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ORIGINAL ARTICLE

Nurses' and auxiliary nurses' beliefs and attitudes regarding the sexual health of patients with severe mental illness: A qualitative study

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Abstract

Introduction: Sexual health is essential to the overall health. People suffering from severe mental illness (SMI) experience a deterioration in their sexual health. These patients and their caregivers seem unwilling to engage in a dialogue concerning sexual health within the context of mental health care.

Aim: The study investigated nurses' and care assistants' beliefs and attitudes regarding the sexual health of people with SMI on the psychiatric care pathway.

Methods: Twenty semi-structured interviews were conducted with nurses and care assistants. Data were subject to a thematic analysis.

Results: Three main themes emerged: (1) The formalization of the care approach towards people with a SMI in hospitals; (2) the place given to sexual health in psychiatry units; (3) nurses and care assistants are not equipped to deal with patients' sexual health.

Discussion: Caregivers consider that sexual health is a fundamental right and an indicator of good health. They nevertheless believe that the psychiatric hospital remains a place of acute care where sexual health is not considered.

Implication for Practice: This research justifies that it is necessary to question the representations of nurses and care assistants before implementing a tailored intervention that integrates the consideration of sexual health into the holistic care of the patient on the psychiatric care pathway.

KEYWORDS

health promotion, prevention, psychosexual difficulties, public health, qualitative methodology

1 | INTRODUCTION

The World Health Organization (WHO, 2021) defines sexual health as follows: 'Sexual Health, when viewed affirmatively, requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence'

(WHO, 2021). The WHO specifies four determinants essential to sexual health and well-being: access to comprehensive and reliable information about sex and sexuality; knowledge of the risks individuals may face and awareness of patients' potential vulnerability to harmful consequences of unprotected sexual activity; the ability to access sexual health care; the freedom to live in an environment that affirms and promotes sexual health (WHO, 2021).

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According to the WHO, sexual health is a broad area that includes 'sexual orientation and gender identity, sexual expression, relationships, and pleasure. They also include negative consequences such as [...] sexually transmitted infections (STIs) [...], unintended pregnancy [...], sexual dysfunction, sexual violence' (WHO, 2021).

1.1 | Severe mental illness and sexual health

People living with a serious psychiatric pathology apparently often suffer from poorer sexual and emotional health compared to the general population (White et al., 2021). The expression '*serious psychiatric pathology*' alludes to the Anglo-Saxon concept of 'severe mental illness' (SMI), which refers to the idea that a person suffering from an SMI has such significant incapacities that it impacts his/her life even in terms of basic needs. Schizophrenia and bipolarity are included under the definition of severe mental illnesses (Heller et al., 1997). Indeed, psychotic disorders can pose a barrier to creating and maintaining an affective relationship (White et al., 2021). People suffering from mental health issues seem to experience a higher rate of relationship dissolution than the general population (McCann et al., 2019). Women are more affected than men, particularly because partners often discredit complaints expressed in the relationship, concluding they stem from 'mental health problems' (Mizock et al., 2019). Research findings have demonstrated that women who suffer from a serious psychological pathology are more likely to experience sexual violence (Khalifeh et al., 2015). According to a 2015 study, in the UK, 40% of female adult patients in contact with a mental health service had experienced rape or attempted rape, and 10% had experienced sexual violence in the preceding 12 months (Khalifeh et al., 2015). Higher figures are also found among men suffering from a serious psychiatric pathology; 13% were victims of domestic violence in the previous year versus 5% in the general population (Khalifeh et al., 2015). Moreover, it has been shown that people with mental health problems are more prone to experiencing risk behaviours for STIs (Rosenberg et al., 2003) and are also more vulnerable to sexual exploitation (Higgins et al., 2006). The impact of such poor sexual health also increases the risk of suicide (Khalifeh et al., 2015). Among women with SMIs who have been sexually assaulted as adults, there is a 53% risk of suicide attempts (SA), compared to 3.4% in the general population (Heller et al., 1997).

At the same time, in a therapeutic context, there is evidence that persons with serious psychological pathologies experience significant sexual health related side effects of their treatment. A 2010 study found that more than 43% of people undergoing antipsychotic treatment suffered from pharmacologically induced sexual disorders: erectile dysfunction, lubrication problems or a decrease in libido (Muench & Hamer, 2010). Other authors have pointed out that sexual function disorders induced by antipsychotic treatment are found in 38%–86% of persons with schizophrenia (Bobes et al., 2003; Montejo et al., 2010; Uçok et al., 2007). Despite enlightening contributions to the literature on the subject, dialogue remains difficult for

Accessible Summary

What is known on the subject?

- An environment that ensures that sexual health is addressed and promoted is one of the key determinants of sexual health.
- People living with a severe mental illness suffer from poorer sexual and emotional health compared to the general population. They also experience significant sexual health related side effects of their treatment.
- Dialogue regarding sexual health remains difficult for both caregivers and patients.

What this paper adds to existing knowledge?

- The psychiatric hospital remains a place of care focused on the management of crises.
- Nurses often fail to consider or address the sexual health of their patients. The potential danger of abuse of vulnerable patients will lead to adopting a role of control over the patient's behaviour.
- Nurses feel powerless to integrate sexual health of severe mental illness patients into overall patient care.

What are the implications for practice?

- The systematic consideration of the sexual health of users in psychiatric sectors is a public health issue.
- Nurses are the health professionals of choice to ensure comprehensive patient care, which would include consideration of the sexual health of users. However, barriers to successful integration of sexual health into current nursing practice were identified and merit consideration in preparing to implement an intervention to integrate sexual health into routine nursing practice with patients with severe mental illness.

both caregivers and patients. Indeed, sexuality is a theme rarely discussed by mental health care providers (Deegan, 2001; Earle, 2001), and it appears that 70% of users affected by sexual disorders have never evoked the subject with their psychiatrist (Uçok et al., 2008). This silence can be explained by the often-complicated life history of persons with mental health problems, characterized by misunderstandings, stigmatization, misconceptions and negativity (Higgins et al., 2006).

Several studies on the topic exist, mainly from the English-speaking world (Higgins et al., 2008; Quinn et al., 2011). However, to the best of our knowledge, there are no studies in France that question these issues, even though French governance encourages healthcare professionals to take into account the sexual health of

healthcare service users through the 2017–2030 National Sexual Health Strategy (French Health Ministry, 2021; Higgins et al., 2006). Based on these findings, and given the French context, we felt it was relevant to conduct qualitative research to examine the place of sexual health in the caregiver–patient relationship in greater depth. The aim of this study is to explore the social representations (beliefs and attitudes) of nurses and care assistants working in psychiatry regarding the sexual health of people living with SMI. Indeed, nurses and care assistants are the health professionals who have the most regular contact with these users, while developing a close and trusting relationship as part of the caregiver–patient relationship. The methods are reported in accordance with the COREQ checklist (Tong et al., 2007).

2 | METHODS

The study was conducted with the support of the Saint Jean de Dieu Hospital Centre of Lyon, the Faculty of Medicine of Jean Monnet University Saint Etienne and was approved by the ethics committee of the University Hospital Center of Saint-Etienne (France) under reference IRBN612022/CHUSTE, on 18 May 2022. All participants were given written and oral information about the study and gave informed consent to participate.

2.1 | Participants

Nurses and care assistants specialized in psychiatry caring for people with a diagnosed SMI were recruited. After meeting with the administrative director of the nurses and care assistants at the various facilities, we were able to drop off and post the call to participate in the study at the various locations. On a voluntary basis, individuals contacted the first author. Informed consent was obtained from all participants.

2.2 | Semi-structured interviews

The semi-structured interviews were carried out by the first author, a male nurse, trained in qualitative research and an advanced practice nursing student, with no previous association to the participants. The framework in which the collection took place was explained to each of the participants, ensuring their freedom of speech, data protection, anonymization and a policy of non-reporting to their hierarchy. All interviews took place in a quiet office, face to face and were recorded in their entirety on a digital audio recorder before being transcribed in verbatim form. The average duration of each interview was 24 min.

A semi-structured interview guide was developed in advance to guide the data collection (Appendix 1). After two interviews, a question concerning gender and/or sexual orientation as a factor

influencing users' sexual and emotional health was added; after 10 interviews, the question yielded a better understanding of the interviewees. No further changes were made to the content of the semi-structured interview guide.

One person refused to participate in the study, explaining that the subject did not interest him/her.

2.3 | Data analysis

We applied the five steps methodology framework proposed by Braun and Clarke to conduct the thematic analysis (Braun & Clarke, 2006), using Nvivo 11 pro software. The themes were independently generated by the two authors with discrepancies resolved by discussion. Transcripts, and themes, were not returned to participants for comment and/or correction. The participants did not provide any feedback on the results.

3 | RESULTS

Between 19 May 2022 and 7 July 2022, 20 semi-structured interviews were conducted with nurses and care assistants working in the psychiatry unit. Participant characteristics are provided in Table 1.

3.1 | Themes

Three overarching themes were identified from the semi-structured individual interviews: (1) The formalization of the management of SMI in hospitals; (2) the place given to sexual health in psychiatry; and (3) nurses and care assistant lack support for managing the sexual health of patients. An overview of the major themes and sub-themes is presented in Table 2.

3.1.1 | The formalization of SMI management in psychiatric hospitals

The hospital as a place of care and crisis management

For the caregivers interviewed, the psychiatric hospital was seen as an acute care facility where psychological crises are treated. Since it was not considered a living space, sexual health was often an after-thought or kept at a distance.

Because it is not the time. Because the hospital is a moment of crisis and that, I mean, after, it's not my way of thinking but that's how it is, that... in any case, it made me experience this: "The hospital is the zone of crisis, so emotional life, we'll talk about that later."

Interview 5 Nurse, woman

The caregivers interviewed explained their prioritization of strictly mental health related care.

(...) it seems to me that when you're in an extreme crisis, your love life is not urgent! You must be stabilized first, and then of course it's important, but you'll have to see once you're doing better.

Interview 11 Nurse, woman

However, more than half of the caregivers in the sample recognized that sexual health is an essential need that contributes to overall health.

To meet our needs – we all have basic needs we'll say, and the sexual need is a fundamental need.

Interview 4 Nurse, woman

TABLE 1 Participant characteristics.

N=20	N (%)
Professions	
Nurse	15 (75%)
Care assistant	5 (25%)
Unit type	
Pool	1 (5%)
UHCD (Short-term hospitalization unit)	1 (5%)
Sectorized entry units	7 (35%)
Somatic support unit	3 (15%)
ELSA unit (Addiction Care Liaison Team, dedicated to patients in psychiatric wards)	2 (10%)
Outpatient rehabilitation units	3 (15%)
Unit for chronic/cerebrotic patients	3 (15%)
Age	
18–25 years old	1 (5%)
26–35 years old	8 (40%)
36–45 years old	7 (35%)
46–55 years old	4 (20%)
Gender	
Female	17 (85%)
Male	3 (15%)

TABLE 2 Overview of major themes and sub-themes regarding nurses' and care assistants' beliefs and attitudes about the sexual health of patients with severe mental illnesses in psychiatric wards.

Themes	The formalization of management of SMI in hospitals	The place given to sexual health in psychiatry	Nurses and care assistants lack support for managing the sexual health of patients
Subtopics	The hospital as a place of care and crisis management	Sexual health is taboo in psychiatry	Caregivers' individual beliefs and cultures shape their investment in sexual health
	The caregiver's duty to protect the vulnerable patient	Sexual health reduced to drug-induced sexual dysfunctions	Sexual health a specialized out-of-home care programme of the hospital or care unit
	The myth of behavioural control in psychiatry	The need for institutional positioning to accommodate sexual health	An absence in initial training curriculum for non-medical caregivers

The caregiver's duty to protect the vulnerable patient

Due to the severity of their symptoms at the time of hospitalization, caregivers identified significant psychological vulnerabilities in patients. Most caregivers mentioned the loss of free will in hospitalized patients due to episodes of decompensation of their SMI.

It can also be people who are in... a manic phase, with strong disinhibitions, and as a result, well, who could then... after that phase, have regrets, since they would have had sexual relations or intercourse that were ultimately not... with not necessarily informed consent... at the time.

Interview 6 Nurse, woman

They explained that social disorganization, especially induced by delusional symptomatology, can end up putting the patient in a situation where he/she is unable to consent.

It's for this that I dislike it; all the sexual relations while hospitalized; I find they aren't, their mind is not there, so as a result, it's hard to say yes, they wanted it or they didn't want it, so no. They are so confused, and so... for me they can't be consensual, you know.

Interview 7 Care assistant, woman

The caregivers interviewed returned to this key notion of consent several times and stressed the importance of protecting the patient from a relationship that would not be consensual. One task of the nurses and care assistants interviewed involved preventing patients from engaging in sexual intercourse in order to reduce the risk of exploiting vulnerable persons. The healthcare workers evoked their own role in psychiatry, notably their responsibility to protect the patients.

We are here monitoring.

Interview 13 Nurse, woman

On the contrary, the feeling of duty that caregivers seemed to have towards people with a diagnosed SMI was also influenced by the risk of the patient feeling an intense emotion linked to his/her emotional life, such as a dissolution, which could then call into question the



patient's precarious psychological equilibrium, due to the decompensation episodes the latter was experiencing in the hospital.

And at the same time, they told me, "Yes, but you realize, they have the right to have a sex life," to which I replied "Yes, but for certain ones... but the others, it destroys them, you know." Me, I only see negative things about it. It's not great, that's all there is to it.

Interview 7 Care assistant, woman

The myth of behavioural control in psychiatry

To protect patients from possible trauma concerning sexual health, the caregivers evoked the setting as a safety tool. The most frequently mentioned rule was 'no two patients in a room', which appeared to be the simplest measure for avoiding ambiguous situations.

"No two people in a room" – it's a simple rule.

Interview 7 Care assistant, woman

The caregivers used their observation skills to anticipate possible relationships between patients.

We can feel, right, in the department, the shifting relationships, uh... of course, certain people who are closer to others, we always make sure we're watching pretty closely... Yeah, we keep an eye on what's going on.

Interview 13 Nurse, woman

On the contrary, several of the nurses and care assistants interviewed mentioned the framework as a means of containing the possibility of sexual and emotional activity in the ward, without specifying its modalities.

When I was working, especially in the inpatient unit, everything that was said was reported to the psychiatrist, but specifically because it was identifying as a thing that could be deviant – I mean, yes, I remember the story of a young man who masturbated in his room twice a day [...]. And very quickly it caused a frantic commotion: "Does he have the right to!?" "Can we let him do that!?" "Is it too much!?" "Is it not enough!?" So, we had to talk to the psychiatrist to decide.

Interview 5 Nurse, woman

It would therefore seem that the sexual health of patients was placed on the same level as other symptoms specific to serious psychological pathologies.

There's also the fact that we reprimand them because it's not always appropriate.

Interview 1 Nurse, man

Birth control and family planning encompassed another aspect of behavioural control that emerged from the interviews.

Several caregivers raised the issue of motherhood among patients living with a SMI, mainly in terms of contraception and abortion. The potential pregnancy of a patient was generally experienced in a pejorative way by the caregivers.

On the other hand, I've already heard: "She absolutely has to be on contraception, even if she doesn't agree." That, I've already experienced, and I find it extremely violent, because in fact they're patients who are going to get implants placed by us, in general because they don't agree; this way, we are sure that they'll have their birth control... uh... In fact, that, I have already experienced.

Interview 12 Nurse, woman

3.2 | The place given to sexual health in psychiatry

3.2.1 | Sexual health taboo in psychiatry

More than half of the caregivers interviewed considered the subject of sexual health to be taboo in a psychiatric facility. The word itself was mentioned 35 times in the interviews. The nurses and care assistants considered that the sexual health of patients was not a subject to be discussed at the hospital within the teams, among peers or with patients.

Even me, it's something that I bring up very little with patients. Uh, who it is... it's often something that at times can make them uncomfortable; whether it's the caregiver or whether it's the patient, it's always a taboo subject – I mean, anything that is sexual.

Interview 17 Nurse, woman

3.2.2 | Sexual health reduced to drug-induced sexual dysfunctions

When asked about the sexual health issues that psychiatric patients may experience, most caregivers identified the drug-induced sexual function disorders of male patients, such as erectile dysfunction. In a minority of testimonies, problems female patients faced were cited, but from the point of view of teratogenic risk.

The difficulties related to treatment, related to the side effects of treatment, which unfortunately lead to impotence in men.

Interview 6 Nurse, woman

Faced with such problems of drug-induced functional disorders, caregivers seemed at a loss, and consequently implemented avoidance strategies.

A very silly thing and it had actually slipped my mind, but I prepare his treatments for him for a temporary leave, and he tells me, "Hey, I'm going to see my girlfriend this weekend," and I don't know anymore what I told him... He says, "Well, no N... you know very well that... I have problems, I mean, I can no longer... I can't have an erection, you know." And in fact, me, for me, it was no longer on my mind; me, I thought that it had even been resolved, because, given that he didn't talk about it anymore, not much anymore during our meetings, you see, but no, in fact. It is... still present, in any case for him.

Interview 8 Nurse, woman

3.2.3 | The need for institutional positioning to accommodate sexual health

During the interviews, the caregivers repeatedly specified a need for the institution to take a stance on the issue of sexual health for patients in psychiatric facilities. They expressed the importance of developing a common and standardized discourse.

In terms of ethical rules, institutional rules, etc. It's to have structured guidance on which to base ourselves as caregivers of the institutions. Meaning like, in current circumstances one should not do each as one pleases, but have, I don't know, a discussion among colleagues, I don't know, an institutional meeting on this subject, and thus make it "protocolized" so that we know what to do, what to accept, what to tolerate, or the limits, how far do they go? To be all in agreement on it.

Interview 18 Care assistant, woman

The request for institutional support specifically pertained to the issue of caregiver responsibility concerning the potential exploitation of vulnerable patients.

This is where it gets tricky, in fact, if, for example, there are two patients, well, there, we're going to be intrusive because how far does our responsibility go? I mean really the institution... how far are we going to go, if we let them do it, will the family... if there are consequences...

Interview 9 Nurse, woman

The topic of medical confidentiality within the framework of STI prevention was also raised by caregivers; they described occasionally

facing a dilemma upon witnessing a relationship between two patients. The need for team clarification and institutional support was also described in this context.

We had a patient who has a sexually transmitted disease, and he spent time with a young woman who didn't have any problem, but who was not on birth control or anything, and we had the question some time ago to know if they had had intercourse.

Interview 10 Nurse, woman

3.3 | Nurses and care assistants lack support to manage the sexual health of patients

3.3.1 | Caregivers' individual beliefs and cultures shape their investment in sexual health

Caregivers seemed to view sexual health through the lens of their individual beliefs and cultures. They spoke of difficulties encountered when discussing sexual health with colleagues who are of a different age or opinion. Furthermore, certain healthcare workers explained the challenge of bringing up sexual health due to the sensitivity of the topic in society.

We don't all have the same background, we're not all the same age, and... so it's true that it can be very caregiver-dependent, the way in which these issues are handled.

Interview 1 Nurse, man

The concept of considering the sexual health of patients thus seemed to be caregiver-dependent, and a few caregivers even suggested that the healthcare team could serve as a place of sharing to help one other mutually and answer questions. However, for most of the interviewees, conflict would arise whenever the team addressed the subject.

You try to... to get people to open up to this, but in fact, when you have people who are closed in front of you and who don't want to hear it at all, don't want to debate the particular subject, and well, it's complicated.

Interview 4 Nurse, woman

3.3.2 | Sexual health deemed a specialized field outside the facility or care unit

According to the nurses or care assistants interviewed, sexual health was to be treated by specialists (gynaecologists, family planning



professionals or sexologists), placing the field of sexual health outside the psychological care facility.

But yes, there are couples' therapists, psychologists, sexologists, there are plenty of specialists.

Interview 9 Nurse, woman

The caregivers explained that they lacked the necessary skills to address sexual health with users.

Well, me, in any case, I wouldn't see myself bringing it up at the moment, but because I'm not sufficiently... familiar with the subject and liberated enough also personally, you know?

Interview 17 Nurse, woman

3.3.3 | An absence in the initial training curriculum for non-medical caregivers

The interviewees identified an absence of basic training, resulting in insufficient skills.

But it's true that no, the Nurse certification curriculum is missing a lot, I think, to put that at the center of the care, as we can put other aspects of daily life at the center of the care. Spiritual well-being is talked about, psychological well-being is talked about, physical health is talked about, but it is true that the sexual aspect is very little mentioned.

Interview 1 Nurse, man

Certain participants also evoked the need to develop training programmes.

If I were ever to do that, I think I would need training, to know... how... if in other countries, how they deal with these issues, and... be trained, like, to know what questions to ask and how to respond.

Interview 11 Nurse, woman

4 | DISCUSSION

This study sought to understand the reported attitudes of psychiatric nurses and care assistants about the sexual health of patients with SMI. Results were drawn from 20 nurses and care assistants caring for these patients in different psychiatric services/units (long term hospitalization, short stay, ambulatory, specialized services, etc.). Three major themes were highlighted that provided insight on how nurses and care assistants working in psychiatry approached the topic of sexual health of people living with SMI.

The psychiatric hospital is viewed by caregivers as the place for crisis management. Where appropriate, all nurses should be able to discuss sexual health. Our findings corroborate contributions from the literature on this topic (Ravenhill et al., 2020; Reavey et al., 2022).

Furthermore, caregivers felt it was necessary to protect patients with symptoms that could put the latter in vulnerable situations. It is noteworthy that those interviewed did not rely on the literature to support their statements but on their personal experiences, despite several studies confirming that people living with an SMI are overexposed to sexual violence (Khalifeh et al., 2015; Oram et al., 2017). During the interviews, the caregivers repeatedly requested opportunities to acquire theoretical knowledge on the topic. Based on our findings, it appears that the caregivers did not have the necessary know-how or competence to appropriate the subject in a reassuring manner and integrate it into their current practice. According to the testimonies, the apparent insufficient education of the studies of nursing and care assistants has resulted in a lack of skills to address the sexual health of the users, as supported by the literature (Fennell & Grant, 2019; Sung & Lin, 2013). This absence of training partially explained why caregivers rely on their own values and belief systems to manage users' sexual and emotional health issues, which can pose a hindrance to their care (Jadoon et al., 2022).

The notion of taboo was constantly raised in the interviews. Caregivers explained to what degree it was difficult to evoke the subject with their colleagues or patients. The taboo factor of sexual health in psychiatry was likewise found in the literature, involving both psychiatrists and nurses (Bungener et al., 2022; Higgins et al., 2008; Quinn et al., 2011; Rele & Wylie, 2007).

During the interviews, we were able to observe what has been called the 'myth of control over behavior', particularly regarding women's sexual and reproductive health. In fact, women living with a serious mental illness experience more unplanned pregnancies than the general population (Bagadia et al., 2020). They are also more likely to have abortions than women without serious psychological pathologies (Brown et al., 2019) and more likely to suffer from obstetrical problems (Brown et al., 2019). The interviews seemed to reveal that the healthcare workers faced an ethical dilemma when patients in their care became pregnant. Caregivers made no mention of any resources they relied upon to support patients in their birth plans. However, there are tools that caregivers can use to help manage women living with an SMI, whether in the planning, conception or pregnancy phases (Coverdale et al., 2004; McCullough et al., 1992).

In general, our results fit into the 4-point classification established by Kautz et al. to explain the reasons why nurses do not discuss patients' sexual concerns and problems (Kautz et al., 1990; Quinn et al., 2011). As a reminder, the four main factors are (1) nurses' insufficient level of knowledge on the issue of sexual health, due to a lack in the training curriculum; (2) opinions on the nursing function which lacks institutional support to question this field, given that sexual health is not perceived as an integral part of the nursing role; (3) the mental health status of the users is too degraded to address the issue of sexual health, as this would be a source of additional imbalance for the patient; and (4) nurses are not comfortable

talking about sexuality and are alone and helpless when faced with these issues.

However, the literature illustrated that it was possible to improve the management of sexual health of patients in psychiatry by implementing training programmes for caregivers. Indeed, Su-Ching Sung's recent research attests to the benefit that a sexual health care education programme can have on nurses. Such an intervention with nurses not only develops knowledge about sexual health, but also has the advantage of clarifying their values and attitudes towards this complex subject, which is often perceived as taboo. One of the effects of this type of intervention is to allow nurses to become more proactively involved in addressing the sexual health of consumers in nursing practice (Sung et al., 2016).

4.1 | What the study adds to existing research

Our study confirms what has been known in the international literature on the subject for several years: nurses and nursing assistants are unable to integrate the sexual health of psychiatric service users into a holistic approach to care. In our case, the qualitative approach allows us to highlight the obstacles to integrating the sexual health of users into routine nursing practice in psychiatry. It is essential to be able to understand the barriers to implementation that may limit the success of initiatives aimed at promoting the systematic consideration of sexual health in routine nursing practice in psychiatry.

Thus, our results will allow us to structure a tailored intervention dedicated to engaging nurses and care assistants in addressing sexual health issues of the psychiatric patient, to ensure excellence in care. It seems important to include in this intervention a knowledge of existing local structures specialized in sexual health, outside the hospital, to encourage the town-hospital link. As part of the national sexual health strategy, nurses and care assistants have a role to play in developing links with these services, as is the case in the Anglo-Saxon world. This intervention will be based on the recent STARTER model, which has the particularity of having been designed specifically for mental health nurses to consider sexual health in nursing practices (Luby, 2020). Given that this model was designed specifically on the basis of the English healthcare context, it will be necessary to adapt the content of each stage of the STARTER model to the French context, French culture and the organization and staffing of the French healthcare system. The results of the present study will be mobilized so as not to overlook the obstacles and facilitators identified by nurses and care assistants, for considering the sexual health of patients diagnosed with SMI in nursing routine practice.

4.2 | Limitations

This study used a qualitative approach with 20 nurses and care assistants working in psychiatry. Because of the qualitative approach used in this study, it is not possible to generalize these findings to a broader population. However, the sample size is compatible with

reliable qualitative analysis (Saldana, 2009). More research is needed to investigate this important issue and continue to add to the literature to identify what is at play around these perceived destabilizing and complex issues for both patients and the community of health professionals practicing in psychiatric settings.

5 | CONCLUSIONS

Overall, this study allowed us to explore the perceptions and representations of caregivers regarding the sexual and emotional health of users living with a serious mental illness who receive care in psychiatric wards. Although nurses and care assistants consider that sexual health is a fundamental right and an indicator of good health, they nevertheless believe that the psychiatric hospital, as an institution, remains a place of acute care where sexual health is not considered due to the lack of training and institutional positioning. At a time when reforms have been announced in France for 2024, particularly in terms of the reference framework for nurses' initial training leading to the certification diploma, it will be important to ensure that sexual health is recognized as an educational and training need. It is becoming more and more necessary to integrate this issue into undergraduate curricula to help nurses and care assistants understand the importance of this issue and to feel more comfortable and confident in providing comprehensive care to the psychiatric service user. Sexual health is an integral part of overall health. The natural and systematic inclusion of sexual health by nurses and caregivers would improve general and individual support for patients with SMI, thereby reducing the inequities in access to appropriate care encountered by consumers in the psychiatric care pathway.

6 | RELEVANCE STATEMENT

Sexual health is still a taboo in psychiatry. This study allows us to understand the obstacles and levers that nurses and care assistants have to improve the management of the sexual health of SMI patients.

In addition, this study allows us to understand how they appropriate this subject and the reasons why this theme remains underdeveloped in mental health, despite the important needs.

This research will be used to implement interventions for nurses and care assistants, for a better understanding of sexual health, for the greater benefit of patients, their families and health professionals working in psychiatry.

AUTHOR CONTRIBUTIONS

Julien Martinez: Conceptualization, methodology, validation, formal analysis, data curation, writing—original draft preparation, writing—review and editing, visualization, validation. **Elise Verot:** Conceptualization, methodology, validation, formal analysis, resources, data curation, writing—review and editing, visualization, supervision, validation.

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CONFLICT OF INTEREST STATEMENT

The authors declare that they have no conflicts of interest to declare.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHICS STATEMENT

The research was approved by the ethics committee of the University Hospital of Saint-Etienne (France) with a favourable opinion, under reference IRBN612022/CHUSTE, on 18 May 2022. Informed consent was obtained from all participants.

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APPENDIX 1

Free translation, in English, of the semi-structured interview guide, SEXOPSY study:

Date and time:

Unit:

Profession:

Age:

Gender:

Length of service:

Additional training:

- 1/What is sexual health for you? *Definition of sexual health*
- 2/In your opinion, what are the sexual health problems encountered by the patients you see in your psychiatric unit? *Problems encountered by patients in psychiatry*
- 3/In your opinion, what are the specific rights related to sexual health in the hospital? *Patients' rights*
- 4/In your opinion, what place should sexual health have in the care of psychiatric patients? *Place of sexual health in care*
- 5/In your opinion, how can poor sexual health be a barrier to recovery for someone with a serious mental illness? *Impact of poor sexual health*
 - 5'/Do you think that among the patients in your care, gender or sexual orientation are factors influencing the sexual health problems they encounter? *Gender and/or sexual orientation as a gradient of sexual health issues*
- 6/How often, if ever, do you ask users questions about their sexual health? *Caregivers' consideration of patients' sexual health*
- 7/How have you responded, or do you think you would respond to a patient with a sexual health problem? *Caregivers' attitudes towards a sexual health problem*
 - 7'/Can you explain to me what you did, or what you would have done?
- 8/On a scale of 0 to 10 (0 indicating you are not at all comfortable and 10 indicating you are very comfortable), how comfortable are you in discussing these sexual health issues with patients and peers? *Patient/peer comfort level when talking about sexual health*
- 9/Considering your answers, what would you need to feel more effective in supporting the sexual health of patients living with a severe mental illness? *Needs expressed to enable better support of sexual health*

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