

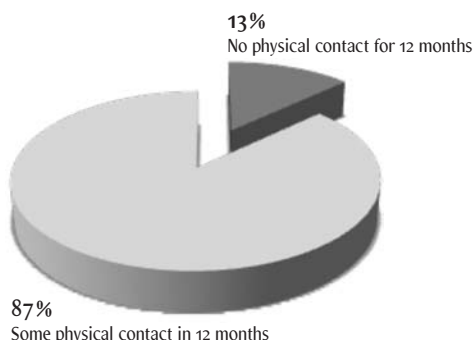
Intimacy and mental illness

The social isolation experienced by people with a mental illness includes a lack of emotional and physical intimacy – action is needed by government at all levels to improve opportunities for those affected to develop close relationships with others, and so improve their capacity for recovery.

Social isolation and loneliness are a common experience for many people with a mental illness, especially those who have a psychiatric disability. This not only impedes recovery, it is also a known risk factor for physical and mental health.* This SANE Research Bulletin focuses on the lack of emotional and physical relationships among people living with a mental illness, the consequences of this for their lives, and what can be done about it.

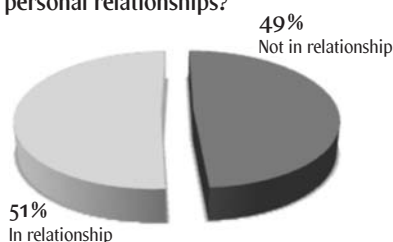
The survey was conducted between September and December 2008, using a convenience sample of 424 people who completed a questionnaire anonymously via the SANE website. The majority of respondents were female (75%) and predominantly 25-39 years old (42%). Nearly all (89%) had dependent children. The most common diagnoses reported were depression (47%), bipolar disorder (20%), anxiety disorders (11%), schizophrenia (10%) and personality disorders (5%).

What is the impact of mental illness on physical intimacy?



Almost all respondents reported needing physical intimacy, yet this was rare for many, and a significant number (13%) had not even touched or been touched by another person for over 12 months. Physical intimacy includes hugging and touching others, whether a partner, friend or family member. It is an important aspect of feeling affection and of being valued.

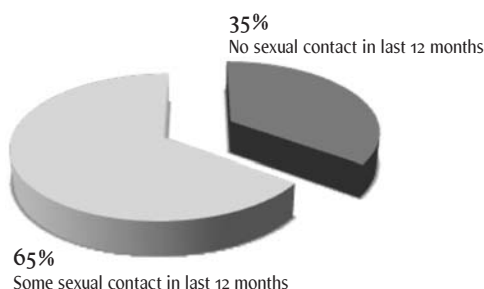
What is the impact of mental illness on personal relationships?



About half of those surveyed (49%) had no close relationship with another person (compared to around 15% of the general population). Almost as many (43%) reported they did not have a close friend with whom they could discuss things.

Being isolated from other people is known to damage mental health. It is even used as a punishment and torture technique in prisons – yet this is a situation many people with a mental illness have to endure, in addition to their symptoms and the poverty they commonly experience.

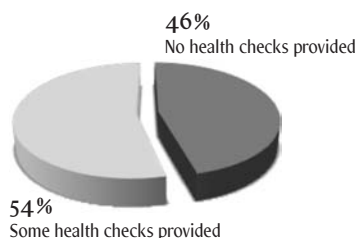
What is the impact of mental illness on sexual intimacy?



Sexual pleasure is a basic human need, as well as being an important part of a loving relationship with another person. People with a mental illness, however, are far less likely to experience sexual intimacy than the general population.** Over one third (35%) of those surveyed reported that they had not had a sexual relationship in the previous 12 months. Sexual desire and function may be affected by the side-effects of medication as well as by symptoms.

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What support is provided for sexual health?



Despite the importance of intimacy in people's lives and the negative impact on it of mental illness, there is little support to overcome this challenge. Half of all respondents reported that they had not discussed the issue with their doctor or health worker, even though many (65%) said that medication affected sexual desire and function. A similar number (65%) reported that they felt they did not know enough about sexual matters, and would welcome support in this important and highly personal area of their lives.

A concerning finding of the survey was that almost half of those who took part (46%) were not receiving regular pap tests, breast screening or checks for prostate cancer. Around one third (32%) had never been tested for STDs. These figures reflect the general poor physical health care provided to people regarded all too often as solely 'mental health patients'.

In summary

- Many people with a mental illness lead isolated, lonely lives, often having no partner or even friends to share their lives.
- For many people with a mental illness, loneliness is compounded by a lack of physical intimacy – signs of affection such as hugs and kisses. This is a particularly harsh aspect of social exclusion.
- People with a mental illness are far less likely to have sexual relationships than the general population, reflecting a more general difficulty in social relations.
- People with a mental illness report poor support regarding sexual health, with a high number not receiving regular health checks such as pap smears, breast screening or prostate checks.

Recommendations

1 PROMOTION OF SOCIAL INCLUSION

Action is needed by all levels of government to ensure people with a mental illness are genuinely included in their local communities, and have opportunities to meet and socialise with others. Recovery-focused rehabilitation programs also need to provide support to improve communication and social skills where necessary to facilitate this social inclusion.

2 SUPPORT TO DEVELOP RELATIONSHIPS

Doctors and other health professionals need improved awareness of the effects of mental illness on social relations, and to understand the profound negative impact this has on quality of life and mental health. Education and training is needed in how to discuss the effects of mental illness on emotional, physical and sexual intimacy, and how these issues can be addressed.

3 IMPROVED SEX EDUCATION

The onset of mental illness often occurs in the late teens, disrupting acquisition of life skills as well as education. Health professionals and recovery-focused rehabilitation programs need to provide practical education for people affected by mental illness about sexuality and related issues.

4 SEXUAL HEALTH CHECKS

People with a mental illness, are known to be at greater risk of physical health problems than the general population, yet most do not receive regular health checks. As this survey indicates, checks of sexual health are also sparsely provided.

GPs and health services need encouragement and incentives to provide regular health checks for people with a mental illness. These need to include pap smears, breast screening, prostate checks and testing for sexually-transmitted disease, as well as other routine tests.

* Jablensky, A, et al, 1999. *People Living with a Psychotic Illness: An Australian study, 1997-98 (National Survey of Mental Health and Wellbeing. Report 4)*. Commonwealth of Australia.

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** Smith AMA, Rissel CE, Richters J, Grulich AE, de Visser RO, 2003. *Sex in Australia: Summary findings of the Australian Study of Health and Relationships*. La Trobe University.

SANE Australia

A national charity working for a better life for people affected by mental illness – through campaigning, education and research.

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