SHRINE: Sexual and Reproductive Health Rights, Inclusion and Empowerment is a service improvement programme using a human-rights based approach to deliver and evaluate sexual and reproductive healthcare (SRH) for targeted communities in Lambeth and Southwark.

The programme started on May 16th, 2016 and is funded by Guy's and St Thomas' Trust Charity. It is being delivered by the Kings Health Partnership (KHP) consisting of: Guy's and St Thomas' NHS Foundation Trust (GSTT), Kings College Hospital (KCH) and South London and Maudsley NHS Trust (SLaM).

Background

The right to SRH is an essential part of the Right to Health but the realisation of SRH and human rights often remains beyond the reach of people with poor mental health (MH). They continue to be vulnerable to experiencing violations of their rights and autonomy, experience higher rates of stigmatisation and discrimination, and lack the access to information and services needed to support their choices around sexuality and reproduction. People with poor MH do not use traditional SRH services resulting in high unmet contraceptive need and a high prevalence of sexually transmitted infections (STIs)/HIV or sexual dysfunction (Hughes and Gray 2009, Cornford et al 2015, Edelman et al 2014, Edelman et al 2013, Parlier et al 2014). MH patients do not attend for multiple reasons: anxiety; anticipated or experienced stigmatisation and discrimination; (IT) illiteracy and problems tolerating long waiting times. SHRINE worked with human rights experts, including Professor Paul Hunt (former UN Special Rapporteur on the Right to Health 2002-08), to inform our programme approach.

SHRINE's Aims

We aim to develop effective, ethical, accessible and user-centred SRH services for people who use drugs and alcohol problematically, serious mental illness and intellectual (learning) disabilities.

- ❑ Define and develop a human rights based approach to providing SRH clinical interventions
- ❑ Improve access to SRH services for those with unmet need to promote better outcomes and reduce health inequalities
- ❑ Improve service user experience of SRH services leading to better engagement with SRH services
- ❑ Provide services that will prevent unintended pregnancies and removals of children into care, including preconception care, conception planning and initial management of infertility where appropriate
- ❑ Provide services that will prevent STI/HIV transmission and treatment
- ❑ Provide services that will address sexual dysfunction as a side effect from MH medication

SHRINE has three work streams:

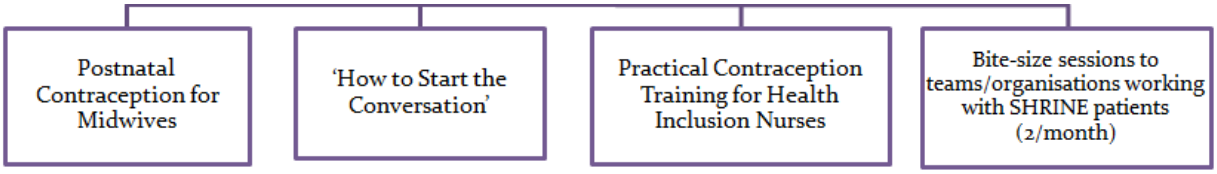
Frontline Clinical Provision

We will deliver and evaluate how the following care models improve access to SRH care for our patient groups:

1. *Regular service provision* - via weekly in-reach clinics at two addiction treatment centres in Lambeth and Southwark (Lorraine Hewitt House and Change.Grow.Live [CGL] respectively)
2. *Assertive Outreach* – acute mental health wards, community mental health teams, homeless hostels & supported accommodation, postnatal wards & mother and baby units, attend community appointments with key/social workers at local charities and/or home visits
3. *Priority Appointments at Camberwell Sexual Health Centre* – offering more flexible appointment slots at the local mainstream clinic to reduce as many access barriers as possible

Education and Training Provision

SHRINE aims to develop the SRH capacity of the health and social care professionals working with our target patient groups. Where there are gaps in education packages, we have developed and delivered our own innovative courses to address training needs to achieve this.



I. Postnatal Contraception for Midwives

Opportunities for postpartum contraception are frequently missed even for women where rapid repeat pregnancies are likely to have serious medical or social consequences. Current contraception courses are targeted largely at primary care and specialist contraceptive providers. Generic contraception courses are lengthy, time-consuming, provide information about methods that are contraindicated (i.e. combined hormonal contraception) in the immediate postpartum period and cover information that is irrelevant for midwives. The aim of our pilot training course was to skill up safeguarding and specialist midwives working with SHRINE patients with the clinical skills to insert a contraceptive implant and/or provide depo and progestogen-only pill. Our project targeted the specific training needs of the midwives and delivered a more flexible approach by offering the midwives' practical training on the postnatal ward and at local SRH clinics.

Outcomes:

Eight midwives participated on the pilot and four successfully completed their practical training. From June 2017 to July 2018, a total of 34 implants were provided prior to discharge by the safeguarding midwives. All 34 women had experience of one of the following conditions: substance misuse, mental health, learning disability, teenage mother and/or multiple medical complications, such as chronic hypertension. 11 (32%) of the women were involved with social care with either a care protection, child in need or early help plan. None returned to the maternity service with a rapid, unintended short interval pregnancy within 12-months of accepting their chosen method of contraception.

One of the patients said:

'Having an implant has given me the chance to get my life in order and make things go right for Z and myself. I never thought that I could do this but now I feel I can'

Over the course of 2019, the Faculty of Sexual and Reproductive Healthcare scaled our local training pilot into a national pilot to test the feasibility and appetite from *any* professional working in maternity services, not only midwives, to acquire the skills to provide postpartum contraception. Three of the midwives from the SHRINE pilot participated in the national pilot and successfully passed qualifying for the Faculty's Letter of Competence.

Our postnatal contraception training course for safeguarding midwives at St Thomas' Hospital won the maternity services department Best Presentation at the Faculty of Sexual and Reproductive Health's Annual Scientific Meeting and a Maternal Health Award from the Burdett Trust for Nursing in 2018.

II. 'How to Start the Conversation'

In collaboration with the Maudsley Simulation Centre, the UK's first mental health simulation centre, SHRINE developed a one-day inter-professional course to improve professionals' ability to discuss SRH issues in MH settings. Topics include safeguarding, sexual exploitation, capacity, managing conflict and confidentiality, conversations around sexual disinhibition, STIs, contraception and pregnancy. We included didactic sessions on sexually transmitted infections and contraceptive methods during the day to provide hard knowledge in addition to the softer, interpersonal skills.

Participants' have rated the course 4.55 out of 5 when asked if it improved SRH confidence, knowledge and skill.

'The session was very interactive'
'Simulation training (is) beneficial as we all have different learning styles'

'It gave ideas on how to manage sexual health for vulnerable clients'
'it will benefit skills in risk assessment and management of sexual health'

'I will be more confident to discuss sexual health issues'
'Able to network with others (on the day)'
'I am able to go back to my team and carry out a teaching session'

III. Practical Contraception Training for the Health Inclusion Nurses

We expanded the successful training pilot for midwifery to the Health Inclusion Team (HIT) who is a nurse-led specialist community team supporting vulnerable people who have difficulty accessing primary care services, such as homeless people, refugees, asylum seekers and people with addictions. They run clinics across Lambeth, Southwark and Lewisham in 19 hostels, 8 day centres and 2 addictions services. The HIT nurses were provided with the same clinical skills as the midwives - insert a contraceptive implant and/or provide depo and progestogen-only pill – and the provision of emergency contraception was added to their competency framework.

Outcomes:
Eleven HIT nurses completed the e-learning and attended the workshop training day in October 2017. Six nurses started their practical contraception training in January 2018. Four are successfully signed off and providing contraception; 2 continue to work toward their competencies to be signed off. A clinical audit from 1st January 2019

to 31st October 2019 showed the HIT team have provided 10 implants, 12 injections and 3 oral emergency contraception.

Our training programmes improved access to contraception for marginalised women by ensuring the midwife/HIT nurses have the right skills at the right place and time. Marginalised women found this service attractive because they find it hard to trust anyone other than their HIT nurse. This may be an important strategy to prevent unintended pregnancies for marginalised women SRH services find unreachable.

IV. Bite-size sessions to teams/organisations working with SHRINE populations

SHRINE delivers basic, bespoke training sessions to various staff groups working with SHRINE patient groups, including: social workers, addiction nurses and key workers, mental health teams, health visitors, learning disabilities, probation and learning disabilities. The aim is to support these teams to identify a need and/or risk around SRH issues and refer to SHRINE. The trainings support the development of robust and effective referral pathways and are co-developed with the team and delivered usually in 1-2 hours within a team meeting or away day. The two most popular topics are basic STI transmission, testing and treatment and contraception counselling and methods. This is corresponds with the two main reasons for making a SHRINE referral being either contraception (39%) and/or STI testing (41%).

SHRINE receives referrals from 90+ teams/organisations working in the health and social care sector in South London.

Influencing

We regularly present SHRINE findings at conferences and events to share our learning and best practice on developing and delivering effective, ethical, accessible and user-centred SRH care for marginalised people.

A brief list of our key achievements to advocate our patient rights:

- Oral Presentation and Panel discussion at Harm Reduction International Conference, Montreal, Canada - May, 2017
- Oral Presentation at London Network of Nurses and Midwives Homelessness Conference, May 2017
- Oral Presentation at King's Health Partners Annual Conference, May 2017
- Oral Presentation and Panel discussion at the Royal College of Psychiatry's Conference – Let's Talk about Sex…women and their mental health, December 2017
- Oral Presentations at the Faculty of Sexual and Reproductive Health's Annual Scientific Meeting 2018, 2019 and 2020 – won Best Presentation Prize 2018
- Written submission to the Health Select Committee's Parliamentary Enquiry into Sexual Health, Sept 2018
- Best Poster Prize at the London Network of Nurses and Midwives Homelessness Conference, October 2018
- Written and oral evidence presented to the All-Party Parliamentary Group on Contraception, Aug 2019
- Oral Presentation and 2 posters at the Pathways Homelessness Conference, March 2019
- 5 Posters at the Royal College of Obstetricians and Gynaecologists World Congress, June 2019
- Oral Presentation and Panel discussion at the Royal College of Psychiatrists International Congress, July 2019
- Member of the Physical Health Strategy Board at South London and Maudsley Mental Health NHS Trust
- Blogs on various platforms including Mind & Body, Mental Elf
- Various presentations to strategic stakeholders like the London Sexual Health Commissioners Network, PHE's National Meeting of Sexual Health Facilitators etc

Why invest in SHRINE?
MH conditions affect a person's SRH needs in various ways: people with depression may lose interest in sex or people with manic symptoms may participate in increased risky sexual behaviour (Marengo et al 2015). Sexual dysfunction affects between 38-86% of patients (Montejo et al 2018) and sexual side effects are a common reason for discontinuation of antipsychotic medication (Dibonaventura et al 2012). Poor adherence to antipsychotic medication substantially increases the risk of a psychotic relapse, length of stay in hospital and readmissions increasing the risk of long-term psychiatric admissions.

According to SLaM's Annual Report and Accounts 2017/8 the average length of stay in inpatient adult services was 47.99 days and the unit cost per overnight bed day on inpatient wards is £404.11. This means for each admission prevented by adequate management of SRH needs, there is the potential to save, on average, £19,393.

SHRINE is about a person's right to health; no one must be left behind.

To find out more and access our referral form, see our webpage on the Mind and Body website.

For programme queries, please contact: Elana Covshoff, SHRINE Programme Manager, 020 3299 5038 and email referrals to kch-tr.SHRINEReferral@nhs.net.