

# Sexual Health Risk Factors for People Living with Serious Mental Illnesses: A Systematic Review

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## Purpose

- Fill the gap in literature regarding sexual health risk factors for people living with serious mental illnesses (SMI).
- Synthesize and disseminate the available evidence in the literature and guidelines for addressing sexual health risk factors for people living with SMI.
- Create awareness and understanding of the importance of routine practice for mental health nursing to address sexual health risk factors for people living with SMI.

## Problem Studied

- Currently in mental health, sexual health risk factors are not routinely or consistently approached.
- In the general population, there is engagement for sexual health interventions especially focusing on human immunodeficiency virus (HIV) and sexually transmitted and blood-borne infections (STBBI).
- The term ‘people living with severe mental illness’ is defined as “a mental, behavioral, or emotional disorder currently present or diagnosed within the past year with a minimum duration to meet diagnostic criteria on the Diagnostic and Statistical Manual of Mental Disorders, 5th edition.
- This subset of the population generally do not receive the sexual health assessments required for optimal health and functioning.
- Living with SMI is a major risk factor for sexual health concerns, yet, locally, regionally, nationally, or internationally there is not a strategy for reducing sexual health risk factors in the SMI population compared to the general population.
- People living with SMI are at more risk of sexual dysfunction and sexually transmitted diseases leading to poorer health outcomes than the general population.

## Methods

- Integrated review of the literature using PICO and the Stetler Model of Research Utilization.
- Internet search engines EBSCOhost metasearch which included CINAHL with full text, MEDLINE, PsycARTICLES, PubMed, ProQuest, Psychology & Behavioral Sciences Collection, and Google Scholar.
- Key words searched for were severe mental illness, schizophrenia, bipolar disorder, sexual health, stigma, nursing, and psychiatry. Articles searched were full text, peer-reviewed, with a date range of 2015 to present, and English only which resulted in 404 articles.
- Excluded articles from the 404 articles were editorials, essays, debates, and commentaries. Articles focused specifically on a specific disorder (i.e., cancer) that was not the general population or SMI population, were excluded.
- Resulted in 31 articles for the review.
- Review of 6 guidelines through an internet search with key words; sexual health, serious mental health, mental health, sexual health assessments, sexual assessment scales was performed.

## Findings

- People living with SMI have sexual risk factors such as higher rates of HIV, HPV, and sexual dysfunction.
- People living with SMI have different health challenges than the general population and may require a different or customized approach that would be effective in reducing sexual health risks.
- Being able to provide a clear and consistent approach that is evidence-based practice (EBP) for addressing sexual health for people living with SMI has many benefits.
- In decreasing rates of STBBI, sexual dysfunction, and other risk factors, the health of the community will show improvements in health outcomes and for people living with SMI which lead to better quality of life and adherence to treatment.
- People living with SMI have sexual risk factors such as higher rates of HIV, HPV, and sexual dysfunction.
- People living with SMI have different health challenges than the general population and may require a different or customized approach that would be effective in reducing sexual health risk.
- These three areas; public health, nursing practice, and people living with SMI are interconnected.
- Routine sexual health assessments allows people living with SMI to be safe expressing their sexual nature.
- Discussing sexual health with people living with SMI can improve adherence to contraception, decrease risk to STBBI, and reduce the risk of abuse.
- Many people living with SMI are treated with psychotropic medications and assessing the impact(s) of treatment upon one’s sexual health can lead to better adherence to treatment that does not create sexual dysfunction.
- Use a valid and reliable screener or assessment tool like the Arizona Sexual Experience Scale, or the 5 Ps of taking a sexual history to focus key questions to ask the patient.

**Arizona Sexual Experiences Scale (ASEX)**  
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For each item, please indicate your **OVERALL** level during the **PAST WEEK**, including **TODAY**.

<b>1. How strong is your sex drive?</b>					
1 extremely strong	2 very strong	3 somewhat strong	4 somewhat weak	5 very weak	6 no sex drive
<b>2. How are you sexually aroused (turned on)?</b>					
1 extremely easily	2 very easily	3 somewhat easily	4 somewhat difficult	5 very difficult	6 never aroused
<b>FOR MALE ONLY</b>					
<b>3. Can you easily get and keep an erection?</b>					
1 extremely easily	2 very easily	3 somewhat easily	4 somewhat difficult	5 very difficult	6 never
<b>FOR FEMALE ONLY</b>					
<b>3. How easily does your vagina become moist or wet during sex?</b>					
1 extremely easily	2 very easily	3 somewhat easily	4 somewhat difficult	5 very difficult	6 never
If you have had any sexual activity in the past week, please also answer the following two questions. If not, leave questions 4, and 5 blank.					
No Sexual activity in past week ..... <input type="checkbox"/>					
<b>4. How easily can you reach an orgasm?</b>					
1 extremely easily	2 very easily	3 somewhat easily	4 somewhat difficult	5 very difficult	6 never reach orgasm
<b>5. Are your orgasms satisfying?</b>					
1 extremely satisfying	2 very satisfying	3 somewhat satisfying	4 somewhat unsatisfying	5 very unsatisfying	6 can't reach orgasm

**COMMENTS:**

## Discussion

In the general population, sexual health interventions focus on STBBI. Regionally, nationally, or internationally there is not a strategy for reducing sexual health risk factors in the SMI population. Without a clear and consistent approach in assessing sexual health for people living with SMI, this vulnerable population continues to live at risk.

The literature is scant for assessing sexual health for people living with SMI. The difficulties in performing sexual health assessments for people living with SMI is not uncommon in the world. There is a need to use evidence-based practice in sexual health and apply appropriately to the SMI population. Nurses and other health care professionals need to have consistent and routine assessments because if the questions are not asked, the truth is not known.



## Impact to Practice

When treating people with SMI, objectives of the treatment team is to manage psychiatric symptoms with minimal adverse events to create opportunities for increased quality of life and functioning. In addressing sexual health routinely for people living with SMI, goals of the treatment team and patient goals can be achieved. By creating a process in which care providers can default to for addressing sexual health risk factors for people living with SMI, it hopeful that consistent EBP is focused on the person ensuring their sexual health along with all other assessments are being met. To provide sexual health assessments routinely allows people living with SMI to be safe expressing their sexual nature. It has been shown that discussing sexual health with people living with SMI can improve adherence to contraception, decrease risk to STBBI, and reduce the risk of abuse. A significant impact to clinical practice will be determined if nurses take into consideration addressing sexual health risk factors routinely when working with their mental health patients.



## Conclusion

Changing sexual health outcomes for people living with SMI starts with mental health nursing taking the lead as the ideal health professional to stimulate and promote change in practice. Implementing sexual health into routine practice with the SMI population in mental health nursing and nursing programs will create an emerging workforce that provides EBP at the start of their career. With the host of difficulties that people living with SMI face in their day to day lives, it is important that items such as sexual health is not pushed to the side to be addressed later or never to be discussed. Sexual health is a part of the human experience and the same rights for addressing sexual health should not matter if a person is living with SMI or not.

## Future Research

There is a continued need for research for sexual health in the lives of people with SMI. Much of the evidence points to having clear direction for nurses to make sexual health assessments part of the practice routine. Writer proposes and encourages clinicians to participate in more in-depth research activity that provides what constitutes a sexual health assessment regardless of population, determine current assessment and practice in sexual health for people living with SMI, and determine what would the ideal sexual health assessment look like for people living with a SMI that can relate to nursing. More research would be required where changes to clinical practice could be observed and analyzed. It is hopeful that there is building awareness and interest for other treatment providers to look to researching practices and interventions that promote sexual health for people living with SMI. It is writer’s opinion that in keeping the issue of sexual health risk factors in the SMI population at the forefront in mental health practice that champions emerge to work on official guidelines and policies that work toward improved sexual health outcomes for those living with SMI.

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