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# **Sexual health matters; but it's more than just 'risk'**

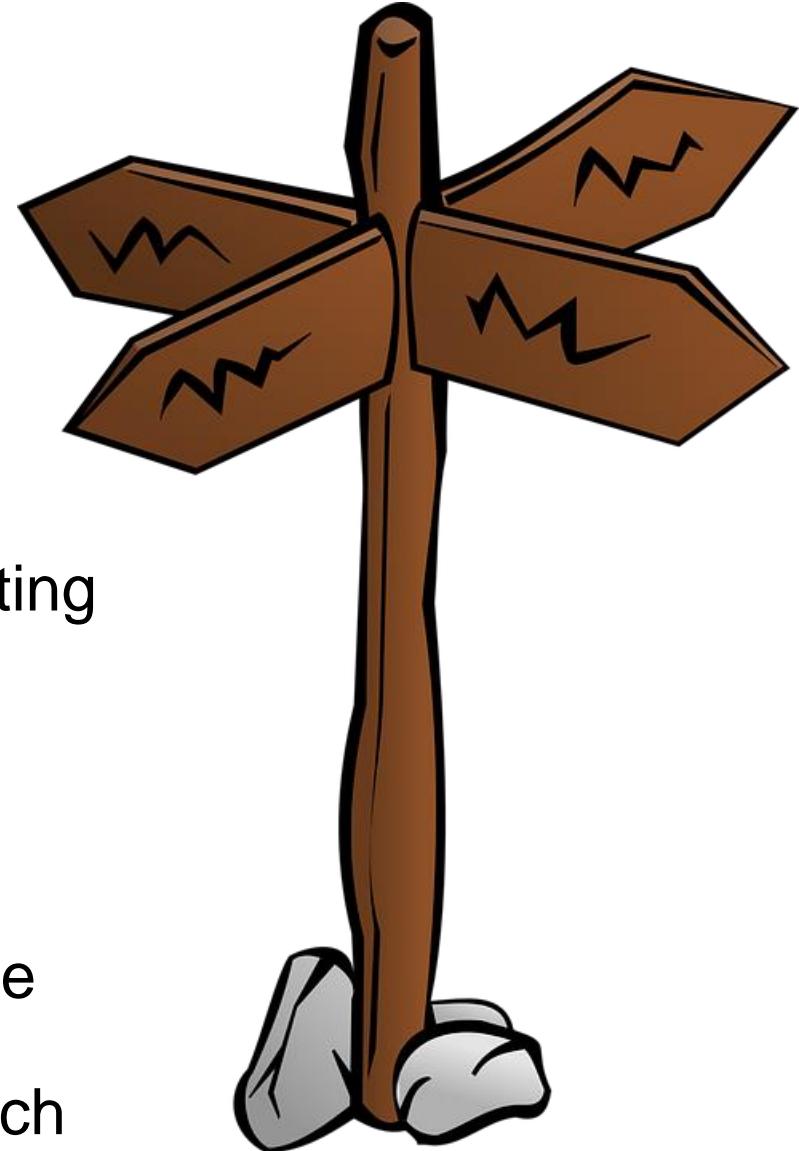
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# Road map

- Who am I and why am I doing this research?
- What is sexual health?
- Sexuality and sexual health in the mental health setting
  - How is it viewed in practice and research → risk!
  - But how else does it fit?
- So, what's wrong and what now?
  - A risk-orientation is incomplete, harmful to service users
  - Broadening our approach – particularly in research



# Who am I?

PhD Candidate in (critical) health psychology → Not a clinician

Exploring mental health care providers' perceptions or sexuality and sexual health in the mental health setting



- In-depth interviews
  - **Psychologists**
  - **Psychiatrists**
  - **Mental health nurses**
- Did not speak with service users

# **‘Critical health psychology’?**

Where psychology meets health & illness

- Emphasises the social, cultural, economic, political and historical processes and context that contribute to our understanding and experience of health and illness
- Health and illness are complex social phenomena that can include, but are much more than, just biological and physiological processes

Social constructionist approach (not always, but I take this approach)

- Meaning is socially produced and language is active in this meaning-making process

# What is sexual health?

A contextualised, fuzzy  
*concept* that changes  
over time and place

→ Not a ‘thing’ that  
exists already, waiting  
to be discovered or  
better understood



# Sexuality

- “...a central aspect of being human throughout life [that] encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction”
- “...experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships.”
- “... influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.”

# Sexual health

- “...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity
- “... requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence”
- “... to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

# **‘Sexual health’ has multiple meanings**

<b>Problem niche / discourse</b>	<b>Meaning of sexuality</b>	<b>Opposite of sexual health</b>	<b>Actions to achieve sexual health</b>
<b>Containing the spread of STIs</b>	<ul style="list-style-type: none"><li>Risky sexual practice</li></ul>	<ul style="list-style-type: none"><li>Disease spread</li></ul>	<ul style="list-style-type: none"><li>Prevention campaigns</li><li>Engage in responsible practice</li></ul>
<b>Addressing failures of sexual (dys)functioning</b>	<ul style="list-style-type: none"><li>Physiological mechanisms</li><li>performance</li></ul>	<ul style="list-style-type: none"><li>Inability to perform</li><li>Pain or discomfort</li></ul>	<ul style="list-style-type: none"><li>Pharma or other interventions</li><li>Recover function</li></ul>
<b>Containing threats of irresponsible sexual behaviour</b>	<ul style="list-style-type: none"><li>Morally charged social practice</li></ul>	<ul style="list-style-type: none"><li>Sexual and social anarchy</li></ul>	<ul style="list-style-type: none"><li>Social control</li><li>Teaching moral/healthy conduct</li><li>Acquire capacity to manage sexuality</li></ul>

# Sexual health and risk



## Risk-orientation in clinical practice

- Sexual health understood primarily as ‘safe sex’
- Preoccupation with risk and ‘safeguarding’

## Risk-orientation in research

- Literature focuses on risk and vulnerability, or sexual dys/function  
*(as a physical indicator of sexual ill/health)*
- Individualistic and pathology focused
- Motivating the relevance of sexuality in mental health setting by pathologising sexuality
- Little discussion about supporting intimacy and relationship needs

# **Sexual health ≠ STI's, (dys)function**

“**Sexual health** has a profound influence over an individual’s physical and psychological wellbeing. There is an increasing need to develop effective strategies to reduce the incidence of sexually **transmitted infections (STIs)** globally. Many STIs are asymptomatic and yet, highly infectious...” (1)

“It is estimated that 43% of women suffer from **sexual dysfunction**. Women expect their providers to evaluate their **sexual health**, yet most clinicians do not because they feel they do not have the time, training, or knowledge of sexual health. This discrepancy leaves many women with unaddressed health concerns...” (2)

# **Sexuality and mental illness**

“Those of us who have been diagnosed with major mental illness do not cease to be human beings by virtue of that diagnosis. Like all people we experience the need for love, companionship, solitude, and intimacy.

Like all people we want to feel loved, valued, and desired by others.”

- Patricia Deegan (1999)



# ... important for service users

Intimacy and (sexual) relationships can contribute to personal recovery



- Service users' sexuality needs can include disease, pregnancy and dysfunction – but always go beyond these issues
- Service users want support in relation to intimacy and sexual relationships
- Service users want support in developing communication skills and negotiating consent

# **... important for recovery**

Recovery is an “individual, idiosyncratic and complex” journey to a meaningful and purposeful life (1)

## Recovery principles include:

- Choice
- Self-determination
- Recovery of social roles
- Empowerment

## Recover processes (CHIME framework):

- Connectedness
- Hope and optimism
- Identity
- Meaning and purpose
- Empowerment

# So, what's wrong?

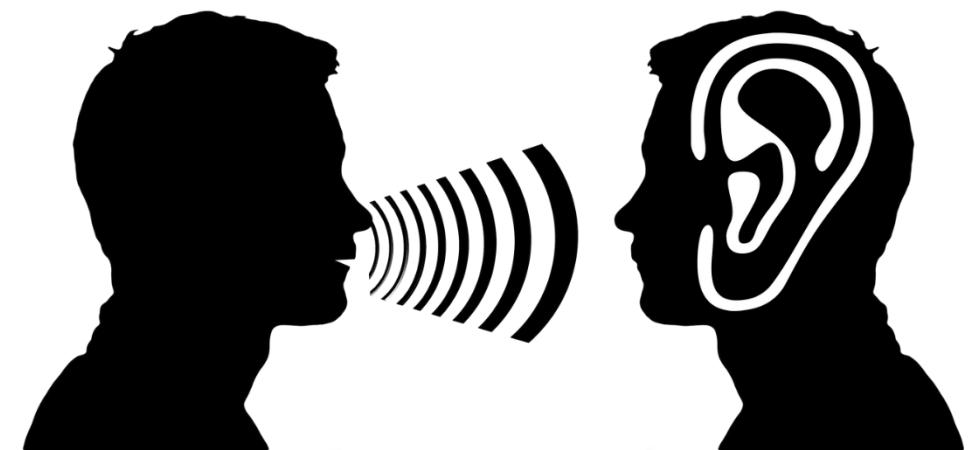
'Sexual health' is pluralistic – but it's more than just risk, especially in the (recovery-oriented) mental health setting

A risk-orientation is incomplete and harmful to service users

- It means that the full spectrum of their sexuality, intimacy and relationship needs are not being supported
- It reinforces popular ideas and stereotypes of this population as asexual or sexually dangerous – that is, it reinforces their reduced sexual citizenship

# Broadening our approach

- Understand that risk is not the whole picture
- A broader understanding of sexuality and sexual health will likely benefit service users more than a narrow risk-orientation
- Ask service users what their sexuality, intimacy and relationship needs are – listen – **act** (in research and practice)



# Key take away messages

- Reflexive practice in research and clinical practice
  - Reflect on your own conceptualisations of sexuality and sexual health
- Be clear about what you mean by ‘sexual health’
- Where appropriate, situate research within a broader perspective
- Ask questions of broader and positive aspects of sexual health in the mental health context



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