

## Psychosocial Approaches for Sexual Health and Intimate Relationships Among Patients With Serious Mental Illness



Paula Helu-Brown, MS, and Maria Aranda, PhD

### ABSTRACT

**Introduction:** The sexual health and behavior and the intimate relationships of patients diagnosed with a serious mental illness (SMI) have been described as ongoing and often ignored concerns in mental health treatment. Evidence-based psychosocial interventions have emerged as effective complimentary approaches to address symptoms of SMI in conjunction with psychopharmacology, yet rarely do they address sexual concerns in a targeted manner.

**Aim:** This systematic review explores the scope and efficacy of psychosocial interventions designed to address sexual health and behavior and intimate relationship concerns in patients with SMI.

**Methods:** The search was conducted in four targeted databases and identified 967 articles with four of those meeting inclusion criteria for this review.

**Main Outcome Measures:** The data extracted included setting, study sample, study design, outcome measures, data analysis, and results. The measures utilized in the studies assess mental and sexual health-related outcomes.

**Results:** All four studies reported an improvement in sexual and mental health outcomes.

**Conclusion:** Given the lack of psychosocial approaches and culturally sensitive adaptations, this review highlights a gap in literature that should be addressed, particularly emphasizing their combined treatment with psychotropic medication and efficacy testing with diverse populations.

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**Key Words:** Sexual Health; Serious Mental Illness; Systematic Review; Psychosocial Approaches

### INTRODUCTION

Intimate relationships and sexual physical contact are known to be an important part of life and a basic element of human functioning for the general population. For the 1 in 17 patients diagnosed with a serious mental illness (SMI) in the United States, these issues are more delicate and complicated. The National Survey on Drug Use and Health defines SMI 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* (DSM-5) causing serious impairment in functioning and interfering with one or more major life activities.<sup>1</sup>

Some SMIs can be more severe than others, and the symptomatology may have a more deleterious effect in the patient's daily functioning, for example, a patient diagnosed with schizophrenia may have more trouble with daily activities and tasks than someone with a mild or moderate depression.<sup>2</sup> Whether a concern existing

prior to the diagnosis, or affected by side effects from psychotropic medication and illness symptomatology, sexual health and behavior are often undisclosed by patients with SMI and overseen by mental health professionals because of stigma and shame.<sup>3</sup> Sexual functioning dialog and awareness about intimate relationships is not a common topic in mental health care, and is yet to be fully discussed in the scientific literature.<sup>4</sup>

Social and romantic relationships have been shown to bring benefits in the recovery of patients with SMI.<sup>5</sup> It has been found that not only do sexual behaviors of patients with SMI present risks for public health, like disproportionate sexually transmitted infections (STI) and lack of adherence to psychotropic medication, but also that there are important implications for their emotional and physical well-being that cannot be addressed exclusively with medication.<sup>6</sup>

Psychosocial interventions can be defined as interventions that have been shown to be effective in integrating different approaches of psychological support and community and family engagement in the management of SMI.<sup>7</sup> Psychosocial interventions have an extensive applicability in social settings for patients with SMI and have been associated with a higher improvement rate when combined with pharmacology compared with pharmacology alone.<sup>8</sup>

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Social Work, University of Southern California, Los Angeles, CA, USA

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Despite these previous findings, empirical studies detailing psychosocial interventions seeking to address sexual health and behavior in patients with SMI, beyond HIV and STI prevention and pharmacology, are yet to be discussed thoroughly in the scientific literature. Pharmacologic treatment causing and addressing sexual dysfunction with the SMI population has been widely documented in previous reviews<sup>9,10</sup> more than any other aspect of sexuality in patients with SMI.

An extensive literature review obtained through a manual search of the *Journal of Sexual Medicine* does examine the effectiveness of psychosocial interventions for sexual dysfunctions in men and women; however, these interventions have not been tested or adapted for patients with an SMI diagnosis.<sup>11</sup> Another review looks into psychosocial interventions in patients with SMI but focuses only on HIV risk reduction and prevention without discussing issues of quality of life or sexual pleasure and functioning.<sup>12</sup>

Seeking to address the extent to which the mental illness literature discusses psychosocial treatment or interventions for issues of sexuality and intimate relationships with patients with SMI beyond drug therapy and HIV prevention, this review focuses on the last 20 years of literature published in peer-reviewed journals. The 20-year frame was defined in order to include articles that might have emerged to support the legislation or evaluate changes of the 1996 Mental Health Parity Act that went into effect in September of that year.

## METHODS

### Search Strategy

In October of 2014, following the standards delineated by the Institute of Medicine, experts in the field were consulted and a search was conducted in three databases (PsycINFO, PubMed, CINAHL), the Cochrane library, as well as a manual search in two specific scientific peer reviewed journals that have published articles surrounding sexuality and mental health (*Journal of Sexual Medicine* and *Journal of Sex & Marital Therapy*) for peer-reviewed articles published in the last two decades that examined psychosocial interventions for sexual health and behavior and intimate relationships in patients with SMI. In addition, we conducted a manual search through the reference list of four review articles focused on treatment of sexual issues in adults (see Table 1).

Before conducting the search, the following inclusion and exclusion criteria were established and subsequently applied to each article obtained from our searches. An article was included in the study if it met the following criteria:

### Inclusion

1. Focuses on a psychosocial component of sexual health and behavior.
2. Describes studies where at least 51% of their sample has one of the following primary DSM illnesses: schizophrenia,

schizoaffective disorder, bipolar disorder, or major depressive disorder.

3. Published in a peer-reviewed journal between January 1994 and October 2014.
4. Describes study samples that are 18 years of age or older.
5. Recruited a study sample from the United States.
6. Provides a description and outcomes of a psychosocial intervention or treatment.

### Exclusion

1. Dissertations, presentation transcription, and meeting abstracts were excluded.
2. Articles with a focus on psychopharmacologic treatment and drug tests with no description of a main psychosocial treatment component were excluded.
3. Articles providing descriptions and outcomes of psychosocial treatment or interventions aimed exclusively at HIV risk reduction/prevention were excluded.
4. Case studies were also excluded from this review.

## DATA ANALYSIS

Figure 1 provides a description of the selection process. The first stage consisted on reviewing all articles and applying criteria. Articles that might meet criteria were reviewed by the authors. The criterion pertaining to HIV focused interventions was applied at the later stages of the review to be able to establish a comparison among all interventions' focus. We applied the American Medical Association's Evidence Based Medicine Working Group to evaluate the validity of each study's outcomes considering randomization, complete follow-up, blind-rated outcomes, clinically equivalent groups, and equally treated groups.<sup>13</sup>

The data extracted from the articles consisted of study sample, setting, sexual health or behavior-related objective, protocol and description of the intervention, outcomes and assessment tools, study design, data analysis, and results.

## RESULTS

### Types of Interventions and Settings

Through our review process, we were able to identify four studies that describe and provide outcomes for an intervention or treatment approach of a psychosocial nature geared toward sexual health or behavior among patients with SMI (Table 2). Of those studies, only one was a randomized controlled trial (RCT)<sup>16</sup> performed in a single site. Two others were pilot studies with no differential treatment or control groups<sup>15,17</sup> and another was a prospective study evaluating the course of different treatment for depression.<sup>14</sup>

Three of the interventions<sup>14–16</sup> provided interpersonal therapy (IPT) as their psychosocial treatment. IPT consists of an

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