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SEXUAL HEALTH

Sexual health services in urban, suburban, and rural outpatient mental healthcare settings in New York: findings from a survey of practices and gaps

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ABSTRACT

We surveyed all licensed outpatient mental health programs in New York to examine sexual health services and training needs of providers. Gaps were found in processes for assessing whether patients were sexually active, engaging in sexual risk behaviours, and in need of HIV testing and pre-exposure prophylaxis. Significant differences between urban, suburban, and rural settings statewide were found in how the following sexual health services were delivered: education; on-site sexually transmitted infection screenings; and condom distribution and barriers to distribution. Staff training in sexual health services delivery is critically needed for optimal sexual health and recovery of patients in community mental healthcare.

Keywords: capacity building, condoms, education, health promotion, health services, HIV/AIDS, psychiatric, screening.

A recovery orientation, emphasising patient empowerment and self-determination in treating psychiatric disorders, has prompted clinicians and care systems to re-think how they address sexual health among people with serious mental illness, providing an opportunity for mental health organisations to assess unmet need and improve access to these services.[1,2] Serious mental illness refers to conditions consistent with psychosis such as schizophrenia, schizoaffective disorder, and bipolar disorder.[3] Accessible care is critical to preventing and treating sexually transmitted infections[4] and is an equity and social justice issue for populations subject to unfair distributions of healthcare.[5] Although the vast majority of people in care for serious mental illness consider a supportive relationship that is emotionally or sexually intimate to be a key facilitator of recovery, only a small minority are in such relationships and numerous barriers to intimate relationships have been described,[6] including mental health treatment programs, themselves.[7] The extent to which programs offer their patients even basic sexual health assessments or education is not well described.[8–10]

For a training program funded by the U.S. Health Resources and Services Administration, an annual needs assessment questionnaire was sent to directors of all licensed outpatient mental healthcare programs in New York state seeking information about program characteristics, sexual health services offered, and provider training needs related to patient sexual health. Programs were contacted through an e-mail distribution list of 434 clinical directors provided by the New York State Office of Mental Health, followed by two e-mail reminders over 3 months. Responses were anonymous, but e-mail bouncebacks suggested that some programs had closed or had been absorbed by larger programs; some large programs with multiple sites responded with one survey; and 11 programs were not contacted because of disqualifying factors. A total of 132 surveys (Qualtrics, Provo, UT, USA) were completed; removing the 11 disqualified programs, the response rate was 31%, consistent with online survey response rates.[11]

Among respondents, 72 (54.6%) were in urban areas, 28 (21.2%) in suburban areas, and 32 (24.2%) in rural areas. A majority of agencies ($n = 65$, 49.2%) served more than 1000 patients, whereas 22 (16.7%) served 200 or fewer. Most agencies ($n = 81$, 81.8%) reported

Table 1. Outpatient mental health agency characteristics and sexual health services provided in urban, suburban, and rural areas of New York.

Agency characteristic	Urban (*N* = 72)		Suburban (*N* = 28)		Rural (*N* = 32)		*P*
	N	%	*N*	%	*N*	%	
How does your program most commonly provide STI screenings?							0.0020
Provided on-site	29	46.8	3	14.3	2	10.5	
Referred out	20	32.3	15	71.4	10	52.6	
Not provided	13	21.0	13	14.3	7	36.8	
How does your program most commonly provide sexual health education?							0.0421
Provided on-site	41	65.1	8	38.1	8	42.1	
Referred out	14	22.2	11	52.4	6	31.6	
Not provided	8	12.7	2	9.5	5	26.5	
What is the main way condoms are distributed in your program?							0.0005
Anonymously	37	59.7	5	26.5	4	21.1	
From clinician	11	17.7	4	21.1	1	5.3	
Not distributed	14	22.6	10	52.6	14	73.7	
What is the primary barrier to condom distribution at your program?							0.0013
No barrier	43	69.4	9	47.4	3	15.8	
Lack of funds	6	9.7	2	10.5	9	47.4	
Religious policy	2	3.2	1	5.3	0	0	
Other policy	4	6.5	3	15.8	2	10.5	
No need	7	11.3	4	21.1	5	26.3	

that sexual health services were essential or very important for their patients. However, across settings, gaps in sexual health services were observed, particularly with respect to processes for knowing whether patients were sexually active, engaging in sexual behaviours that put their health at risk, and in need of HIV testing and pre-exposure prophylaxis. Staff training in sexual health services delivery was reported as being needed by 52 (51.5%) agencies. Thirty-eight agencies (38.0%) were not distributing condoms. Table 1 shows characteristics of these agencies and the sexual health services they were providing by location, with significant differences found for sexually transmitted infection (STI) screening, sexual health education, condom distribution, and barriers to condom distribution.

Mental healthcare agencies in urban regions were better equipped to provide optimal sexual health services on-site than rural agencies. Also in rural areas, barriers to services (i.e. condom distribution) were predominantly reported to be due to either lack of funding or lack of need, whereas in suburban regions the top barriers cited were lack of need and policy proscription (not related to any religious affiliation of the agency).

Consistent with prior research, we found that healthcare access depends on geography.[12] To improve sexual health services available to people with serious mental illness, a population overlooked and underserved, we must develop evidence about their sexual health service needs. Even in resource-constrained settings, improving staff awareness of resources and their capacity to deliver sexual health services is possible.

References

1 Evans AM, Quinn C, McKenna B. The governance of sexuality in a recovery-oriented mental health service: psychosis, consumers and clinical approaches. *J Psychiatr Ment Health Nurs* 2020; 27: 194–202. doi:10.1111/jpm.12569

2 Smith S, Connolly S. Re-thinking unmet need for health care: introducing a dynamic perspective. *Health Econ Policy Law* 2020; 15: 440–57. doi:10.1017/S1744133119000161

3 McKinnon K, Satriano J, Alves-Bradford J-M, Erby W, Jaafar FJ, Simonen EH, Gozzo IS, Robles Huang AN, Sposito JS, Tao Z, Zakoian MJ, Zurita McKinnon A, Cournos F. Three decades and counting: HIV service provision in outpatient mental health settings. *Psychiatr Serv* 2020; 71: 726–29. doi:10.1176/appi.ps.201900415

4 Fairley CK, Chow EPF, Simms I, Hocking JS, Ong JJ. Accessible health care is critical to the effective control of sexually transmitted infections. *Sex Health* 2022; 19: 255–64. doi:10.1071/SH22042

5 Dukhanin V, Searle A, Zwerling A, Dowdy DW, Taylor HA, Merritt MW. Integrating social justice concerns into economic evaluation for healthcare and public health: a systematic review. *Soc Sci Med* 2018; 198: 27–35. doi:10.1016/j.socscimed.2017.12.012

6 Boucher M-E, Groleau D, Whitley R. Recovery and severe mental illness: the role of romantic relationships, intimacy, and sexuality. *Psychiatr Rehabil J* 2016; 39: 180–2. doi:10.1037/prj0000193

7 Gibbs J, Solomon D, Jackson L, Mullick S, Burns F, Shahmanesh M. Measuring and evaluating sexual health in the era of digital health: challenges and opportunities. *Sex Health* 2022; 19: 336–45. doi:10.1071/SH22068

8 Hughes E, Mitchell N, Gascoyne S, Moe-Byrne T, Edmondson A, Coleman E, Millett L, Ali S, Cournos F, Dare C, Hewitt C, Johnson S, Kaur HD, McKinnon K, Mercer C, Nolan F, Walker C, Wainberg M, Watson J. The RESPECT study: a feasibility randomised

controlled trial of a sexual health promotion intervention for people with serious mental illness in community mental health services in the UK. *BMC Public Health* 2020; 20: 1736. doi:10.1186/s12889-020-09661-x

9 Quinn C, Platania-Phung C, Bale C, Happell B, Hughes E. Understanding the current sexual health service provision for mental health consumers by nurses in mental health settings: Findings from a Survey in Australia and England. *Int J Mental Health Nurs* 2018; 27: 1522–34. doi:10.1111/inm.12452

10 Hughes E, Edmondson AJ, Onyekwe I, Quinn C, Nolan F. Identifying and addressing sexual health in serious mental illness: views of mental health staff working in two National Health Service organizations in England. *Int J Mental Health Nurs* 2018; 27: 966–74. doi:10.1111/inm.12402

11 Nulty DD. The adequacy of response rates to online and paper surveys: what can be done? *Assess Eval High Educ* 2008; 33: 301–14. doi:10.1080/02602930701293231

12 Brady J, Ho K, Clancy CM. Commentary: state snapshots – a picture of unacceptable variation: are we destined to live with "Geography is Destiny"? *Am J Med Qual* 2008; 23: 492–5. doi:10.1177/1062860608325192

Data availability. The data that support this study will be shared upon reasonable request to the corresponding author.

Conflicts of interest. The authors declare no conflicts of interest.

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