

Discussing Sexuality with Patients: Staffs Attitudes and Beliefs

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This study aims to investigate the attitudes and beliefs of forensic inpatient wards staff regarding patients' sexuality and discussing sexuality with patients.

The World Health Organization regards sexuality as an essential and integrated part of being human. A Danish study shows that 95% of 16 to 95-year old agree that a good sex life is important to extremely important (Frisch, Lindholm, & Grønbaek, 2011). Studies show that illnesses and treatment can affect sexuality, and that a positive and respectful attitude towards sexuality is important to achieving sexual health. Yet, the sexual functioning of people living with severe mental illness such as schizophrenia and its place in patient care has received little attention in the literature. Until recently, discussing sexual issues with patients with schizophrenia was considered inappropriate – it was believed that they should not engage in sexual activity. This may explain why so little is known about sexual functioning in people with schizophrenia, despite the fact that they may experience specific problems in intimacy and sexual functioning, such as fear of touching/closeness; fear of losing control during sexual activity (especially when reaching orgasm); uncertainty about gender identity or sexual orientation; lack of experience; lack of knowledge about sexuality in general, sexually transmitted diseases, and safer sex practices; consequences of sexual abuse; and side effects of medication (lack of sex drive, erectile dysfunction, lubrication problems, pain during intercourse, weight gain, dizziness, fatigue) (Christensen, et al., 2011; Kockott & Pfeiffer, 1996; Park Dorsay & Forchuk, 1994).

Decreased sexual functioning may be one of the major factors contributing to noncompliance with antipsychotic medications and is documented by people with schizophrenia to be one of the areas of treatment with most unmet needs. Antipsychotic medications increase prolactin levels and low dopamine levels, which may lead to sexual dysfunctions. Conventional antipsychotic medications are especially likely to cause problems with libido, arousal and orgasm (Sullivan & Lukoff, 1990). Studies show that 42% of men and 15% of women with schizophrenia admitted that they had stopped their medications at some point during their treatment based on a belief that they were experiencing sexual side effects (Rosenberg, Bleiberg, & Koscis, 2011). Because of the high prevalence of sexual dysfunction in schizophrenia and its relationship to noncompliance, sexual functioning should be appropriately discussed and assessed in both clinical and research settings.



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The study has a correlative and comparative design. The Sexual Attitudes and Beliefs Survey was distributed to staff of the forensic department of the Sct. Hans Psychiatric Hospital. A total of 101 responses were collected from forensic psychologists, forensic psychiatrists, and forensic nursing staff.

Results: Half of forensic psychologists and a third of forensic psychiatrists and forensic nurses reported understanding the potential impact of their patient's mental illness and associated treatment on the patient's sexuality. However, only a third of forensic psychologists and psychiatrists and only 16 % of forensic nurses reported taking the time to discuss issues surrounding sexuality with their patients. Staff of different background had a very different view of their own ability to have such discussions with their patients. Only 10 % of forensic psychologists were confident in their ability to have such discussions, whereas 45% of forensic nurses and 83% of forensic psychiatrists reported the same. When asked about the importance of discussing sexuality issues for the success of the patient's treatment plan, agreement rates were 40 % among forensic psychologists, but only one fifth among forensic psychiatrists and forensic nurses.

There are discrepancies in beliefs about the importance of the patient's sexuality for treatment both within and across various staff groups. In general, the majority of staff acknowledges that they have professional knowledge regarding the impact of mental illness and its treatment on patients' sexuality, but only a third report actually making time to discuss it with the patients. That is consistent with a study authored by Nnaji & Friedmans (2008), where 66 % of psychiatrist reported that they do not routinely enquire about sexual dysfunction of their patients with schizophrenia. The psychiatrists in the present study are much more confident in their own ability to talk with the patient about sexuality than other staff, but psychologists are the professional group that are most likely to acknowledge the importance of discussing sexuality issues for the success of the patient's treatment plan. Forensic health care professionals may be

reluctant to discuss potential side effects of medication on sexuality for fear of noncompliance. The “two-sided taboo” may also play a role: the staff may believe that, if sexuality was an issue, the patient would bring it up. On the other side, the patient may believe that, if sexuality was relevant for the treatment plan or an issue on which the staff could provide help, the staff would bring it up. For example, clinical trials that rely on spontaneous reporting show very low rates of sexual dysfunction, whereas trials that rely on direct and explicit questioning show very high rates.

The issue of sexuality and the implications for the forensic patient in their treatment is underestimated despite the fact that professionals acknowledge the importance of sexuality, both for the individual but also as an aspect within treatment, for example how sexual dysfunctions contribute to noncompliance with antipsychotic medication. Given the high rate of sexual dysfunction among patients with schizophrenia and its negative relationship to compliance, it is troubling that more attention has not been paid to educating health professionals in this area. A stronger focus on sexuality and preventing sexual dysfunction in schizophrenia would likely be a major benefit for improving treatment. Family planning, sexual education, and contraceptive counseling should be an integral part of a

comprehensive treatment plan for patients with schizophrenia. Further research is warranted into this aspect of forensic treatment.

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- 3. Training and pedagogy in forensic mental health:** Articles may focus on methods or emerging issues for enhancing knowledge for supervisors, trainers, instructors, professors, or other staff educating forensic mental health professionals.
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