Are mental health workers equipped to deliver sexual health promotion?

This survey explored mental health workers’ attitudes, knowledge and reported practice towards sexual health and HIV prevention.

**INTRODUCTION**
Over the past few years there has been a dramatic increase in new cases of sexually transmitted infections (STIs), including gonorrhoea, chlamydia, syphilis and HIV.

The UK national strategies around sexual health and HIV prevention do not mention people with serious mental illness as a high-risk group. However, the study authors point out that a significant proportion of people in this group are sexually active and participate in HIV-risk behaviours, citing several studies to support this.

Little is known about mental health workers’ attitudes, knowledge and practice towards sexual health and HIV prevention. It is important to identify these as a step in highlighting their training and service development needs.

The survey investigates mental health workers’ attitudes, knowledge and reported practice concerning HIV and other STIs in people with serious mental illness.

**THE STUDY**
A questionnaire was developed and distributed to 650 mental health workers in 20 randomly selected clinical areas in a London-based NHS mental health service for working-age adults.

The questionnaire contained 42 statements that were organised into five subscales:
- Attitudes to sexual health promotion;
- Knowledge about HIV/AIDS;
- Knowledge about risk behaviours and risk factors for HIV infection;
- Gloves-wearing;
- Reported sexual health promotion practice.

Two open-ended questions asked respondents’ opinions on what training, services and resources should be available for preventing STI and HIV infection in people with serious mental illness.

A total of 44% of workers responded of whom just over half were registered nurses. About half of these were from acute adult inpatient services and one-third were from community mental health teams.

**KEY FINDINGS**
Most workers (80%) agreed that promoting sexual health was part of their role but the majority reported that they did not engage in sexual health promotion activities with people with serious mental illness. Overall, there were positive attitudes to sexual health promotion and the majority reported feeling comfortable discussing these issues.

Most were knowledgeable about the risk factors and risk behaviours for HIV infection. However, 72% did not consider that people with schizophrenia were more likely to engage in high-risk sexual behaviour and 92% were not aware of the higher prevalence of HIV in people with this condition.

Most respondents reported they always wore gloves when carrying out most clinical procedures. However, only 61% reported wearing gloves when giving an injection.

A significant proportion of respondents said that they wanted training in general issues around sexual health promotion, STIs and HIV. In terms of resources, they suggested a range of ideas, including information leaflets for service users, which was the most frequent response.

Psychiatrists were significantly more knowledgeable than all other professional groups. Respondents aged 30 and younger had significantly better knowledge about HIV in schizophrenia than those aged 31–40.

**CONCLUSION**
The study authors state that mental health workers have an important role to play in promoting sexual health in this group as part of routine care. However, they point out that this survey suggests that practitioners lack awareness of the increased risks in this group.

Not only does the lack of awareness of HIV risk in people with serious mental illness mean that service users are not routinely accessing sexual health information and intervention, it also means that mental health workers may be putting themselves at risk of infection.

With STIs on the increase in the UK, these practitioners need training to provide sexual health promotion to people with serious mental illness.

Hughes and Gray (2009) conclude that it is vital that sexual health promotion is prioritised in mental health services. There also needs to be national recognition of the vulnerabilities and increased risks of HIV and STIs in people with serious mental illness.