Mental Health and Contraception- Are we doing enough?

A study exploring the experiences of service users receiving contraception advice from mental health professionals

A.MOHAMED (ST6), E. MACDONAGH (Specialty Doctor), C. ESTRADA (Specialty Doctor), A. JAVED (GP Trainee) and R. GIRIDHAR (Consultant Perinatal Psychiatrist)
Surrey and Borders Partnership NHS Foundation Trust (SABP), United Kingdom Correspondence to: ashma.mohamed@sabp.nhs.uk

Surrey and Borders Partnership NHS Foundation Trust

INTRODUCTION

- Whilst contraceptive knowledge is undoubtedly important for all reproductive-aged people, it is of increased importance for women with mental health conditions who are considered a “doubly disadvantaged” group due to their gender and diagnosis.
- These women can experience significant reproductive health problems including reduced fertility due to pharmacology use, high rates of unplanned pregnancies, safeguarding processes and increased rate of malformations in their offspring. [1,]
- They are also more likely to engage in sexual risk-taking behaviour and sexually transmitted diseases. [1]
- For women with mental health conditions who want to avoid unintended pregnancy, effective contraceptive use can be an important strategy to maintain and even improve health and wellbeing. [2]
- NICE (National Institute for Health and Care Excellence) [3] guidelines recommend discussing the use of contraception with women of childbearing potential with mental health problems. It recommends that professionals should discuss how pregnancy and childbirth can have an impact on a mental health problem and how a mental health problem and its treatment might affect the women, the foetus or baby.
- It is therefore important for professionals to feel confident when advising these women.
- Barriers in the provision of appropriate reproductive advice by professionals includes difficulties in determining "best interests", feeling ill-equipped to discuss sexual and reproductive health due to perceived boundaries and embarrassment, and ethical challenges. [4,5,6]

AIM

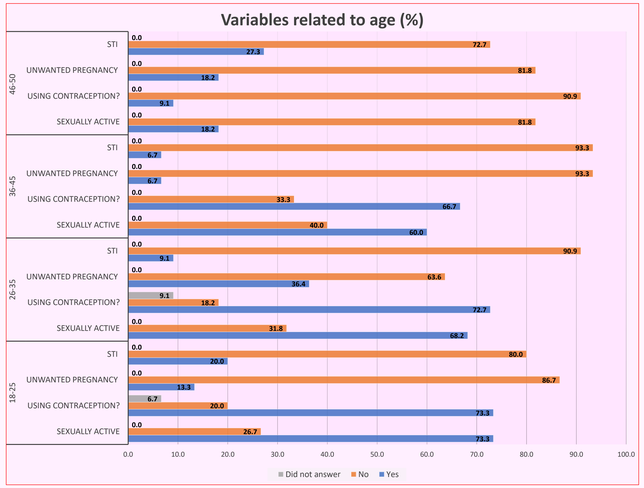
To examine experiences of female service users of reproductive potential with mental health conditions of contraceptive advice provided by mental health professionals.

METHOD

- We developed a 13-item survey questionnaire, which generated anonymous data on service user experience around the provision of contraceptive advice.
- An observational quantitative cross-sectional design study was utilised as it minimises loss to follow-up, obtrusiveness and response bias to allow for future replicability and comparisons across other NHS Trusts.
- People with lived experiences of mental health conditions were consulted in the design of the service user questionnaire
- Data capture was done on Qualtrics.
- The study design was reviewed and approved by the Ethics Committee.

Inclusion criteria: Female aged 18-50. Under SABP mental health services, including Forensic services. Diagnosed DSM IV mental health condition. Capacity to give informed consent.
Exclusion Criteria: Service users under specialist services. Service users detained under the Mental Health Act in the inpatient unit or under community treatment order(CTO).

RESULTS



- A total of 71 patients in an outpatient setting completed the questionnaire. 6 did not meet inclusion criteria. The final sample size was 65 outpatients.
- 23.1% respondents were aged 18-25, 33.8% were 26-35, 23.1% were 36-45%, 16.9% were 46-50 and 3.1% did not answer.
- Most likely to be sexually active was 18-25 age group (73.3%).
- Highest proportion of unwanted pregnancy was in age group 26-35 (36.4%).
- Highest proportion of STI’s in the 46-50 age groups (27.3%).
- Contraception was used similarly across all age groups (range 66.7%-73.3% of respondents) except for 46-50 age group which was 9.1% of respondents.
- 55% of respondents were sexually active.
- 50% of participants were in a stable relationship. Of the participants in a stable relationship, 84.8% were sexually active. Of the participants not in a stable relationship, 25% were sexually active. 61.5% of respondents (n=40) reported that they are currently using contraception.
- Of the sexually active respondents (n=36), 72.2% were using contraception, 19.4% were not using contraception. Of the respondents not sexually active (n=29), 48.28% were using contraception, 51,72% were not using contraception.
- Of the 40 respondents currently using contraception, 42.5% are using the pill, 20% are using the coil, 17.5% condoms, 10% the implant, 2.5% coil and condoms, and 2.5% did not specify.
- 20% (n=13) of the respondents had had an unwanted pregnancy in the past. Of these 13 women, 38.5% (n=5) also had STI, 85% had never discussed contraception with MH clinician (the remaining 15% did not answer), 61.5% said they would be comfortable discussing with MH clinician (31% didn’t answer).
- 16.9% of the respondents had been diagnosed with an STI (n=11). 3 of these have discussed contraception with a mental health clinician, 8 hadn’t. Of the 11 participants who had an STI in the past, 82% are currently using contraception.
- Of the 36 people who responded as to whether they had involvement from children’s services, 25% said yes.
- 26.2% of respondents have discussed contraception with a mental health clinician. 67.7% have not. 46.2% said they felt comfortable discussing with MH clinician. 10.8% said they did not feel comfortable. 43.1% did not reply. 35.4% felt that MH clinicians should advise about contraception, 18.5% felt they should not and 46.2% did not respond to that question.

Service User Questionnaire – Contraception and Mental Health

Are you currently sexually active? **Yes / No**

Are you currently in a stable relationship? **Yes / No**

Are you currently using contraception? **Yes / No**

If yes, what method of contraception are you using?

Have you ever had an unwanted pregnancy? **Yes / No**

Have you ever been diagnosed with a sexually transmitted infection (STI)? **Yes / No**

Have you had input from children social services? **Yes / No**

Has your mental health clinician ever discussed contraception advice with you before? **Yes / No**

If yes, what did they advise?

Do you feel comfortable discussing contraception advice with your mental health professional? **Yes / No**

Do you think your mental health professional should be offering this advice? **Yes / No**

Has your mental health professional discussed the effects of your medication on pregnancy? **Yes / No**

DISCUSSION

- **Reproductive Challenges Across Age Groups:**

18-25: Predominantly sexually active, highlighting a crucial age for sexual health education and awareness.

26-35: Marked by a significant risk of unwanted pregnancies. Interventions might emphasise pregnancy prevention and support.

46-50: Notable rise in STIs combined with decreased contraception usage. A dual focus on STI awareness and promoting contraceptive methods is essential for this age group.

- **Relationship Dynamics:**

Being in a stable relationship significantly increases the likelihood of sexual activity. This emphasises the importance of considering relationship status in health strategies and contraceptive advice.

- **The Role of Mental Health (MH) Clinicians:**

A striking number of women with a history of unwanted pregnancies have not consulted MH clinicians about contraception, indicating a communication gap and missed opportunity.

The involvement of a quarter of respondents with children's services suggests an exploration of the extent of these services’ influence on reproductive choices.

- **Patient-Centred Approaches:**

While a substantial percentage of respondents feel at ease discussing contraception with MH clinicians, a notable portion feels the opposite or is unsure. Tailored patient-centric strategies might be the key to addressing specific age-related challenges and involve MH clinicians more actively in reproductive discussions.

CONCLUSIONS

- Females with MH conditions experienced unwanted pregnancies and STIs.
- Only a small proportion of these women discussed contraception with their MH professional, indicating a potential gap in contraceptive advice provided.
- Most women reported feeling comfortable discussing contraception with their MH professional, highlighting the need for professionals to initiate these discussions.
- Those aged 46-50 had the highest incidence of STI’s but the lowest rate of contraception use, indicating a need for targeted contraceptive education for this group.

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