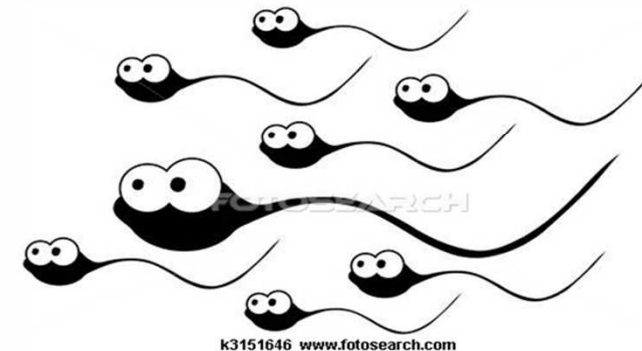




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# SHRINE:

Sexual and Reproductive  
Health Rights, Inclusion and  
Empowerment



k3151646 www.fotosearch.com

# Speaker

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# Aims and Objectives

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- ❑ 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



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# 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



# SHRINE Steering Group



Elana



Rudi



Lade



Rosie



Sue



Usha

- ❑ **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



# Who SHRINE serves

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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:

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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)

# Training



**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



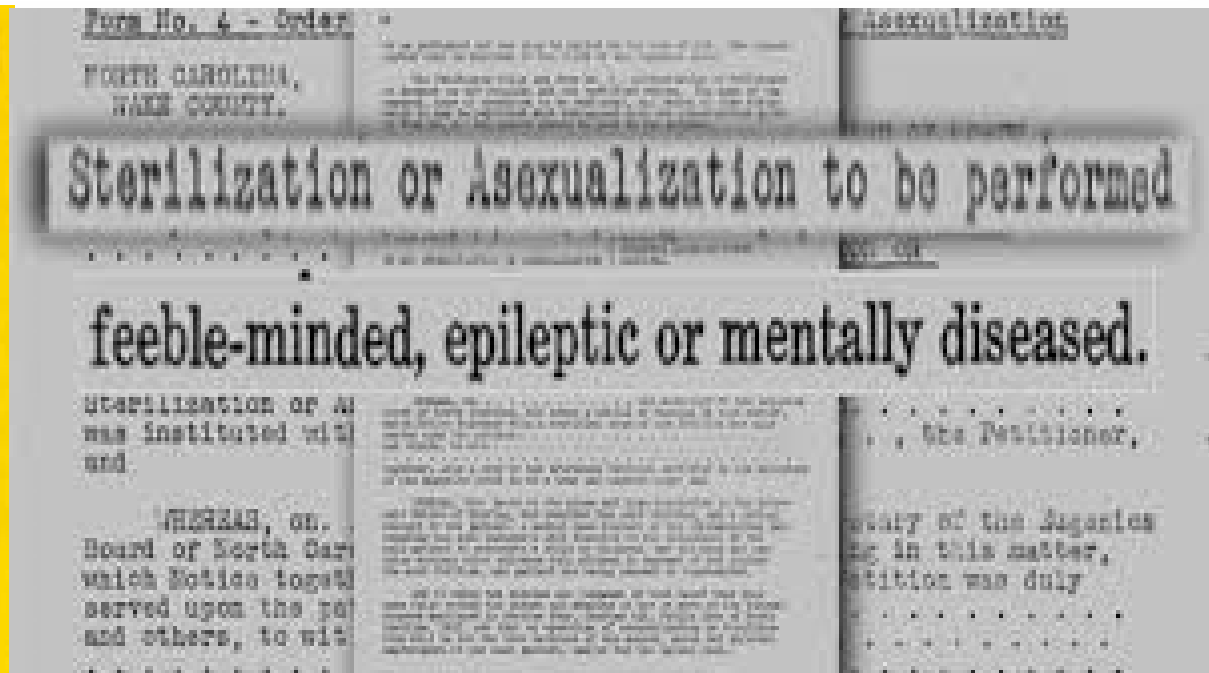
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**What are the consequences of ignoring sexual rights in people who use drugs problematically, *severe mental illness or intellectual disability?***

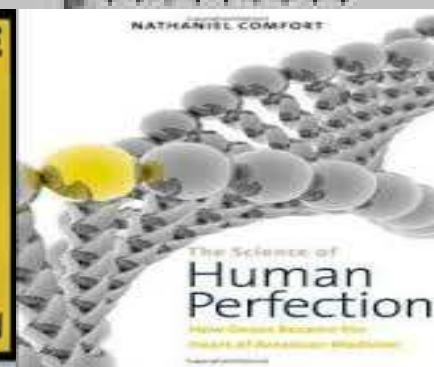
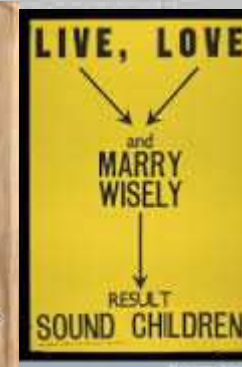


What could possibly go wrong in  
the marriage of SRH and  
psychiatry/intellectual  
disabilities?

# Human rights violations



Birth control must lead ultimately to a cleaner race.  
*Margaret Sanger*





# Or nothing happens...

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

Source: Hughes, E. and Gray, R. (2009), HIV prevention for people with serious mental illness: a survey of mental health workers' attitudes, knowledge and practice. *Journal of Clinical Nursing*, 18: 591–600.

# Human Rights Based Approach

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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

# Definitions



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.**

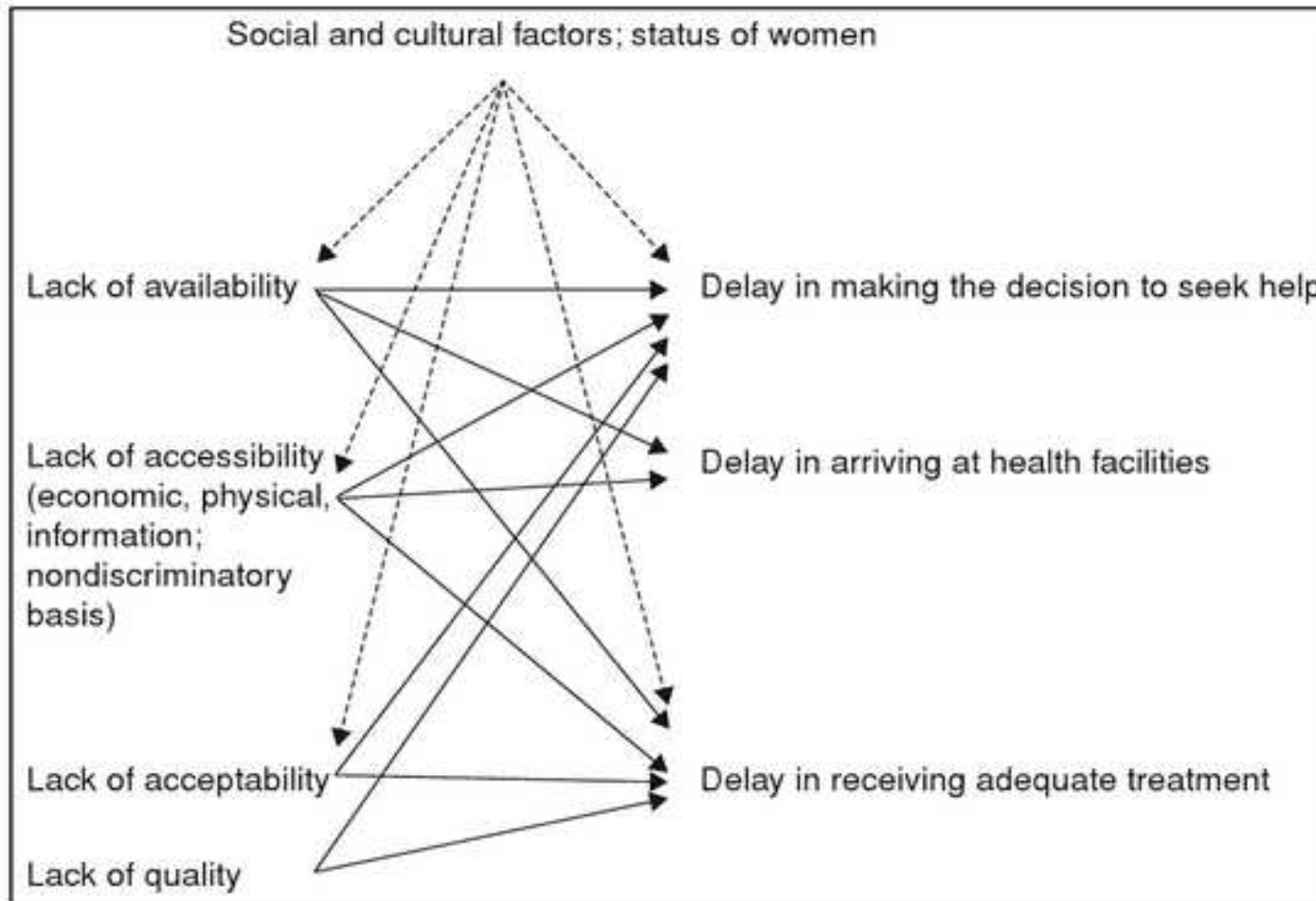
# The indivisibility of human rights



**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

# Three Delays Model



**Figure 4.2.** The **Three-Delays Model** and Lack of Available, Accessible, Acceptable, and Quality Obstetric Care: The AAAQ Framework. *Source:* **Alicia Ely Yamin**, “Maternal Mortality,” in *The Right to Health*, ed. Gunilla Backman (Stockholm: Studentlitteratur, 2012).

# 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...



**WORKING  
TOGETHER**

The text 'WORKING TOGETHER' is written in large, bold, yellow capital letters with a black outline. A green stylized human figure is positioned on the left, appearing to push or support the letter 'W'. A purple stylized human figure is positioned on the right, appearing to push or support the letter 'R'. The figures are simple, stick-like shapes with no facial features.



## How to refer to SHRINE:

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Phone 020 3299 5038

For programme queries:

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Jade Campbell

Project Support Officer

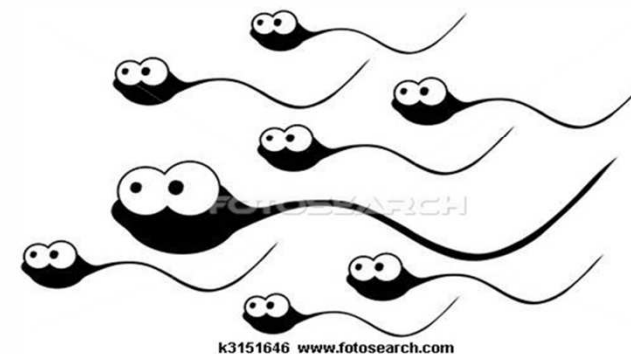
[Jade.Campbell@nhs.net](mailto:Jade.Campbell@nhs.net)

020 3299



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# Thank you!



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