Module 3: Management of FGM-related complications

Session 3

Management of mental health and sexual health complications

Overview of the Session

- ✓ Definitions of mental health problems and disorders
- ✓ How to assess for mental health complications
- ✓ Basic mental health care and support for women with FGM
- ✓ Sexual health complications of FGM
- ✓ First-line sexual health support and care for women with FGM

Learning Objectives

By the end of this session, participants will:

- ✓ Be able to identify common mental health problems and disorders associated with FGM and provide immediate psychological support
- ✓ Understand the importance of providing sexual health care and support for women with FGM
- ✓ Recognize the sexual health consequences of FGM and offer first-line sexual health care and support to women living with FGM

Mental Health and FGM

- ✓ About **30% of adults** will experience a common mental health disorder in their lifetime (**anxiety, depression or post-traumatic stress disorder [PTSD]**)

- **Mental health problems:** This term is used for those **mental health difficulties** that cause **distress and require support**, but which **do not meet the criteria for a disorder**

- **Mental health disorders:** This term refers to **more severe clusters of symptoms** that match **a commonly recognized pattern and follow a predictable course** (as with physical disorders)

Mental Health Problems and Disorders Associated with FGM

- ✓ FGM is associated with a **range of mental health problems,** some of which may be normal reactions to traumatic events:
  - ➢ Irritability and frustration, flashbacks and nightmares, feelings of low self-esteem, fear, paranoid thoughts, sleep problems, obsessive–compulsive tendencies, relationship problems and psychosexual difficulties

- ✓ Girls and women with FGM may have higher rates of mental health disorders, particularly:
  - ➢ **Depression**
  - ➢ **Anxiety disorders**
  - ➢ **Post-traumatic stress disorder (PTSD)**
  - ➢ **Somatic (physical) complaints** with no organic cause (e.g. aches and pain)

It is very important not to pathologize **normal sadness and anxiety** in women who have experienced FGM. They are as likely as anyone to experience the full range of emotions in response to life events

Assessment of Mental Health of Women Living with FGM

- ✓ A mental health assessment can be **part of the routine assessment** of women with FGM **because:**
  - ➢ Physical problems can cause **mental health problems**, or **make them worse**
  - ➢ Mental health problems can make **physical problems worse**
  - ➢ Women who have undergone FGM have **experienced a traumatic event**
  - ➢ Female patients may have mental health problems that are **not related to FGM**
  - ➢ Mental health problems are **common**

- ✓ It is not difficult for a health worker to include a mental health assessment during initial history-taking and clinical examination

Initial Mental Health Assessment *(1)*

- ✓ You can easily decide whether your patient needs a full mental health assessment by first taking the following steps during the initial history taking & routine general health assessment:
  - ➢ Look out for anything **unusual in her appearance, behaviour, mood and/or speech:**

APPEARANCE & BEHAVIOUR	Does she take care of her appearance? Are her clothing and hair cared for or in disarray? Is she distracted or agitated? Is she restless, or is she calm? Are there signs of intoxication or misuse of drugs?
MOOD	Is she calm, crying, angry, anxious, very sad, without expression?
SPEECH	Is she silent? Does she speak clearly or with difficulty, too fast or too slow? Is she confused when speaking?
COGNITION	Is she distracted or disoriented?

Initial Mental Health Assessment *(2)*

- **Ask** your patient directly about **her mental health**, using **culturally appropriate questions** about her thoughts, perceptions and cognition:

THOUGHTS	Does she have thoughts about hurting herself? Are there bad thoughts or memories that keep coming back? Is she seeing the event over and over in her mind?
PERCEPTIONS	Does she see, hear, smell or feel things that others cannot see, hear, smell or feel?
COGNITION	Does she have any difficulties with concentration, attention or memory? Does she know where she is, the time of day, week, month, and the names of familiar people?

If your observations or your patient's answers to any of the questions listed above or in the previous steps concern you, your patient may have a **mental health problem or disorder**: **conduct a full mental health assessment as described in the next slide…**

Full Mental Health Assessment *(1)*

✓ A full mental health assessment includes the following steps:

1. Description of the current problem
2. Previous history of mental health problems
3. General health history
4. Family history of mental health problems
5. Psychosocial history
6. Mental state examination

Full Mental Health Assessment *(2)*

1. Description of the current problem:

- ✓ If your patient has mentioned any **symptoms that concern you**, or you have observed anything **unusual about her during your initial examination**, you will need to ask for more details:
  - ➢ Asking the woman to explain to you her understanding of **when, why and how the mental health problems began, followed by more detailed enquiries about her symptoms,** for example:
    - ✓ “Can you tell me more about these unpleasant symptoms you are experiencing?
    - ✓ “Have the symptoms changed over time? In what way?”
    - ✓ “Did you have similar problems prior to the FGM?”

Full Mental Health Assessment *(3)*

2. Previous history of mental health problems

- ✓ **Ask** about any **mental health problems or disorders your patient has experienced in the past**, any related hospitalizations, and any prescribed medications:
  - ➢ Explore possible thoughts & attempts of suicide & self-harm: For example, you can ask: If she expresses hopelessness, ask further questions such as: “What are your hopes for the future?”
  - ➢ **If the patient has**: current thoughts or plans about **committing suicide or harming herself** OR a **history of thoughts or plans** about suicide or self-harm in the past month:
    - ➢ THEN there is **imminent risk of self-harm or suicide**, and she should **not be left alone**. Refer her immediately to a **mental health specialist** or emergency health-care facility

Some health workers fear that asking about suicide may provoke a patient to commit it. On the contrary, talking about suicide often reduces the anxiety the patient has around suicidal thoughts and helps her feel understood

Full Mental Health Assessment *(4)*

3. General health history

- ✓ **If the presenting problem is a mental health problem**, it is equally important to include questions about the patient's physical health and to do a physical examination:

4. Family history of mental health problems

- ✓ **Ask if anyone in the family** has had similar symptoms or has received treatment for a mental health problem or disorder

5. Psychosocial history

- ✓ Ask about current stressors, coping methods and social support. For example, you can ask: *"Are there additional problems, worries or stresses in your life at present? Can you tell me about these?"*

6. Mental state examination

- ✓ The mental state examination (described in previous slides)

Assessment Results and Next Steps *(1)*

✓ If a patient of any age has one or more of the listed **symptoms/features**, conduct further assessment for the **associated disorder(s):**

Common presentation	Possible disorder
• Multiple persistent physical symptoms with no clear cause • Low energy, fatigue, sleep problems • Persistent sadness or depressed mood, anxiety • Loss of interest or pleasure in activities that are normally enjoyable	**DEPRESSION**

Assessment Results and Next Steps *(2)*

✓ If a patient of any age has one or more of the listed **symptoms/features**, conduct further assessment for the **associated disorder(s):**

Common presentation	Possible disorder
• Excessive feelings of fear, worry, irritability • Frustration and anxiety without an apparent cause • Limitations on daily activities because of these feelings • Avoidance of particular places because of these feelings	**ANXIETY**
• Frightening dreams, flashbacks or intrusive memories of a traumatic event • Deliberate avoidance of thoughts, memories, activities or situations that remind the patient of the traumatic event • Feeling hyperalert to any threat and/or reacting strongly to unexpected sudden movements (e.g. being “jumpy” or “on edge”)	**POST-TRAUMATIC STRESS DISORDER (PTSD)**

Basic Mental Health Care and Support for Women with FGM *(1)*

- ✓ **Health-care providers in primary health care settings** are best positioned to provide **basic psychological support** when patients present with any kind of mental distress:
  - ➢ The main skills needed are **empathy** and an **ability to listen**

- ✓ **Six simple techniques** that will allow you to provide **basic psychological support** to your patients, including women with FGM:
  1. Providing psychoeducation
  2. Reducing current stressors
  3. Teaching and encouraging the use of stress-reduction techniques
  4. Increasing positive coping
  5. Promoting functioning in daily activities
  6. Strengthening social support

Basic Mental Health Care and Support for Women with FGM *(2)*

1. **Providing psychoeducation:** 3 steps of psychoeducation:
    I. Ask your patient about her understanding of the problem
    II. Give the possible medical explanation of the symptom/problem
    III. Provide information about the best options for treatment

2. **Reducing current stressors:**
    I. Discuss current stresses with your patient
    II. Advise on problem-management strategies: help your patient to take the following **5 steps**:
        A. IDENTIFY THE KEY PROBLEM
        B. BRAINSTORM
        C. CHOOSE WHICH STRATEGY OR STRATEGIES TO TRY
        D. TAKE ACTION AND USE THE STRATEGIES
        E. REVIEW WHAT HAPPENED

Basic Mental Health Care and Support for Women with FGM *(3)*

3. Teaching and encouraging the use of stress-reduction techniques

I. Explain to your patient that stress has a direct physical effect on the body

II. Invite your patient to try stress-reduction techniques:

- Two main techniques are **slowing the breathing** and **learning to relax one's muscles**

4. Increasing positive coping: Encourage your patient to:

- ✓ build on her strengths and abilities
- ✓ continue normal activities
- ✓ engage in relaxing activities to reduce anxiety and tension
- ✓ keep a regular sleep schedule and avoiding sleeping too much
- ✓ engage in regular physical activity
- ✓ engage in regular contact with people whose company she enjoys

Basic Mental Health Care and Support for Women with FGM *(4)*

5. Promoting functioning in daily activities

- ✓ Explain that taking small steps to restart routines will make her feel better
- ✓ Encourage her to continue regular social, educational and occupational activities
- ✓ If needed, encourage your patient to continue her regular daily activities, such as leaving the house to shop for food, caring for her personal hygiene and clothing

6. Strengthening social support

- ✓ Help your patient to identify supportive and trusted family members, friends and community members who could support her
- ✓ Help her to identify past social activities or resources that may provide direct or indirect psychosocial support
- ✓ With your patient's consent, refer her to other community resources for social support

Special Mental Health Disorders:
Assessment and Management of Depression *(1)*

I. Assessment for depression:

A. Assess for core symptoms of depression (see next slide)

B. Assess for additional symptoms of depression (if the answer is “yes” to one or both of questions in A)

C. Assess for daily functioning (If the answer is “yes” to several items in B)

- If she answered “yes” to at least one question in A and several items in B, and if she is having considerable difficulties in any of the areas mentioned in C, **she is probably suffering from depression**
- She should still be treated for depression if any of the following symptoms are present:
  - ✓ suicidal ideation
  - ✓ beliefs of worthlessness
  - ✓ talking or moving more slowly than usual
  - ✓ psychotic symptoms (hearing voices or experiencing unusual beliefs)
  - ✓ a previous history of moderate-to-severe depressive disorder

Special Mental Health Disorders:
Assessment and Management of Depression *(2)*

A *Core symptoms of depression*

Ask your patient both of the following questions:

#1 *During the last month, have you often felt down, depressed or hopeless?*

#2 *During the last month, have you often had little interest or pleasure in doing things?*

B *Additional symptoms of depression*

If the answer is "yes" to one or both of the questions in A, then ask your patient:

During that last two weeks, have you experienced ...

- *disturbed sleep or sleeping too much?*
- *significant change in appetite or weight (decrease or increase)?*
- *fatigue or loss of energy?*
- *reduced ability to concentrate on tasks?*
- *indecisiveness?*
- *agitation or physical restlessness?*
- *talking or moving more slowly than usual?*
- *feelings of hopelessness about the future?*
- *feelings of worthlessness or excessive guilt?*
- *suicidal thoughts or acts?*

C *Daily functioning*

If the answer is "yes" to several items in B, then ask your patient:

How are you managing in your daily life...

... with your family and domestic activities?
... with your social activities?
... at work, school or other important areas of life?

! efore diagnosing and treating depression, it is important to rule out other possible explanations:

- **other health conditions**
- **history of mania**
- **a normal reaction to FGM or another distressing event**

Special Mental Health Disorders:
Assessment and Management of Depression *(3)*

II. Management of depression:

- ✓ Provide psychoeducation relevant to depression
- ✓ Support and assist your patient in reducing and coping with stress and strengthening her social support
- ✓ Pharmacological treatment: Only consider antidepressants if:
  - ➢ You have provided psychoeducation and psychological support as suggested but it has not helped
  - ➢ The more advanced psychological treatments have failed or are unavailable and
  - ➢ You have been trained in their use or you can refer your patient to someone with such training.

Special Mental Health Disorders:
Assessment and Management of Anxiety Disorders *(1)*

- ✓ Anxiety disorders are **a group of mental health disorders** characterized by **feelings of anxiety and fear**, including:
  - ➢ Generalized anxiety disorder (GAD)
  - ➢ Panic disorder
  - ➢ Phobias
  - ➢ Social anxiety disorder
  - ➢ Obsessive-compulsive disorder (OCD) and
  - ➢ Post-traumatic stress disorder (PTSD)
- ✓ As with depression, symptoms can range from mild to severe
- ✓ Anxiety disorders occur in women living with FGM for many of the same reasons as depression. **Often both disorders coexist**

Special Mental Health Disorders:
Assessment and Management of Anxiety Disorders *(2)*

I. Assessment for anxiety disorders:

A. Assess for core symptoms of anxiety – nervousness, anxious or on edge, unable to stop worrying, avoiding certain places or activities

B. Assess for additional symptoms of anxiety – somatic/physical complaints with no organic cause, negative feelings or thoughts, changed behaviour (if the answer is “yes” to one or more of the symptoms in A)

C. Assess for daily functioning – limitations on daily activities (If the answer is “yes” to any of the symptoms in B)

- If the patient has at least one symptoms listed in A, and she has any of the symptoms listed in B, and if they are interfering with her life and preventing her from carrying out her normal activities (as indicated by her answers in C):
  - ✓ She is probably suffering from **severe anxiety symptoms or an anxiety disorder**
- After you have excluded any organic cause for her physical symptoms it is important to explore further whether she is **depressed or anxious**.

Special Mental Health Disorders:
Assessment and Management of Anxiety Disorders *(3)*

II. Management of anxiety:

- ✓ Provide psychoeducation relevant to anxiety
- ✓ Support and assist your patient in reducing and coping with stress and strengthening her social support

✓ **Pharmacology**: DO NOT prescribe **benzodiazepines or antidepressants** for any anxiety disorder or acute distress:

- ➢ Benzodiazepines may cause **dependence**. Use only for **short-term treatment** and in **exceptional cases of insomnia**

Psychoeducation is the main pillar of anxiety management. When your patient can understand the connection between her fears and her bodily responses, the anxiety around her physical symptoms is likely to diminish and allow her to explore the underlying fears

Special Mental Health Disorders:
Assessment and Management of Post-traumatic Stress Disorder (PTSD) *(1)*

- ✓ **PTSD** is an **anxiety disorder** that can occur when a person who has lived through a **terrifying, painful and upsetting experience** finds him or herself reliving that event repeatedly in their mind in the form of **nightmares or flashbacks:**
  - ➢ It is quite **normal** to feel and behave this way in the **immediate weeks after an upsetting event**
  - ➢ However, when this **persists for more than a month** and **interferes with the person's normal ability to function**, it is likely that the person has **PTSD, or symptoms of PTSD**

- ✓ PTSD and **other mental health disorders** can coexist:
  - ➢ Always check to see if your patient also suffers from **depression**
  - ➢ Check if there is suicidal thinking or any problem of drug or alcohol use and abuse

Special Mental Health Disorders:
Assessment and Management of Post-traumatic Stress Disorder (PTSD) *(2)*

I. Assessment for PTSD:

- ✓ Women who have suffered traumatic experiences may not present with specific PTSD symptoms:
  - ✓ They may initially complain of more non-specific problems, such as: **sleep problems, irritability, persistent anxious or depressed mood & persistent somatic complaints**

- ✓ **Core symptoms of PTSD** (to make a diagnosis of PTSD, all 3 must be present):
  1. **Re-experiencing symptoms**
  2. **Avoidance symptoms**
  3. **Symptoms related to a heightened sense of current threat**

If these 3 symptoms have persisted for more than a month after the traumatic event and are combined with difficulties in day-to-day functioning, then the patient has PTSD

Special Mental Health Disorders:
Assessment and Management of Post-traumatic Stress Disorder (PTSD) *(3)*

Important

For women with **FGM,** presence of any of the following **risk factors** means it is particularly important to conduct further assessment for **PTSD:**

- ✓ **The woman has undergone type III FGM (infibulation)**
- ✓ **She has clear memories of the cutting**
- ✓ **No anaesthetic was used during the procedure**
- ✓ **She has physical health complaints associated with the FGM**
- ✓ **She has received information about FGM and the associated risks (particularly in migrant communities)**
- ✓ **FGM took place at an older age**

Special Mental Health Disorders:
Assessment and Management Of Post-traumatic Stress Disorder (PTSD) *(4)*

II. Management of PTSD

A. Provide psychoeducation relevant to anxiety

B. Support and assist your patient in reducing and coping with stress and strengthening her social support

- ✓ If PTSD is suspected, and if trained and supervised therapists are available, consider referring your patient for psychological therapy:
  - ✓ Individual or group **cognitive behavioural therapy with a trauma focus (CBT-T)**
  - ✓ **Eye movement desensitization and reprocessing (EMDR)**

C. Consult a **mental health specialist** (if available):

If there is no one who is trained to deliver either CBT or EMDR or she is at imminent **risk of suicide/self-harm**

WHO RECOMMENDATION: CBT should be considered for girls and women living with FGM who are experiencing symptoms consistent with anxiety disorders, depression or PTSD

Sexual Health and FGM

Sexual health: “a state of physical, emotional, mental & social well-being in relation to sexuality””:

- In order to enjoy a healthy sexual life the **absence of disease or disability is not enough**
- It requires **having pleasurable** and **safe sexual experiences, free of pressure, discrimination and violence**

✓ Women with FGM have experienced a practice that **damages anatomical structures that are directly involved in the female sexual response**:

- This can affect a woman’s sexual health and well-being
- But **not all women** with FGM will experience sexual health problems

✓ Female sexual response is a series of changes that take place in a woman’s brain and body during sexual arousal and activity:

- It is described using a linear model that included **4 phases: sexual desire, sexual arousal, orgasm and resolution (**but **not all women** experience all 4 of those phases**)**

Factors that Influence the Sexual Well-Being of Women

✓ **Women's sexual well-being is influenced by many factors:** 4 categories:

1. **Biological factors:**
   - Systemic diseases, local diseases, genital injures (such as FGM), body injuries, medication, natural hormonal variations (such as breast feeding, menopause) and hormonal contraceptives
2. **Interpersonal factors:**
   - Marital or relationship problems (difficult marriage, forced marriage)
3. **Physiological factors:**
   - Harmful personal beliefs related to sexuality ("Sexual intercourse is dirty"), negative body image (Feelings of being "incomplete" in women), mental health problems and disorders (depression, anxiety), stressful live events (financial problems) and post traumatic experiences (event of FGM)
4. **Sociocultural factors:**
   - Harmful sociocultural practices and beliefs about sexuality ("Male sexual pleasure is more important than female sexual pleasure")

Sexual Health Consequences of FGM

- ✓ Compared to women without FGM, women who have undergone FGM are more likely to experience:
  - ➢ Dyspareunia (pain during sexual intercourse)
  - ➢ Reduced sexual satisfaction
  - ➢ Reduced sexual desire
- ✓ Additional factors influencing the sexual health and well-being of women with FGM:
  - ➢ Repeated negative sexual experiences
  - ➢ Personal beliefs linked to sexuality
  - ➢ Previous traumatic events
  - ➢ Negative emotions in connection to FGM
  - ➢ Marital life/relationship problems in connection to FGM

First-line Sexual Health Support and Care for women with FGM

✓ **4 steps** that you can take to help improve sexual health and wellbeing of a patient who has **sexual health concerns** or is experiencing **sexual health difficulties**:

1. Manage health conditions that may affect your patient's sexual health and well-being
2. Provide essential information on sexual health and sexuality
3. Enquire about her relationship with her husband or partner
4. Promote positive ideas about sexuality

REMEMBER:

Women living with FGM who experience sexual health difficulties can learn the information and skills needed to reach a satisfying and pleasurable sexual life with the help of sexual health education and support services

Vulvar Surgeries and Clitoral Reconstruction

- ✓ **Indication** for **vulvar surgery**:
  - ➢ Women who have severe complications of FGM, such as **painful scar tissue and/or symptomatic cysts and keloids** that, due to their size, cause persistent discomfort/pain or damage in the genital area or discomfort/pain during sexual intercourse
  - ➢ Not all women who have undergone FGM require vulvar surgery

- ✓ **Clitoral reconstruction** is a surgical procedure that aims to reconstruct the clitoral and/or labial tissues of women who have undergone FGM:
  - ➢ It can improve **chronic clitoral pain** as well as **dyspareunia symptoms** among women who have had clitoral tissue excised or damaged due to FGM
  - ➢ However, there is **little evidence** regarding the **safety and effectiveness** of this surgical procedure in improving women's sexual health

References

- World Health Organization. Care of women and girls living with female genital mutilation: a clinical handbook. WHO; 2018. https://apps.who.int/iris/handle/10665/272429