SHRINE: Sexual and Reproductive Health Rights, Inclusion and Empowerment
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Aims and Objectives

- Describe the Sexual and Reproductive Health Rights, Inclusion and Empowerment (SHRINE) Programme – what we do, who we serve and our models of care

- Brief overview of a human rights based approach and SHRINE’s work

- Understand how SHRINE can work with Estia and support people with serious mental illness and intellectual disabilities to realise their right to the highest standard of sexual and reproductive health
Who is SHRINE?

What do we do?
What is SHRINE

SHRINE stands for: Sexual and Reproductive Health Rights, Inclusion and Empowerment

- Started May 2016 and funded for 3 years
- Funded by Guys and St Thomas’ Charity
- Delivered by Guys and St Thomas’, Kings College Hospital and South London and Maudsley NHS Foundation Trust
Elana Covshoff – SHRINE Programme Manager
Jade Campbell – SHRINE Project Support Officer
Rudiger Pittrof – Consultant, Sexual and Reproductive Health (GSTT)
Shubulade Smith – Consultant Psychiatrist (SLAM)
Rosie Mundt-Leach - Head of Nursing, Addictions (SLAM)
Sue Mann – Head of SHRINE Evaluation
Usha Kumar - Clinical Lead, Sexual and Reproductive Health (KCH)
Maurice Arbuthnott – Service User
What is SHRINE

- Frontline Clinical Services
- Training
- Research
Who SHRINE serves

Deliver frontline sexual and reproductive health (SRH) services to people from 3 key targeted groups:

1st year – People using drugs problematically

2nd year - Serious Mental Illness (SMI)

3rd year - Intellectual (learning) Disabilities (ID)
Who SHRINE serves

According to the Lambeth, Southwark and Lewisham Sexual Health Strategy 2014, approximately 10,000 people in Lambeth and Southwark…

1. Use drugs problematically
   - use of Tier 3 addiction services
   - Lambeth +- 1500 / Southwark +- 1300

2. Serious mental illness
   (schizophrenia, bipolar disease and chronic psychotic disorders)
   - GP SMI register
   - Lambeth 4,614 / Southwark 3,619

3. Intellectual disability
   - GP register
   - Lambeth 1,032 / Southwark 659
How we work

There are two ways you can access our service:

- **Priority access appointment service** at Camberwell Sexual Health Clinic

- **Assertive Outreach Service** - a designated SH practitioner providing SRH clinics embedded within:
  - 2 substance treatment providers
  - Maudsley Hospital in-reach clinic being set up
  - Community mental health teams
  - Home visit if the client lives in Lambeth and Southwark
What SHRINE offers:

Two consultants providing frontline services:

- Dr Rudi Pittrof (assertive outreach and in-reach clinics) – *male doctor*

- Dr Usha Kumar (priority access appointments at Camberwell Sexual Health Clinic) – *female doctor*
What SHRINE offers:

We offer a full sexual and reproductive health service for people with complex needs:

- STI testing and treatment
- Advice about contraception options and provision of contraceptive methods
- Unusual Discharge
- Lumps and bumps in the genital area
- Pregnancy Testing
- HIV testing, facilitate link with treatment and support services
- Smear testing
- Gynaecological Care (i.e. period problems)
Aim: to skill up mental health care professionals on sexual and reproductive health and vice versa

- Basic/essential SRH knowledge ➔ practical clinical skills based training

Training Packages:

- Postnatal contraception training course for midwives and Health Inclusion Team at Guys and St Thomas
  - Consultation skills to discuss all contraceptive methods
  - Practical clinical skills to provide the methods specific to the postnatal period, i.e. Progestogen only pill, contraceptive implant and injection/depo

- How to start the conversation

- Taster training on STIs and Contraception
What are the consequences of ignoring sexual rights in people who use drugs problematically, severe mental illness or intellectual disability?
What could possibly go wrong in the marriage of SRH and psychiatry/intellectual disabilities?
Human rights violations

Birth control must lead ultimately to a cleaner race.

Margaret Sanger
Most mental health workers reported they were not engaged in sexual health promotion activities with people with serious mental illness…. 

SHRINE aims to develop a human rights based approach to providing sexual and reproductive health to our key populations.

We are investigating the following questions:

- What is a human rights based approach to clinical care?
- How do you operationalise a human rights based approach?
- Is there evidence of a human rights based approach being applied in a sexual and reproductive health context?
- If so, where/how and what was the impact?
- Are there existent frameworks we can pilot with our target groups?
Right to Health: 4 Elements

The Right to Health contains 4 elements:

1. **Availability** - functioning public health and health care facilities, goods and services, as well as programmes in sufficient quantity.

2. **Accessibility** - health facilities, goods and services accessible to everyone, within the jurisdiction of the State party. Accessibility has four overlapping dimensions:
   - non-discrimination,
   - physical accessibility,
   - economical accessibility (affordability),
   - information accessibility

3. **Acceptability** - all health facilities, goods and services must be respectful of medical ethics and culturally appropriate, as well as sensitive to gender and life-cycle requirements.

4. **Quality** - health facilities, goods and services must be scientifically and medically appropriate and of good quality.
Definitions

Sexual and Reproductive Health Rights include, the right:

Of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children, and to have the information and means to do so.

Further, decisions concerning reproduction should be made free from discrimination, coercion and violence.

This should include access of services, including:
- a range of family planning
- obstetrical and gynaecological care
- prevention, care and treatment of STIs and HIV/AIDS
- education and counselling on human sexuality and reproductive health
- prevention and surveillance of violence against women
- elimination of traditional harmful practices
Sexual and reproductive health and rights can be understood as the right for all to make choices regarding their own sexuality and reproduction, providing they respect the rights of others to bodily integrity.

- Young
- Old
- Women
- Men
- Transgender
- Straight
- Gay
- Lesbian
- Bisexual
- HIV positive or negative

This definition also includes the right to access information and services needed to support these choices and optimise health.
The indivisibility of human rights

Rights critical to the realisation of SRH health include, the right to...

- Life, liberty, autonomy and security of the person
- Equality and non-discrimination
- Be free from torture or to cruel, inhumane or degrading treatment or punishment
- Privacy (article 8 of the declaration of human rights)
- The highest attainable standard of health (including sexual health) and social security
- Marry and to found a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage
- decide the number and spacing of one's children
- Information, as well as education
- Freedom of opinion and expression, and
- An effective remedy for violations of fundamental rights

http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/
http://apps.who.int/iris/bitstream/10665/70501/1/WHO_RHR_HRP_10.22_eng.pdf
Three Delays Model

Social and cultural factors; status of women

Lack of availability → Delay in making the decision to seek help

Lack of accessibility (economic, physical, information; nondiscriminatory basis) → Delay in arriving at health facilities

Lack of acceptability → Delay in receiving adequate treatment

Lack of quality

The reality is…

- People from SHRINE’s 3 target groups do not use traditional sexual health services

- They have to negotiate multiple barriers to access SRH services

- They are often not given the possibility of having pleasurable and safe sexual experiences

- Unmet contraceptive need

- High prevalence of STIs and HIV

- When pregnancies occur, they are often recognised late and medically complicated
The reality is…

- They may be denied the right to a family as their children are often taken into care

- Emotional and social trauma cause by repeat unplanned pregnancies and children removed into care

- They often are the victim of sexual violence

- Their addiction, SMI and LD or their medication interfere with their sexual function

- Deterioration of mental health

- Impact on patient/children/family and friends
Ideas on...
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Thank you!