

## I. BACKGROUND

The issue of human sexuality presents patients with chronic mental illness and mental health professionals with some of the most difficult ethical, legal, judgmental, and professional problems (Agénor & Collins, 2013; Quinn & Happell, 2013; Sung, Lin, Hong, & Cho, 2007). For patients with chronic mental illness, life is a complex process presenting different challenges because mental illnesses may result in various limitations in the performance of self-care, family life, social roles, and employment. Research has suggested that sexual issues and difficulties are particularly evident in mental health settings, and failure to address these issues would result in a high rate of sexual dysfunction due to mental illness and medication side effects (Quinn & Happell, 2013; Wood, Runciman, Wylie, & McManus, 2012). Ostman (2014) found that people with severe mental illness complained that their sex life was the least satisfied among all quality of life domains as it was generally treated as something of secondary importance. McCann (2010) reported that 90% of patients with chronic mental illness ( $n = 30$ ) specified needs in relation to sexual expression, and 83% expressed needs related to intimate relationships. In addition, most patients interviewed thought that their psychotropic medication caused sexual problems. Therefore, improper treatment of patients' sexual concerns would not only impact their recovery progress (McCann, 2000), but also put them at higher risk for unwanted pregnancies, abortions, and transmission of sexually transmitted diseases (for example, HIV/AIDS) (Agénor & Collins, 2013).

It has been reported that though mental health professionals have widely accepted sexuality as an integrated part of healthcare, because of their beliefs and attitudes, or their lack of knowledge about sexuality, they may feel embarrassed to discuss sexuality with patients, or may not feel adequately trained to address the issues (Agénor & Collins, 2013; Quinn & Browne, 2009; Quinn, Happell, & Welch, 2013). Thus, they seldom providing adequate

assistance to address patients' sexual concerns represented a significant gap in patients' care and treatment (Quinn & Happell, 2013; Sung, Yeh, & Lin, 2010).

Sung et al. (2007) found that most patients with chronic mental illness showed interest in learning about sexuality and ways to maintain intimate relationships, and hoped to obtain assistance from mental health professionals. In addition, it has been reported that patients showed motivation and open attitudes toward discussing their sexual issues, and preferred to discuss concerns about sexuality, as well as learning about relationships (Davison & Huntington, 2010). Furthermore, though patients hoped to engage in long-term relationships, most were more likely to end up with short-term sexual relationships due to their difficulties in maintaining stable relationships (McCann, 2000). This is mainly because unique stressors associated with patients with chronic mental illness (for example, social stigma and dependency) would place substantial constraints on their abilities to restructure and manage intimate relationships and mental illness (Davison & Huntington, 2010). Several studies have found that mental illness would threaten the quality of sexuality, whereas at the same time the sexuality would play an important role in the management of interpersonal relationships, self-concept, and self-value (Brown, Reavey, Kanyeredzi, & Batty, 2014; Davison & Huntington, 2010; Ostman, 2014).

Therefore, helping patients with chronic mental illness to address their sexual issues is important because sexuality is an integral part of being human. Emotional satisfaction, reproduction, physical attractiveness to others, and formation of relationships are all aspects of sexuality and intimacy (Sung & Yang, 2009). Through restructuring and managing their sexuality in the rehabilitation process, patients with chronic mental illness would be encouraged to develop healthy sexual relationships, find life satisfaction, and then improve self-responsibility to be more mature (McCann, 2000). However, few research studies have specifically addressed the sexual concerns and expectations of patients with mental illness. Therefore, the aim of the present study was to explore the sexual concerns and expectations of patients with chronic mental