Sex, relationships and mental health

Richard Pacitti and Graham Thornicroft

Although the sexuality of people with mental health problems raises important clinical, social and legal concerns, there is relatively little written about the subject, and it is clear that staff often feel confused and embarrassed when discussing these issues with colleagues, carers and service users. Staff are often unsure about how to balance service users' rights to live a full life (including the right to express themselves sexually) with the need to protect people considered to be vulnerable. Here, Richard Pacitti and Graham Thornicroft describe how Mind in Croydon made a film about sex, relationships and mental health to help explore these issues further.

> '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 E Deegan, 1999).

> 'Not having a relationship if you want one can be like that constant feeling of being hungry and not being fed.' (Bill, contributor to Unspoken)

Key words: Sexual relationships; Discrimination; Mental health problems; Unspoken

Amid all the current talk about recovery and social inclusion for people with mental health problems, there seems to be very little discussion about the most central thing to most peoples' lives – making and maintaining positive and meaningful relationships (including intimate relationships) with other people.

Mind in Croydon set out to make a film about sex, relationships and mental health, which would allow these issues to be discussed and explored. The film aimed to give service users the opportunity to discuss sexuality and relationships, the impact these issues have had on their mental well-being and how mental health services had addressed (or failed to address) these issues. The film, *Unspoken*, was launched earlier this year at the National Film Theatre in London.

The film explores four interrelated themes. First, the impact that mental health problems have on people's sexual relationships; how able people feel to discuss this with services and what response they get from services if they do raise these issues. Second, how psychiatric medication affects people's sex lives; how this impacts on compliance with medication and how seriously services

take these issues. Third, issues relating to service users who are gay, lesbian, bisexual or transgender (LGBT). Finally, issues concerning people who have been admitted to psychiatric hospitals, including the exploitation of vulnerable people, issues around contraception and the promotion of safe sex, and the fact that sex can be used as currency within these settings.

Unspoken also features examples of good practice such as Islington Mind's Outcome Service for LGBT people with mental health problems and Tapestry, a service that supports people to develop their social networks and relationships.

Expert professional opinion is provided by Doctor Joanna Bennett from the Sainsbury Centre for Mental Health, Professor Nigel Wellman, professor of Nursing at Thames Valley University and consultant psychiatrist, Doctor Michael Crowe.

The impact of mental health problems on relationships

Mental health problems can seriously impinge on people's ability to make and maintain relationships and to feel loveable and worthy of good relationships. Mental health problems can cause people to lose their self-confidence and have a low opinion of themselves – not ideal if you want to meet people, engage with them and develop friendships and more intimate relationships. As Robin, who appears in the film explains:

> *'Not having that kind of fulfillment can cause a big void in a person's life. You can get trapped in your head and think "Here's another thing I can't do – I'm useless at relationships as well".'*

There is evidence that the effects of stigma can also have important, and sometimes devastating, effects on close and intimate relationships (Thornicroft, 2006). The INDIGO study, for example, talked to over 700 people with severe mental health problems in 27 countries worldwide (Thornicroft *et al*, 2008). It found that 47% had experienced discrimination in relation to making or keeping friends and 27% in relation to intimate or sexual relationships. Unexpectedly, the study also found that most of the people interviewed (63%) also experienced anticipated discrimination, meaning that they had stopped themselves from trying to initiate new close personal relationships, thus greatly increasing the likelihood of loneliness and social isolation.

Mental health problems alter existing relationships too. For example, if someone becomes depressed, they may lose all interest in sex and their partner may start to feel that their partner no longer loves them. Partners may find that their role changes to one of being a carer, where they are responsible for looking after someone, rather than being in a more equal relationship. In other circumstances, people experiencing mania can exhibit disinhibition, sexual inappropriateness and heightened sexuality. This can be very difficult for partners and other friends to deal with.

Doctor Michael Crowe (2004) has argued the need for increased awareness in the helping professions of the needs of partners of people with mental health problems and of the interventions that can be beneficial in these circumstances.

Sexual side-effects of medication

Psychiatric medication can be extremely effective and can be key in reducing symptoms and giving people hope that they can get better. However, psychiatric medication can cause a range of side-effects. Up to half of people taking psychiatric medication may experience sexual side-effects. This can include a reduction in sex drive, the inability to get or maintain an erection, delayed or painful ejaculation, women may experience vaginal dryness and in some cases periods may cease. People often find these things difficult or embarrassing to talk about with their doctors. Service users report that the side-effects of medication, particularly those relating to sexual function, aren't explained to them and this can lead people to think that these difficulties are a result of their illness. Bill explains:

> *'My experience is that side-effects have never been discussed unless I've asked about them. And often staff seem unaware of the side-effects – even those that are mentioned on the patient information leaflet.'*

Sometimes, when people do mention these side-effects, they are met with the view that this is something that people will have to tolerate, the focus being mainly on the reduction of the psychiatric symptoms, rather than a more holistic approach. This is very disappointing,

given that there are measures than can be taken such as trying different medications, altering the doses or the time the drug is taken, or prescribing other medication that can help with things such as impotence. Given that non-compliance with medication is considered such an important issue, it is strange that there is so little open discussion about this key reason for people not taking their medication.

Issues relating to service users who are lesbian, gay, bisexual or transgender

For LGBT service users, research shows that people have identified discrimination as having an impact on their mental health (McFarlane, 1998). Rates of suicide and self-harm in this group are higher than in the general service user population (Price, 1997). One study (Golding, 1997) found that over 50% of people felt that their sexuality had been used inappropriately to explain the cause of their mental distress. This is, perhaps, not surprising, given that for many years psychiatry considered homosexuality to be a mental disorder. Aversion therapy and other treatments to cure homosexuality were common in hospital up to and beyond the 1960s. Homosexuality was not removed from the psychiatric diagnostic manuals until 1973.

> *'Before the days of so-called gay liberation, certain homosexuals had voluntarily submitted to a mixture of negative and positive conditioning, so that a cinema screen showed naked boys and girls alternately and at the same time electric shocks were administered or else a soothing sensation of genital massage was contrived, according to the picture shown.'* **(Burgess, 1978 [Anthony Burgess explaining where he got the idea for the treatment given to Alex in A Clockwork Orange]).**

There is now a greater understanding of the needs of LGBT service users. *Unspoken* features Islington Mind's Outcome Service, which aims to reduce the level of isolation felt by many LGBT people with mental health problems. Outcome provides counselling and support, advocacy, a midday meal, alternative therapies, and a warm and friendly atmosphere to socialise in, enabling service users to develop skills to enable them to live more fulfilling lives.

Issues for inpatient care

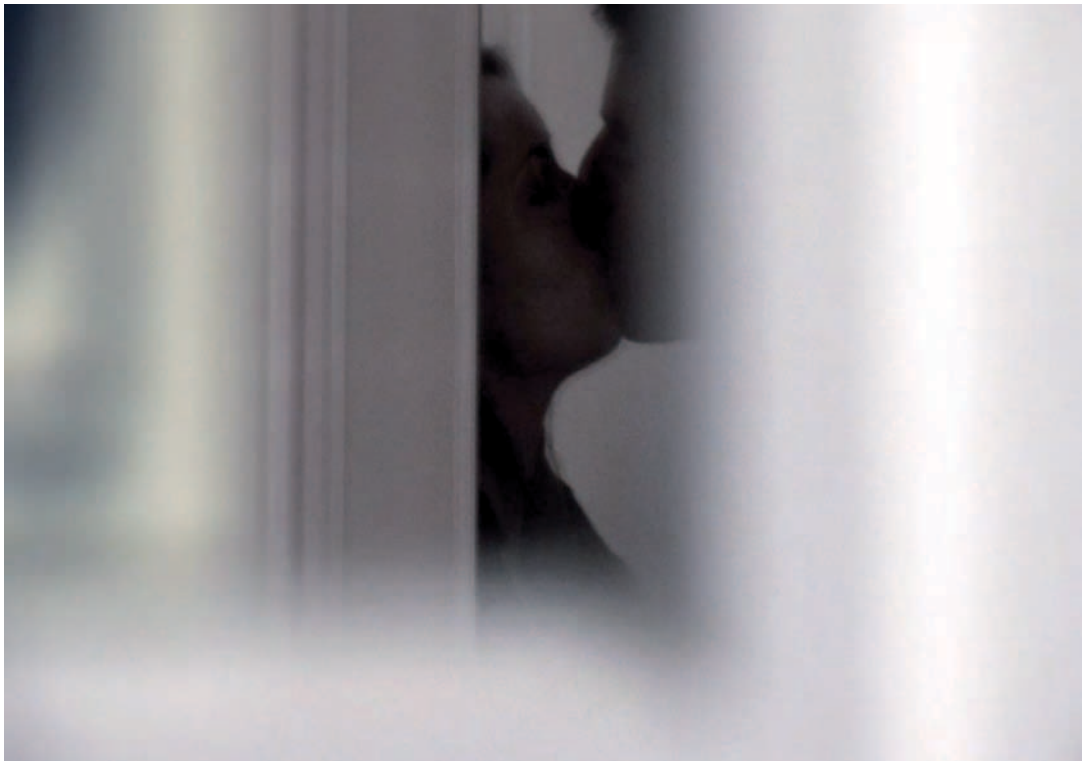
In inpatient settings, sex and sexual relationships can give staff great cause for concern, and may be viewed solely as a risk issue that needs to be managed. Staff may be worrying about if one of the partners is very vulnerable, easily led or does not have the confidence or assertiveness to say no if they need to. Sometimes, in these settings, sex can become a currency that can be bartered. In some circumstances, staff may turn a blind eye to things rather than being seen to be condoning patients having sexual relationships.

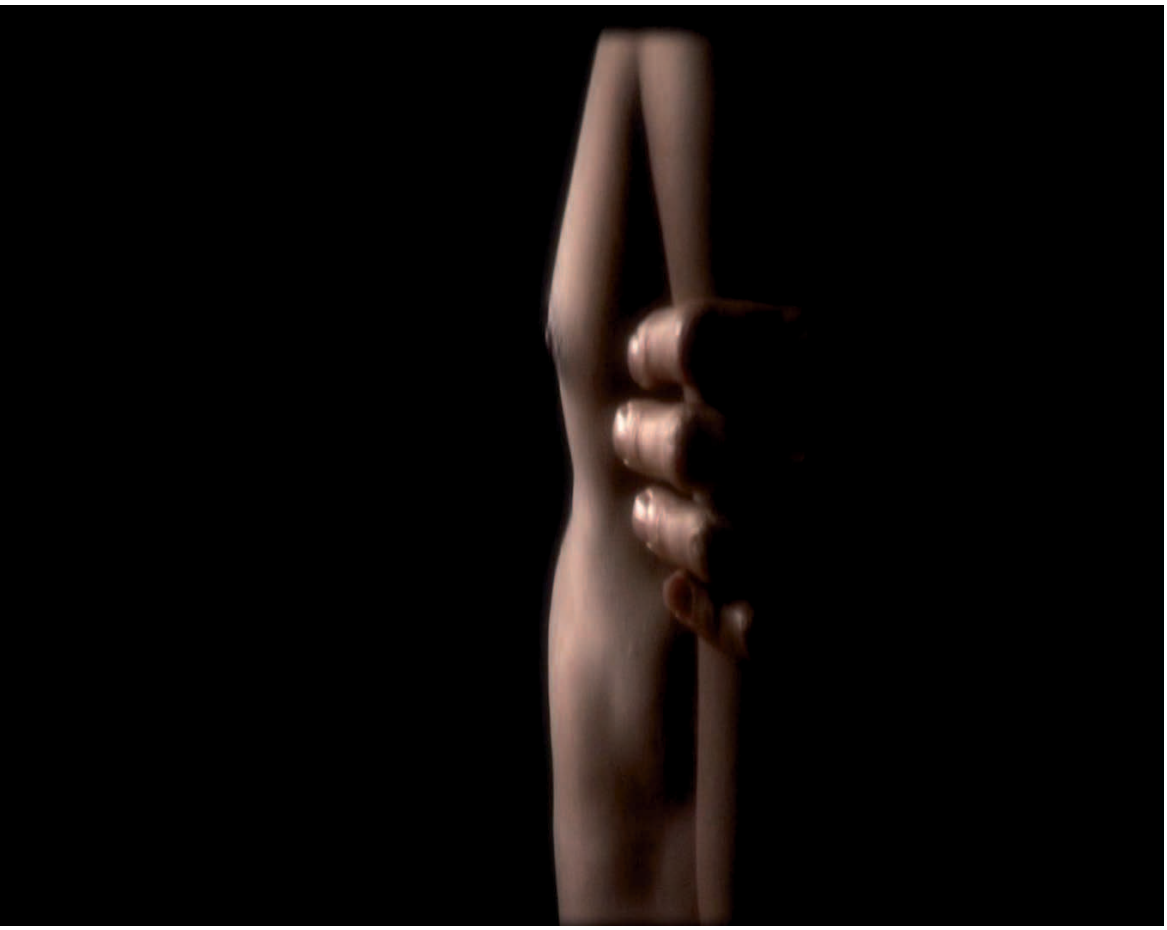
Patricia E Deegan (1999) has argued the need for clear and comprehensive policies regarding sex and romance in psychiatric hospitals. As long ago as 1996, the Royal College of Psychiatrists produced a report on sexual abuse and harassment in psychiatric settings. This recommended, *inter alia*, that:

> *'Each unit should have a clear written policy that covers acceptable, consenting activity and issues such as harassment and sexual abuse. The policy should ensure that sexuality and sexual issues are considered as part of individual care plans.'*

This was followed in 2007 by another report, entitled *Sexual Boundary Issues in Psychiatric Settings*. This made further recommendations including that:

> *'Each psychiatric unit must have developed an accepted philosophy, with ensuing policy and procedures, to cover the appropriate expression of sexuality among inpatients.*
> *The policy will address human rights, legality, capacity and consent, contraception and cultural variances.'*





Hopefully, such policies will be able to reduce some of the confusion that has gone before as illustrated by Patricia E Deegan (1999): '*First they tell you there is no sex allowed in the hospital. Then they pass out condoms and tell you to be sure to use them for safe sex.*'

Clearly, there has been progress in many areas, but in others there may still be a way to go. If we are serious about looking at people holistically and as people, rather than an accumulation of symptoms and traits, we must be willing to think and talk about the central issue of relationships and sexuality. At a time when there is such an emphasis on promoting equality, working towards recovery and overcoming stigma, it is important to openly discuss these issues, as well as challenge poor practice and recognise and celebrate improvements.

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All images in this article are from the film unspoken. Unspoken is available on DVD priced £35 from Mind Publications, Granta House, 15–19 Broadway London E15 4BQ; email publications@mind.org.uk; website www.mind.org.uk/osb.

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