ISSN: 3029-0716

Review Article

Journal of Infectious Diseases & Treatments

Integrating Robust Sexual Health Education Across Health Professions to Strengthen STI and Mental-Health Care: A Counselor-Educator's View for Infectious Diseases

Beda Bjorn

Barry University, USA

Corresponding author
Beda Bjorn, Barry University, USA.Email: bbjorn@barry.edu.

Received: August 21, 2025; **Accepted:** August 28, 2025; **Published:** September 09, 2025

ABSTRACT

Despite historic gains in diagnostics and therapeutics, sexually transmitted infections (STIs) are rising in multiple populations while sexual-health needs commonly go unassessed in routine care. Training gaps in sexual history-taking, culturally responsive communication, and stigma-aware practice impede timely assessment, detection, and treatment of both STIs and co- occurring mental-health conditions. Drawing on evidence from the last three years and the on- the-ground perspective of counselor educators, clinical supervisors, and therapists, this commentary outlines a practical, competency-based roadmap for infectious-diseases (ID) services to embed robust sexual-health education across interprofessional teams. It is argued that for standardized curricula, skills practice with feedback, co-production with communities, and supervision structures that normalize sexual-health conversations and reduce stigma, thereby improving testing uptake, treatment adherence, and whole-person outcomes [1-3].

Introduction

Clinicians routinely endorse sexual health as core to patient well-being. However, many still report low confidence initiating or structuring sexual-health conversations, especially with diverse ages, identities, and relationship contexts [2]. From a therapist's perspective, shame and avoidance related to sexuality suppress disclosure, delay testing, and complicate adherence. Stigma remains a potent barrier even when low-threshold options like home/self-collection are offered, underscoring that technology cannot substitute for skilled, nonjudgmental dialogue [4].

Training Gaps

A body of work from 2023–2025 documents variability and shortfalls in sexual-health content across health-professional curricula, with limited deliberate practice or assessment of communication competence. When structured training exists, it improves comfort, inclusiveness, and clinical behaviors. Whole-health frameworks in primary care further show that embedding sexual-health assessment into routine workflows strengthens links among sexual, mental, and general health, precisely the integration ID clinics need [5].

Mental Health Integration

Individuals face lower uptake of sexual and reproductive healthcare due to layered barriers (symptom-related, system-level, and stigma) that mental health concerns can exacerbate. Clinicians consistently ask for clear tools and supervisory support to incorporate sexuality into mental-health visits; when provided, care quality improves. ID programs can leverage these insights to address comorbidity, trauma, and adherence challenges common in STI care by implementing a robust sexuality training program equipping trainers to include necessary standards for assessment, detection, diagnosis, and treatment implementation [1,6,7].

Enhancing Clinical Competency

Lesbian, Gay, Bisexual, Transgender, Queer + (LGBTQ+)/ Sexual Orientation, Gender Identity, Expression (SOGIE)-competency training increases provider knowledge and patient-perceived respect, which is associated with greater testing and follow-up. Sprott identified a gap where nearly 64% of clinicians surveyed on the level of sexuality training and preparation reported having no training. This translates into additional missed windows for preventing acute infection detection and reduces continuity after positive results for ID teams. Whereby, creating a comprehensive clinical assessment, detection, diagnosis, and treatment of sexuality related needs increases micro and macro level changes among sexual wellness and prevention.

Citation: Beda Bjorn. Integrating Robust Sexual Health Education Across Health Professions to Strengthen STI and Mental-Health Care: A Counselor-Educator's View for Infectious Diseases. J Infect Dise Treat. 2025. 3(3): 1-2. DOI: doi.org/10.61440/JIDT.2025.v3.39

Competency-Based Roadmap

Shared Core Competencies

Conduct inclusive sexual histories, screen for sexual concerns, Interpersonal violence (IPV), and mental health symptoms using brief tools, and document SOGI data respectfully by implementing the Sexual Health and Integrative Pleasure (SHIP) Model [5]. This form of biopsychosocial assessment provides rich information that will consolidate the ethical, legal, and clinical approaches for treatment.

Curriculum Design

Standardized modules, case-based learning, simulated patients, and co- produced materials with communities. It is recommended that accrediting bodies within the American Medical Association (AMA) and other healthcare training bodies incorporate human sexuality training standards that consistently apply best practices that align with holistic clinical values. The lack of sexual training from a trans-disciplinary level neglects the care that our patients deserve.

Supervision & Feedback

Direct observation of sexual-history segments with formative feedback and reflective rounds to address bias and discomfort has been found to be a crucial process within the training development [6,1,3].

Stigma Reduction

Normalizing sexuality discussions, using motivational interviewing, and building warm handoffs to behavioral-health clinicians are essential starting points. Advocates for developing policy guardrails that protect accurate and precise information to be disseminated about sexual health, which produces appropriate decision-making skills among community members. During the COVID-19 pandemic, it was evidenced that the sectors that suffered the most were sexually transmitted infection treatment, pregnancy and family planning, and ultimately, abortion access [2].

Electronic Health Records Supports

Including prompts for risk-based testing, self-collection options, and equity dashboards positively promote trust and credibility among organizations discussed the positive implications of gathering routine sexual history screenings (SHS) to create continuity of assessment structures that capture early detection in sexually transmitted infections (STIs) including populations that are at higher risk in contracting human immunodeficiency virus (HIV) and potentially increasing efficacy among healthcare providers and closing the gap among education within the community.

National healthcare organizations are critical liaisons in acquiring necessary data that illustrates the community's needs. For instance, the Centers for Medicare & Medicaid Services (CMS) is deficient in extrapolating data that has the potentiality to identify local, state, and national sources to reform policy, innovation models, and standardization across quality assurance processes (U.S. Department of Health and Human Services, 2022). According to the CMS (2022) path forward strategic plan, in 2011, the U.S. Department of Health and Human Services (HHS) only collected the biological sex of the individual across all medical compliance and health care industries' demographic intake information. Without understanding the individual idiosyncratic nuances that our community presents, we cannot provide the proper infrastructure to support the overall wellness of individuals, especially at-risk populations [7,8].

Conclusion

Infectious disease specialists cannot treat what they do not ask about. Robust, sex- positive-stigma-aware sexual-health education, co-designed with communities and reinforced through supervision, enables clinicians to detect STIs earlier, address co-occurring mental-health needs, and deliver care that patients use. Curricular tools exist; the opportunity now is to implement them systematically across interprofessional teams and measure what matters [1-6].

References

1. Bjorn BA. Sex-Positive Clinical Supervision: A Special Commentary. Journal of Counseling Sexology & Sexual Wellness: Research, Practice, and Education. 2023. 4: 88-90.
2. Quintana GR. The Multifaceted Impact of the SARS-CoV-2 Pandemic on Sexual Health, Function, and Behaviors: Implications for Public Health: A Scoping Review. Healthcare. 2025. 13: 559.
3. Taylor JC. Educating the Educators: Increased Sexuality Training for Counselor Educators. Journal of Counseling Sexology & Sexual Wellness: Research, Practice, and Education. 2025. 6.
4. Banerjee D, Nair VS. The Untold Side of COVID-19": Struggle and Perspectives of the Sexual Minorities. Journal of Psychosexual Health. 2020. 2: 113-120.
5. Girard A, Newstrom NP, Connor J, Arenella K, Vencill J, Robinson BB. Sexual Health and Integrative Pleasure (SHIP) Model: Using a clinical case example to guide assessment and treatment. Journal of Marital and Family Therapy. 2023. 49: 333-350.
6. Bjorn B. Qualified Clinical Supervisors' Gender, Sexual Attitudes and Preparedness with Sexual Topics in Supervision (Doctoral dissertation, Capella University). 2021.
7. Gagnon KW, Coulter RWS, Egan JE, Ho K, Hawk M. Associations Between Sexual History Documentation in Electronic Health Records and Referral to Pre-Exposure Prophylaxis Navigator on Prescription of Pre-Exposure Prophylaxis at a Multi-Site Federally Qualified Health Center. AIDS patient care and STDs. 2023. 37: 403-415.
8. US. Department of Health and Human Services. The Path Forward: Improving Data Advance Health Equity Solutions. Centers for Medicare & Medicaid Services, Office of Minority Health. 2022.