How Mental Health Challenges Impact the Sexual and Relational Health of Young Adults†

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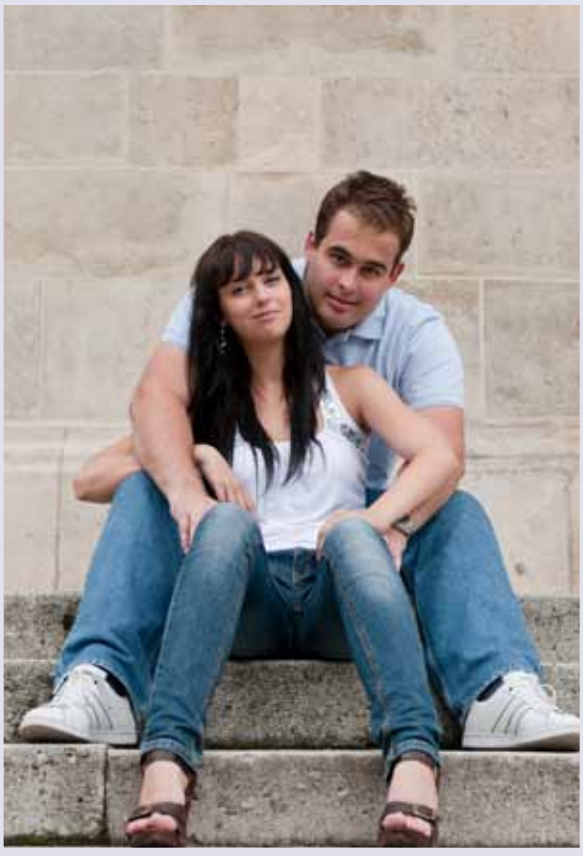
This research brief on the sexual health of youth with mental health conditions is part six of a seven-part series on the sexual health disparities of marginalized youth.

Introduction

Little is known about the sexual and romantic relationships of young adults with serious mental health conditions (SMHC), despite the fact that there is evidence that this population is disproportionately affected by poor sexual health; what little research there is, shows that rates of risky sexual behavior and negative sexual outcomes in young adults with SMHC are especially high. In a representative sample of middle and high school students, depressive symptoms in males were associated with not using a condom during last sex; in females these symptoms were associated with having an STI.[1] Among a group of 21-year-olds, those diagnosed with a serious mental illness were more likely to report having sex without a condom and a lifetime history of STIs when compared to



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those without mental illness; young adults with a mental health diagnosis *and* a substance use disorder were even more likely to have unprotected sex and history of STIs.[2] In a community sample of late adolescent women (ages 16-19), higher rates of unwanted pregnancy were associated with higher scores on a measure of bipolar disorder.[3] A major limitation to this research is that it is correlational. Therefore, it remains unclear as to whether mental health status causes risky sexual behavior, risky sexual behavior has a negative impact on mental health, or some other factor(s) impacts both.

Factors Influencing The Relationship Between Mental Health And Risky Sexual Behavior

Given the association between SMHC and risky sexual behavior, it is important to understand why these two characteristics might be related. Several factors may play a role in the association between SMHC and risky sexual behavior. It is possible that young persons with SMHC have been exposed to traumatic and/or abusive experiences in early childhood that may affect both mental and sexual health. It is well documented that a history of child abuse—especially sexual abuse—is associated with poorer mental and sexual health in adolescents and adults (see Maniglio, 2009 for a review).[4]

Internal and external stigmatization of mental health conditions may also provide barriers to healthy romantic relationships and associated sexual behaviors. Low self-esteem and high internal stigmatization in young adults with SMHC can lead to expectations of rejection and subsequent loss of confidence to fully participate in a romantic relationship. This perceived undesirability may result in a failure to advocate for safer sex practices, resulting from fear of disapproval or loss of a partner. Internal stigmatization may cause a person to "settle" for a partner that may not respect his or her sexual limits. For example, one study found that 20% of women with a serious mental illness had sex with people they didn't like.[5]

Some mental health conditions, such as borderline personality disorder (BPD), are associated with impulsivity, poor decision-making, and unstable, intense interpersonal relationships. These symptoms can directly impact sexual behaviors and/or partner choice.[3,6] For example, impulsivity in sexual decision making could reduce the odds of contraceptive use or safer sex planning. Insecure but intense relationships could cause a person with BPD to rush into a sexual relationship with someone for fear of otherwise losing them.

Issue of Silence

There are few opportunities for youth with mental health conditions to discuss and learn about their sexual health in a supportive environment. This population may lack basic education on pregnancy and STI prevention because parents and health care professionals potentially see these young people as vulnerable and in need of shelter and protection from sexual experience and/or potential heartbreak. Older people may also desexualize young persons with mental health conditions, or perceive them as not able to handle the responsibilities of sexual and romantic relationships. Inconsistent schooling due to health concerns and/or residential placement may cause young adults with SMHC to miss school-based sexuality education classes. However, the evidence points to the fact that young adults with SMHC do engage in all types of intimate relationships, and given the higher rates of negative outcomes they experience, appropriate education about how to maintain good sexual and relational health within this group is imperative. Young adults with SMHC need to be told by supportive adults in their lives (e.g., family members, caregivers, practitioners) that they are worthy of having a partner who cares about them; they are also worth advocating for when it comes to safer sex practices.

Yet even if mental health professionals were open to discussing sexuality with their clients, there is

evidence that they do not receive proper training. A study of staff at a residential treatment setting revealed that while the staff were confronted with many sexual issues at work from adolescent patients (e.g., residents "acting out," history of sex abuse, lack of knowledge about sex among patients), there was little support for them to help residents address these issues. The vast majority of professionals (90%) reported interest in receiving additional training on sexual issues and how to handle them,[7] yet a review of the top 20 social work graduate programs reveals that the 13 that do offer a course in Human Sexuality offer it as an elective only.[8] Proper training of caregivers of young adults with SMHC in relational and sexual health needs to be addressed in order to see improvements in the sexual health outcomes in this population.

References

1. Shrier, L. A., Harris, S. K., Sternberg, M., & Beardslee, W. R. (2001). Associations of depression, self-esteem, and substance use with sexual risk among adolescents. *Preventive Medicine, 33,* 179-189.
2. Ramrakha, S., Caspi, A., Dickson, N., Moffitt, T. E., & Paul, C. (2000). Psychiatric disorders and risky sexual behaviour in young adulthood: Cross sectional study in birth cohort. *British Medical Journal, 321,* 263-266.
3. Daley, S. E., Burge, D., & Hammen, C. (2000). Borderline personality disorder symptoms as predictors of 4-year romantic relationship dysfunction in young women addressing issues of specificity. *Journal of Abnormal Psychology, 109,* 451-460.
4. Maniglio, R. (2009). The impact of child sexual abuse on health: A systematic review of reviews. *Clinical Psychology Review, 29*, 647-657.
5. Collins, P. Y., Elkington, K. S., von Unger, H., Sweetland, A., Wright, E. R., & Zybert, P. A. (2008). Relationship of stigma to HIV risk among women with mental illness. *American Journal of Orthopsychiatry, 78,* 498-506.
6. Zanarini, M. C., Parachini, E. A., Frankenburg, F. R., Holman, J. B., Hennen, J., Reich, D. B., & Silk, K. R. (2003). Sexual relationship difficulties among borderline patients and Axis II comparison subjects. *The Journal of Nervous and Mental Disease, 191,* 479-482.
7. Zeanah, P. D., & Hamilton, M. L. (1998). Staff perceptions of sexuality-related problems and behaviors of psychiatrically hospitalized children and adolescents. *Child Psychiatry and Human Development, 29,* 49-64.
8. Gowen, L. K., & Deschaine, M. (2011). *Human sexuality pre-service training in social work*. Unpublished Manuscript, School of Social Work, Portland State University, Portland, OR.

Funding

This publication was supported by funds from the Oregon Public Health Division, Office of Family Health through Grant Number HRSA 08-066 from the US Department of Health and Human Services Health Resources and Services Administration. Its contents do not necessarily represent the official views of the Oregon Public Health Division or the Health Resources and Services Administration.