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Citation: D'Ardenne, P. & McCann, E. (1997). The sexual and relationship needs of people with psychosis - A neglected topic. *Sexual and Marital Therapy*, 12(4), pp. 301-303. doi: 10.1080/02674659708408173

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Link to published version: <https://doi.org/10.1080/02674659708408173>

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EDITORIAL

The sexual and relationship needs of people with psychosis: a neglected topic

Sexual and Marital Therapy was established to address sexual and marital dysfunction in a wide range of clinical and professional settings. Over the past 11 years we have published papers on work with couples and individuals in primary care; on forensic issues; marriage guidance; genitourinary medicine; neurology; learning and physical disability; oncology; and outpatient psychiatry, but only four papers in the field of serious mental disorder (Hudson, 1992; Taylor Segraves, 1993; Rowlands, 1995; Attenborough & Watson, 1997). This is despite the fact that 1% of the population worldwide suffers from schizophrenia (Kaplan, 1992), an illness which has a devastating effect on interpersonal and social relationships, as well as on libido (Bancroft, 1989). Twelve percent of the entire National Health Service budget in the UK is spent on the provision of mental health services including services for those suffering from psychosis (Sheppard, 1995). What is unclear is how much of this is allocated to sexual disorders, needs, problems and difficulties in intimate relationships. The numbers of papers received by the journal does not suggest that this topic has a high priority, but there are signs that this is changing. Since the introduction of the NHS and Community Care Act (Department of Health, 1990a) and the Care Programme Approach (Department of Health, 1990b) in the UK, more attention has been paid to detailed and holistic assessments of the needs of all individuals suffering from serious and enduring mental disorder. Priorities have inevitably centred on resettlement from long-term institutions, and include housing, occupation, medical and psychiatric care, socialization and risk assessment. This has all taken place in the context of increased legislation and bureaucracy, and apparently reduced numbers of hospital beds for the acutely ill (Deahl L? Turner, 1997). The intimate sexual and interpersonal needs of affected individuals have only recently emerged as a legitimate concern for carers. Clinicians themselves have had to respond to sometimes overwhelming and complex problems which in the past have entailed much older populations. The new long-stay clients are younger and more vociferous in their expectations of a normal life in the community (McCann, 1994). Their advocates have encouraged them to express their desires for sexual and personal fulfilment. The Health of the Nation (1992) targets compartmentalized sexual health and mental health as separate and distinct entities. The former concentrated on teenage pregnancies and sexually transmitted

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diseases; the latter aimed to reduce suicides (Adler, 1997). While these targets have been laudable for the whole UK population, the sexual needs of individuals with psychosis have been marginalized.

Public perception of schizophrenia reveals widespread ignorance and prejudice (Rowlands, 1995). People with long-term mental disorder suffer not only the primary effects of the illness, but also poverty, unemployment and poor housing. Other consequences include social stigma, being considered a non-person and (in keeping with other disabled persons) in some ways de-sexualized (Shepherd, 1991). Health Service settings provide limited opportunities to address sexual need. Hospitals are deemed public places and sexual intercourse may be explicitly or implicitly banned on site, even in long-term wards. Health Care staff often lack training and awareness in sexual health and may avoid the subject with their clients, even when sympathetic at a personal level (Webb, 1985). There remain many cultural taboos in addressing sexuality in vulnerable people, and where clinicians do wish to help deal with intimate need, they may be reluctant to publish their views or findings. Current literature in the field of psychosis has focused on mental state,

psychopharmacology, genetics, activities of daily living (ADL), social networks and social skills, quality of life and client involvement and satisfaction. Sexual need is rarely featured with any prominence (McCann, 1994).

Our own position stems from working in the field of psychosocial rehabilitation and discovering the sexual possibilities of our clients within that context. We have been struck by their capacity to form and maintain close relationships with both sexes, and with their potential for personal growth and happiness. Our concern is that community care will support an individual with mental disorder, but that 'care packages' fit couples or families rather less well. The findings of One-Plus-One (Marriage and Partnership, 1990) have consistently shown a positive correlation between marital state and improved physical and mental health. Far less is known about the impact of psychosexual interventions on those with serious mental illness. The recently published National Survey of Sexual Attitudes and Lifestyles (Wellings et al., 1994) only referred to physical health—a curious omission.

Our agenda remains protracted and still largely unexplored. Examples in everyday practice include loose ego boundaries; severely limited social access and social skill; low self-image and confidence; poor self-care, including hygiene and health; poverty and its links past and present with prostitution and exploitation; sexual abuse in childhood and adulthood; the sexual content of positive symptoms, e.g. in delusions or hallucinations; sexual disinhibition and risk to self and others; the effects of psychotropic medications on libido; the secondary effects of medication—including extrapyramidal signs; hospital policies and the expression of sexual need in institutional semi-public settings; the lack of privacy—even in supported community hostels and housing; education and consent; safe sex and contraception; and single sex work with the most socially phobic or disabled (Attenborough & Watson, 1997; Miller & Finnerty, 1996; McCullough et al., 1992; Coverdale et al., 1997; Birley & Hudson, 1991).

We consider that the time is right for serious consideration of this important area of health and social care, and we hope that clinicians will begin to address it

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both in practice and theory. It is most encouraging that in the current edition we have a paper from Zieba et al. in Poland on marital functioning in patients with major depression, and we look forward to more original studies, single case studies and discussion papers on this significant, but as yet neglected topic in future editions.

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