual and reproductive health? Please tick one option:

- ☐ Never
- ☐ Monthly or less
- ☐ 2–3 times a month
- ☐ Weekly
- ☐ 2–6 times a week
- ☐ Daily or more

6. Please provide any other comments including anything that you would find helpful in relation to this project, such as additional support or resources:

.....

.....

.....

Time point 2 and time point 3

Sexual and Reproductive Health Rights, Inclusion & Empowerment (SHRINE) – Midpoint (November 2022)

The SHRINE programme is an initiative of King's Health Partners that uses a human rights-based approach in looking after the sexual and reproductive health (SRH) needs of people with addiction, severe mental illness and/or learning disability. The National Collaborating Centre for Mental Health (NCCMH) is working with the SHRINE programme to support the introduction of SRH clinics within inpatient mental health services at the Bethlem Hospital.

The purpose of this midpoint questionnaire is to gain an understanding of how your experience and confidence in initiating and having conversations with patients about their sexual and reproductive health has changed since the SHRINE clinics started at the Bethlem in June 2022.

The responses that you provide will be combined with the other staff who complete the questionnaire and kept confidential. If you have any questions, or would like any further information, please contact: safetyimprovement@rcpsych.ac.uk.

Thank you for your time completing this questionnaire.

1. What is your job title? Please select which best applies:

- ☐ Health care assistant/nursing assistant
- ☐ Ward manager
- ☐ Nurse/mental health nurse
- ☐ Support worker
- ☐ Consultant
- ☐ Occupational therapist
- ☐ Activities co-ordinator
- ☐ Junior doctor/doctor
- ☐ Nursery nurse
- ☐ Social worker
- ☐ Other (*please specify*).....

2. How long have you worked in inpatient mental health services? Please tick one option:

- ☐ Less than 1 year
- ☐ 1–2 years
- ☐ 3–5 years
- ☐ 6–10 years
- ☐ 11–15 years
- ☐ More than 15 years

3. Please indicate your agreement with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	NA (I didn't attend any of the training sessions)
I have a good level of knowledge about sexual and reproductive health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident talking to patients about their sexual and reproductive health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training sessions increased my understanding of the sexual and reproductive health needs of patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How often do patients currently initiate conversations with you about their sexual and reproductive health? Please tick one option:

- ☐ Never
- ☐ Monthly or less
- ☐ 2–3 times a month
- ☐ Weekly
- ☐ 2–6 times a week
- ☐ Daily or more

5. How often do you currently initiate conversations with patients about their sexual and reproductive health? Please tick one option:

- ☐ Never
- ☐ Monthly or less
- ☐ 2–3 times a month
- ☐ Weekly
- ☐ 2–6 times a week
- ☐ Daily or more

6. Please select which best applies:

	No experience at all	A little experience	Moderate experience	A lot of experience
Before the SHRINE project started in June 2022, how much experience did you have talking to patients about their sexual and reproductive health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Now, how much experience (including during SHRINE and any previous experience) do you have talking to patients about their sexual and reproductive health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please provide any other comments/feedback, including anything that you would find helpful in relation to this project, such as additional support or resources:

.....

.....

.....

Appendix 4: Copy of NoMAD questionnaire

This part of the survey is designed to help get a better understanding of how to apply and integrate new ways of working in mental health care.

The questions relate to **having conversations with patients on sexual and reproductive health**. We know that conversations on sexual and reproductive health are the first step in finding out if a patient has a sexual and/or reproductive health need and identifying if they need a referral for an appointment at a sexual and reproductive health clinic. For this survey, please answer all statements from the perspective of your role or responsibilities relating to this. Some statements may be more relevant to you than others.

There are two parts to this survey: **Part A** includes three general questions about having conversations with patients on sexual and reproductive health. **Part B** contains a set of more detailed questions about having conversations with patients on sexual and reproductive health. For each statement in **Part B**, there is the option to agree or disagree with what is being asked (**Option A**). However, if you feel the statement is not relevant to you, there are also options to tell us why (**Option B**).

Please take the time to decide which answer best suits your experience for each statement and tick the appropriate box.

Part A: General questions about conversations on sexual and reproductive health

1. When you have conversations with patients on sexual and reproductive health, how familiar does it feel?

Still feels very new										Feels completely familiar
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you feel that having conversations with patients on sexual and reproductive health is currently a normal part of your work?

Not at all				Somewhat				Completely		
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you feel that having conversations with patients on sexual and reproductive health will become a normal part of your work?

Not at all				Somewhat				Completely		
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART B: Detailed questions about having conversations on sexual and reproductive health

Section 1/4

	Option A				Option B			
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant to my role	Not relevant at this stage	Not relevant to referral to sexual and reproductive health
I can see how having conversations with patients on sexual and reproductive health differs from usual ways of working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff in this organisation have a shared understanding of the purpose of having conversations with patients on sexual and reproductive health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand how having conversations with patients on sexual and reproductive health affects the nature of my own work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can see the potential value of having conversations with patients on sexual and reproductive health for my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2/4

	Option A				Option B			
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant to my role	Not relevant at this stage	Not relevant to referral to sexual and reproductive health clinics
There are key people who are driving the practice of having conversations with patients on sexual and reproductive health forward, and get others involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that participating in having conversations with patients on sexual and reproductive health is a legitimate part of my role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm open to working with colleagues in new ways to have conversations with patients on sexual and reproductive health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will continue to have conversations with patients on sexual and reproductive health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3/4:

	Option A					Option B		
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant to my role	Not relevant at this stage	Not relevant to referral to sexual and reproductive health clinics
I can easily integrate having conversations with patients on sexual and reproductive health into my existing work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting patients to have conversations on sexual and reproductive health disrupts working relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have confidence in other people's ability to support patients to have conversations with patients on sexual and reproductive health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work is assigned to those with skills appropriate to support patients to have conversations on sexual and reproductive health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sufficient training is provided to enable staff to have conversations with patients on sexual and reproductive health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Option A				Option B			
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant to my role	Not relevant at this stage	Not relevant to referral to sexual and reproductive health clinics
Sufficient resources are available to have conversations with patients on sexual and reproductive health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management adequately facilitates provision of support in having conversations with patients on sexual and reproductive health into my existing work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4/4:

	Option A					Option B		
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant to my role	Not relevant at this stage	Not relevant to referral to sexual and reproductive health clinics
I am aware of written reports about the effects of having conversations with patients on sexual and reproductive health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff agree that having conversations with patients on sexual and reproductive health is worthwhile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I value the effects that having conversations with patients on sexual and reproductive health has had on my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feedback about having conversations with patients on sexual and reproductive health can be used to improve it in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can modify how I work with having conversations with patients on sexual and reproductive health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix 5: Copy of focus group topic guides

Staff focus group

[Facilitators introduce themselves, and read the following script:]

Thank you for attending today's focus group. As you will know, we've been running sexual and reproductive health clinics for patients, often referred to as SHRINE clinics, on site at the Bethlem. This was a pilot which ran from June 2022 until February 2023.

The purpose of this focus group is to hear your views on what went well with the introduction of the clinics and what could have been better.

To complement the introduction of the SHRINE clinics, quality improvement support was available for each ward to increase conversations on SRH and referrals to the clinics.

In our discussion, we'd also like to hear your experience of the quality improvement support available from quality improvement coaches and the monthly learning sessions they ran.

Lastly, we'd also like to talk about what impact you think the project had and ideas or advice you have if on-site SRH clinics were introduced in another service in the future.

We have questions on each of these areas and we'll work our way through them during our discussion.

Before we make a start, please can we go round the room so that each person can introduce themselves, give their role/job title and the ward they are from?

Topic 1

Thinking about the SHRINE clinics and quality improvement support available, what would you say went well?

[Facilitator prompts:]

- What were some of the positives, or things that went well with how the clinics were set up and delivered?
- How did you or your ward make use of any of the quality improvement support that was on offer throughout the programme and the monthly learning sessions?
- Did anything help during the project, e.g. the training we offered?

Topic 2

Thinking about the SHRINE clinics and quality improvement support available, what would you say went **less well**?

[Facilitator prompts:]

- What could have been better when the clinics were introduced?
- What prevents staff from talking about SRH with patients (i.e., think it may upset the patient, think it's inappropriate)?

- If quality improvement support was not used, what do you think prevented you from being able to use the support from the quality improvement coaches? (prompt if needed: we struggled to get engagement and want to understand how to engage staff in the future)
- What other kinds of support would have helped to ensure the success of the programme (increasing conversations on SRH with patients and making referrals made to clinics)?

Topic 3

In your opinion, what was the impact of having on-site SHRINE clinics?

[Facilitator prompts:]

- What was the general feedback on the clinics from patients? (patients that attended the clinics and patients that didn't)
- What practices, behaviours or conversations about SRH changed on the ward as a result of having the on-site SHRINE clinics?

Topic 4

If the SHRINE clinic was to be implemented in another service, what advice would you give the SHRINE team and wards that would be involved?

[END OF TOPIC GUIDE]

Patient focus group topic guide

Introduction (10 minutes)

[Facilitators introduce themselves, and read the following script:]

Thank you for attending today's focus group. As you may know, we've been running sexual and reproductive health clinics for patients, often referred to as SHRINE clinics, on site at the Bethlem. This was a pilot which ran from June 2022 until February 2023. The purpose of this focus group is to hear about your experiences of having conversations on sexual and reproductive health with staff and listen to your views on the clinics. You do not need to have attended a clinic appointment to take part in this session and if you did attend an appointment, you are not required to give any details, only what you feel comfortable sharing with the group.

Before we make a start, please can we go round the room so that each person can introduce themselves and say which ward they are from?

[Allow people to introduce themselves, keep brief. Then, proceed to read the following:]

Thank you. We will now start the recording and begin the discussion.

[Begin the recording.]

Topic 1: Engaging in discussions about SRH with staff (20 minutes)

Question 1: Can you talk to us about your experiences of discussing sexual and reproductive health with staff on the ward?

[Facilitator prompts:]

- What challenges did you yourself experience in discussing the topic of sexual and reproductive health with staff?
- How comfortable did you feel discussing sexual and reproductive health with staff?
- Did you approach staff or did staff approach you?
- Did practices, behaviours or conversations about sexual and reproductive health change while the clinics were happening on site?

Note: If the conversation starts to venture into challenges or struggles, redirect towards the question about positives and benefits, emphasising that there will be time to discuss what went less well shortly.]

Question 2: What would help to improve you feeling comfortable in having these

Facilitator's note

discussions/conversations with staff about sexual and reproductive health?

Topic 2: The SHRINE programme and clinics overall (20 minutes)

Question 3: What do you think was good about the offering of sexual and reproductive health clinics on the ward?

[Facilitator prompts:]

- What things were helpful about having the SHRINE programme (i.e., the staff having discussions with you, the availability of clinics, access to support about sexual and reproductive health needs)?

Question 4: What do you think was not so good about offering sexual and reproductive health clinics on the ward?

[Facilitator prompts:]

- What would you like to see done differently if the SHRINE programme was rolled out again?

[END OF TOPIC GUIDE]

Appendix 6: Mother and baby unit staff – additional barriers and facilitators survey

You have been invited to complete this survey because you work on the MBU and have been taking part in the Sexual and Reproductive Health Rights, Inclusion & Empowerment (SHRINE) project.

This form will briefly ask about what worked well with the project, any challenges and barriers experienced, how you integrated aspects of the SHRINE project into routine care and any other feedback that you have. This will form part of the project evaluation, which will help us improve the project in the future.

This form should take approximately **5–8 minutes** to complete. Please include as much detail as possible.

Confidentiality:

Information provided in this form will be kept strictly confidential and will not be accessible by anyone outside of the NCCMH or SHRINE internal teams. Data collected in this form will be used strictly for the purposes of evaluation of SHRINE project, by the internal NCCMH and SHRINE teams.

Further supporting information:

The SHRINE project is being run in collaboration with the National Collaborating Centre for Mental Health, which is based at the Royal College of Psychiatrists.

If you have any questions, or would like any further information, please contact: safetyimprovement@rcpsych.ac.uk

1. What is your job title? Please select which best applies:

- ☐ Health care assistant/nursing assistant
- ☐ Nurse/mental health nurse
- ☐ Ward manager
- ☐ Support worker
- ☐ Activities co-ordinator
- ☐ Occupational therapist
- ☐ Junior doctor/doctor/consultant
- ☐ Psychology
- ☐ Social worker
- ☐ Nursery nurse

2. During the project, staff told us that the following things helped them with providing sexual and reproductive care to patients. Which of the following options helped you? Please select all that apply, and/or select 'other' and specify:

- ☐ Good knowledge about sexual and reproductive health knowledge
- ☐ SHRINE training
- ☐ Previous experience talking to patients about sexual and reproductive health needs
- ☐ Feeling confident to talk about sexual and reproductive health
- ☐ Session with my QI coach
- ☐ Sexual and reproductive health being integrated into routine care
- ☐ Having trusting relationships with patients
- ☐ Patients wanting to engage in conversations about their sexual and reproductive health
- ☐ Nothing helped me with the project
- ☐ Other (please specify).....

3. Please explain how the options that you selected (in Question 2) helped your delivery of sexual and reproductive health care to patients. Please give at least one example:

[Free text]

4. During the project, staff raised the following barriers/challenges that they encountered whilst providing sexual and reproductive care to patients. Which of the following barriers/challenges did you experience? Please select all that apply, and/or select 'other' and specify:

- ☐ Time constraints
- ☐ Workload
- ☐ Staff shortages
- ☐ Lack of engagement in conversations about sexual and reproductive health from patients
- ☐ My own lack of knowledge about sexual and reproductive health
- ☐ My lack of confidence talking to patients about their sexual and reproductive health
- ☐ Having a different gender identity from that of the patient
- ☐ I did not experience any challenges or barriers

5. Please explain how the barriers or challenges that you selected above (in Question 4), made aspects of the project challenging. Please give at least one example:

[Free text]

6. In your opinion, have practices, behaviours or conversations about sexual and reproductive health changed since the SHRINE project started in June 2022?:

- ☐ Yes
- ☐ No
- ☐ Not sure

7. You answered 'yes' to question 6. Please explain how you think practices have changed since the SHRINE project started, giving examples of specific things that have changed:

[Free text]

8. In what ways have you integrated conversations and activities around sexual and reproductive health into your routine practice?:

[Free text]

9. Please let us know anything else that could have been done to support you with this project? This could include any resources, support or training needs that would have helped you with any element of the project:

[Free text]

10. If you have any other comments, feedback or suggestions about the SHRINE project, please provide this here:

[Free text]

Appendix 7: Copy of the patient feedback questionnaire

Sexual and Reproductive Health Rights, Inclusion & Empowerment (SHRINE) – Patient experience feedback questionnaire

We would like to invite you to complete the following questionnaire as you've had an appointment at the sexual and reproductive health clinic. The clinic at the Bethlem is new and we would like to gather feedback to understand your experience of the clinic and referral process. This will help us understand what worked well and where improvements could be made in the clinic.

Your responses will be anonymous and combined with the other patients who complete the questionnaire.

Thank you for your time completing this questionnaire.

- 1. Before you were referred to the clinic, you would have had a conversation with a member of staff on the ward to discuss this. Who brought up the sexual and reproductive health clinic in the conversation? Please tick one box:

☐ Me
☐ A member of staff
☐ I don't remember
- 2. How satisfied were you with how long you waited between having an initial conversation with a member of staff about your sexual and/or reproductive health, and having your appointment at the clinic (today)? Please mark on the line:

1

2

3

4

5

6

7

8

9

10

Unsatisfied

Very satisfied

Please explain why you gave this satisfaction rating:

Appendix 8: Copy of the easier-to-read patient feedback questionnaire

The **Sexual and Reproductive Health** clinic is **new**.

This questionnaire is for people who have **had an appointment** in the clinic.

This questionnaire will **help us find out**:

- what is **good about the clinic**
- what the **clinic could do better**

Complete this questionnaire to tell us what you think.

The questionnaire is anonymous.

Thank you for your help.

Sexual and Reproductive Health Rights, Inclusion & Empowerment (SHRINE) – Patient experience feedback questionnaire

1. On the ward, who started the conversation about your sexual and reproductive health? Please tick one box:

- ☐ Me
- ☐ A member of staff
- ☐ I don't remember

2. How did you find out about the clinic? Please tick one box:

- ☐ Ward or other staff member told me
- ☐ Another patient told me
- ☐ I'm not sure
- ☐ Another way

If you answered 'Another way', please tell us how you found out about the clinic:

.....

.....

3. How much do you agree with these sentences?

These questions are all about your experience in the clinic today.

Tick one box in each row in the table below to show how much you agree:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I felt <u>comfortable talking</u> about my sexual and reproductive health and asking questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt <u>listened to</u> and <u>taken seriously</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got the <u>advice and help</u> I needed from the clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I <u>understood</u> everything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How happy were you with your appointment? Please tick one box:

Very unhappy	Unhappy	Not unhappy or happy	Happy	Very happy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What didn't you like about the clinic and your experience there?

.....

.....

6. Do you have any suggestions about how the clinic could be better?

.....

.....

7. Is there anything else you would like to tell us about your appointment or visit to the clinic?

.....

.....

Appendix 9: Clinic data on referring wards

Referring ward	Baseline		SHRINE	
	N	%	N	%
Brook Ward	1	1.8	3	5.9
Chaffinch Ward	0	0	3	5.9
Effra Ward	1	1.8	0	0
Eileen Skellern 1	0	0	2	3.9
Jim Burley Unit	0	0	4	7.8
Mother and Baby Unit	47	83.9	22	43.1
Norbury Ward	0	0	1	2
Ruskin Ward	0	0	1	2
Spring Ward	7	12.5	9	17.6
Thames Ward	0	0	2	3.9
Waddon Ward	0	0	4	7.8

Appendix 10: Demographics of staff responding to survey

Respondent job categories, by percentage

	T1 respondents (%)	T2 respondents (%)	T3 respondents (%)
Nurse/mental health nurse	53	40	56
Nursery nurse	13	6	0
Support worker/social worker	13	26	13
Activities coordinator	3	9	0
Health care assistant/nursing assistant	7	6	19
Occupational therapist	3	3	0
Ward manager	0	3	0
Other	7	9	12

Respondent time working in inpatient services, by percentage

	T1 respondents (%)	T2 respondents (%)	T3 respondents (%)
Less than 1 year	17	20	19
1–2 years	3	17	13
3–5 years	33	37	31
6–10 years	17	11	19
11–15 years	10	0	0
More than 15 years	20	14	19

Appendix 11: Demographics of focus group participants

Staff/ patient	Ethnicity	Age (years)	Sex/ gender	Sexual orientation
Staff	Black or Black British: African	45–54	Man	Heterosexual
	Black or Black British: African	35–44	Man	Heterosexual
	Black or Black British: African	55–64	Man	Heterosexual
	Black or Black British: African	35–44	Man	Heterosexual
	White European	35–55	Woman	Heterosexual
	Black or Black British: African	45–54	Woman	Heterosexual
	NR	NR	NR	NR
Staff (student nurse)	NR	NR	NR	NR
Patient	NR	NR	Male	NR
	Black or Black British: African	35–44	Female	Heterosexual
	Black or Black British: Caribbean	25–34	Female	Heterosexual
	Black or Black British-African	35–44	Female	Heterosexual
NR = not reported.				

Appendix 12: Focus group total framework and supporting quotes

Focus group total framework (broad topics, themes and subthemes) and supporting quotes from patients and staff

Theme	Subtheme	Patient raw transcripts	Staff member raw transcripts
Broad topic: Conversations about SRH between patients and staff			
Barriers to having conversations	Concerns about confidentiality of discussions with staff	<p>'I just think it's... to be on urm, wards and have any kind of, any issue at all irrespective of whether it's sexual, you would have to be willing to share that with more than the person you are talking to. That's just my... urm... my general feeling about things, maybe it's not ideal, maybe that's not how it should be, but that is definitely how I see the environment that I'm in, basically.'</p> <p>'Not all staff are good at being... maintaining confidentiality. That's the outcome as well, sometimes staff... urm... can talk about other people – they might not be going into their details specifically but if they can talk about other people to other patients then why would they not talk about patients to other staff?'</p> <p>'Though you wanna share the information with the consultant you might not, you might share more content with the sexual health [advisor] than you would with the actual... unless you're going through a problem, and the problem's unbearable.'</p>	<p>'Although there was still that difficulty of being open to the staff when they are requesting to complete the referral – a sheet to be sent to the sexual health clinic.'</p>
	Feeling ill-equipped or lack of knowledge	<p>'Sometimes it's a bit hard because, urm, all the doctors here, their profession is, urm, more on the mental health side and they lack the understanding with the physical side or towards the reproductive areas.'</p>	<p>'They didn't want to share to us staff – we don't have the knowledge.'</p> <p>'Staff not really feel confident enough to have the conversation.'</p>

Theme	Subtheme	Patient raw transcripts	Staff member raw transcripts
Broad topic: Conversations about SRH between patients and staff [continued]			
Barriers to having conversations [continued]	Feeling ill-equipped or lack of knowledge [continued]		<p>'The staff were...were willing, it's just the...limited knowledge we all have about this. I think it was when I took up the post that actually had more advanced training, in relation to what we can offer to our patients so it was urm I think some of the barriers we had initially was actually getting the message across to staff and explaining what it actually means to them.'</p> <p>"Cause often they don't have confidence from us because it's not a part of our... But sometimes when you are approaching [inaudible] then you see like, "Is it possible to pass me through, to speak to someone who is private".'</p> <p>'I think yes as we have all mentioned it's quite an aspect of conversation that is really, is difficult to engage patients and if you look at the majority of the staff we have, we are from the ethnic minority and particularly myself, I think putting myself in that position, it is not a conversation that easily comes to us.'</p> <p>'Staff should be aware of when, how, and why they are having that conversation...where they are having it with the patient, you know, when you want to have such conversations you should know your patient, the patient you are taking to a private room to have that conversation with and do you need to have somebody else with you in there or do you just need to refer the patient to the appropriate professional and so say, "I know you really want this service, you want to access this service, we will refer you"'.'</p>

Theme	Subtheme	Patient raw transcripts	Staff member raw transcripts
Broad topic: Conversations about SRH between patients and staff [continued]			
Barriers to having conversations [continued]	Gender	N/A	<p>'We have more male wards and...most of our leads were females so it was a bit of a challenge as well to have that conversation with patients.'</p> <p>'To speak to women and they don't want to talk to a man because I am not gay, yeah, they don't want to talk to me, "Why should I be talking about sexual things with a man?", and prefer to talk to maybe [indicates participant] or a female person and urm, yeah you can tap into that and see how that can be sometimes. Urm I have got a patient who does not want to talk or you sit by them like that if you're in a meal, "No, you can't sit by me." So those are the kind of things that we see but yeah, it can either way. If you are female maybe you want to talk to men on Spring [Ward] and not [a] female, "Just because I'm not a lesbian why should I be talking them?", you know? So, it comes down both ways.'</p>
	Imbalance between doctor and patient priorities	<p>'I feel that the doctors in that area, they are lacking, they don't understand that the wellbeing of fertility is important.'</p> <p>'And they shouldn't say that, despite that it's causing that, even if the medication is working for you, they shouldn't say that... they shouldn't compromise the fact that... urm... because the medication is working, you can't stop it because it's having an effect in one area like your reproduction. I feel like the doctors ignore that – they don't believe that you should stop it even if it's interfering with your reproductive [system].'</p>	

Theme	Subtheme	Patient raw transcripts	Staff member raw transcripts
Broad topic: Conversations about SRH between patients and staff [continued]			
Barriers to having conversations [continued]	Not wanting to be perceived as demanding	'Yeah so it would feel like say for example I was gonna say, "Can I have blood test?", or, just to make sure that I'm all, everything is all alright with me then it would feel, it would come across as sort of, like you're just being extra, you're just choosing to be extra for the sake of it rather than choosing to ensure that your health is fine.'	N/A
	Safety	N/A	<p>'A lot of reluctanc[e] from the part of the staff in regards to the client group we have... we have a lot of incidents around sexual inappropriateness from our patients and that's why previously they were quite, you know, reluctant to have that discussion with the patient.'</p> <p>'We don't want a situation where we put somebody, any staff at risk because it's quite a risky environment if you... unfortunately five, six details will be raised, three of them would be about sexual inappropriateness so....our environment is quite challenging in that aspect.'</p> <p>'And don't forget when you speak to a patient about something they might twist that round and say something' [group agrees].</p> <p>'It's true a lot of times the patient, you know you let them know about [inaudible] and you want to have a talk to them, can use that conversation against you maybe, "Why are you telling me this?!" so they can make it, enlarge it.'</p> <p>'A lot of them they are sex offenders.'</p>
	Stigma of SRH in an inpatient setting	'So... if somebody has had sex, and they are inside an institution, and that has occurred during the time they have been inside that institution, then that could be something challenging as well. Because they could be [inaudible]. I might be drawing attention to something that I don't even wish to draw attention to so there's that possibility as well.'	<p>'It's probably about the stigma about talking about sex ...people just don't feel comfortable – "Who am I talking to...what am I going to say to them?".'</p> <p>'It's quite an uncomfortable conversation when you are having it if you've not normalised it.'</p>

Theme	Subtheme	Patient raw transcripts	Staff member raw transcripts
Broad topic: Conversations about SRH between patients and staff [continued]			
	Stigma of SRH in an inpatient setting [continued]	<p>'People can date people you know, while they are here, because you don't have to tell them you are here you can tell them you live in one of the buildings here. And that's, you don't want someone to see you in here. When they come you can meet them somewhere, and then go to the guy's house instead of them coming to your house. People can date while they are here.'</p> <p>'They don't give them leave. I've been here for 3 years without leave without going out, I wasn't sexually active, so it's very painful like... like... [laughs] I don't know how to describe it... without going out... seeing people... being in one place for 3 years.'</p> <p>'Yeah because I'm thinking that maybe the consultant will be more judgmental around how you are in terms of sex, intimacy, reproduction and so on. Because they are under your care, we are under their care, they might say that we are too vulnerable for all of this like too vulnerable to have a child, too vulnerable to do... to engage in sex and intimacy so... they might, that's what I'm trying to explain'.</p> <p>'I was thinking that talking about sexual needs and stuff, the doctors can say that where there's vulnerability.'</p> <p>'Yes... it depends on the patient. If the patient doesn't seem vulnerable, they seem okay, they seem normal, they are taking their medications as you have instructed them to do, I don't see why they should not be allowed to have intimacy when they go out.'</p>	
Importance of having conversations	Improve quality of life	<p>'Yeah, I think it would be good to share your views around sex and intimacy because sometimes that's what your body might need and it can make you feel better.'</p>	<p>'It will improve their quality of life to be honest with you – some of our patients have come that have had sexual intercourse with other patients on the ward. If we have all this in place to educate them and things to look out for all of them, that will help them.'</p>

Theme	Subtheme	Patient raw transcripts	Staff member raw transcripts
Broad topic: Conversations about SRH between patients and staff [continued]			
Importance of having conversations [continued]	Provide patients with the opportunity to raise issues	<p>'Yeah, I wasn't really thinking, about it but when it was mentioned I thought actually let me do that so that is the context around – to be thinking about it, you need to, or for me to thinking about it, I have to think about where actually, I wasn't aware of it being, urm, there. So, I just didn't, it wasn't part of my consciousness at the time.'</p> <p>'Why if something is not already there, available, for you to request something that is not naturally there as part of that environment already, then you are requesting an addition to your resources that have already been allocated.'</p>	<p>'When that barrier was broken to some instances it was more optimum for the patients I was coming around the ward just you know, shouting down the corridor yeah and... yeah so some of the patients were quite keen and then on we started hearing about some challenges that we have in relation to their medication or even having a relationship outside.'</p> <p>'It's not only about sexual health, it's all about the health of patients in regards to that aspect which is almost never discussed and they brought forward a lot of concerns: their medication... they want to engage, you know, in relationships... they want a bit of advice in order to keep themselves safe, you know safe sex outside – all that came up.'</p> <p>'We are not experts, we just want to be able to have the conversation and ensure the patient knows that this clinic or this service is available, they can access it.'</p>
Instances of feeling comfortable	N/A	<p>'I've been quite open about sexual health education when it comes to my needs and when the medication causes an effect to... to my reproduction not functioning as well as how it would be, urm, when not on medication.'</p> <p>'Feel very comfortable raising that I have to be open because I don't want there to be a gap in the future – that if anyone thinks sooner rather than later there would be an issue for me to have children.'</p> <p>'I shouldn't – I don't think it should be uncomfortable – it depends on the person you ask, you can...how knowledgeable the person is.'</p>	<p>'I think more of the patients, those of them I think were willing to you know, at some point were willing to have that conversation, even amongst themselves – they attend the clinic they go back and tell their peers that this is happening, and some of them have a conversation, and they come to the nurse and say, "Listen, that patient needs to see a sexual health doctor". So, the conversation was beginning to gain a momentum.'</p>

Theme	Subtheme	Patient raw transcripts	Staff member raw transcripts
Broad topic: Conversations about SRH between patients and staff [continued]			
Things to help improve	Champions	N/A	<p>'I think it would be better, I think there is definitely room for improvement... maybe even just to have a few sexual health champions on the ward and problem with them on the ward like these other people, you could... you can't talk to everybody but at least they would have the dedicated people that, they might be even more trained maybe to have those conversations and have more information about the clinics and they can move forward with them.'</p> <p>'Because there is a lot going on and we have to be realistic about a champion and making sure that we kind of align it to what fits best...it obviously depends on whether [unclear] and see whether physical health needs or whether the champions are able to take it on and understand this part of the role...obviously if they are people that are not confident in but happy to do it then you kind of negotiate with someone that's just part of the [unclear].'</p>
	Familiarity	<p>'Because if that person did want to then they could directly say to...they could answer then and there, or they could say, "Oh let me think about that", or, they know they can go back to that person for that specific issue if you've got one generic person or go and see joe blogs, if you want, put their name down for a sexual health clinic, that might put people off, they might think, "Ahh I'm not getting involved...[inaudible]... I think I will leave that". To be honest that's how, that's just human nature. So urm, that's what I would say. But if you are talking to somebody involved more that kind of confidence in – you should have confidence in your primary nurse, or your social nurse. So, they may be more likely to make sure you do what you wanna do.'</p>	N/A

Theme	Subtheme	Patient raw transcripts	Staff member raw transcripts
Broad topic: Conversations about SRH between patients and staff [continued]			
Things to help improve [continue]	Familiarity [continued]	<p>'I think maybe if primary nurses were able to mention it to their patients, so when it's the primary nurse or the social nurse, whether they join a one-to-one, or at the time when that type of clinic is available, they can mention that individually to the patient. I think that in itself would be more effective than broadcasting it at that community meeting cause although I get that the attention's good, a community meeting is really for everybody, so the staff, doctors, the whole rest of the connected staff, don't need to really be aware of that, cause it's not really for them, it's between specifically patients to access so I think it's more urm, fitting in my opinion for a primary nurse or social nurse to say to the patient "there's a sexual health clinic around, would you be interested in putting your name down to, you know, for whatever reason, just to make sure everything is alright or whatever it is", urm, I think that would be more fitting.'</p>	
	More information and normalisation	<p>'It depends on the person you ask, you can...how knowledgeable the person is.'</p>	<p>'I think it's good to revisit again and sensitise staff – give them more information on how to approach urm, such urm challenging questions, because urm, if you don't equip staff to approach the patients the lapse will be there, and by giving them more information and visiting them more often – let's say on a weekly basis – every week.'</p> <p>'It's breaking that barrier and making it... and normalising it to be honest.'</p> <p>'And as we said earlier, provide training for staff, that would be really good and maybe it would be a good idea to have champions on the ward.'</p>

Theme	Subtheme	Patient raw transcripts	Staff member raw transcripts
Broad topic: Conversations about SRH between patients and staff [continued]			
Things to help improve [continued]	More information and normalisation [continued]		<p>'Yeah regular training...regular teaching sessions, just you know bringing staff confidence in...skilling them up and also having the patients along and, "Staff will be having these conversations with you." It's not that they are doing an abnormal, having an abnormal conversation, it's we want to normalise that, but of course, however, we should know where to draw the boundaries as well. Those two things.'</p> <p>'And as we said earlier, provide training for staff, that would be really good and maybe it would be a good idea to have champions on the ward.'</p> <p>'And also maybe we should try to promote it more on the ward maybe like urm, to involve the patients and staff in a teaching session, at least to just [unclear] because sometimes they have got some patients, they have no knowledge so maybe they can't put it in place for their patient as well. Maybe we should involve more training of the staff, even the doctor because they might after, to talk to the patient as well. So, these people need more knowledge.'</p> <p>'Staff should be aware of when, how, and why they are having that conversation...where they are having it with the patient, you know, when you want to have such conversations you should know your patient, the patient you are taking to a private room to have that conversation with and do you need to have somebody else with you in there or do you just need to refer the patient to the appropriate professional and so say, "I know you really want this service, you want to access this service, we will refer you".'</p> <p>'More information for staff more support for staff to be able to you know, normalise the conversation.'</p>

Theme	Subtheme	Patient raw transcripts	Staff member raw transcripts
Broad topic: Conversations about SRH between patients and staff [continued]			
Things to help improve [continued]	Setting expectations about confidentiality	'If something is gonna be shared, maybe parameters could be set in the way that someone can share it. You know, if you've got parameters set up then you can say "Right I can share information but these are the boundaries of sharing this information for disclosure for that". But then again that's just an ideal because in reality it's just down to who is willing to abide by that.'	N/A
Broad topic: Opinions on the SHRINE Clinic			
Attendance barriers	Medication	N/A	'The big challenge that we get on the ward is patients sleeping – like, when – you know they are on medication so they want to attend but at times their medication just makes them weak and drowsy at times so that's again another barrier in not attending.'
	Timing	N/A	'Another thing I see is the fact that you see a patient and you tell them about it, urm, you're not sure – that is one of the barriers that you can see as well, you are not sure whether they can actually go a lot even when you are telling them you are gonna speak to someone different, urm, or they were not saying they're gonna come and all of a sudden they say, "I'm gonna come," so that makes it difficult for [name] to squeeze them in, yeah? So if you are booked to see maybe about two people before all of a sudden you are talking about it again, patient's "Oh I want to go as well", but just because you have got space for those two, you might need to kind of find a way to kind of keep that space so that now the extra person or two other person[s] can be seen as well so that we don't have that as a challenge – and that can be a challenge but I know if you say to them, urm, let's see you next time they come, the patient might be asking you again, "Why can't I see them?"'

Theme	Subtheme	Patient raw transcripts	Staff member raw transcripts
Broad topic: Opinions on the SHRINE Clinic [continued]			
Attendance barriers	Timing [continued]		'Yeah... sometimes we had to cancel some of, actually decline some of the patients because of the time limit, you know, that we, we had to work with.'
Desire for clinics to remain	Alleviate concerns	<p>'I think that it's very crucial that urm, that it's reported to have the sexual health clinic so I can report these issues.'</p> <p>'It's just not my mental health needs that need to be met, it's also my physical health needs and because I'm at the age of child-bearing I haven't had a child yet, I'm in my early thirties, and I just want to know that once I take medication, antipsychotic drugs, it is safe, and it doesn't have an effect on my reproductive areas.'</p> <p>'Sometimes it can be quite scary when you're not a mother yet and you fear that you would not be able to have children in the future as a result of being on antipsychotics – you wanna stay on antipsychotic medication, but it's really, exclusively hard to find that, urm, what you call it? Find that, urm, positive list with the medication and with keeping the reproduction.'</p> <p>'They stopped giving me the medication at the moment, so... my periods have not come back yet – mine stopped totally. It has not come back yet, And I've told [the doctor] about it and I shouldn't worry and that everything is going to be ok, but I am concerned – I'm concerned cause I'm a thirty-something-year-old woman, I have one child, and I do want to have children in near future, so I am concerned that it's now going to affect childbirth'.</p> <p>'Yeah cause it's important because urm, lots of women are developing cancer and urm, the smear test is a good indicator to see if any cancer cells are there.'</p>	NA

Theme	Subtheme	Patient raw transcripts	Staff member raw transcripts
Broad topic: Opinions on the SHRINE Clinic [continued]			
Desire for clinics to remain [continued]	Alleviate concerns	<p>'Sometimes the doctors don't understand, or I don't understand if the medication... I'm thinking that the medication cause[s] birth defects, and it would be good if the SHRINE clinic would be, urm, introduced permanently because I think it would give, urm, open up knowledge about mental health and what could be done for the sexual health side of it.'</p> <p>'My periods had stopped and I didn't know the cause and there was no one to show me or to help me to understand why this was happening so I had to jump and go and do further investigation in the community, and I found out that it's to do with the antipsychotic medication, so a lot of knowledge is not there and I think that the SHRINE clinic will open up that knowledge.'</p> <p>'My concern is that when you're giving the patient medication I think as a doctor you should be able to explain to the patient the side effects that you should expect whilst being on the medication. But when you are not explained, nothing is said and then all of a sudden something comes.'</p> <p>'I think the doctor should be able, my mindset is simple. If you are giving the patients medication, and you know very well considering the patient's age, you know, that it can affect the patient's cycle, which any woman at that age should tell you already naturally. You may be going through some symptoms already – it's either you are going or you are about to. So, women don't take it lightly. And I think the doctor should have notified us of these things. I think this is what should have done, should have done first of all. Before giving out the medication for someone to take, and then later something happens and we come to report, before telling us that is medication, you know.'</p>	

Theme	Subtheme	Patient raw transcripts	Staff member raw transcripts
Broad topic: Opinions on the SHRINE Clinic [continued]			
Desire for clinics to remain [continued]	Important to provide total care for vulnerable patients	<p>'I think it's a good thing to have, available. Especially for a hospital – a hospital should be able to help every aspect of human...it makes sense for that to be there.'</p> <p>'There's so many STIs out there and it would be great if women's health can be checked because sometimes when you are mental health patients you are very vulnerable.'</p>	<p>'I think it's good for patients to have these options when you're in a secure environment. And I know that when we have the quality network reviews which is the standard across the national standard, which all secure services are measured against, that they were very impressed, weren't they, about the GP clinics, uh, the dentistry and so on that we offer because secure services people don't always have leave and therefore you've got to provide things in house so I think it's helping with the health inequalities amongst our patient group.'</p> <p>'I think it's a really good, urm, first and foremost the project – we all know that – it's essential that we have that service with... especially because of our clients with the environment we... the service is really important. Some of the medication we administer to our patients as well.'</p> <p>'And we know in the mainstream, the patients come in and out they have more access to communities and all that our patients they are coming from high secure units locked up for sometimes X amount of years they come down here and they... it's just like ongoing process with them being locked in a secure environment so bringing that even for someone, that capacity to come and have that conversation with them, it goes a long way to addressing that aspect of their care.'</p> <p>'The STI screening the doctors were doing it for all the patients who they had consent and he was actually getting them to do it themselves – how to order them online and the patients were really embracing it, boxes were handed over to them they were doing their tests and sending it off, he was registering them online, how to get their results.'</p>

Theme	Subtheme	Patient raw transcripts	Staff member raw transcripts
Broad topic: Opinions on the SHRINE Clinic [continued]			
Desire for clinics to remain [continued]	Important to provide total care for vulnerable patients [continued]		<p>'To a great extent the patients were embracing and getting to know what to do and how important it was to have this...access to this sort of service. Though some of them have previous experience about attending clinics outside, but having it come to them was a great experience for them.'</p> <p>'It was helping us as well because this is part of the screening we should be doing for all for our patients on admission and, yeah, and that was going on well which actually helped us to meet that criteria, that standard of screening.'</p>
	Pilot was too short	N/A	<p>'I think if we had the project for longer, a longer period, it would have given us that opportunity to look at areas that are not picking up and then support and get others involved – I think the last session or two we got the doctors involved and it was gaining momentum but that was when it came to an end.'</p> <p>'Prolong it, yeah, urm, make it a bit urm, more available for the patients. Just because they might have a change of heart like "I don't want to do it now, I will do it next week" – I appreciate it you know even with our GP one day they say to you "book me in for a GP", you go call them, "I don't want to go, book me for next time". So yeah, if they are here, I am sure we can sell it more to them with "oh you didn't go last month, why don't you go this time?" or speak to your colleague and see what they talked about out there, that would be good.'</p> <p>'I think the project is fine that it done but I think that we just need to service to continue.'</p>

Theme	Subtheme	Patient raw transcripts	Staff member raw transcripts
Broad topic: Opinions on the SHRINE Clinic [continued]			
Desire for clinics to remain [continued]	Pilot was too short [continued]		<p>'That was [name]'s point wasn't it – that 6 months is too short and, clearly, I think we agree it was just too short.'</p> <p>'It's a shame because it sounds like it was really reaching a crescendo.'</p>
	Provide an alternative person with expertise to talk to	N/A	<p>'It's a lovely feeling to give the patient that different person to speak to apart from us, which allows them to kind of [change?] the way or ask questions, you know with a patient they coming to us, "I'm here to be treated for my mental health issue", they don't want you to talk about their physical health issue that is to deal with the GP. When it comes to sexual, they felt it is someone who has got knowledge about it as well.'</p> <p>'I think it goes without saying that in terms of the importance of that within our service and urm, our patients basically live in hospital so having such opportunity to, urm, discuss things like that and unfortunately as well in terms of frustration around things, things like that I think sometimes having an outsider that has experience around [meetings] gives opportunity to discuss, urm, areas like that even if... because there are times where people might feel shy to discuss things that wouldn't and if someone is coming from, is an external urm, expert then [our patients] understand that at least it's what you do and it's their opportunity to discuss it.'</p> <p>'So, I think they benefit if they actually have someone... maybe professional who come to the wards to speak to them one-to-one so maybe then they had more idea.'</p>

Theme	Subtheme	Patient raw transcripts	Staff member raw transcripts
Broad topic: Opinions on the SHRINE Clinic [continued]			
Experiences of the clinics	Helpful clinicians	<p>‘Okay, well the clinician seemed like he was very helpful, urm, I wanted him to carry out some tests just to make sure that I’m ok urm and all I can say he was very helpful, the clinician was very helpful. That’s it basically.’</p> <p>‘Urm, I think they...probably just the helpfulness in...or...it’s hard to articulate any more than to say that the clinician was very professional when I asked for some tests to be carried out, basically. Cause they were able to take the bloods straight away and I think he took a urine sample.’</p> <p>‘Urm, and then he said to me that you will get, urm, emails or texts from a hospital in about a fortnight or something like that with when your results, and that happened, and that was it. So that’s the end of it really. So that was helpful. That’s it.’</p>	N/A
	Negative: lack of confidentiality	<p>‘One of the things I that I was uncomfortable with was that when I was waiting ...cause I now remember there was actually two other patients that came with me on that occasion, two of them had gone before me, and I do remember that when the second person went – either the first or the second person went, I could literally hear the whole discussion.’</p> <p>‘I could hear the whole conversation and I think some of it was they were raising their voices but it did sound as though the wall was either too thin or maybe the proximity is wrong or either way, it wasn’t confidential because I could hear a lot of what was being said, inside the clinic.’</p> <p>‘To an extent [it impacted my experience] ‘cause I feel like basically if you’re gonna turn up, be prepared to talk as though you are talking to anybody in terms of outside, so that’s how I took it. So, I was uncomfortable in that sense in that my confidentiality was not really secure in that sense.’</p>	N/A

Theme	Subtheme	Patient raw transcripts	Staff member raw transcripts
Broad topic: QI support and the project (Staff)			
Desire for more training and extended support	Forgetting what has been learnt	N/A	<p>'One thing that I see with that with the breakage or the stoppage [of the QI support] is the staff now need to start refreshing themselves on how to do this again. Because when we were in motion, like it doesn't stop, you see staff doing it like.'</p> <p>'But all of a sudden it is all gone from my head [laughs] and so you need to start telling me again that it's gonna start again, then the staff needs to kind of embrace it again and start running it like it should be.'</p>
	Learning from each other	N/A	<p>'This group would be beneficial to work with patient[s] and the staff because like we learn from each other, you telling us something that we don't know, then we might be telling them something that they don't know so it's beneficial for both of us.'</p> <p>'When we had the clinics...patients were attending and it was really nice to hear their ideas how we could actually promote this clinic to other patients, what we should do because at least it's coming from them, they know each other better than actually we do know them and it was really beneficial to learn from them.'</p> <p>'Yeah regular training...regular teaching sessions, just you know bringing staff confidence in...skilling them up and also having the patients along and "staff will be having these conversations with you". It's not that they are doing an abnormal, having an abnormal conversation, it's "we want to normalise that", but of course however, we should know where to draw the boundaries as well. Those two things.'</p> <p>'It's important that the patients can tell us more of what they need.'</p>

Theme	Subtheme	Patient raw transcripts	Staff member raw transcripts
Broad topic: QI support and the project (Staff) [continued]			
Desire for more training and extended support [continued]	Learning from each other [continued]		<p>'They were pretty involved you know, they were always in our meetings they were very much involved in the process. I think the only thing is where ...I just think it was too short a project.'</p> <p>'And I think that these patients listen to themselves; we must have some of them to bring on board who can speak to the others.'</p>
Difficulty getting staff involved	Busy nature of work	N/A	<p>'But as you all know we run a very busy service here so for them to have that time to continue to have meetings was a huge challenge from the part of the staff because it's like an added workload for them to promote that aspect of the care.'</p> <p>'I'm not sure because as you heard earlier, the environment is quite... very... how do I put it, the acuity yeah, is so high, most of the wards wanted to come, saying the representative was – when I called round but half the wards they cancelled; they are even requesting for more staff to join in.'</p> <p>'Unfortunately I don't know how if they want to set up another meeting how I will because these guys here, they are trying to pull themselves out of the clinic environment. It's not something I want to, you know always do, it's not fair on them, their wards always need them to be there.'</p> <p>'You know on my ward they will put down [a] name but when they want to go leave they cancel it cause it's the jobs again... it's the continuation.'</p>

Theme	Subtheme	Patient raw transcripts	Staff member raw transcripts
Broad topic: QI support and the project (Staff) [continued]			
Difficulty getting staff involved [continued]	Not willing or informed	N/A	<p>'Yeah I think the staff were quite... as progress the staff were quite, you know there was more... hunger for more information on how to deal with it on a ward level and so that they would be able to support the patients and finish all the referrals to the appropriate area.'</p> <p>'Yeah the learning sessions were quite good as well, though it was a real pain to get the staff, you know, to get them involved and take on the coaching sessions.'</p> <p>'Think the future challenge is getting staff involved – that can be a huge challenge for a project to start because when you're starting a project you have to get the right people on board for you to be able to bring everyone there as well so if staff are not willing or they are not well, urm, informed about the project it will be a big barrier.'</p> <p>'I don't think anybody is willing to take on anything, [participant name] is my witness ...on my ward, they are not interested.'</p>

Abbreviations

Abbreviation	Full term
MBU	Mother and baby unit
MSU	Medium secure inpatient unit
N	Number of participants
NCCMH	National Collaborating Centre for Mental Health
NoMAD	Normalisation Measure Development Questionnaire
QI	Quality improvement
SHRINE	Sexual and Reproductive Health Rights, Inclusion and Empowerment
SRH	Sexual and reproductive health
STI	Sexually transmitted infection

Contact: nccmh@rcpsych.ac.uk

© National Collaborating Centre for Mental Health, 2025. CC BY-NC-SA 

Cite as: National Collaborating Centre for Mental Health. The Sexual and Reproductive Health Rights, Inclusion and Empowerment (SHRINE) programme: An evaluation of pilot sexual and reproductive health clinics at the Bethlem Royal Hospital. Appendices. London: National Collaborating Centre for Mental Health; 2025.