Mental Health and HIV Treatment Adherence:

Identifying the “Why?” and “How?” of Mental Health Counseling in HIV Care

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UM Comprehensive AIDS Program
Objectives:

1. Discuss the prevalence of mental illness among the adult HIV population

2. Identify the signs and symptoms of common mental health diagnoses in HIV

3. Identify how mental health issues impact care and treatment among adults living with HIV

4. Identify the “Why?” and “How?” of having a mental health counselor on the care team

5. Become familiar with care approaches for mental health
OBJECTIVE 1:
Discuss the prevalence of mental illness among the adult HIV population
“...a state of overall well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

SOCIAL WELL-BEING

MENTAL HEALTH

MENTAL HEALTH

OBJECTIVE 1: DISCUSS THE PREVALENCE OF MENTAL ILLNESS AMONG THE ADULT HIV POPULATION

SOCIAL WELL-BEING
OBJECTIVE 1: DISCUSS THE PREVALENCE OF MENTAL ILLNESS AMONG THE ADULT HIV POPULATION

RISK FACTORS impacting Mental Health

Having a blood relative, such as a parent or sibling, with a mental illness

STRESSFUL LIFE SITUATIONS

Brain damage as a result of a serious injury (traumatic brain injury)

TRAUMATIC EXPERIENCES

Having few friends or few healthy relationships

AN ONGOING (CHRONIC) MEDICAL CONDITION

Being abused or neglected as a child

USE OF ALCOHOL OR RECREATIONAL DRUGS

A previous mental illness

WHO secretariat (2012). RISKS TO MENTAL HEALTH: AN OVERVIEW OF VULNERABILITIES AND RISK FACTORS.
http://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf
OBJECTIVE 1: DISCUSS THE PREVALENCE OF MENTAL ILLNESS AMONG THE ADULT HIV POPULATION

HIV-RELATED STRESSORS

Having trouble getting the services needed
Experiencing a loss of social support, resulting in isolation
Experiencing a loss of employment or worries about the ability to perform work as before
Having to tell others about being HIV-positive
Managing HIV medicines
Going through changes in physical appearance or abilities due to HIV/AIDS
Dealing with loss, including the loss of relationships or even death
Facing the stigma and discrimination associated with HIV/AIDS
Experiencing problems in memory, thinking, and behavior
Side effects of medications

# MENTAL HEALTH DISORDER

<table>
<thead>
<tr>
<th>Disorder</th>
<th>WITHOUT HIV</th>
<th>WITH HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Serious Mental Illness¹</td>
<td>5%</td>
<td>1-24%</td>
</tr>
<tr>
<td>Major Depressive Episode²</td>
<td>6.9%</td>
<td>22-61%</td>
</tr>
<tr>
<td>PTSD (in women)³</td>
<td>6%</td>
<td>30%</td>
</tr>
<tr>
<td>Panic Disorder⁴</td>
<td>2.5%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Generalized Anxiety Disorder⁵</td>
<td>2.1%</td>
<td>15.8%</td>
</tr>
</tbody>
</table>

²Depression. Primary Care of Veterans with HIV. Neurology, Psychiatry, and Pain retrieved from https://www.hiv.va.gov/provider/manual-primary-care/depression.asp on June 3, 2018
OBJECTIVE 2:
Identify the signs and symptoms of common mental health diagnoses in HIV
Major Depressive Disorder

A disorder in which a person experiences a persistent feeling of sadness or loss of interest.

- can also be associated with thoughts of suicide

https://www.mayoclinic.org/diseases-conditions/depression/symptoms-causes/syc-20356007
Major Depressive Disorder

Symptoms:

- **Mood:** anxiety, apathy, general discontent, guilt, hopelessness, loss of interest, loss of interest or pleasure in activities, mood swings, or sadness
- **Sleep:** early awakening, excess sleepiness, insomnia, or restless sleep
- **Whole body:** excessive hunger, fatigue, loss of appetite, or restlessness
- **Behavioral:** agitation, excessive crying, irritability, or social isolation
- **Cognitive:** lack of concentration, slowness in activity, or thoughts of suicide
- **Weight:** weight gain or weight loss
- **Also common:** poor appetite or repeatedly going over thoughts

https://www.mayoclinic.org/diseases-conditions/depression/symptoms-causes/syc-20356007
OBJECTIVE 2: IDENTIFY THE SIGNS AND SYMPTOMS OF COMMON MENTAL HEALTH DIAGNOSES IN HIV

Generalized Anxiety Disorder

A disorder in which a person experiences severe, ongoing anxiety that interferes with daily activities.

Generalized Anxiety Disorder

Symptoms:

- **Pain areas:** in the back
- **Whole body:** fatigue, lightheadedness, restlessness, or sweating
- **Psychological:** severe anxiety, fear, or repeatedly going over thoughts
- **Behavioral:** hypervigilance or irritability
- **Cognitive:** lack of concentration or unwanted thoughts
- **Also common:** emotional distress, excessive worry, difficulty falling asleep, headache, nausea, palpitations, or trembling

OBJECTIVE 2: IDENTIFY THE SIGNS AND SYMPTOMS OF COMMON MENTAL HEALTH DIAGNOSES IN HIV

Panic Disorder

A disorder in which debilitating anxiety and fear (panic attacks) arise frequently and without reasonable cause.

https://www.mayoclinic.org/diseases-conditions/panic-attacks/symptoms-causes/syc-20376021
OBJECTIVE 2: IDENTIFY THE SIGNS AND SYMPTOMS OF COMMON MENTAL HEALTH DIAGNOSES IN HIV

Panic Disorder

Symptoms:
- racing heartbeat or palpitations
- shortness of breath
- feeling like choking
- dizziness (vertigo)
- lightheadedness
- nausea
- sweating or chills
- shaking or trembling
- chest pain or tightness
- fear of dying
- changes in mental state (i.e., derealization or depersonalization)
- numbness or tingling in the hands or feet

https://www.mayoclinic.org/diseases-conditions/panic-attacks/symptoms-causes/syc-20376021
Post Traumatic Stress Disorder

A disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event.

- may include nightmares or unwanted memories of the trauma, avoidance of situations that bring back memories of the trauma, heightened reactions, anxiety, or depressed mood.

OBJECTIVE 2: IDENTIFY THE SIGNS AND SYMPTOMS OF COMMON MENTAL HEALTH DIAGNOSES IN HIV

Post Traumatic Stress Disorder

Symptoms:

- **Behavioral**: agitation, irritability, hostility, hypervigilance, self-destructive behavior, or social isolation
- **Psychological**: flashback, fear, severe anxiety, or mistrust
- **Mood**: loss of interest or pleasure in activities, guilt, or loneliness
- **Sleep**: insomnia or nightmares
- **Also common**: emotional detachment or unwanted thoughts

OBJECTIVE 3:

Identify how mental health issues impact care and treatment among adults living with HIV
OBJECTIVE 3: IDENTIFY HOW MENTAL HEALTH ISSUES IMPACT CARE AND TREATMENT AMONG ADULTS LIVING WITH HIV

Mental Health issues DECREASE

- Quality Of Life
- Willingness To Seek Medical Care
- Motivation To Adhere To Therapy
- Health Outcomes

OBJECTIVE 4:

Identify the “Why?” and “How?” of having a mental health counselor on the care team
OBJECTIVE 4: IDENTIFY THE “WHY?” AND “HOW?” OF HAVING A MENTAL HEALTH COUNSELOR ON THE CARE TEAM

Why?

“Inadequate provision of integrated services for people with mental-health and substance-use disorders, HIV/AIDS and related physical, psychological and social problems creates an additional serious barrier to treatment and care for HIV/AIDS.”
OBJECTIVE 4: IDENTIFY THE “WHY?” AND “HOW?” OF HAVING A MENTAL HEALTH COUNSELOR ON THE CARE TEAM

Who?

MULTIDISCIPLINARY CARE TEAM (MDCT)

- Recommended by The Department of Health and Human Services (DHHS) guidelines for use with anti-retroviral agents
- Comprised of varying professionals including nurses, pharmacists, case managers, social workers, nurse practitioners, mental health workers, dieticians, health educators, and transportation service consultants and peers
- Offers improved ecologic or system factors including access to optimized multidisciplinary care
- Improves the individual’s health care
- Improves their willingness to adhere to the treatment program
- Associated with increased receipt of ancillary services results
- Associated with more HIV patients seeking and remaining in care

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3360831/
OBJECTIVE 4: IDENTIFY THE “WHY?” AND “HOW?” OF HAVING A MENTAL HEALTH COUNSELOR ON THE CARE TEAM

Who?
Mental Health Professionals

- **Psychiatrists**: esp. psychopharmacology (medication management)
- **Psychologists**: esp. cognitive / neurological testing
- **Social workers**: psychosocial treatment (structured counseling, motivational enhancement, case management, care-coordination, psychotherapy and relapse prevention)
- **Mental Health Counselors**: psychotherapy to help cope with life challenges and mental health problems
OBJECTIVE 4: IDENTIFY THE “WHY?” AND “HOW?” OF HAVING A MENTAL HEALTH COUNSELOR ON THE CARE TEAM

How?

Mental Health Services

- As a core medical service
- Addressing conditions stemming from and treated within the context of the client’s HIV or AIDS diagnosis
- Intended to address HIV-related issues
- Intended to strengthen coping skills to increase adherence and access to ongoing medical care and treatment
OBJECTIVE 4: IDENTIFY THE “WHY?” AND “HOW?” OF HAVING A MENTAL HEALTH COUNSELOR ON THE CARE TEAM

How?

Mental Health Services

Level I: includes intensive mental health therapy and counseling (individual, family, and group) provided by Doctorate degreed, licensed professional

• Includes psychosocial assessment and evaluation, testing, diagnosis, treatment planning with written goals, crisis counseling, periodic reassessments, reevaluations of plans and goals documenting progress, and referrals to psychiatric and/or other services as appropriate

• Addresses risk behavior, substance abuse, adherence to medical treatments, depression, panic, anxiety, maladaptive coping, safer sex, and suicidal ideation

• Uses motivational interviewing and harm reduction strategies
OBJECTIVE 4: IDENTIFY THE “WHY?” AND “HOW?” OF HAVING A MENTAL HEALTH COUNSELOR ON THE CARE TEAM

How?

Mental Health Services
Level II: includes intensive mental health therapy and counseling (individual, family, and group) provided by Master’s degreed and licensed professional

• Includes crisis counseling, reevaluations of plans and goals documenting progress, and referrals to psychiatric and/or other services as appropriate
• Addresses risk behavior, substance abuse, adherence to medical treatments, depression, panic, anxiety, maladaptive coping, safer sex, and suicidal ideation
• Uses motivational interviewing and harm reduction strategies
OBJECTIVE 4: IDENTIFY THE “WHY?” AND “HOW?” OF HAVING A MENTAL HEALTH COUNSELOR ON THE CARE TEAM

How?

Mental Health Services

Group Counseling (Levels I and II)

- 3 to 15 clients with similar problems
- Provides therapy in a social context
- Reduces the feeling of isolation
- Provides an opportunity to share methods of problem-solving
- Allows the therapist an opportunity to observe how an individual interacts with others
OBJECTIVE 5:

Become familiar with mental health screening tools for lay workers
“Despite the high prevalence of mental health and substance use problems, too many Americans go without treatment — in part because their disorders go undiagnosed. Regular screenings in primary care and other healthcare settings enables earlier identification of mental health and substance use disorders, which translates into earlier care. Screenings should be provided to people of all ages, even the young and the elderly.”

https://www.integration.samhsa.gov/clinical-practice/screening-tools
At Initial intake and Reassessment

1. Have you been feeling depressed or anxious?
2. Have you been having difficulty sleeping?
3. Have you ever been a victim of domestic/family abuse?
4. Are you currently in a violent or abusive relationship?
5. Have you ever received mental health/psychosocial services?
6. Have you been hospitalized for a mental health condition?
7. Are you currently receiving mental health/psychosocial services?

Comprehensive Health Assessment
Comprehensive Health Assessment

Other questions to consider:

Any question which helps to identify stressors which may impact the client’s mental health

- number of people living in the home
- level/type of social support
- frequency of medical appointments
- lab results
- comorbidities
- substance use
- employment status
- level of independence
OBJECTIVE 5: BECOME FAMILIAR WITH MENTAL HEALTH SCREENING TOOLS FOR LAY WORKERS

SAMHSA-HRSA
Center for Integrated Health Solutions

Link: https://www.integration.samhsa.gov/clinical-practice/screening-tools
• Resources
• Sample Screening Forms
• Depression Screening Tools
• Drug & Alcohol Use Screening Tools
• Bipolar Disorder Screening Tools
• Suicide Risk Screening Tools
• Anxiety Disorders Screening Tools
• Trauma Screening Tools
## Patient Health Questionnaire (PHQ-2 and PHQ-9)

<table>
<thead>
<tr>
<th>Over the last 2 weeks, how often have you been bothered by any of the following problems?</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed, or the opposite - being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself in some way</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

1-4 Minimal depression | 15-19 Moderately severe depression | 5-9 Mild depression | 20-27 Severe depression | 10-14 Moderate depression
Generalized Anxiety Disorder (GAD-7)

GAD-7: a seven-question screening tool that identifies whether a complete assessment for anxiety is indicated:

• Over the last 2 weeks, how often have you been bothered by the following problems?
  0 Not at all  1 Several days  2 Over half the days  3 Nearly every day

1. Feeling nervous, anxious, or on edge 0 1 2 3
2. Not being able to stop or control worrying 0 1 2 3
3. Worrying too much about different things 0 1 2 3
4. Trouble relaxing 0 1 2 3
5. Being so restless that it's hard to sit still 0 1 2 3
6. Becoming easily annoyed or irritable 0 1 2 3
7. Feeling afraid as if something awful might happen 0 1 2 3

https://www.integration.samhsa.gov/clinical-practice/screening-tools
Primary Care PTSD Screen (PC-PTSD)


1. Have had nightmares about it or thought about it when you did not want to?
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
3. Were constantly on guard, watchful, or easily startled?
4. Felt numb or detached from others, activities, or your surroundings?

https://www.integration.samhsa.gov/clinical-practice/screening-tools
Q & A
Resources

AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV Vol 26 Issue 12, 1555-1561 https://doi.org/10.1080/09540121.2014.936813


Depression. Primary Care of Veterans with HIV. Neurology, Psychiatry, and Pain retrieved from https://www.hiv.va.gov/provider/manual-primary-care/depression.asp on June 3, 2018


Resources

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https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3360831/

Miami-Dade County Office of Management and Budget Grants Coordination / Ryan White Program Section I, Pages 61-62
Resources

Moore, D. J., Posada, C. (2013). HIV and psychiatric comorbidities: What do we know and what can we do? High-quality care for HIV-infected individuals also requires vigilance regarding the mental health needs of patients. Psychology and AIDS Exchange Newsletter


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The AIDS Education and Training Center (AETC) Program is the training arm of the Ryan White HIV/AIDS Program. The AETC Program is a national network of leading HIV experts who provide locally based, tailored education, clinical consultation and technical assistance to healthcare professionals and healthcare organizations to integrate high quality, comprehensive care for those living with or affected by HIV.
The U.S. Department of Health and Human Services (DHHS) has released updated versions of its antiretroviral treatment guidelines for adults and adolescents, and for children with HIV. The new adult guidelines include revised recommendations for first-line antiretroviral therapy (ART) as well as management of treatment-experienced patients. The revised pediatric guidelines include a discussion of very early treatment for HIV-infected infants.

References
HHS Panel on Antiretroviral Guidelines for Adults and Adolescents. *Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*. Updated April 8, 2015.
TRAINING OPPORTUNITIES

Preceptorships
An intensive clinical training program offered to healthcare providers in Florida who have an interest in learning more about the diagnosis and management of HIV/AIDS, opportunistic infections, and co-morbid conditions. Each preceptorship is structured to meet the unique needs of the individual participant based on his or her previous experience, geographic location, and time available. Experience 4 to 240 hours of clinical training at adult, pediatric, obstetric, and/or family practice clinics where care is provided to HIV-infected patients. All training provided is consistent with current guidelines from the Department of Health and Human Services or other nationally recognized guidelines when available.

Clinical Consultation
Individual and group clinical consultations are offered. Individual clinical case consultation is provided on the diagnosis, prevention, and treatment of HIV/AIDS and related conditions. These consultations take place by telephone, email or face-to-face meetings. Group clinical consultation with case-based discussions include information on pharmacology, clinical antiretroviral therapy updates, drug-drug interactions, and antiretroviral resistance.
FOR MORE INFORMATION, PLEASE VISIT:
http://hivaidsinstitute.med.miami.edu/partners/se-aetc
National HIV/AIDS Clinicians’ Consultation Center
UCSF – San Francisco General Hospital

**Warmline**
National HIV/AIDS Telephone Consultation Service
*Consultation on all aspects of HIV testing and clinical care*
Monday - Friday
9 am – 8 pm EST
Voicemail 24 hours a day, 7 days a week

**PEPline**
National Clinicians’ Post-Exposure Prophylaxis Hotline
*Recommendations on managing occupational exposures to HIV and hepatitis B & C*
9 am - 2 am EST, 7 days a week

**Perinatal HIV Hotline**
National Perinatal HIV Consultation & Referral Service
*Advice on testing and care of HIV-infected pregnant women and their infants*
*Referral to HIV specialists and regional resources*
24 hours a day, 7 days a week

HRSA AIDS ETC Program & Community Based Programs, HIV/AIDS Bureau & Centers for Disease Control and Prevention (CDC)
www.nccc.ucsf.edu
Need Additional Information?

Contact the South FL SE AIDS Education and Training Center

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tgonzalez1@med.miami.edu
Thank you!