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## INTRODUCTION

- Umbrella, a large city-based sexual health service (SHS), identified 25-30% of patients referred to their psychosexual service were under 25 years old
- This age group are at increased risk of sexually transmitted infections (STI)<sup>1</sup>
- Staff anecdotally noticed a burden of complex psychosocial issues
- The service sought an objective understanding of psychosexual presentations, STI risk and psychosocial factors affecting this group
- The aims of this evaluation were to identify common themes, service gaps and inform areas for further study

## METHOD

- A retrospective review of electronic patient records of under 25-year-olds attending the psychosexual service from January 2019 – December 2021 was undertaken
- Data extracted included; demographic data, self-assessment questionnaire (SAQ) responses (including drug / alcohol screening), STI testing & diagnoses, psychosocial factors (chosen due to their increased risk of STIs and sexual dysfunction)<sup>2</sup>, mental health (MH) diagnoses, diagnostic ICD-10 codes for sexual dysfunction (some applied retrospectively by study team) and number of appointments
- This was recorded in Microsoft Excel for analysis

## RESULTS

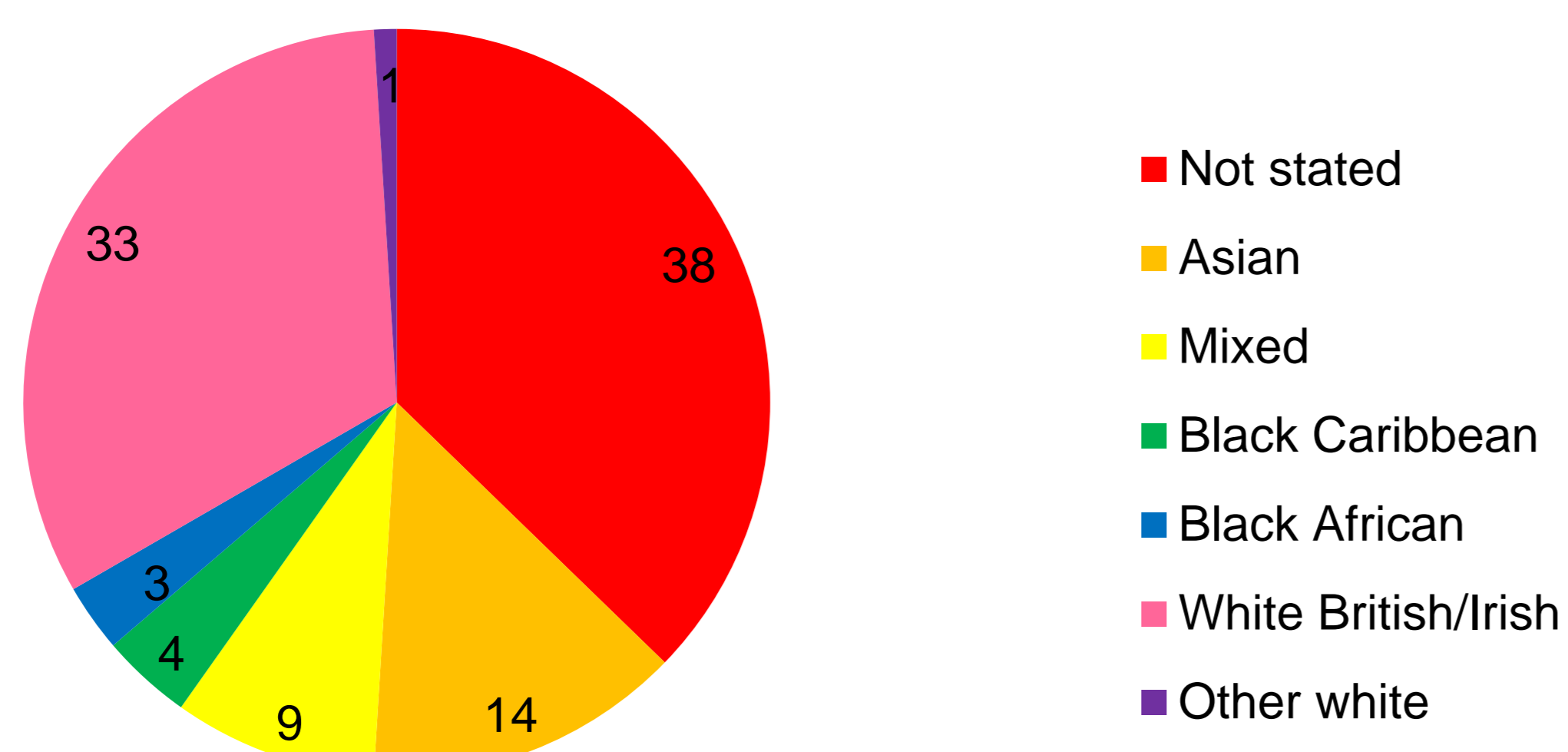
### Demographics

- 102 patients were included within the evaluation
- 68 (67%) were born female, 34 (33%) were born male
- 100 (99%) patients were cis-gender with 1 patient identifying as non-binary
- 80 patients (78%) were heterosexual, 12 (12%) bisexual, 7 (7%) GBMSM/WSW and 3 (3%) were unsure / unknown
- The age distribution is shown in Table 1
- Ethnicity breakdown is shown in Graph 1

Table 1

Age (years)	Number of patients
<16	0 (0%)
16-17	4 (4%)
18-20	32 (31%)
21-25	66 (65%)

Graph 1 (number of patients)



### STI

- 71 patients (70%) had an STI screen. Of those screened, 17 patients (24%) tested positive for an STI
- Table 2 shows the distribution of STI diagnoses

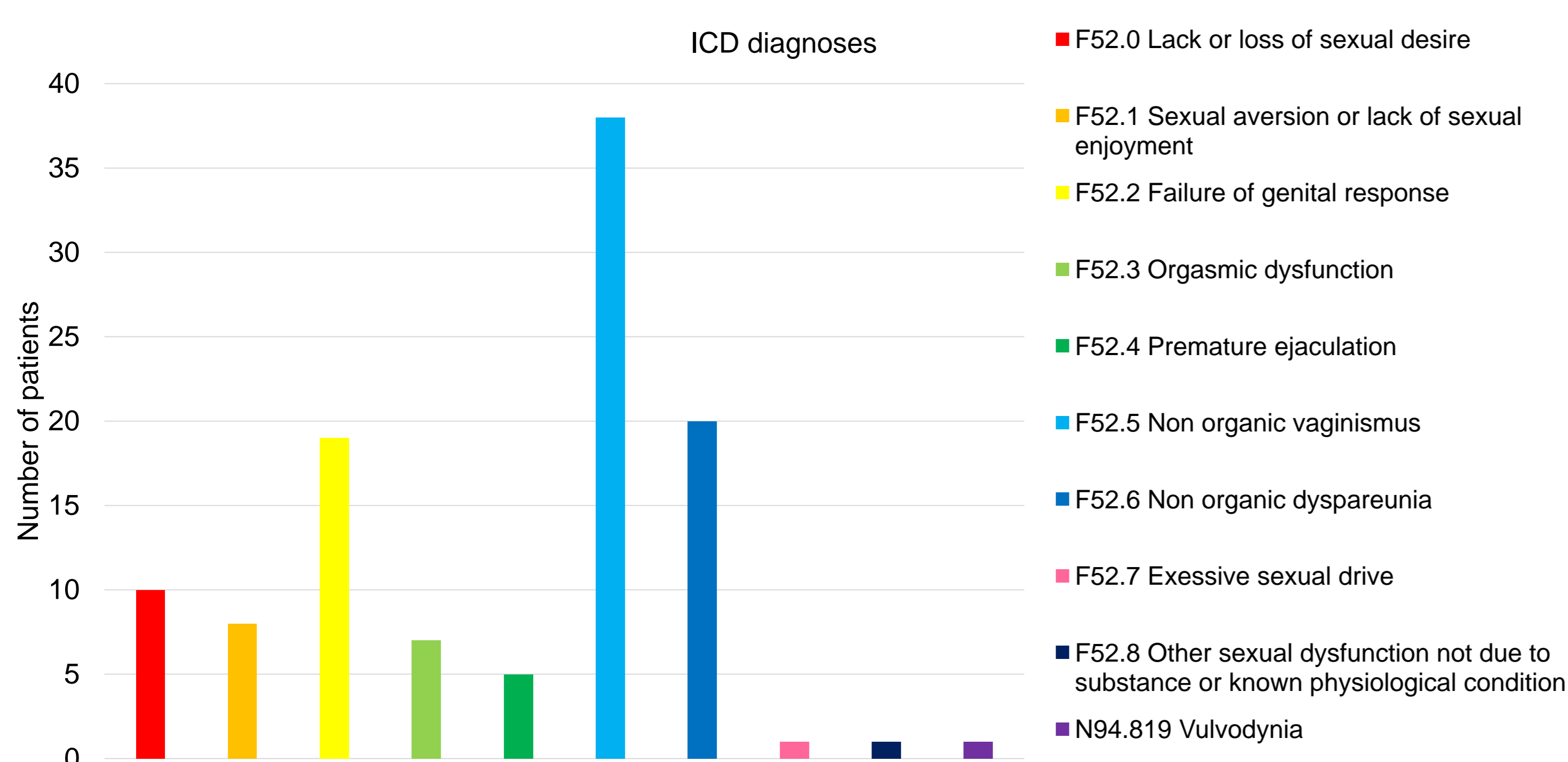
Table 2

STI	Number of patients
Chlamydia	11 (11%)
Gonorrhoea	4 (4%)
Mycoplasma genitalium	2 (2%)
Genital herpes	1 (1%)
Syphilis	1 (1%)
Genital warts	1 (1%)

### Psychosexual diagnoses

- The range of ICD diagnoses are show in graph 2

Graph 2



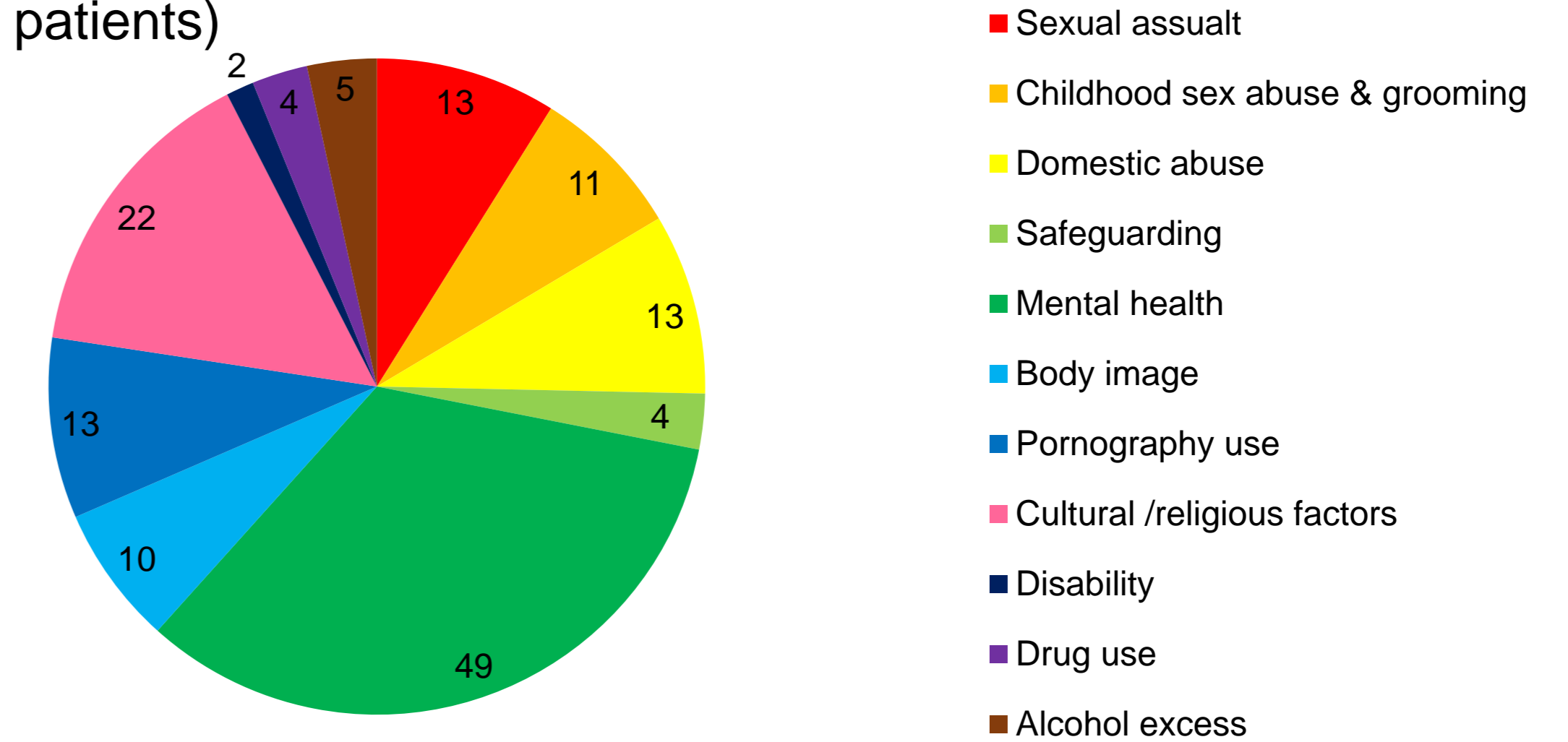
## RESULTS

- 19 patients had more than 1 psychosexual dysfunction diagnosis
- 12 patients had diagnoses that did not fit within the ICD criteria, including post-coital dysphoria, guilt associated with sex worker use and low sexual confidence
- 1 patient had no sexual difficulty
- The number of appointments ranged from 1 to 17, mean number of appointments was 3

### Psychosocial factors

- The range of psychosocial factors is shown in graph 3

Graph 3 (number of patients)

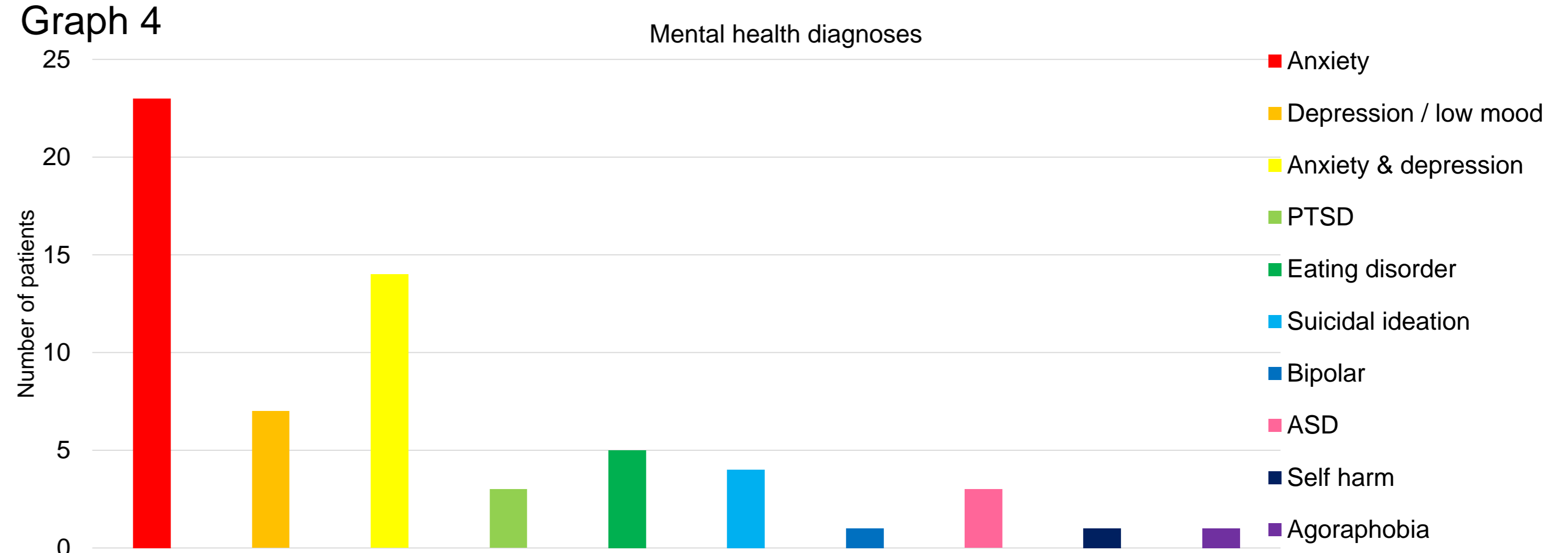


- Safeguarding concern was defined as having had social work input. All were historical and included being a looked after child, physical / emotional abuse, neglect and food restriction imposed by family
- Body image factors included concerns regarding general appearance, weight, genital appearance and one case of gender dysphoria
- Cultural and religious factors covered conservative families and issues around expectations of celibacy before marriage, arranged marriage and disclosing sexuality. Christianity followed by Islam were most reported religions
- Pornography use was noted only in men
- Alcohol excess was defined as an AUDIT score >7<sup>3</sup>

### Mental health

- 49 patients (48%) had a MH diagnosis, some had more than one
- The breakdown of mental health diagnoses can be seen in graph 4

Graph 4



## DISCUSSION

Under 25-year-olds referred to SHS-based psychosexual services are predominantly cis-female and have high rates of MH diagnoses, previous sexual assault, domestic and/or sexual abuse. Religious and other cultural factors are common. Since this evaluation, autism spectrum disorders have been recoded separately due to the recognition that they are not a mental health condition.

STI rates were higher in this group than in young people generally within the UK.<sup>1</sup> STI screening rates were lower than expected by the study team given an opt-out screening service. The study period included the COVID-19 pandemic when virtual sessions meant asymptomatic STI screening was not always possible. This is consistent with previous research suggesting young people were able to access SHS as needed during COVID-19 lockdown but rates of STI screening were reduced.<sup>4</sup>

With pornography use only being noted in men, it is not clear whether use / non-use is assessed in all patients but only recorded when present or there is a bias towards asking men only.

A significant gap in recording ethnicity makes it difficult to draw conclusions.

External referrals did not complete SAQs which affected drug and alcohol documentation, leading to probable underestimation of this vulnerability in this study.

## RECOMMENDATIONS

- Within Umbrella, extra efforts have been made to record ethnicity in all patients to ensure we meet the multi-ethnic local community needs
- All patients will be asked to complete an SAQ to increase drug and alcohol abuse screening
- Staff are reminded to assess and record pornography use and non-use for all patients due to relevance in discussing realistic expectations for sexual wellbeing
- The wide range and high burden of psychosocial factors within this group emphasise the need to use a biopsychosocial approach
- High rates of STIs within this group, highlight the importance of opt-out STI screening in young people accessing psychosexual services, particularly if outside of a SHS
- Given SHS see many young people who are expecting to discuss intimate concerns, it would be a useful place to enquire about psychosexual dysfunction

## REFERENCES

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