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DISCUSSING SEXUAL HEALTH TOPICS WITH SEVERELY MENTALLY ILL CLIENTS: AN EXPLORATION OF SOCIAL WORK PRACTITIONERS' PREPAREDNESS

Priscilla Rodriguez
prisr302@coyote.csusb.edu

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DISCUSSING SEXUAL HEALTH TOPICS WITH SEVERELY MENTALLY ILL
CLIENTS: AN EXPLORATION OF SOCIAL WORK PRACTITIONERS'
PREPAREDNESS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Priscilla Marie Rodriguez

June 2018

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Approved by:

Dr. Rigaud Joseph, Faculty Supervisor, School of Social Work

Dr. Janet Chang, Research Coordinator

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ABSTRACT

Mental health professionals have an important role to play in assessing and addressing the needs of their clients, including those with severe mental illness. Research, however, has demonstrated a reluctance toward discussing sexual health topics with severely mentally ill clients. The purpose of this study was to explore social work practitioners' attitudes and preparedness toward addressing the sexual health need of clients who are mentally challenged to a great extent. Under the qualitative research paradigm, this study sampled 8 licensed clinical social workers who currently work in the United States. Thematic analysis of interview data generated four major themes. First, social workers harbor positive attitudes toward mental health; second, social work practitioners perceived themselves as prepared to address sexual health concerns with clients; third, sexual health discussions with severely mentally ill clients should be a part of the solution, not of the problem; and fourth, empowerment of clients and normalization of mental health are ways to combat discomfort toward discussing sexual health issues with clients. Implications for research and practice are discussed.

Keywords: social workers, mental illness, sexual health, qualitative research, thematic analysis

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DEDICATION

This is dedicated to everyone who has supported me in the process of getting my MSW. Thank you to my parents who helped support me while I pursued a higher education. This is for their sacrifices to provide my sisters and I a better future. This is for my sisters, and I hope that they feel inspired and know that they can accomplish so many things.

Thank you to the friends I made in this program and stuck with me through the whole time. You know who you are. I don't think I would have survived without you. Thank you!

-Priscilla Rodriguez

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Research indicates that expressing sexuality and having intimate relationships are associated with increased psychological and physiological well-being. However, people with psychiatric disabilities are generally not offered an opportunity to express themselves on their own sexual issues (Tennille, Solomon, & Bohrman, 2014). One explanation for that is rooted in the idea that social workers have developed resistance toward discussing sexual health topics with client who are severely challenged from a mental point of view. Social workers' resistance were reported to be associated with feeling of discomfort (Gill & Hough, 2007) and insufficient training and education (McCave, Shepard, & Winter, 2014; Post, Gianotten, Heijnen, Lambers, & Willems, 2008). The reticence to speak about sexual health topics with clients is not limited to social workers only, but occurs in other professionals as well (Gill & Hough, 2007). Even medical professionals are not exempt. In fact, these professionals discuss sexual health topics on a biological level, but hesitate to address sexual health concerns (Post et al., 2008).

It is argued in the literature that sexuality is a fundamental aspect of life; and sexual orientation and intimacy allow individuals to connect with others (Kalra, Ventriglio, & Bhugra, 2015). When the needs of the client are rooted in their sexual needs, social workers can be uncomfortable to discuss them due to

various reasons such as feeling incompetent to deal with those issues (Logie, Bogo, & Katz, 2015), and feeling uncomfortable based on their attitudes in regards to sex (Davison & Huntington, 2010). With the avoidance of the subject come a slew of negative ramifications such as: increased mental illness in the LGBTQ group (Kalra et al., 2015) and clients feeling unsupported by mental health professionals (Östman, 2008), thus exacerbating their mental illnesses. Clients also do not receive information on safe sex practices and contraception (Cook, 2000). Unsafe sex practices not only harm the population already at risk, but also have the potential to endanger others in the community.

Sexual dysfunction is a common side effect of many psychotropic drugs (Maurice, 2003), and social workers' failure or lack of know-how to address such can potentially be devastating for clients who may feel of little importance to—or abandoned by—their therapist (Östman, 2008). Social workers may feel uncomfortable or incompetent to assist clients with their sexual health issues, and thus they do not participate in discussion regarding these issues (McCave et al., 2014). However, these workers are ethically obligated to address sexual health issues with their clients. The 2008 NASW Code of Ethics, in its section on cultural competency, required that social workers address various components of sexuality, including orientation, identity, and expression. Addressing sexual health concerns also fulfills the need of empowering and leading the client to self-determination. A person with a severe mental illness can be involved in some sort of sexual activity; therefore, a mental health professional can provide

information so the client is able to make a well informed decision. This is why the 2008 NASW Code of Ethics further recommended that social workers strive to provide clients with self-determination in setting and achieving their client goals.

Purpose of the Study

The purpose of this research study is to examine social work practitioners' perceived preparedness in handling and discussing sexual health topics with clients diagnosed with severe mental illness. Social workers work in various settings with a variety of clients, some of whom which have severe mental illness. As it is, people with severe mental illness are more likely to engage in risky sexual behaviors (Kaltethaler, Pandor, & Wong, 2014), which are likely to lead to negative health consequences. Clients with severe mental illness suffer from disorders such as: schizophrenia, bipolar disorders, and major depressive disorder, among others (Hert, et al., 2011). Generally speaking, many of these clients are on a treatment consisting of psychotropic medication, which often results in sexual dysfunction side effects (Feliciano & Alfonso, 1997).

Social workers have an important role in collaborating with an interdisciplinary team to address the biopsychosocial needs of their clients. Along with other mental health professionals, social workers represent an ideal source to provide clients with sexual health information (Davison & Huntington, 2010). Therefore, the aim of this study was to answer the following set of questions: Do social work clinicians adequately meet the sexual health need of clients with

severe mental illness? What are barriers associated with social work practitioners' resistance toward discussing sexual health topics with severely mentally ill clients? How can social work practitioners better serve clients with severe mental illness from a sexual health perspective?

Significance of the Project for Social Work Practice

This study is needed due to the limited amount of research in the area of social work, and also due to the health disparities faced by people with severe mental illness. The findings of the proposed study will also assist in filling gaps in the research as there is not much literature in regards to social workers in the United States (McCave et al., 2014). Previous research conducted abroad focused on various disciplines dealing with sexual health rather than emphasizing on social work practice (Post et al., 2008). This shows there is limited research pertaining specifically to the field of social work.

The findings inform on common factors that need to be addressed when preparing social workers to discuss sexual health issues with clients. On a micro level, there is has the potential to impact the therapeutic relationship between the client and practitioner, as the former may feel that their issues are of importance, and the latter be assured of his/her competence on the subject. On a macro level, agencies may seek additional training opportunities to aid social workers in addressing the sexual health of their clients with severe mental illness. For example, agencies may change policy to follow the sex positive approach in

discussing the issues with their clients (Williams et al., 2014), or allow the client the right of self-determination by giving adequate information and possibly contraception. This study informs all phases of the generalist intervention process—from engagement and assessment to termination and follow-up—by giving insight into what issues clients with severe mental illness encounter regarding sexual health.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter examines research in relation to social workers addressing sexual health topics with clients with severe mental illness. Topics discussed include (a) the importance of human sexuality to life, the lack training as a barrier to appropriate sexual health information, and the relationship between mental health and sexual health. The last section focuses on two important theories: Social Identity Theory and Systems Theory.

Human Sexuality as Vital Part of Life.

A great amount of the literature points to sexuality being a vital component of life (McCave et al., 2014; Östman, 2008), and positively expressing oneself sexually is associated with positive mental health outcomes (Tennille et al., 2014). There is also agreement in the literature about different components to sexuality, including sexual orientation and sexual acts (Gill & Hough, 2007). Assertiveness of one's sexuality can aid in developing new relationships and can lead to an improved quality of life. These studies support the notion for addressing sexual health needs, not solely for individuals who do not have mental health challenges, but also including people who experience mental illness. Hence, people with mental illness are also involved in sexual relationships (Davison & Huntington, 2010). These studies highlight the

importance of addressing sexual health issues with clients who have severe mental illness.

Inadequate or Limited Training

Although there are benefits associated with addressing sexual health issues with clients, social workers and other mental health professionals continue to display hesitation, primarily due to inadequate or limited training, and discomfort about bringing sensitive issues. According to McCave et al. (2014), one of the biggest obstacles in addressing clients' sexual health concerns is the lack of training or no training at all. Based on McCave et al.' (2014) argument, social workers' hesitance to discuss these issues stems from feeling incompetent to help their clients with their sexual health concerns. Meanwhile, a study conducted by Logie et al. (2015) concluded many social work students do not feel competent to work with clients who belong to the LGBTQ population. Sexual orientation is a component of sexuality, and not addressing this population's sexual health concerns could potentially increase their propensity for mental illness. Tennille et al. (2014) also argued that those from the social work field are not educated properly in order to discuss sexual health issues with their clients. International studies also confirm the issue of professionals not feeling competent in handling sexual health issues, as evidenced by Post et al.'s (2008) cross-disciplined research conducted in the Netherlands.

The aforementioned studies highlight the inadequate training social work students are provided vis-à-vis addressing sexual health issues with their clients

who have mental illness. It was implied in the literature that future research should focus on the social work discipline in the United States. Indeed, there have been minimal studies conducted to examine social workers' perceptions in relation to their competence in dealing with sexual health issues in clients with severe mental illness. The focus in the existing literature is multidisciplinary, as social work is not the sole role observed (Post et al., 2008). This shows there needs to be an emphasis in research to determine what factors need to be addressed in assisting social workers deal with sexual health issues of their clients with severe mental illness. According to McCave et al. (2014), there are no journals or textbooks for social workers that address human sexuality. The lack of textbooks in the United States further proves there is limited information provided to social workers regarding how sexual health issues could be addressed with clients with mental illness.

Relationship Between Mental Health and Sexual Health

According to Fawcett and Crane (2013) about 1 in 3 Americans experience a sexual dysfunction for which therapeutic treatment is generally not sought after. Meanwhile, Östman (2008) concluded sexual health issues not only affect the individual, but their partner as well, and may contribute to problems in the relationship. Östman (2008) also found the therapist's avoidance of the subject led to feelings of abandonment and depression in clients. Hence, not meeting the needs of clients may negatively impact their mental health.

Bonfils, Firmin, Salyers, and Wright (2015) found that an important risk factor in this population of individuals with mental illness is sexual impulsivity which should be an issue addressed with clinicians. Bonfils et al.' (2015) work echoes that of Davison and Huntington's (2010) study which found that a person with mental illness is more likely to engage in sexual behaviors which are impulsive and risky in nature. Davison and Huntington (2010) also found a correlation between sexual expression and mental health stigma among women. Findings from Östman (2008) revealed that women with schizophrenia have a higher probability of having forced and unwanted sexual relations in comparison to their counterparts who do not have a mental illness. A traumatic sexual encounter would then intensify their mental illness. These results indicated that mental illness can interfere with safe sex practices, and consequently result in increased mental health and sexual health issues.

Theories Guiding Conceptualization

As mentioned in the research, sexuality is a key component influencing how an individual views themselves (Quinn & Browne, 2009). Therefore, the major theory guiding the study is Social Identity Theory, which posits that an individual's identity is formed by their membership in certain groups, and in turn influences their views and interactions with their surroundings (Zastrow & Kirst-Ashman, 2015). This theory helps in understanding various issues in people, especially those with higher instances of mental illness (Kalra et al., 2015). When

groups are put into other groups and stigmatized, this contributes to mental illness and hesitance on the client's part to discuss sexual health concerns with their therapist (Davison & Huntington, 2010). This theory is also helpful in explaining the hesitance of social workers in addressing sexual health issues with their clients, a subject considered as taboo (Östman, 2008).

Elsewhere, the social worker and the client are part of a system that interacts with one another, thereby highlighting the assumptions of the Systems Theory. According to this theory, an individual is part of multiple systems and his/her interactions with those systems can ultimately be associated with positive or negative outcomes (Zastrow & Kirst-Ashman, 2015). This theory is of importance in this study due to the various systems interacting with each other, such as clients and their therapists in the institutional system, and the family or social support systems. This is shown in Östman's (2008) study which examined how clients and their partners interact with a therapist in having their sexual health concerns addressed. Clients' sexual health concerns were not addressed by the therapist, therefore causing discord in the therapeutic relationship as well as the client's and partner's relationships.

Summary

This chapter reviewed the literature on sexual health topics among clients with severe mental illness. Clients with severe mental illness have a variety of mental health needs, including the need for an increased quality of life. A barrier to social workers adequately addressing sexual health needs is the lack of training on the subject. The literature also identifies further mental health complications as a result of sexual health issues. Social Identity and Systems Theory can assist professionals in gaining a better understanding of the various needs of the population with severe mental illness, and addressing them. This study aimed to gain an understanding of social workers' perceptions on how prepared they are to address sexual health concerns in patients with severe mental illness.

CHAPTER THREE

METHODS

Introduction

This chapter explains how the study was conducted by presenting an overview of the study design and detailing the research methods that were incorporated in the study. This section also describes the sampling technique utilized and data collection and instruments, the measures taken to protect human subjects, and the procedures employed for analyzing the data that were collected.

Study Design

The study took a qualitative approach toward investigating social workers' perceived preparedness in discussing sexual health topics with their clients with severe mental illness. This design is consistent with the nature of the questions raised in this research. Qualitative designs employ open-ended questions to gather data from participants. Utilizing interviews to conduct research has various advantages, one being the potential for a researcher to gain a deeper understanding on an issue. On the other hand, qualitative designs come with limitations in that participants' responses may reflect biases. The subjective nature of this design prevents the generalizability of findings.

Sampling

This study utilized a purposive non-random sample of social work practitioners who are currently employed in the field of mental health. The study also utilized a snow ball sample as participants in the study referred colleagues to the researcher to participate in the study. This sampling method was utilized in order to obtain a broad understanding of social worker experiences in various agencies. Agency approval was not required for this study due to the participants being employed at various agencies. Referred participants were provided information about the purpose of the study as well as informed consent. The sample was composed of eight participants from various age ranges, years of experience, and ethnic backgrounds (please refer to *results section* for a complete description of participants' demographic characteristics). The study was limited to practitioners holding a master's degree in social work and an active clinical social work license.

Data Collection and Instruments

The collection of data was made through audio recordings of face to face interviews as well as email responses. Demographic data was collected prior to the start of the interviews. The demographic data collected consisted of age, gender, ethnicity, and years in practice. The interviews consisted of various open-ended questions in order to gain insight of social workers whose scope includes people with severe mental illness. These pertained to perceptions of

severe mental illness, barriers to addressing sexual health issues with clients, and perceived preparedness to discuss sexual health issues with their clients with severe mental illness. A final question sought for ways to overcome barriers in working with clients with severe mental illness.

Procedures

The researcher then contacted the prospective participants and proposed dates and times which best suited the participants' schedules. The researcher then explained the study and its goals to the potential participants. The researcher conducted the interviews in the participants' office, as well as through the use of e-mail. Prior to the interviews, participants were provided with informed consent which included giving the consent for audio recording. The face to face interviews ran approximately 10 to 15 minutes. Participants who completed an email interview were informed that in order to maintain their confidentiality, the e-mail should be deleted after the completion of the interview. The researcher also informed that the e-mail would be deleted on the researcher's end. As mentioned, participants were given information on informed consent and demographic forms to complete (these forms are attached in appendices A and B). At the conclusion of the interviews, the researcher thanked the participants for their time to participate in the study.

Protection of Human Subjects

In order to maintain the highest amount of confidentiality, the participants signed the informed consent forms with an X. Participants who completed email interviews were required to delete the emails, and the researcher deleted the emailed responses as well after transcribing the data. The participants were given informed consent forms for both the interview and the audio-recording. In order to ensure confidentiality, all electronic audio recordings were saved in a password encrypted file, and kept in a location which is only accessible by the researcher. During the transcription process, each participant was identified by a number for confidentiality purposes. All interview data which were recorded in February 2018 will be destroyed one year after the completion of the research.

Data Analysis

The data collected from the face to face and email interviews were transcribed and analyzed for themes. Verbal and non-verbal responses were documented in the transcription. The statements were categorized based on themes discovered in the data. This procedure is known as thematic analysis. The researcher identified themes for each interview question. A complete description of the study themes are provided in the next section.

CHAPTER FOUR

RESULTS

Introduction

This chapter is compartmentalized into two important sections. The first one presents a complete description of the demographic characteristics of the study participants, while the second one covers the themes that emerged from the data. Each of them is described below.

Demographic Characteristics of Study Respondents

Participants' demographic characteristics are presented in Table 1 below. As seen in Table 1, the sample consisted of eight participants, five of whom (62.5 percent) were female. The age range varied from 20 to over 50 years. A total of four participants (half of the sample) fell within the 31-40 age range, two within the 41-50 of age, and two were 50 years old or older. In terms of ethnicity, four participants (50 percent) identified themselves as Anglo American, three as Hispanic or Latino, and the remaining one as other. The years in practice ranged from one to over 15 years. Half of the sample (four participants) had less than 10 years in practice, 2 had 11-15 years in practice, and the other 2 had over 15 years of experience in the field.

Table 1. Demographic Characteristics of Study Respondents (N = 8)	
<i>Race/Ethnicity</i>	
African American	0
Anglo American	4
Asian/Pacific Islander	0
Latino	3
Native American	0
Middle Eastern	0
Other	1
<i>Age</i>	
20-30	0
31-40	4
41-50	2
Over 50	2
<i>Years in Practice</i>	
1-5	0
6-10	4
11-15	2
Over 15	2
<i>Gender</i>	
Male	3
Female	5

Presentation of the Findings

Four major themes emerged from the thematic analysis of the interview data. First, social workers harbor positive attitudes toward mental health; second, social work practitioners perceived themselves as prepared to address sexual health concerns with clients; third, sexual health discussions with severely mentally ill clients should be a part of the solution, not of the problem; and fourth, empowerment of clients and normalization of mental health are ways to combat discomfort toward discussing sexual health issues with clients. This study explains each of these themes below.

Social Workers Harbor Positive Attitudes Toward Discussing sexual Health With Mentally Ill Clients

The participants agreed that severe mental illness come with impairment functioning and create room for stigma. However, all of the participants reported putting their biases aside to serve severely mentally ill clients. Therefore, the participants reported no feeling of discomfort in working with the aforementioned clients. Here is how two participants expressed this theme:

I don't feel odd, funny, embarrassed, I don't feel any of that. This is information they need to know. This is especially in when you have a mental illness you tend to do things that are harmful to yourself and inappropriate sexual liaisons can be deadly so it's very important to I think help individuals have a kind of a plan as to what they will and won't do.

It's just part of my job. Part of treating the whole person. It doesn't make me feel uncomfortable. I know it probably brings a lot of things from our counter transference, but as a professional we're taught to separate that.

We have to be holistic. We have to treat the client as a whole. And sexuality is part of that. Teaching them to have safe sex or a safe sexual relationship is also included in having good boundaries, teaching self-esteem.

Social Work Practitioners Perceived Themselves as Prepared to Address Sexual Health Concerns With Clients

Participants identified various aspects which assist them in feeling prepared in working with the population to address their sexual health concerns. The factors identified were: experience, continuing education, and gathering further information. In general, participants felt they were prepared to work with people with severe mental illness upon graduating and receiving their MSW. In fact, half of the sample reported feeling more prepared with “hands on experience” and “internship and being on the job” rather than solely receiving a graduate degree.

My MSW helps give me a strong base in being ready to tack on mental health but it was truly the mentoring and hand on experiences that really shaped my being truly prepared to handle working with severe mental illness.

Additionally, participants cited continuing education as another factor in increasing their preparedness to work with the population and to address sexual health concerns with clients with severe mental illness. One participant stated:

I keep my license up to date by taking continuing education classes.

Finally, more than one-third of the participants (37.5 percent) reported that they if they do not feel equipped to address the issues with their clients, they will seek further resources to gain more information on the issue to provide to the client. Below is how this feeling was expressed:

If something I don't know, I'll be honest with the client and tell them I'm not too familiar but I can certainly find out more about it.

Fortunately- with access to the internet- I feel very prepared to tackle on issues. While I may not be an expert in every arena- I am familiar with reputable journals.

Sexual Health Discussions With Severely Mentally Ill Clients Should be a Part of the Solution, Not of the Problem

Social work practitioner's level of comfort toward discussing sexual health issues with their clients is contingent upon whether the discussion will assist in the treatment process or not. In other words, any sexual discussion with clients should be conducive to their treatment and its purpose. A participant captured this idea as follows:

The barriers for me in not address this issue would be tied to one, would my having a discussion on sexual health create more of an issue; two does this person need to focus on other areas of treatment first to better address sexually healthy behaviors. In both- I would need to weigh out that it would be more detrimental to discuss it than not as a barrier.

Empowerment of Clients and Normalization of Mental Health are Ways to Combat Discomfort Toward Discussing Sexual Health Issues with Clients

Overall, social workers provided recommendations in relation to addressing their own sense of comfort with the subject. In terms of addressing their own level of comfort, participants stated that one must address the issues and learn to become comfortable as it is part of the job requirement. Some of them mentioned empowerment of clients and normalization of mental illness as rationale for discussing sexual health with mentally ill clients. Indeed, participants reported:

Maybe we need to get over this discomfort because it's a normal part of being healthy.

View them as human as opposed to somebody scary, because that's what usually happens. Also view them as human as opposed to a thing that they get to pick their brain around.

CHAPTER FIVE

DISCUSSION

Introduction

This study explored social work practitioners' perceptions on their preparedness in addressing sexual health topics with clients with severe mental illness. Due to the limited research in the social work perspective, the study utilized an exploratory qualitative design to gain insight into the social worker perspective. This chapter discusses the results, identify limitations of the study, and makes recommendations for future research.

Discussion

The study results gave insight into the social work perspective in regards to preparedness to discuss issues of sexual health. Overall, the participants reported feeling prepared to discuss sexual health issues with their clients who have a chronic and severe mental illness. This finding is inconsistent with previous research which indicates that mental health professionals do not feel competent to address those types of issues (Post et al., 2008). This departure from previous research can be related to how the social work profession is designed, especially in terms of curriculum and internship. After all, the participants reported a sense of preparedness due to their MSW as well as experience through internship or on the job experience.

Another key finding pertains to workers having different views about discussing sexual topics with mentally ill clients. In the literature, workers' reluctance to do so is seen as a barrier. In fact, research indicates that sexual health issues are not addressed due to clinicians feeling uncomfortable (Gill & Hough, 2007). Participants in this study, however, disagreed. To them, discussing such topics should contribute to the empowerment of clients. In other words, this result indicated that addressing sexual health concerns with clients depends on how comfortable a social worker feels with respect to the topic, as well as what is the purpose of treatment.

Implications for Social Work

These findings are significant for research and the social work profession. In fact, the results extend the literature by challenging previous findings and thus setting the stage for future empirical investigations. In other words, by shifting the focus on empowerment of clients, this study make a significant contribution to research. In addition, this research is significant for social work as a discipline. This profession has long focused on two key theoretical frameworks: strengths perspectives and empowerment. Social workers' positive views about mental health and discussions of sexual health topics may be rooted in the mission of the profession. That is, the results support social work curriculums that have been implemented across accredited universities in America.

Limitations

The current research study had three limitations. First, the study design was qualitative in nature. In general, qualitative study designs have reduced generalizability in comparison to quantitative research designs. A second limitation in the study is the relatively small sample size. This was due to problems related to scheduling conflicts as well as low email response rates. Results could have been different with the inclusion of more participants. Finally, there was a lack of diversity in the sample, primarily as pertains to race. In fact, the sample was overwhelmingly made of Whites and Hispanics. Hence, key racial groups such as African American and Asian American were not included.

Recommendations for Social Work

In order to address the limitations, future research should utilize an integrated approach of qualitative and quantitative research methods. This study utilized a qualitative approach due to the limited research on addressing sexual health concerns considering the social worker perspective, therefore being more exploratory in nature. Future research can look further into quantitative approaches which could be utilized in this type of study. Another recommendation for further research is utilizing a larger sample size with greater diversity. This can be done by enquiring more social workers to participate in the

study. A larger sample size will provide greater generalizability as well as different perspectives.

Conclusion

The purpose of the study was to examine social work practitioners' perceptions in their preparedness to address sexual health issues with their clients with severe mental illness. There is a limited amount of literature in regards to this issue; therefore the study was exploratory in nature. This study was completed using a qualitative research method, which focused on utilizing interviews to collect data. The study provided insight on the experiences and perceptions of social workers in regards to severe mental illness and being prepared to handle difficult topics of discussion. The results indicated that, although being uncomfortable to discuss sexual health issues is a possibility, the study participants did not feel that was a barrier but an unrelated part to the treatment process. Results of the study can be useful in informing new clinicians on how to overcome feelings of being unprepared to discuss sexual health issues with clients with severe mental illness. Practitioners from other disciplines can also use this research as template in addressing discomfort toward working with mentally ill people. Empowerment of clients and normalization of mental health are two tools that should be available in the toolkit of new practitioners.

APPENDIX A
DEMOGRAPHICS

Demographics

1. What is your current age?
2. How many years have you been in practice?
3. What is your gender?
 1. Female
 2. Male
4. What is your ethnicity?
 1. African American
 2. Anglo American
 3. Asian/Pacific Islander
 4. Latino
 5. Native American
 6. Other

Developed by Priscilla Marie Rodriguez and Dr. Rigaud

APPENDIX B
INTERVIEW GUIDE

Questions for Licensed Clinical Social Workers working with clients with severe
mental illness

1. What does severe mental illness mean to you?
2. What is your experience in working with clients with severe mental illness?
3. What is your role regarding people with mental illness?
4. What are your perceptions of mental health altogether?
5. Tell me about your preparedness to work with this population based on the curriculum.
6. If given the choice between mental health and other areas, which area would you choose to work in?
7. What is your willingness to address sexual health concerns in people with severe mental illness?
8. How prepared do you feel to address these issues with this population?
9. If you do address sexual health issues with your clients, how does this make you feel?
10. If you do not address these issues with your clients, what barriers do you believe there are in addressing the issue?

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