



EXPLORING THE INTERSECTION OF MENTAL AND SEXUAL HEALTH: A LITERATURE REVIEW

 **brook**

INTRODUCTION

The intersection between sexual and mental health is recognised globally. In 2006, the World Health Organisation (WHO) defined sexual health as “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity”. The WHO also recognises this link in its definition of sexuality, which explicitly states that sexuality is affected by a variety of factors, including psychological (The WHO, 2006).

Brook has also seen this intersection within its own work. Our key strength is that young people come to us voluntarily to manage aspects of their sexual health and wellbeing. They trust Brook and our approach which balances privacy, confidentiality and safeguarding in an open and transparent way. We regularly see young people who are in unsafe environments with unhealthy and dangerous relationships, and we see young people who are self-harming and/or at risk of suicide. We aim to address mental health and wellbeing literacy through our wider education work and, where the opportunity presents itself, in the classroom. To accompany the introduction of Mandatory RSHE in 2020 we developed a trauma-informed RSHE curriculum for key stages 1-5, which includes discrete mental health education. Over the past few years, we have worked with schools to implement this and co-deliver some of the most challenging topics.

Brook has been operating in the mental health and wellbeing arena throughout the decades. To compliment the delivery of our clinical sexual health services and relationships and sex education we have consistently offered counselling as part of our holistic approach to good sexual and reproductive health.

In 2014 Brook became aware of the increase in young people reporting issues and challenges with their mental health and in response, invested resources to develop our health and wellbeing offer to young people. This development was done in partnership with young people and resulted in the development of ‘My Life’, which is an early intervention programme aiming to support young people to strengthen their motivation, knowledge, skill and confidence to improve their own health and wellbeing.

As part of this development, we also reviewed our clinical counselling assessment processes which led to the introduction of the Client Core Record (CCR) assessment for young people across all the services Brook offers. This means that even if young people only come to us to request contraception or test for Sexually Transmitted Infections (STIs), we ask them five key lifestyle questions that evidence showed were critical in adolescence as markers for future health and wellbeing (Public Health England, 2015). Through the routine assessment we can identify mental health, suicidal ideation and other potential safeguarding concerns such as harmful sexual behaviours or abuse. So, on a very practical level, we have been observing and responding to the relationship between mental and sexual health for many years.

Our data from the last ten years shows that Brook service users are presenting with a greater level of safeguarding need, and the percentage of those presenting with a mental/emotional health need is increasing. In particular, the percentage of Brook safeguarding referrals which list a mental or emotional health concern as the primary reason for referral has increased drastically in recent years (Figure 1).

BETWEEN 2016/17 AND 2020/21, AN AVERAGE OF 8% OF ALL SAFEGUARDING REFERRALS WERE DUE TO MENTAL AND EMOTIONAL HEALTH CONCERNS, WHILE IN 2021/22 AND 2022/23 THIS FIGURE INCREASED TO AN AVERAGE OF 37%.

In 2021/22, more than a quarter of referrals to external agencies were for service users having suicidal thoughts, those with a suicide plan, self-harming and/or those with serious mental health concerns (Brook, 2023).

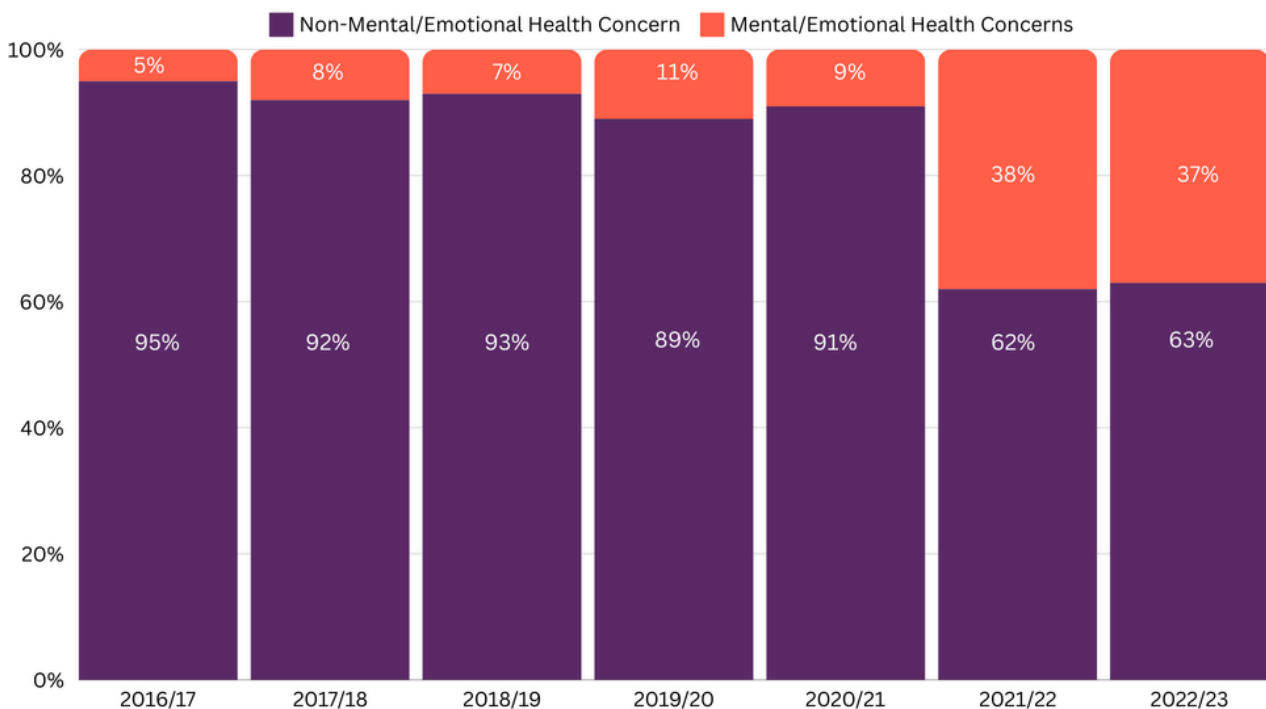


Figure 1.

The decline in young people's mental health has been observed on a national scale. One fifth of young people aged eight to 25 have a probable mental health disorder, with the highest rates (25%) being observed in young girls aged 17-19 (National Centre for Social Research, 2022). Alongside the high levels of need for young people there are shortfalls in support, with less than 50% of under 18s being seen within target times in 2021 (Peytrignet et al., 2022). Referrals to child and adolescent mental health services were at a record high in March 2021, but fewer than one in three young people with a mental health condition can access the NHS care and treatment they need.

Brook has taken on this research partly because we see this unmet need for mental health support through the delivery of all aspects of our work, but also to better understand the ways that a young person's mental and sexual health interact. This report outlines the existing evidence between the intersection of mental and sexual health and shines a light on what practitioners are experiencing on the ground delivering services directly to young people.

ABOUT BROOK

Brook is a national charity supporting people with their sexual health and wellbeing. We offer a range of services to support our mission of helping people to live healthier lives. Brook fights for everyone's right to safe, confidential, accessible healthcare, no matter who they are. We challenge stigma, amplify voices and provide lifelong support that meets the diverse needs of our communities.

The cornerstone of Brook's model is the provision of safe, confidential spaces where young people can explore their feelings, understand their own growth and development and make informed decisions about their life. Every day in Brook's clinics, classrooms, counselling and outreach settings, Brook's frontline experts provide sexual health and wellbeing care that is tailored to people's individual and interconnected needs.

AIMS OF THIS RESEARCH

This research was conducted to better understand the existing evidence on the links between sexual health and mental health and understand what this looks like in practice. The WHO definitions of sexual health and sexuality, which recognise the relationship between sexuality and wellbeing, were both used to define the scope of this research.

LITERATURE REVIEW

This literature review was conducted to better understand the existing evidence of the intersections between mental and sexual health. A search was conducted in PubMed using the search terms outlined in table 1a.

In addition to identifying evidence from academic researchers, we carried out a search of evidence from five organisations who work in health, mental health and with young people. The approach to identify evidence from these organisations varied based on the functionalities of their website and the number of records returned when the search was conducted. Figure 1b outlines the method, search terms and rationale for each organisation. A total of 173 resources were identified and reviewed for inclusion in this search.

Search terms		
sexual health OR sexuality OR sexual dysfunction OR sexual pleasure OR sexually transmitted infection	Mental health OR neurodivergence OR wellbeing OR mental illness	young people AND United Kingdom OR England OR Wales OR Scotland OR Ireland
Peer-reviewed Inclusion Criteria		
Written in English, published in the last 10 years, mentions both mental and sexual health in the abstract, full text article available to Brook staff.		

Organisation	Method	Search terms	Search rationale
WHO	Search conducted on the publications page of WHO Website	Sexual health, mental health, Adolescent mental health, intimate partner and sexual violence and sexually transmitted infections	The WHO publishes reports on a variety of health issues. As such, the search terms used were comprehensive.
YoungMinds	Search function on website	Sexual Health	YoungMinds is a charity focussing on mental health. As such, the search term was kept broad to include sexual health generally. The first five pages of results reviewed due to large numbers of returns.
Mind	Search function on website	Sexual Health	Mind is a charity focussing on mental health. As such, the search term was kept broad to include sexual health generally. The first three pages of results reviewed due to large numbers of returns.
Girlguiding	Research Page	Reviewed all publications on the research section of the website	Girlguiding's research page was manageable to review in full.
UK Youth	Publications and resources page	Reviewed all publications on the publications and resources section of the website	UK Youth's publications and resources page was manageable to review in full.
Grey Literature Inclusion Criteria			
Written in English, discuss mental health or disorders AND sexual health, sexual abuse, sexuality or gender identity. Types of publication included are: blogs, frameworks, guidance and research/evaluation reports			

Due to the broad scope of the search terms, 53,420 articles were initially identified through PubMed. To ensure feasibility of the research, the abstracts of the first 150 articles identified by the search were reviewed based on the inclusion criteria described in table 1a. To mitigate the risk of incompleteness of this work, a literature review published in 2023 was included in the review. In doing this, there is a high level of confidence that this literature review paints a comprehensive picture of the evidence. The grey literature search returned 173 records which all made it through to the screening stage. Table 2 illustrates the number of records which were reviewed and excluded at each stage. A summary of all literature which was reviewed for eligibility can be found in Appendix A.

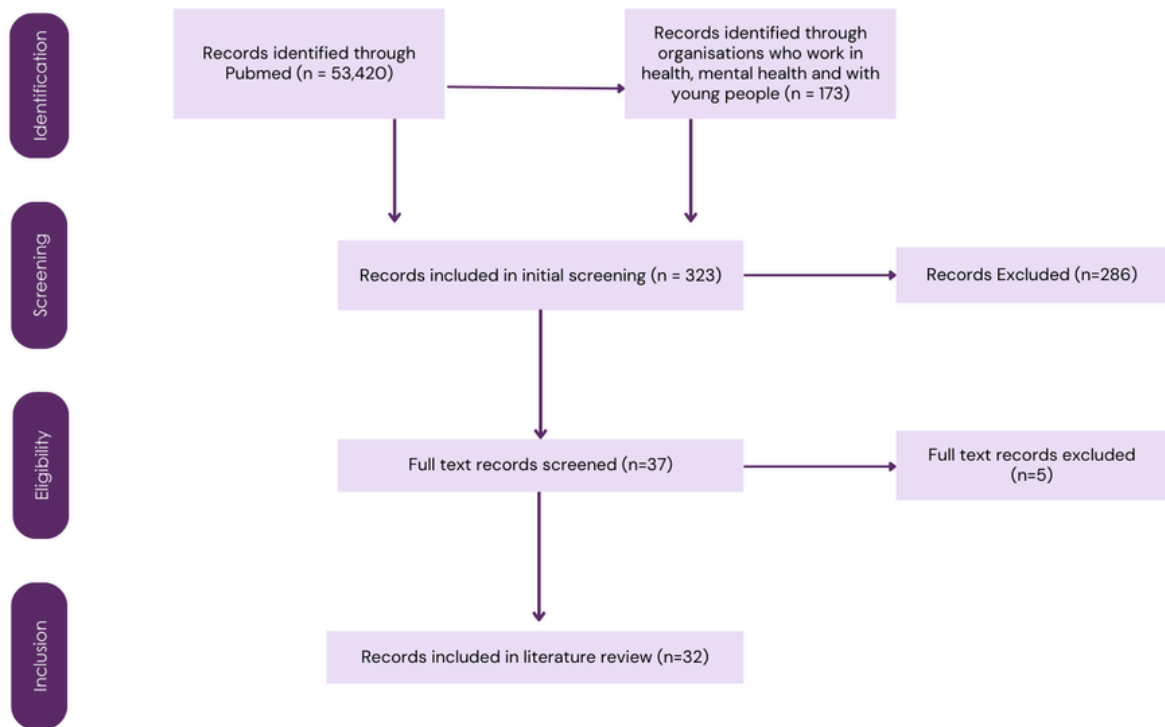


Figure 2: Prisma Flow Diagram

RESULTS

Across all articles identified, there were three key areas of sexual health which intersect with mental health:

1. Poor sexual health on the part of those who have poor mental health

A person's mental health can have a significant impact on their sexual health decision making. An analysis of the third National Survey of Sexual Attitudes and Lifestyles survey (Natsal-3) found that "around two-thirds of those treated for depression reported problems with their sex lives, but only around 15% had sought professional help" (Field et al., 2016, p.10). Additional research has found that mental health conditions can result in poorer sexual health outcomes. For example, there is evidence of an association between depression and anxiety and unprotected sex before age 16 and low efficacy with condom use in both men and women (Harmanci et al., 2023). Additionally, Hope et al (2022) found that women with mental illness aged 14-44 are less likely to utilise family planning services and are twice as likely to use emergency contraception.

Mental health can also impact sexual health decision making in young people. For example, depression and anxiety have been found to correlate with having sex before the age of 16. These decisions can have a knock-on impact on mental health. Harmanci et al. (2023) found that early sexual debut has additional implications on mental health, such as increased risk of self-harm for those with higher rates of sexual activity at age 14. Taken together, we can conclude that mental health is strongly correlated with sexual health decision-making, with conditions like depression and anxiety leading to earlier sexual activity and poorer sexual health outcomes.

2. Gender identity and sexuality

Young people who identify as LGBT+ are disproportionately affected by poor mental health due to stigma, harassment and bullying. An analysis of the UK Millennium Cohort study found that non-heterosexual young people were four times more likely to report poor self-rated health, and had higher odds of reporting loneliness, anxiety and psychological stress due to increased levels of social stress, stigma, discrimination and prejudice[1] (Bécares and Kneale, 2022). Additionally young sexual minorities[2], were four times more likely "...to have self-harmed in the previous year at ages 16 and 21 years" (Irish et al, 2018, p. 96).

A 2017 survey across England, Wales and Scotland found young gay and bisexual men are at greater risk of poor mental health than their older counterparts (Hickson et al., 2016). Additionally, for LGBT+ girls and young women there was a gap identified in confidence and happiness when compared to their heterosexual peers. This was echoed in GirlGuiding's (2022) Mental Health and Well-Being 2022 report, which found that LGBT+ girls and young women reported lower levels confidence than their heterosexual counterparts. Additionally, 64% of LGBT+ girls and young women reported wishing they had a different kind of life all together, compared to 49% of girls and young women who do not identify as LGBT+. This research highlights the severe impact of stigma, harassment and bullying on the mental health of LGBT+ youth. This in turn leads to higher rates of poor self-rated health, loneliness, anxiety, psychological stress and self-harm, with significant disparities in mental health outcomes compared to their heterosexual peers.

[1] Inequalities in mental health, self-rated health, and social support among sexual minority young adults during the COVID-19 pandemic: analyses from the UK Millennium Cohort Study

[2] People who identify as lesbian, gay or bisexual, not exclusively heterosexual or those who are not sure of their sexual orientation

3. Sexual abuse, domestic violence and harassment

Experiencing sexual abuse, domestic violence or harassment can drastically impact young people's mental health and wellbeing. In particular, child sexual abuse has been shown to impact various aspects of survivors' lives. The Truth Project found that of the 5,862 survivors they surveyed, 88% said that the abuse they previously experienced had an impact on their mental health, with 36% of all survivors reporting depression (The Independent Inquiry into Child Sexual Abuse, 2022). Young women have also reported that the fear of experiencing sexual harassment has an impact on their mental health. Girlguiding's (2021) report on girls and young women's experiences of sexual harassment found that "...over a fifth (22%) aged 13 and 14, 28% aged 15 and 16, and 65% aged 17 and 18 say fear of sexual harassment makes them feel anxious, worried and scared".

This impact is also felt by young people who experience sexual harassment online. A study of 1,431 young people across the UK found that both young men and women had an increased risk of anxiety associated with receiving unwanted sexual comments online (Mars et al., 2020).

For young women this anxiety was also associated with receiving unwanted sexual material. Further, both factors resulted in an increased risk of self-harm for young women (Mars et al., 2020). Together we conclude that experiencing sexual abuse, domestic violence, or harassment has profound and detrimental effects on the mental health and wellbeing of young people, leading to heightened levels of anxiety, depression, and self-harm, with significant impacts reported both offline and online.

This literature review clearly evidences that there is a link between mental and sexual health, sexuality and gender, and experience of harmful sexual behaviours. However, there is a distinct lack of qualitative evidence which features young peoples' perspectives. In evidence from non-academic organisations, the only reports which discussed mental health and sexual health explicitly were anecdotal stories through blogs. Of those sources which were research reports, none of them were conducted with the purpose of exploring the intersections between sexual and mental health in practice.



QUALITATIVE RESEARCH

Methods

Initial qualitative work took place through four one-to-one interviews with education specialists who deliver the My Life programme. Recruitment was targeted at specialists with significant experience delivering the My Life programme. All interviews took place digitally through Microsoft Teams. Interviews were recorded, transcribed and detailed notes were taken. The analysis took a deductive approach using the detailed notes to identify initial themes. These themes were then used to code transcripts using Microsoft Word.

Results

Participants shared their own experiences providing support to young people around their sexual health and wellbeing. Specialists shared that post-covid they have observed a drastic shift in young people's mental health, with increased anxiety and instances of self-harm. Across the four interviews, specialists shared that they have seen numerous interconnected factors, which impact young people's mental health.

One of the most prominent factors which was highlighted by specialists was healthy relationships. Young people are at a pivotal moment in their lives where they are forming different types of relationships with people and these relationships can significantly impact their mental health and wellbeing. Specialists described providing support for them to navigate challenging or unhealthy relationships with the different people in their lives:

"...SOMETIMES YOU'LL GET YOUNG PEOPLE WHO HAVE JUST GOT REALLY BAD FRIENDS, AND HAVE BEEN BULLIED AND STUFF, WHICH OBVIOUSLY THEN IN TURN MAKES THEM FEEL PRETTY RUBBISH ABOUT THEMSELVES."

"MAYBE RELATIONSHIPS WITHIN THE FAMILY HOME AS WELL. A LOT OF THESE KIDS [IN SEND SETTINGS] ARE JUST PERCEIVED AS BEING LIKE NAUGHTY CHILDREN."

Understanding what a healthy relationship is and how to navigate those that are challenging or unhealthy is an important part of young people's relationships sex and health education (RSHE). In addition to its importance to sexual health, unhealthy relationships can have a knock-on effect on mental health, and may be related to more serious mental health concerns:

"IT'S A BIT OF A COMBINATION I THINK OF THEM BEING REFERRED FOR BAD RELATIONSHIPS THAT THEY'VE GOT IN THEIR LIFE, WHICH ARE MAKING THEM FEEL BAD ABOUT THEMSELVES, WHICH ARE IN TURN AFFECTING THEIR MENTAL HEALTH."

"WE GOT A LOT OF REFERRALS IN FOR HEALTHY RELATIONSHIPS AND THEN A LOT OF THE YOUNG PEOPLE THAT I'M DOING THE HEALTHY RELATIONSHIPS WORK WITH WILL THEN DISCLOSE THINGS AROUND SELF-INJURY."

As specialists described above, these relationships can impact how a young person views themselves. Young people's relationships with others and their self-esteem go hand in hand. The impact of this low self-esteem was observed by other specialists who saw that often those with low self-esteem engage often engage in unsafe sexual behaviours.

"LOW SELF-ESTEEM AND CONFIDENCE, BUT ALSO ONLINE SAFETY CONCERNS AND WE SEE THAT A LOT THAT THOSE NORMALLY COME IN TANDEM."

When working with young people who are exhibiting unsafe sexual behaviour, doing a combination of RSHE and My Life can be beneficial to a young person, providing them with the knowledge and confidence they need to make healthy and safe decisions:

"SOMETIMES I SEE YOUNG PEOPLE WHO ARE DEMONSTRATING HARMFUL SEXUAL BEHAVIOURS OR RISKY SEXUAL BEHAVIOURS. SO, WE JUST DO LOTS OF TARGETED RELATIONSHIPS AND SEX EDUCATION. AND THEN SOMETIMES I DO A MIXTURE OF THE TWO [MY LIFE AND TARGETED RELATIONSHIPS AND SEX EDUCATION]."

These insights from specialists reinforce the inextricable link between young people's mental health, the quality of their relationships and their behaviours including sexual behaviours online and off.

DISCUSSION

This research aimed to better understand the intersection between mental and sexual health from both existing evidence (i.e., literature review) and in practice (i.e., qualitative interviews with Brook education specialists). The literature review found that there was external evidence of three key areas where sexual and mental health intersected: 1) Poor sexual health on the part of those who have poor mental health, 2) Gender identity and sexuality, and 3) Sexual abuse, domestic violence and harassment. There were some similarities in the themes identified in the literature review and qualitative interviews (e.g., lower reports of self-esteem and confidence and increased reports of self-harm), and specialists were able to shine a light on some underlying causes of poor mental health in their work.

In the literature review, the key intersections were more focused on the statistical correlations between mental health issues, sexual health decision-making, and the impact of stigma and abuse on young people, whereas the qualitative findings were more centred on the personal experiences and observations of education specialists regarding the real-life challenges faced by young people. In both the qualitative interviews and the literature review it was clear that it is not necessarily poor mental health resulting in poor sexual health, but that it is more of a two-way relationship and one in which each can exacerbate the other.

Altogether, the evidence in this report demonstrates that there is an important link between sexual and mental health, particularly related to healthy relationships and self-esteem. The literature review and qualitative research provide valuable insight into the existing evidence and what practitioners are seeing as the key challenges for young people today.

AREAS FOR ACTION

This research aimed to understand the existing evidence of the intersections between mental and sexual health and further interrogate them through the lens of Brook education specialists. The qualitative interviews echoed the literature review findings, however due to the many gaps in the literature, additional research is needed to understand the intricacies of mental health and sexual health. From both the literature review and qualitative work, there are two key areas for action:

1. Ensure access to high quality RSHE

Findings from the qualitative data highlight the importance of young people having access to high quality RSHE that emphasises the importance of positive and enjoyable relationships and provides the knowledge and tools to recognise harmful behaviours, seek help, and develop emotionally and sexually healthy relationships.

2. Ensure access to early intervention emotional, mental health and wellbeing services

Education specialists described the importance of building up young people's confidence, self-esteem and resilience. Early intervention to support young people's emotional, mental health and wellbeing in schools and community hubs can enable young people to address factors that put their mental and sexual health at risk before they get to a crisis point.

Brook has responded to the the needs identified in this review by establishing two place-based emotional, mental health and wellbeing services for young people between the ages of 11 and 25. These services provide young people with access to both therapeutic counselling and My Life, based on individual needs. We have also developed a new mental health literacy programme which will be provided through professional training, educational sessions for young people, and resources for schools. This programme aims to enrich the current RSHE curriculum by encouraging young people to reflect on the importance of mental wellbeing.

IMPLICATIONS FOR FUTURE RESEARCH

There are a number of evidence gaps related to sexual and mental health. Firstly, additional qualitative research which engages a wide range of professionals and young people is needed to better understand the relationship between mental and sexual health. Additionally, literature identified through the evidence review highlighted that there was a knowledge gap relating to the impact that the following sexual health issues have on mental health:

- number of sexual partners
- sex frequency
- sex under the influence of drugs or alcohol
- sexually transmitted infections (excluding chlamydia)
- details about contraceptive use
- sexual health screening frequency and issues of consent
- engagement with sexual health services

LIMITATIONS

Whilst this research sheds a light on the links between sexual and mental health, it is limited in both its approach to the literature review and the qualitative research. Due to the broad scope and limited resources available to conduct this work, the literature search only took place using one database and did not include every record which was returned using the search terms and may not represent all evidence which discusses the links between mental and sexual health.

The qualitative work was limited to Brook staff members who deliver our mental health and wellbeing support programme in schools across England. These practitioners do not deal with severe mental health concerns in young people. This is not representative of all practitioners' experiences and may not be generalisable. Further, there was no engagement with young people throughout this research which limits the reliability of the qualitative data.



Appendix A: Summary table of studies analysed in literature review

Year	Article	Methods	Key Findings
2022	The sexual and reproductive health of women with mental illness: a primary care registry study	Retrospective cohort study	Women with Mental illness/addiction are more likely to experience an increased risk of sexually transmitted infections, gynaecological diseases and reproductive health cancers, all of which may affect fertility and pregnancy outcomes.
			Women with mental illness are less likely to access cervical screening
			Women with mental illness have double the risk of receiving emergency contraception
2015	Providing comprehensive health services for young key populations: needs, barriers and gaps	Literature Review	Review of literature relating to Young key Populations who are at higher risk of contracting HIV (MSM, People who inject drugs, sex workers, LGBTQ+ youth)
			Study of Young MSM in US showed that experiences of victimisation were strongly associated with a syndemic of depression, substance use, risky sex and IPV
			Evidence that peer based empowerment approaches have benefits for improving HIV outcomes for sex workers, as well as wider benefits to the population such as reduced violence
2014	The effectiveness of sexual health interventions for people with severe mental illness: a systematic review	Systematic review of clinical evidence	Data suggest that YKP experience higher rates of mental health problems when compared with their same age counterparts in the general population, or older key population peers.
			Review of evidence which includes interventions to improve sexual health for those who experience SMI.
2018	The effectiveness of sexual health interventions for people with severe mental illness: a systematic review	Systematic review of clinical evidence	Results were very mixed on if there was improvement in sexual health, however recommendations include further research into sexual health interventions for people with SMI
			Sexual abuse has also been associated with a range of long-term mental health difficulties in adulthood. In addition, many studies including a meta-analysis indicate that exposure to adverse childhood events, including sexual abuse, is a risk factor for the development of psychosis, lending strength to a multifactor model of psychosis acknowledging multiple elements of genetic and environmental risk.
2019	The Independent Inquiry into Child Sexual Abuse in the UK: reflecting on the mental health needs of victims and survivors	Response	Sexual abuse has also been associated with a range of long-term mental health difficulties in adulthood. In addition, many studies including a meta-analysis indicate that exposure to adverse childhood events, including sexual abuse, is a risk factor for the development of psychosis, lending strength to a multifactor model of psychosis acknowledging multiple elements of genetic and environmental risk.
			Non-heterosexual individuals were at a higher risk for Psychotic episodes - this was in line with other studies, including another in the UK, Netherlands and US
			More than 25% of the association between sexual orientation and PE was due to BPD traits, loneliness and stressful life events. Sleep disorders, comorbidities, bullying victimization, marital status and social support explained 10-20%.
2019	Relationship between sexual orientation and psychotic experiences in the general population in England	Secondary data analysis - survey	The Dutch study found that the most important mediator was past year discrimination due to sexual orientation, however this was not the case in the UK.
			Having a positive and open relationship with families with regards to their sexuality improved mental health for some participants
			Queer YP's MH is significantly impacted by their relationships with their families
2019	Family trouble: Heteronormativity, emotion work and queer youth mental health	Qualitative	Young Gay and bisexual men are at greater risk of poor mental health than older men - depression (29%), Anxiety (24%), Suicide Attempts (6%) and Self harm (14%)
			Men attracted to both men and women are at a higher risk of poor mental health than those only attracted to men
	Mental health inequalities among gay and bisexual men in England,		

2017	Scotland and Wales: a large community-based cross-sectional survey	Quantitative - survey	Young gay and bisexual men on lower incomes are at a higher risk of poor mental health
2023	How are young people's mental health related to their sexual health and substance use? A systematic review of UK literature	Literature Review	Depression and anxiety were associated with sex and/or unprotected sex before age 16, depression was associated with a positive Chlamydia infection and higher levels of sexual activity at age 14 were associated with self-harm at age 17.
			The literature reports better sexual health to be associated with lower self-reported depression, higher self esteem and better social integration for young people
			Early sexual debut has been associated with poorer mental health outcomes
			Anxiety and depression have been associated with low efficacy with condom use in both men and women
2020	Prospective associations between internet use and poor mental health	Quantitative- Longitudinal	Visiting unmoderated chat rooms, being bullied and receiving unwanted sexual comments were associated with an increased risk of anxiety for males and females. For females, increased anxiety was also associated with receiving unwanted sexual material and for coming across violent/ gruesome and racist/hateful material
			There was an increased risk of self harm for females who were being bullied, receiving unwanted sexual comments or coming across pornography or coming across violent/gruesome material, as well as receiving unwanted sexual material.
			Total number of hours spent online was associated with an increased risk of depression and self harm
2022	Inequalities in mental health, self-rated health, and social support among sexual minority young adults during the COVID-19 pandemic: analyses from the UK Millennium Cohort Study	Quantitative population	Non-heterosexual YP were four times more likely to report poor self-rated health, and higher odds of reporting loneliness, anxiety and psychological stress
			The inequalities in health and mental health can not be explained by other factors such as socioeconomic adversity, ethnicity or geography - but are shown to be the result of increased levels of social stress, stigma discrimination and prejudice.
	Are depression and poor sexual health neglected comorbidities? Evidence from a population sample	Survey Data	There were strong associations between depression and other specific indicators of low sexual function
			Women treated for depression were more likely to report attending a sexual health clinic (aAORs 1.91) (1.42 to 2.58)), having a recent chlamydia test (aAOR 1.27 (1.01 to 1.60)), and use of emergency contraception in the past year (aAOR 1.98 (1.23 to 3.19), and were also more likely to have sought professional help regarding their sex life (aAOR 2.36 (1.83 to 3.04))
			Those with current depressive symptoms but no history of being treated for depression in the past year, for whom there was also evidence of being at greater risk of STIs, and having worse sexual function.
			For men, although there was no association between reporting treatment for depression and sexual health clinic attendance in the past year, those treated for depression were more likely to report a recent chlamydia test (aAOR 1.92 (1.15 to 3.20), and to have sought help regarding their sex life in the past year from a healthcare professional

2015			There were strong associations between treatment for depression and reporting that a health condition had affected sexual activity, although we do not know whether the condition was depression.
2022	Do psychosocial factors mediate sexual minorities' risky sexual behaviour? A twin study	Quantitative - survey	In non-heterosexual women, psychosocial and substance fully explained the increased number of lifetime sexual partners.
2015	Polysubstance use, mental health and high-risk behaviours: Results from the 2012 Global Drug Survey	Quantitative population	If you are a sexual risk (2+ partners in the past year and no condom use) taking you are 4.4 more times likely to be in the class of people who take cocaine and ecstasy together, 5.79 to be in the group of people who use all drugs,
2016	Occurrence and impact of domestic violence and abuse in gay and bisexual men: A cross sectional survey	Quantitative - population survey	There were higher odds of poor mental health symptoms in men who experience or carry out abuse - but only for a few behaviours (drug use, binge drinking, using class A drugs)
			There wasn't good clarity for survey respondents on what qualified as emotional abuse - may be associated more as VAW or need to be more than emotional abuse
			Points to the role that SRH services have in education and prevention
2020	Predicting self-harm in an ethnically diverse sample of lesbian, gay and bisexual people in the United Kingdom	Quantitative - survey	Low income young females and those who identify as lesbians have the highest risk of self-harm
			Lesbians were most likely to report victimisation which increases the risk of self harm
			Young members of the LGBTQ+ community were at a higher risk of internalised homophobia, and thus an increased risk of self-harm
2018	Depression and self-harm from adolescence to young adulthood in sexual minorities compared with heterosexuals in the UK: a population-based cohort study	Quatitative - Longitudinal	YP who identify as a sexual minority are four times more likely than heterosexual counterparts to have self harmed and self harmed with suicidal intent (16-21)
			Sexual minority YP had a sharper increase of depressive symptoms in adolescence

Organisation	Type of Evidence	Name	Key Findings
The WHO	Technical brief	Integrating psychosocial interventions and support into HIV services for adolescents and young adults.pdf	There is a well established link between mental health and HIV outcomes
			numerous psychosocial risks, including layered stigma, isolation and shame, can lead to prolonged periods of poor mental health for young mothers living with HIV, as well as challenges in accessing HIV care
			The WHO recommends that psychosocial interventions are integrated in to HIV interventions
The WHO	Research	Harnessing the power of science, research, data and digital technologies to improve sexual and reproductive health and rights.pdf	Respondents to a survey in 2014 reported mental health impacts from HIV
The WHO		Global Case for Support UNICEF and WHO joint programme on mental health and psychosocial well-being and development of children and adolescents.pdf	Poor mental health in adolescence can lead to risky behaviours, including self-harm, tobacco, alcohol and other substance use, risky sexual behaviours and exposure to violence
The WHO	Strategy	Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030.pdf	The relationship between mental health, and HIV, viral hepatitis and sexually transmitted infections, is bidirectional. Many populations that are severely affected by HIV, viral hepatitis and sexually transmitted infections also have a high burden of mental, neurological and substance use disorders including depression, anxiety, posttraumatic stress disorder, and alcohol and drug dependence; and mental illness can adversely affect health outcomes.'
			Action identified to integrate sexual health and other health services - 'Delivering sexually transmitted infection services alongside other health services has the potential to reduce costs, improve efficiency, and increase access to and uptake of services.'
			Action identified to ensure that the mental health needs of people affected by HIV, viral hepatitis and sexually transmitted infections are addressed through adequate linkages with safe and nondiscriminatory mental health, neurological and substance use services.

The WHO	Report	World Mental Health Report.pdf	Women tend to be more socioeconomically disadvantaged than men and are also more likely to be exposed to intimate partner violence and sexual violence in the community, which are strong risk factors for a range of mental health conditions, especially PTSD
			Globally, more than half of all children aged 2–17 (around a billion individuals) experienced emotional, physical or sexual violence in the previous year (38). Adverse childhood experiences, including exposure to violence, increase the risk of developing a wide range of behavioural problems and mental health conditions, from substance use and aggression to depression, anxiety and post-traumatic stress disorder (PTSD)
			Cites sexual abuse, IPV, and poor access to services as a risk which undermines mental health
The WHO		Integration of mental health and HIV interventions.pdf	Presence of a MH condition reduces likelihood of adherence to medication for HIV
			Those with HIV are at a higher risk of developing a mental health condition, and those with mental health conditions are at a higher risk of contracting HIV
YoungMinds	Blog	Asexuality And My Mental Health Real Stories YoungMinds	Experienced mental health distress due to feeling a bit lost and not understanding where their sexuality fit into the labels that exist. Understanding that the way they may lead their life can still be fulfilling and that their label can change improved their mental health.
YoungMinds	Guide on website	Sexuality and mental health Understanding Your Sexuality YoungMinds	YP experiences (bullying, different/bad treatment) because of their sexuality may impact their mental health
YoungMinds	Blog	My Mental Health as a Young Person With a DSD Blog YoungMinds	YP with complete Androgen Insensitivity Syndrome (CAIS) describes feeling isolated by their condition. Describes suffering from depression due to DSD and not being able to have biological children.
			Was connected to others with DSD through a support group, which also helped
			Received counselling by CAMHS, but found the DSD specialist psychologist most helpful

Mind	Website page	About LGBTQIA+ and mental health - Mind	LGBTQ+ individuals are more likely to develop low self-esteem, depression, anxiety, eating problems, drug and alcohol misuse, self harm, suicidal feelings and other mental health problems.
Mind	Blog	How homophobia impacted my mental health - Mind	A woman had underlying anxiety due to homophobia experienced in her youth. After becoming pregnant she developed severe mental illness, for which she was hospitalised. She was able to work through her mental health with the support of her families and doctors.
Mind	Blog	Transitioning has helped my mental health - Mind	Experienced a lot of shame associated with their gender identity. Parents sent them to conversion therapy, which further enforced these feelings. Suffered from depression, eating disorders and drugs, alcohol and self harm. Transitioning has made them feel more comfortable and confident and break the cycle of self destruction they were in.
Girlguiding	Report	girlguiding-research-briefing_girls-experiences-of-sexual-harassment_june2021.pdf	Just over three in five (63%) girls across all age groups want better education for everyone about what behaviours are acceptable and around consent
			Over a fifth (22%) aged 13 and 14, 28% aged 15 and 16, and 65% aged 17 and 18 say fear of sexual harassment makes them feel anxious, worried and scared.
			Generally young women and girls living in the north were less confident and happy with their lives
			LGBTQ+ girls and young women were less likely to think they have a number of good qualities (68% compared to 81% who aren't LGBTQ+), showing a confidence gap.
			their appearance, compared to 42% of 7 to 10-year-olds. LGBTQ+ girls and young women are half as likely to say they're completely happy with their appearance (6%) compared with those who are not LGBTQ+

Girlguiding	Report	Mental health and wellbeing - 2022 report (foleon.com)	<p>Over a third (36%) of girls and young women aged 11 to 21 don't like posting pictures of themselves unless they use filters or apps to change their appearance. Disabled girls and young women were more likely to say this (41% compared to 35% of non-disabled girls and young women). LGBTQ+ girls and young women were more likely to say this too (42%, compared to 34% of those who aren't LGBTQ+).</p> <p>More LGBTQ+ girls and young women say they wish they had a different kind of life altogether (64% compared to 49% who aren't LGBTQ+). 79% say they'd change many things in their lives, compared to 64% of those who aren't LGBTQ+</p>
UKYouth		UK-Youth-mental-health-consultation-response_140722.pdf (ukyouth.org)	<p>Living in poverty, experiencing trauma, and facing racism, sexism and other forms of discrimination are all cited as putting YP at greater risk of developing Mental Health problems</p> <p>Sexual Harrassment was cited as a consistent pressure to Young People's wellbeing</p>
The Children's Society	Case Study	Alice's Story The Children's Society (childrenssociety.org.uk)	<p>Young person was sexually abused by her father when she was 6 and was also sexually abused by peers at school. She had anxiety, depression and issues with confidence. Was able to work through the signs and dangers of sexual exploitation and begin to make sense of what happened.</p>