

SELECTED WEB SITES

- National AIDS Education and Training Center, www.aidsetc.org/
- AIDS Action, www.aidsaction.org
- AIDSinfo-HIV/AIDS Medical Practice Guidelines www.aidsinfo.nih.gov/guidelines/
- Centers for Disease Control and Prevention, www.cdc.gov
- Health Resources and Services Administration, www.hrsa.gov
- HRSA HIV/AIDS Bureau, www.hab.hrsa.gov
- Pennsylvania Department of Health, www.health.state.pa.us
- Pennsylvania/MidAtlantic AIDS Education and Training Center www.pamaaetc.org/
- AIDS Education and Training Centers, National Resource Center <http://www.aids-ed.org/>
- American Psychiatric Association (APA), www.healthyminds.org
- The Body, The Complete HIV/AIDS Resource, <http://thebody.com>
- Center for AIDS Prevention Studies, UCSF, <http://www.caps.ucsf.edu/>
- HIV Clinical Guidelines for the Primary Care Practitioner: Mental Health Care for People with HIV Infection, www.hivguidelines.org
- HIV InSite, UCSF Center for HIV Information, <http://hivinsite.ucsf.edu>
- National Association of People with AIDS (NAPWA), <http://napwa.org/>
- National Institute of Mental Health, www.nimh.nih.gov

Additional Resources



Pennsylvania/MidAtlantic AETC
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www.pamaaetc.org

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HIV INFECTION & MENTAL HEALTH



Grief



Anxiety



Depression



Helplessness

A Quick Reference Guide

“Mental illness is nothing to be ashamed of, but stigma and bias shame us all.”

—Bill Clinton

MENTAL HEALTH AND HIV

People with HIV often face a number of emotional reactions:

- ⇒ Feelings of anger, grief, depression, anxiety, and helplessness.
- ⇒ Situational factors: learning of HIV-positive status, disclosure of HIV status to family, physical illness, recognition of progression of disease, death of a significant other, and lifestyle changes.
- ⇒ Frequent or specific psychiatric symptoms: depression, loneliness, low self-esteem, impulse control problems.
- ⇒ Past experiences like history of sexual abuse, social marginalization, and other traumatic experiences.
- ⇒ Substance use, both injecting and non-injecting, increases the risk of acquiring HIV infection.
- ⇒ Factors associated with increased psychological distress include:
 - Prior history of psychiatric or substance abuse disorder.
 - Under employment, work-related disability.
 - Coping style and levels of stress.
 - Occurrence of negative life events.
 - Availability of social networks and quality of social support.

People may suffer from a “dual diagnosis,” the comorbidity of a psychiatric disorder and substance abuse, or a “triple diagnosis” when associated with HIV.

DUAL DIAGNOSIS

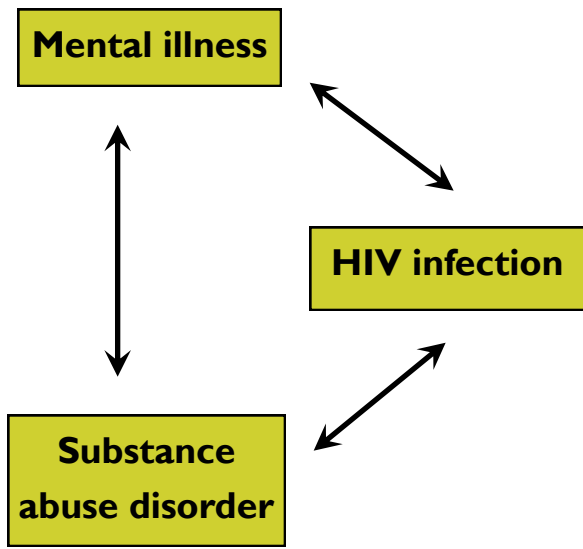
- ⇒ Includes those diagnosed with a mental illness and a comorbidity of drug use, abuse, or dependence.
- ⇒ Occurs from 10% to 80% depending on sampling and methodologies ⁽¹⁾.
- ⇒ May lead to risk of psychosocial consequences: violence (or being victims of), suicide, homelessness, STIs and HIV, increased family and societal burden ⁽²⁾.

TRIPLE DIAGNOSIS

- ⇒ Comorbidity of HIV, substance abuse disorder, and psychiatric illness.
- ⇒ May be associated with poor judgment, high-risk behavior, and impulsivity.
- ⇒ Assessment includes:
 - Substance abuse history (preferably corroborated by others).
 - Evaluation of the mental status.
 - Examination focusing on signs of drug abuse, HIV infection, and psychiatric symptoms.

CHALLENGES

- ⇒ May have poor ART & psychiatric drug adherence due to:
 - Lifestyle instability.
 - Lack of social support.
 - Mistrust of treatment.
 - Medical complications.
 - Lack of motivation.
- ⇒ Frequent hospitalizations for psychiatric complications.
- ⇒ Missed therapy & treatment appointments.
- ⇒ Higher service utilization.
- ⇒ Ineffectiveness of traditional treatment methods.



HIV-ASSOCIATED COGNITIVE DISORDERS

- ⇒ Mood or behavior disturbance.
- ⇒ Motor impairment.
- ⇒ Cognitive disturbances in speed, memory, and concentration.
- ⇒ Side effects of anti-retroviral therapy (ART) and other medications.
- ⇒ HIV-associated opportunistic infections of the central nervous system (CNS).
- ⇒ Other medical complications resulting from a depressed immune system.

HIV-POSITIVE SUBSTANCE ABUSERS MAY BE AT RISK FOR:

- ⇒ Psychiatric/cognitive compromise including the acute and long-term effects of the abused drugs.
- ⇒ Psychiatric manifestations of substance withdrawal.
- ⇒ Substance-induced cerebrovascular accidents like transient ischemic attacks and strokes.

SCREENING AND PREVENTION

- ⇒ Outpatient or inpatient visits: Provide an opportunity for the mental health provider to offer HIV risk assessment, prevention counseling, testing, and referral.
- ⇒ Those who are HIV positive but who are unaware of their status may learn their status and be linked with care, treatment, and support services.

How to screen?

- ⇒ Obtain a risk history and offer HIV testing (or a referral to a test site).
- ⇒ Offer risk reduction education. This may include discussions on:
 - ◆ HIV and other sexually transmitted infections (STIs).
 - ◆ Safe sex practices.
 - ◆ Importance of clean needles, syringes, and blood works.
- ⇒ Offer a referral for post-exposure prophylaxis as needed.
- ⇒ Offer referrals to HIV care, treatment, and support services as necessary.

OUTPATIENT CARE

- ⇒ Listen: know patient's priorities.
- ⇒ Identify: psychiatric/cognitive deficits and/or substance abuse disorder.
- ⇒ Examine: signs of mental illness, substance abuse, and HIV infection.
- ⇒ Assess: patient's ability to understand education and counseling.
- ⇒ Reassess: risk behavior; offer risk reduction strategies.
- ⇒ Coordinate and Refer: integrated, interdisciplinary approach.



INPATIENT CARE

- ⇒ Create a safe environment and supportive structure.
- ⇒ Stabilize symptoms before starting treatment.
- ⇒ Treat the sequelae.
- ⇒ Address adherence issues:
 - ◆ ART side effects
 - ◆ Overall treatment plan
- ⇒ Involve patient's support system: family, friends, partners.
- ⇒ Coordinate and collaborate:
 - ◆ Discuss and share knowledge with team members and others involved in patient care.
 - ◆ Link to other services like mental health clinics and de-addiction services.
 - ◆ Interdisciplinary approach.
 - ◆ Culturally competent approach taking care of patient's cultural background & religious beliefs.



ADDITIONAL TREATMENT TIPS

- ◇ Consult with local HIV treatment providers/ outpatient care facilities to assure continuity of care.
- ◇ Identify and coordinate with case managers outside HIV/AIDS care agencies skilled in working with mental health patients.
- ◇ Link patients to community care and fiscal resources for medical treatment, support, housing options, and job opportunities.
- ◇ Assure follow-up of test results and ensure appropriate referrals for counseling.
- ◇ Inform patients on their visits to clinics, through organizations, local health department, and public assistance and drug assistance program applications.

BARRIERS TO TREATMENT

- ⇒ Social stigma of HIV, mental illness, and substance abuse.
- ⇒ Delayed entry/dropout of care:
 - ◆ Unstable housing
 - ◆ Lack of food
 - ◆ Lack of transportation
 - ◆ Complexities of the system
 - * HMO required payment authorizations
 - * Referral practices
- ⇒ Those with poor access to treatment characterized by:
 - ◆ Active drug use
 - ◆ Younger age
 - ◆ Female gender issues
 - ◆ Sub-optimal health care
 - ◆ Not being in a drug treatment program
 - ◆ Recent incarceration
 - ◆ Lack of health care provider expertise (DHHS, 2006)
- ⇒ Studies have shown decreased adherence to ART in substance abusers than in other populations.
- ⇒ Cognitive impairment can lead to:
 - ◆ Reduced adherence to medications and medical care.
 - ◆ Impaired ability to understand education and counseling.



Special issues regarding HIV and mental health may pertain to certain populations, including pregnant women, children and adolescents, children orphaned by AIDS, geriatric populations, ethnic and other minorities, and incarcerated patients. Please refer to the resources under selected web sites for more detailed discussion.

References:

- (1) Moggi et al., 1999; Drake et al, 1998; Mueser et al, 1997
- (2) Mueser et al, 1997; RachBeisel et al, 1999