Integrating sexual health and HIV prevention and care into a neuropsychiatric hospital: implementation lessons

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Introducción. People receiving care in mental health institutions face persistent inequities in access to HIV, sexually transmitted infections (STIs), and viral hepatitis prevention and treatment. Structural vulnerability, stigma, and fragmented referral pathways disproportionately affect individuals with severe mental health conditions, yet integrated sexual health models within psychiatric institutions remain rare. Our goal was to address this gap in a public mental health hospital. **Materiales y métodos.** We developed the first integrated sexual health and HIV prevention service in a public neuropsychiatric hospital, serving ambulatory mental health users, including cisgender women, transgender women, transgender men, and their partners. Services include rapid HIV and syphilis testing, venous sampling for hepatitis B and C, same-day STI treatment, counselling with a gender perspective, facilitated referral to gynecology, endocrinology, and infectious diseases consultations, and promotion of vaccination according to national guidelines. The model was implemented through coordination across clinical departments, ensuring on-site access and simplified care pathways. **Resultados.** Implementation was institutionally complex, but acceptance by hospital users and staff was high. We anticipated additional communication and counselling challenges given that many users live with severe mental disorders, requiring adapted health education strategies. Experienced nursing staff, with long-standing expertise in caring for this population, were central to building trust, adapting communication, and sustaining engagement with the service. An interdisciplinary approach was essential to ensure coordinated care. A latent demand for sexual health services among ambulatory mental health users became evident through spontaneous referrals and sustained uptake. Locating the testing space in the main waiting area, next to the pharmacy where all ambulatory users collect medication, was key to visibility and access. Timely personal invitation and rapid-result delivery further encouraged HIV and STI testing and facilitated immediate referral to specialized care. **Conclusiones.** Teamwork and continuous training of the staff were essential for implementation. In ambulatory mental health settings, healthcare personnel play a central role in promoting regular testing, access to post- and pre-exposure prophylaxis, and continuity of care. Next steps include expanding service hours and incorporating on-site HPV vaccination to strengthen the integrated sexual health and HIV prevention package for this population.