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A National Nurse-Led Audit of the Standards for Psychological Support for Adults Living with HIV

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The Standards

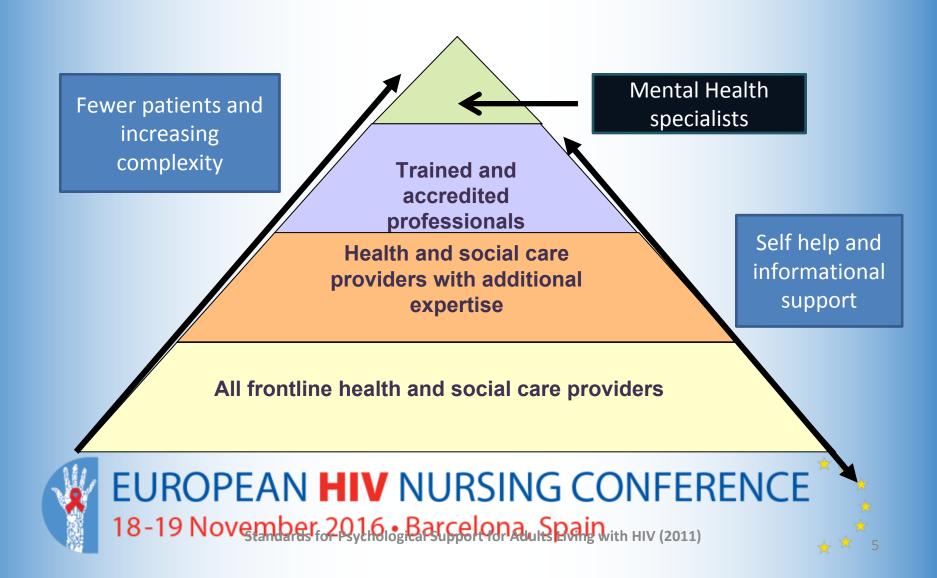
- I. Promotion of mental health and well-being
- 2. Comprehensive psychological support services
- 3. Engagement of people living with HIV
- 4. Support at time of diagnosis
- 5. Identifying psychological support needs
- 6. Competence to provide psychological support
- 7. Coordination of psychological support
- 8. Evidence-based practice

Session overview

The standards

- Why we did the audit
- How we did the audit
- What the audit told us
- What we plan to do now

The Stepped Care Model



Why we did the audit

- Psychological distress higher in the HIV population (Bing et al, 2001, Harding et al, 2010, WHO, 2008)
- Standards around since 2011
- To what extent are they being implemented?
- Are there gaps in HIV services regarding psychological care?
- What support or training is required to uphold the standards?

How we did the audit

- Formed a steering committee (Representatives from BHIVA, BPS, NAT, UKCab, MEDFASH & RCN)
- Developed an audit proforma (based on auditable outcomes of the standards)
- UK services providing HIV care invited to participate
- Each site electronically completed and submitted a site survey and case note reviews
- <u>RESPONSE RATE</u> 1446 case note reviews from 52 sites (approx1/3 of those invited)



What the audit told us

ADDRESSED TWO MAIN AREAS:

 To what extent are the standards being met within clinical practice?

 How are HIV services set up to meet the standards in relation to patient well-being?

To what extent are the standards being met within clinical practice?

Documentation of psychological well-being

Standard 5

- 899 (62.2%) cases well-being documented (last 12 months)
 - 509 (56.6%) coping well (no support required)
 - 176 (19.6%) some information and support needed
 - 167 (18.6%) significant levels of distress
 - 47 (5.2%) likely to have diagnosable psychiatric condition



To what extent are the standards being met within clinical practice?

 Management of identified psychological well-being needs Standards 2,4 &5

Level of need	Referred to external service	Supported in medical clinic
Coping well	3 (1%)	14 (2%)
Need for information/self management	62 (35.2%)	130 (55%)
Significant distress	118 (71%)	100 (27%)
Psychiatric condition	37 (78.7%)	14 (11%)

To what extent are the standards being met within clinical practice?

- 89.4% 97.6% received some form of support when psychological needs were identified.
- <u>Documentation of mental health history and</u>
 <u>risk</u> <u>Standards 2 & 5</u>
- 339 (23.4%) documentation of history of mental health issues
- 768 (53.1%) no reference to mental health status/history
- 91 (6.2%) had either a documented brief or full cognitive assessment documented



How are HIV services set up to meet the standards?

Departmental policies and teams

Standard 7

Of the 52 sites

- 13 (25%) psychological support policy
- 9 (17.3%) risk policy
- 18 (34.5%) adherence policy
- HIV Specialist Nurse not standard! (37/52 sites)
- No mental health professional in 21 (40%) teams

How are HIV services set up to meet the standards?

Staff Training for psychological support

Standard 6

- Almost half of the sites (48%) no access to training regarding delivery of psychological support
- In general larger sites, more access to training

Strengths and Limitations

Strengths:

- Nursing staff engaged well good response rate
- First measure of psychological care in HIV services
- Stepped care model being implemented

Limitations:

- Response rate lower than previous BHIVA audits
- Limited timescale for data gathering
- Biased data?
- Lack of equity across standards



What we plan to do now

- Training for delivery of psychological support Standard
- Local policy development psychological support, risk and treatment adherence Standard 7
- Annual review clinics to include psychological and cognitive screening Standard 5
- National standardisation of psychological and cognitive screening Standard 8

EUROPEAN HIV NURSING CONFERENCE

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References

- Bing EG, Burnham AM, Longshore D et al (2001) Psychiatric disorders and drug use among human immunodeficiency virus-infected adults in the United States. Arch Gen Psychiatry, 58, 721–28
- British Psychological Society, British HIV Association & Medical Foundation for AIDS & Sexual Health (2011) Standards for psychological support for adults living with HIV. London: MedFASH.
- Harding R, Lampe FC, Norwood S (2010) Symptoms are highly prevalent among HIV outpatients and associated with poor adherence and unprotected sexual intercourse. Sex Transm Infect, 86, 520–24
- World Health Organization (2008) HIV/AIDS and Mental Health. EB124/6
 November 2008. http://apps.who.int/gb/ebwha/pdf_files/EB124/B124_6-en.pdf
- Woods SP, Moore DJ, Weber E, Grant I (2009) Cognitive neuropsychology of HIVassociated neurocognitive disorders. Neuropsychol rev, 19, 152-168



How we did the audit

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