Title:
The high prevalence of pre-existing mental health complaints in clients attending Saint Mary's Sexual Assault Referral Centre: implications for initial management and engagement with the Independent Sexual Violence Advisor Service at the Centre

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Abstract:

Background: The Saint Mary's Sexual Assault Referral Centre has a unique service delivery model whereby it provides an integrated physical and psychological support services to clients, women men and children, living in Greater Manchester. The service is available to those who have reported rape or sexual assault, whether this is recent or historic. Clients living in surrounding areas of Cheshire are provided with forensic and medical services at Saint Mary's Centre, with follow-up care provided locally, as appropriate.

Aims: The primary objective was to identify the prevalence of self-reported pre-existing mental health complaints amongst adult clients who attended Saint Mary's Centre for a forensic medical examination. The secondary objective was to consider levels of engagement with the Centre's Independent Sexual Violence Advisor service by comparing clients who reported a mental health complaint to clients who did not.

Method: One-hundred and eighty sets of client's notes from 2016 were retrospectively analysed. Client inclusion criteria were that they were (a) over the age of 18 years when attending the Centre, (b) had attended for a forensic medical examination.

Results: 69% of clients analysed reported a pre-existing mental health complaint. The time taken for clients to present to Saint Mary's Centre following a reported assault tended to be later for the clients with self-reported mental health problems than those without. However, there was no difference in the long-term engagement with the Centre's Independent Sexual Violence Advisor service at the Centre between the two groups.

Conclusion: Prevalence of self-reported pre-existing mental health complaints is extremely high in clients presenting at Saint Mary's Centre as compared to national and regional prevalence rates for mental health complaints in the general population. The vulnerability of this client group should be considered when they attend a SARC and support provided should be appropriate and accessible to their needs. Staff should have adequate training and supervision to be able to respond in this way.

Highlights:

- The prevalence of self-reported pre-existing mental health complaints amongst adult clients attending Saint Mary's Centre was incredibly high at 69%
- Depression and anxiety accounted for the majority of these mental health complaints
- Clients with mental health complaints took longer to present to Saint Mary's Sexual Assault Referral Centre than those without

Keywords: Mental health, self-harm, suicide, rape, sexual violence, sexual abuse, sexual assault, Sexual Assault Referral Centre

Introduction

According to the World Health Organization (WHO) "Good mental health enables people to realize their potential, cope with the normal stresses of life, work productively, and contribute to their communities"[1]. The correlation between mental health difficulties and sexual assault victimisation is well known. A secondary analysis of the Adult Psychiatric Morbidity Survey (2007) found that: 45% of people who had experienced rape within their lifetime were diagnosed to have a neurotic disorder, compared to 13% of people who had not experienced any form of sexual abuse; mixed anxiety/depressive disorder (ICD-10 diagnosis) was shown to be prevalent in 23% of the population who had experienced rape compared to 7% in the population with no experience of sexual abuse; and self-harm prevalence showed a similar distribution, with 45% of survivors of rape having suicidal thoughts during their lifetime, compared with 10% in the population who had not experienced rape.[2] In addition these analyses demonstrated that individuals that have previously been raped are known to access more mental health care than the general population; 32% of individuals that had previously been raped received mental health care with their GP in the previous year, or in a hospital setting in the previous quarter compared to only 9% of the population who had not experienced any form of sexual abuse.[2]

While the prevalence of mental health difficulties amongst sexual assault survivors is noted in the literature, relatively little is known about the mental health wellbeing of these individuals prior to reported abuse. A retrospective case note review was conducted between June 2004 and February 2005 at the Haven Whitechapel Sexual Assault Referral Centre.[3] It was reported that 26% of complainants of sexual violence that attended the Haven for a forensic medical examination during this time period gave a past history of deliberate self-harm, and 21% reported a psychiatric history.[3] An audit of clients attending Thames Valley Sexual Assault Centres between 2016 - 2017 found that 45% of clients reported having previously self-harmed.[4]

Despite high rates of mental health difficulties amongst survivors of sexual assault there have been reported failings in routinely conducting mental health assessments of Sexual Assault Referral Centre (SARC) clients. A survey conducted to assess the work of SARCs in the field of mental health concluded that only 46% of SARCs reported that everyone who attended the Centre received a mental health risk assessment.[5] It should be noted that only 68% of SARCs in England responded to this survey, and therefore this figure may not be representative of all SARCs across the UK. It was reported that in some instances mental health assessments were completed by a nurse examiner.[5] It is noted in the wider literature that in the context of deliberate self-harm, doctors are more likely to refer patients for psychiatric follow up than nurses.[6]

Saint Mary's Centre offers acute crisis support, forensic medical examinations (FME), sexual health screening, pregnancy advice, provision of emergency contraception, HIV PEP and Hepatitis B PEP as appropriate to clients in Greater Manchester and surrounding areas including Cheshire, Merseyside and parts of North Derbyshire. During the FME a full medical history is taken by the forensic physician, including a psychiatric history, followed by a mental state examination which includes an assessment of suicide and deliberate self-harm risk.

Saint Mary's Centre has a unique service delivery model whereby it provides an integrated physical and psychological support services to clients living in Greater Manchester. Clients living in surrounding areas of Cheshire are provided with FME services at Saint Mary's Centre, with follow-up care provided locally, as appropriate. The support services at Saint Mary's Centre include aftercare via an Independent Sexual Violence Advisor (ISVA), who primarily supports the client through the criminal justice process once an assault has reported to the police. An ISVA's level of involvement with the case is led by the client themselves. Counselling is also available at the Centre. Both the ISVA and counselling aspects of the service are delivered via a hub and spoke model. These factors

make Saint Mary's Centre the ideal position to achieve this study's aims, which are as follows:

1) To identify the overall prevalence of pre-existing self-reported mental health complaints amongst clients who attended the Centre, with specific focus on the prevalence of self-harm and suicidal ideation.
2) To explore the characteristics of clients who attended Saint Mary's Centre and reported a pre-existing mental health complaint against clients who did not
3) To explore the levels of on-going engagement with Saint Mary's Centre Independent Sexual Violence Advisor service between clients that reported a pre-existing mental health complaint and clients that did not report a mental health complaint.

The findings from this study add to the existing evidence base on rates of prevalence of mental health difficulties amongst sexual assault survivors[3,4]. We also explore, in comparison to the general population, additional vulnerabilities this group has. Moreover, little is known about how sexual assault survivor's mental health history corresponds with their levels of interaction with services available to them; this study reports key preliminary data on service interaction.

Methods

During 2016, 1052 clients attended Saint Mary's Centre for a FME, and a sample of 180 clients' case notes was selected for review and subject to exploratory, descriptive analyses. In order to control for any seasonal variation in the data, the first 15 cases meeting the inclusion criteria in each month of the calendar year were selected. Inclusion criteria were that clients were (i) aged over 18 years of age and (ii) had attended the Centre for a FME. There were no exclusion criteria.

All data regarding pre-existing mental health complaints collected as part of this study was self-reported by the clients at the point of attendance for a FME at the Centre. When clients are referred to the Saint Mary SARC for a FME the forensic physician routinely undertakes a mental health history and examination. They would ask about diagnosis of any pre-existing mental health conditions, prescription of any medications (including psychotropic medications), history of self-harm and previous suicide attempts and current ideation. This data is then recorded by the forensic physician in the contemporaneous medical notes as collected on Saint Mary's Centre pro forma. Data from the client's case notes was entered into a Microsoft Excel spread-sheet. The dataset was coded into categories, and crosstabs descriptive analyses were performed using SPSS statistical software.

The Health Research Authority have advised that projects of this nature are exempt from ethical approval requirements. Such projects are considered to be service evaluation, since they retrospectively review non-generalisable data collected as part of routine care. In accordance with data protection procedures, all data was anonymised.

Results

Demographic characteristics and mental health profile of Saint Mary's Clients

The demographic characteristics of the clients included in this study are shown in Table 1. The table includes the overall demographic breakdown, as well as crosstabs according to the presence or absence of a pre-existing mental health complaint. For clients to be included in the category of having a pre-existing mental health complaint they needed to self-report at least one of the following criteria at the FME:

i) a diagnosis of pre-existing mental health condition (as outlined in Figure 1)

ii) clients who were currently prescribed medication for the treatment of a mental health condition

iii) clients whom reported self-harm or suicidal behaviours

Of the 180 clients included in the study, 68.9% disclosed: being diagnosed with a pre-existing mental health condition; being currently prescribed medication for the treatment of a mental health condition; self-harm behaviours and/or suicidal behaviours. It is noted that while self-harm and suicidal behaviours are not in themselves diagnostic of mental health issues, they suggest vulnerability and can be an indicator. For the purposes of this study self-harm and suicidal behaviours are inclusion criteria since they are important considerations for forensic physicians in their history taking, assessment and consequent management.

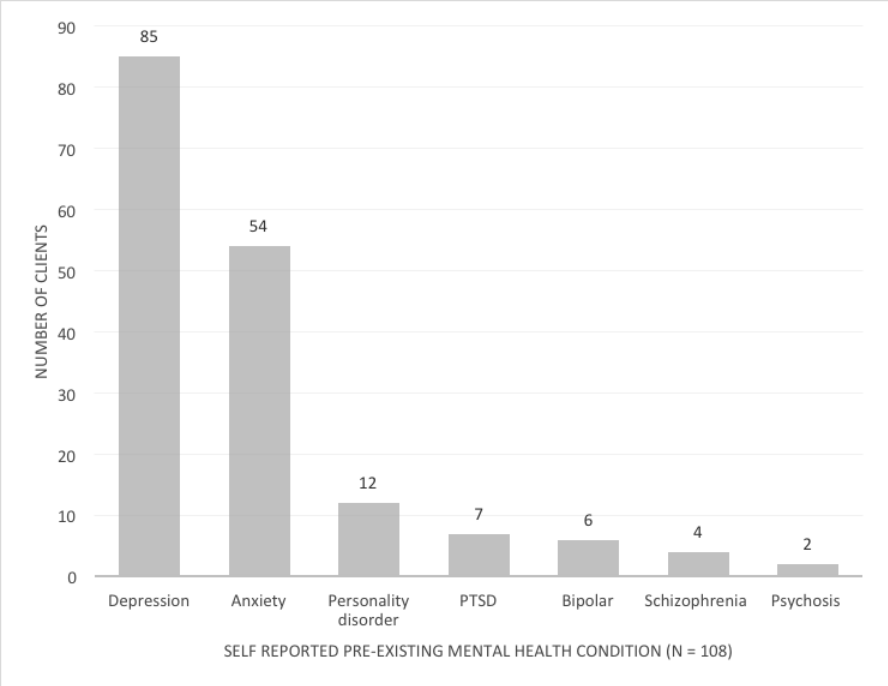
Table 1

Demographic profile and prevalence of pre-existing mental health complaints in Saint Mary's clients

		All clients		Clients with mental health complaint		Clients without a mental health complaint	
Demographic characteristic		*N*=180	% of group	*N*=124	% of group	*N*=56	% of group
Age (group)	18–25	76	42.2%	45	36.3%	31	55.4%
	26–35	58	32.2%	44	35.5%	14	25.0%
	36–55	45	25.0%	34	27.4%	11	19.6%
	55+	1	0.6%	1	0.8%	0	0.0%
Gender	Female	170	94.4%	117	94.4%	53	94.6%
	Male	10	5.6%	7	5.6%	3	5.4%
Ethnicity	White British	147	81.7%	108	87.1%	39	69.6%
	Other	33	18.3%	16	12.9%	17	30.4%
Employment status	Full-time employment	33	18.3%	20	16.1%	13	23.2%
	Part-time employment	19	10.6%	9	7.3%	10	17.8%
	Unemployed / retired	65	36.1%	50	40.3%	15	26.8%
	Full-time education	27	15.0%	18	14.5%	9	16.1%
	Unable to work	32	17.8%	23	18.6%	9	16.1%
	Other / unknown	4	2.2%	4	3.2%	0	0.0%
Marital status	Married / civil partnership	12	6.7%	10	8.1%	2	3.6%
	Living together / in a relationship	17	9.4%	10	8.1%	7	12.5%

The mental health profile of clients at Saint Mary's was initially examined by exploring disclosed diagnosis of pre-existing mental health conditions. Figure 1 outlines the pre-existing mental health conditions clients self-reported during their FME. One hundred and eight clients reported a pre-existing mental health condition, 52 clients reported more than one pre-existing mental health condition.

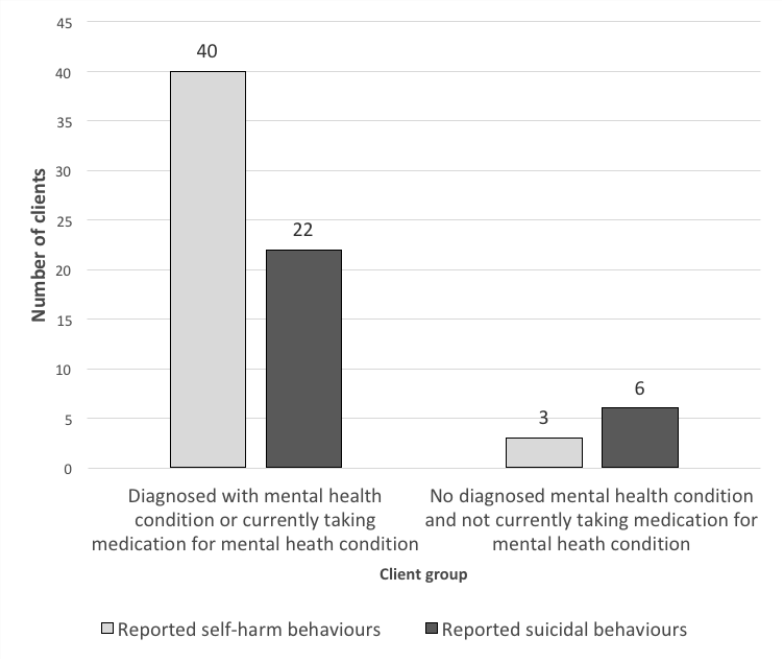
Figure 1
Frequency and type of self-reported and pre-existing mental health conditions by 108 clients (from total sample of 180)



Further, 69 clients out of the full sample (*N*=180) reported currently being prescribed medication for the treatment of a mental health condition at the time of the FME. Of the total sample of clients with pre-existing mental health complaints (*N*=124), 59 (47.6%) clients reported use of antidepressant medication; 7 (5.6%) clients reported use of beta blockers for anxiety symptoms, 11 (8.9%) clients reported use of antipsychotic medication, and 7 (5.7%) clients reported use of benzodiazepines. 14 clients reported being prescribed more than one medication for the treatment of multiple psychiatric conditions.

The number of clients who disclosed self-harm and suicidal behaviours at the FME was also examined. For the purpose of this paper, self-harm and suicidal behaviours are distinguished by the clients' intended outcome of the behaviour. Clients who reported self-harm and suicidal behaviours were included in the pre-existing mental health complaint group. Of the total sample of clients who were categorised as having a pre-existing mental health complaint (*N*=124), 43 (34.7%) clients reported that they had previously self-harmed; 31 (25.0%) clients reported that they had previously attempted suicide (including overdose). Figure 2 displays the number of clients that have self-harmed or reported suicidal behaviour, in relationship to current mental health diagnosis and/or current prescription of mental health medication.

Figure 2
Frequency of mental health diagnosis or prescribed medication for mental health condition amongst 71 clients that reported self harm or suicidal behaviours



Type of abuse experienced by clients at Saint Mary's

The type of abuse reported by clients at Saint Mary's and the relationship with mental health status was explored. In the first instance, clients' history of domestic abuse was examined. The client is routinely asked about domestic abuse by the forensic physician at the FME. Table 2 presents the number of clients whom reported a history of domestic abuse, in relation to the existence of a pre-existing mental health complaint. The domestic abuse history may be separate from the reported sexual assault.

Table 2:
Domestic abuse history and prevalence of pre-existing mental health complaints in clients at Saint Mary's

		All clients		Clients with mental health complaint		Clients without mental health complaint	
		N=180	% of group	*N*=124	% of group	*N*=56	% of group
History of domestic abuse	Yes	82	45.6%	60	48.4%	22	39.3%
	No	98	54.4%	64	51.6%	34	60.7%

The association between alleged offender relationship and prevalence of a pre-existing mental health complaint (see Table 4) was also explored. The largest group of Saint Mary's clients reported the alleged offender of the sexual assault to be an acquaintance, such as a work colleague or 'friend'. Based upon the data collected, it was not possible to further break this category down into the time period that the clients knew the alleged offender, such as more than, or less than, 24 hours. A large proportion of clients reported that their partner (including spouse) and ex-partner was the alleged offender of the assault. This was no different for clients with or without a pre-existing mental health complaint.

Table 3:
Relationship to alleged offender and prevalence of pre-existing mental health complaints in clients at Saint Mary's

	All clients		Clients with mental health complaint		Clients without a mental health complaint	
Relationship to alleged offender	*N*=180	% of group	*N*=124	% of group	*N*=56	% of group
Acquaintance	94	52.2%	66	53.2%	28	50.0%
Partner or ex-partner	49	27.2%	34	27.4%	15	26.7%
Stranger	26	14.5%	18	14.6%	8	14.3%
Family member	4	2.2%	2	1.6%	2	3.6%
Unknown or not disclosed	7	3.9%	4	3.2%	3	5.4%

Clients' engagement with services at Saint Mary's

To explore clients' engagement with services at Saint Mary's, the time interval between alleged assault and FME was initially examined. Data in Table 4 indicates that the majority of clients (regardless of mental health status) underwent an FME less than 24 hours after the alleged assault. Within the subgroup of clients with a pre-existing mental health complaint, more than 50% of clients were examined more than 24 hours after assault. In contrast, 32.1% of clients without a mental health complaint received an FME more than 24 hours of the alleged assault.

Table 4:

Time interval from assault to FME and prevalence of pre-existing mental health complaints in clients at Saint Mary's

	All clients		Clients with mental health complaint		Clients without a mental health complaint	
Time interval from assault to FME	*N*=180	% of group	*N*=124	% of group	*N*=56	% of group
≤12 hours	31	17.2%	17	13.7%	14	25.0%
13-24 hours	62	34.4%	38	30.6%	24	42.9%
25-48 hours	34	18.9%	29	23.4%	5	8.9%
49-72 hours	22	12.2%	15	12.2%	7	12.5%
>73 hours	29	16.1%	23	18.5%	6	10.7%
Unknown	2	1.2%	2	1.6%	0	0.0%

Standard practice is that all clients who live in the Greater Manchester region receive follow-up contact from an Independent Sexual Violence Advisor (ISVA) based at the Saint Mary's Centre. The initial follow-up contact is completed within five working days of the FME. Clients that live outside of Greater Manchester are referred for follow-up service in their local area. Of the data collected, 116 clients (64.4% of the sample of 180) resided in Greater Manchester and, thus, were referred for follow-up service to a Saint Mary's Centre ISVA. Within this group, 99 clients (85.3%) were considered to have a pre-existing health complaint (as displayed in Table 5). A larger number of clients with mental health complaints engaged with Saint Mary's ISVAs as compared to clients without mental health complaints. To be regarded as 'engaged' with follow up services St Mary's Centre ISVAs must have had at least a single phone conversation with the client after their attendance at the centre. Regardless of mental health status, there was no disparity in whether clients engaged with the ISVAs on multiple occasions or not.

Table 5:
Client follow-up and engagement with service following Forensic Medical Examination

		All clients		Clients with mental health complaint		Clients without a mental health complaint	
Referral type		*N*=180	% of group	*N*=124	% of group	*N*=56	% of group
Initial referral to St Mary's ISVA for recontact	Yes	116	64.4%	99	66.2%	17	60.0%
	No	64	35.6%	25	33.8%	39	40.0%
Client engaged with St Mary's ISVA (N=113)*	Yes	69	61.1%	63	64.3%	6	40.0%
	No	44	38.9%	35	35.7%	9	60.0%
Client engaged with St Mary's ISVA on multiple occasions (N=113)	Yes	35	31.0%	32	32.7%	3	20.0%
	No	78	69.0%	66	67.3%	12	80.0%

*3 client's

Discussion

The clients included in this study reflected the demographics of survivors of sexual assault stated in the 'Overview of sexual offending in England and Wales' published January 2013.[7] The Saint Mary's Centre clients, and the survivors of sexual violence reported by the Office of National Statistics, were most likely to be female, single and unemployed.[7] A higher percentage of Saint Mary's Centre clients reporting a pre-existing mental health complaint were more likely to be unemployed compared to clients without a mental health complaint. This echoes the relationship between common mental health disorders and employment status described by Ford, et al.[8] At 69%, the number of Saint Mary's Centre clients reporting pre-existing mental health problems (that is a mental health condition prior to the reported sexual assault/rape for which they attended for a FME) was much higher than the 15.7% of the general UK population estimated to have a mental health disorder[9]; this could be due to a variety of reasons. The data included in this study was gathered via self-report measures. Further studies may want to further investigate this relationship by triangulating the data with GP records. It could be argued that as survivors of sexual assaults are more likely to be re-victimised[10] some of the clients presenting at the Saint Mary's Centre could be survivors of previous sexual assaults, contributing to their mental health status. This could contribute to the extremely high levels seen in the Centre. It is worthwhile noting at this juncture that a freedom of information request sent to all mental health trusts, found only five out of 53 trusts when audited were shown to be asking questions around histories of sexual and domestic abuse when mental health patients were accessing services.[11]

The clients presenting at the Saint Mary's Centre described a high frequency of self-harm. The Saint

Mary's Centre is part of the minority of SARCs that assess all clients for their mental health risk.[5] 34.7% of clients attending the Saint Mary's Centre that were included in this study reported self-harm behaviours as compared with 7.3% of the population that had reported to have self-harmed within their lifetime according to a national survey.[9] NICE recommends that alternative coping strategies should be offered to patients presenting with self-harm ideations, and the assessment of the patient's self-harm risk should be passed onto their GP.[9] Further, 6.7% of people in England have attempted suicide in their lifetime[9], the clients presenting at the Saint Mary's Centre described a rate nearer to three times this. For this reason, exploration of self-harm and suicidal ideation should be undertaken in a sensitive and comprehensive manner to ensure the clients receive the care they require.

One of the study's main aims was to assess how clients with reported pre-existing mental health complaints engaged with the Saint Mary's Centre's ISVA service when compared to the clients that did not report a mental health complaint at the time of their FME. There was a difference in the time interval from assault to FME in these two groups. Clients without a mental health complaint more frequently presented at the Centre within 24 hours of the alleged assault, when compared to clients with a mental health complaint. As most clients accessed the Centre via a police referral, it could be hypothesised that clients with a mental health complaint may find it more difficult to engage with the police after being assaulted. However, from this study' data where the delay occurred cannot be accurately assessed. For instance, do clients with a mental health complaint find it more challenging to report crimes to the police or do the police find it more challenging to assess the needs of a person with a mental health complaint, thus leading to delayed referrals? There was no clear difference in the rate of engagement with ISVA follow-ups between the clients with a mental health complaint and those without. The lack of a clear difference does not suggest that clients with a mental health complaint do not appear to need any additional services, or interventions to ensure they are accessing the Saint Mary's centre service. Rather, it could be suggested that the ISVAs who work with this group provide a service that is tailored to the individual mental health needs of clients. Further research should be conducted to explore the ways in which ISVA services (and those beyond) are making adjustments for their clients.

The findings of this study reflect that the clients attending the Saint Mary's centre are of an extremely vulnerable subgroup of the general population; however, the clients' mental health state does not have a significant impact on the engagement with the service, and on how much of the service the clients' access.

A limitation of this study is the smaller sample size of the clients without a mental health complaint. Future studies should include two groups of equal size, allowing for inferential analyses to be conducted. Also, the data analysed for this study was documented acutely post sexual assault, in a stressful and emotional setting. For the purposes of this study, the medical histories documented have been assumed to be correct, however, there may have been discrepancies due to the environment the histories were documented in, thus consideration of GP records may enhance validity.

It is also important to highlight at this juncture that the wider literature notes that in women and girls, Autism Spectrum Disorder (ASD) is underdiagnosed[12] or misdiagnosed as a mental health condition since women and girls with ASD, typically have high levels of mental health need.[13,14] Moreover, there is evidence that women and girls with ASD can be at increased risk of sexual victimisation.[15–17] Whilst due to the retrospective study design it was not possible to screen for ASD in this project, it would be recommended for future work in this domain to consider doing so.

Conclusion

This research has important implications for practice. High levels of pre-existing mental health complaints existed in the adults attending Saint Mary's SARC for a FME. Clients with pre-existing mental health complaints tend to present later at Saint Mary's SARC compared to the clients without a pre-existing mental health complaint. However, when they do present, there are no significant difference in the clients' levels of engagement with the Centre's ISVA service.

People with vulnerabilities such as mental health complaints are more at risk of being victims or witnesses to crime.[18] Consistent with this, the Saint Mary's Centre has a majority of service users with mental health complaints. The vulnerability of these clients should be considered when they attend SARCs and what can be done to protect them. It is important for SARC staff to have appropriate training that develops good knowledge, skills and attitudes in working with clients who have mental health conditions. It should be recognised that staff will also need ongoing supervision and support to enable them to work well with this vulnerable group of people.

Good pathways onto other appropriate services including acute crisis intervention needs to be in place as well as appropriate standard operating procedures for sharing information with other agencies. Police colleagues of SARCs also need support and training to best serve this group.

Future studies may be well served to compare mental health rates and engagement with other SARCs across the country, to identify whether Saint Mary's has a particularly high rate of mental health clients engaging with the service or whether this is representative of SARC service users in general. To enable this, all SARCs should consider assessing their clients for mental health and suicide risk as a matter of routine; this is not reported to be usual practice currently.[5] Similarly, mental health trusts may want to consider routinely asking all patients accessing their service, questions around sexual and domestic abuse as this is not currently reported to be usual practice.[11]

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