



Assessment of the mental health status of a one year cohort attending a two Sexual Assault Referral Centres in England



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ABSTRACT

A one year audit was undertaken of the mental health (MH) status of adult attendees to the Thames Valley Sexual Assault Centres (SARC). There were 301 relevant referrals over the twelve month period of whom 126 (42%) either fully or partially completed the mental health assessments. 38% (n = 66) of the population did not consent to the research. Participation in the study was felt inappropriate by the case clinician in the rest of the cases. To summarise the findings: 36% were moderately or severely depressed; 30% experienced moderate to severe anxiety; 28% were drinking at hazardous/harmful levels; and 12% had a drug problem that was moderate to severe. Self harm affected 45% of the sample with the greater majority cutting themselves and self-harming before the age of 17. Admission to a psychiatric in-patient unit was not uncommon and 19% had been admitted an average of three times each. The figure of 19% admitted to a psychiatric hospital is 90 times higher than for the general female population. 42% of the total sample were being prescribed medication for their mental health problem. The paper concludes that: there should be agreement nationally on the use of a standardised set of mental health outcome measures which are used in all assessments; there should be a move towards the commissioning of expert psychological support that is offered *in a SARC* and the pathways for specialist mental health care *out of the SARCs*. Finally, forensic physicians and general practitioners needs a greater awareness of the mental health *sequelae* of sexual assault and they then need to make prompt referrals to the appropriate services.

1. Background

Sexual assault is a serious problem in society which often goes unreported. In 2013, in England and Wales, a joint report, by the Ministry of Justice, the Home office and the Office of National Statistics, was published on sexual violence.¹ The report showed that: approximately 85,000 women and 12,000 men are reporting sexual assault in England and Wales alone every year; nearly half a million adults are sexually assaulted in England and Wales each year; 1 in 5 women aged 16–59 has experienced some form of sexual violence since the age of 16; only around 15% of those who experience sexual violence choose to report to the police and approximately 90% of those who report sexual assault know the perpetrator prior to the offence.

Reporting of sexual offences has increased by 34% from 2013–2014² and this may be accounted for by better reporting but also a greater willingness for people to come forward. In 2014, there were 27,704 rapes and 53,559 sexual offences reported. 2.5% of all women and 0.5% of all men reported experiencing sexual offences of any kind, with

0.5% of all women reporting the most serious offences (such as rape). However, this is likely to be a gross underestimate of actual figures. The NATSAL -3 (life style and sexual population survey)³ found non-volitional sex (which the authors define as sexual activity against a person's will) since the age of 13 was reported by 9.8% of women and 1.4% of men, with the median age of 18 for women and 16 for men. Less than half (42.2% of women assaulted and 32.6% of men assaulted) had confided in anyone, and fewer still had reported it to the police (12.9% of women assaulted and 8% of men assaulted). The person allegedly responsible was a stranger in only 15% of cases among women and men reporting assault.

Sexual Assault Referral Centres (SARCs) began to be established in England in the mid 1980's. They are a “one-stop shop” where people who have experienced sexual assault can access support including forensic medical examinations and comprehensive health checks as well as some limited mental health/psychological support.⁴ There are 43 SARCs across the country and they are commissioned by NHS England in partnership with Police and Crime Commissioners.

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A limited amount of previous research has shown that approximately 40% of those attending SARC are known to mental health services.^{5–7} These studies were undertaken in Holland, Canada, and Australia. More recent research in England has confirmed this Fig.⁸ Fewer than half of SARCs routinely assess mental health and substance misuse issues were not always included. Almost two-thirds of SARC services report problems in referring on to mental health services primarily because there were few commissioned mental health pathways out of the SARCs for this group.

It is clearly important to assess the mental health status of those attending SARCs, for many reasons.

Secondary analysis of the national survey of psychiatric morbidity (which is undertaken every seven years in England) has shown that there is a consistent increase in the prevalence of mental health problems and in the use of mental health services as the severity of sexual abuse increased.⁹ Individuals who report sexual assault were over 2.5 times more likely to have a history of a neurotic disorder than individuals experiencing no sexual abuse. In addition, sexual assault complainants were also significantly more likely to be dependent on drugs and alcohol, have been admitted to a mental health ward in the past and be currently at risk of suicide.

No study previously, has attempted to screen consecutive attendees to a SARCs service in England and to formally assess mental health status using validated measures. This study describes an attempt to achieve this aim in the Thames Valley SARCs service.

2. Method

2.1. Procedure

All attendees at the two SARC Centres (Slough and Bletchley) in Thames Valley were asked to give their consent to participate in the study. Data were collected by all clinicians from April 1st, 2016 to March 31st, 2017 excluding those attendees aged under eighteen years old. *Ethical Permission:* The study was approved by Thames Valley Clinical Research Network (CRN) based at Oxford University.

2.2. The outcome measures

The following outcome measures were administered to all consenting SARCs attendees aged eighteen or over:

- Kessler Psychological Distress scale.¹⁰ This global measure of distress produces scores ranging from 10 to 50. Scores of 19 and above are likely to indicate a mental disorder.
- Patient Health Questionnaire¹¹ The PHQ9 was developed and validated as a measure of depression. There are 9 items which are scored 0 to 3 providing a 0 to 27 severity index. Depression severity is ranked as minimal (0–4), mild (5–9), moderate (10–14), moderately severe (15–19) and severe (20–27).
- Generalised Anxiety Disorder 7¹² This 7 item scale is scored 0–3 providing a 0–27 severity score. Originally developed to measure Generalised Anxiety Disorder (GAD) the GAD7 has proved to have a good sensitivity and specificity and screens well for panic, social anxiety and post traumatic stress disorder.
- The Alcohol Use Disorders Identification Test (AUDIT)¹³ contains

ten items which are scored from 0 to 4 giving a total score ranging from 0 to 40. A score of 8 + indicates that it is very likely that the participant is drinking harmful levels of alcohol. This tool has been cited as a ‘gold standard’ measure of levels of alcohol consumption and therefore was selected for use in this study.

- The Drug Abuse Screening Test short version (DAST)¹⁴ is a twenty item screen for drug abuse (including both use of illegal drugs and misuse of prescription drugs). A score of six or more indicates a substance misuse problem (abuse or dependence). This tool was selected for inclusion in the study as it is quick and easy to administer and has been shown to be reliable and to have good levels of sensitivity and specificity.
- Questions were also included on mental health service use, child sexual abuse, suicide attempts and self-harm.

2.3. Data analysis

Data from the two sites were merged as initial comparison suggested little difference in demographics, assessment of mental health (MH) or outcomes between the two sites. Individuals were classified as likely to have a MH disorder or not using the Kessler Psychological Distress scale. In addition, from descriptive analysis, it was noted that those with a likely MH disorder had either been seen by a GP, a MH specialist or another health professional. Therefore four groups of individuals were identified – no mental health, MH via GP, MH via specialist and MH via other professional. More detailed descriptive analysis was used to compare these four groups. The final dataset was analysed using IBM SPSS v.23.

3. Results

3.1. The overall sample

The aim was to collect data on mental health status from all consecutive adult attendees to the Thames Valley SARCs for a one year period (April 2016–March 2017). In total there were 351 acute attendees over this period, fifty of these were aged under 18 and were excluded. There were three main response categories: the mental health audit was completed (n = 99); the mental health audit was partially completed (n = 27); the person did not consent (175) (see Table 1).

The overall rate for completed/partial assessments was 42% (n = 126) and this varied by the SARC site (Bletchley 33%, Slough 47%). In nearly half the cases (46%) a reason was not given for why the audit did not take place (see Table 2). In those cases where reasons were given these were as follows: the person declined (38%); person too tired or anxious (9%); assessment was inappropriate (5%); and alcohol misuse (1%).

3.2. The socio-demographic characteristics of the sample

The vast majority (96%) of the sample were women with two-thirds aged 29 and under. A fifth of the sample (21%) were non-white. Other important sample characteristics include: mostly single (70%); educated (51% A/AS level or degree); most lived in rented accommodation (55%); 48% were employed and 41% were either unemployed or students; and 48% received state benefits (see Table 3).

Table 1
Questionnaires completed by SARC site.

SARC site	Questionnaires completed			Total	% completed		
	Completed	Partial	Not		Completed	Partial	Not completed
Bletchley	31	10	81	122	25%	8%	66%
Slough	68	17	94	179	38%	9%	53%
Total	99	27	175	301	33%	9%	58%

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