Increasing Viral Suppression among People with HIV with Mental Health Disorders

People with HIV (PWH) are at higher risk of mental health disorders than people without HIV (PWOH)\(^1,2,3\)

Reasons that contribute to mental health disorders among PWH \(^1,4\):
- Racism, discrimination, poverty, food insecurity, unstable or unsafe housing and other structural/environmental factors
- Inadequate access to quality care
- HIV-related stigma
- Chronic stress

Mental Health Disorders

About 1/4
PWH reported depression/mental health disorders as a barrier to receiving HIV care \(^5\)

Depressive symptoms are associated with higher risk of viral non-suppression \(^6\)
The evidence-informed Patient-Centered HIV Care Model (PCHCM) has shown to increase improvement in retention in care and viral suppression among PWH and mental health conditions.\(^7\,^8\)

**PCHCM** integrates HIV clinical care with community-based pharmacists for patient-centered care. It is based on the Medication Therapy Management (MTM) model.

**MTM** model includes a range of pharmacist-led services to optimize therapeutic outcomes, including clinical information sharing among pharmacists & providers and collaborative action planning.

**COLLABORATIVE ACTION PLANNING:**
Pharmacists work with providers and/or patients to develop plans to address therapy-related problems identified through the pharmacists’ activities.

**ANTIRETROVIRAL THERAPY (ART) ADHERENCE COUNSELING:**
Pharmacists monitor patients’ ART, prescription refill patterns, and laboratory results and provide adherence support.

For references and more information, view this [infographic](#) on the AETC NCRC website.