EUROPEAN HIV NURSING CONFERENCE

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Mental Health Workshop For HCP Working With People Living With HIV

Michelle Croston
Senior Lecturer/Advance Nurse Practitioner
Aim of session is to explore …

- Why is psychological care important when working in HIV care?
- How to help patients share their concerns.
- Think together about complicated cases from clinical practice
Discussion points

- How do you manage mental well being in your clinical areas?

- Do you screen for psychological well being?
Emotional well-being

Physical well-being

Communication
What makes our patient cohort challenging?

- History of HIV / Changes in healthcare requirements
- HIV diagnosis
- Disease adjustment
- Stigma/self stigma
- Discrimination
- Pre-existing patient vulnerabilities:
  - Belonging to marginalised groups, cultural differences, language barriers, immigration status/issues, mental health difficulties, service engagement issues
- Drugs and alcohol
- Trauma
Mental health issues and HIV

- Can be associated with risk of HIV infection in the first place
  - E.g. Substance use, risk behaviour, mental health problems, vulnerability, traumatic life events
- Can be associated with adaptation to and living with HIV
  - E.g. Adjustment, stress, depression, PTSD, symptoms, treatment, disclosure, lack of social support, risk behaviour, sexual and relationship problems, cognitive difficulties
- Can be associated with treatment
  - E.g. Adherence, side effects, disease progression, cognitive difficulties
Also differing levels of severity and incidence; can be chronic or single episodes; generalised, reactive, mild, moderate or severe
### Psychological challenges that a person living with HIV may be faced with

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<tr>
<th>+ Infection</th>
<th>+ Disclosure</th>
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<tr>
<td>Trauma, anger, guilt, isolation, depression, substance misuse</td>
<td>Fear of stigma and discrimination, sexuality, rejection, coping alone, invisible</td>
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<td>+ Living with a chronic condition</td>
<td>+ Sex and relationships</td>
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<td>Impact on self identity, changes in functioning and health, pain and fatigue, cognitive impairment, mood and substance misuse, end of life care</td>
<td>Sexual dysfunction, disclosure, rejection and loss of relationships, threat of criminal prosecution</td>
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<td>+ Life long adherence to treatment</td>
<td>+ Long-term survivors</td>
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<td>Medication burden, medication side effects (changes in appearance and health)</td>
<td>Ageing, multiple bereavements or loss of loved ones, cognitive impairment, trauma</td>
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<tr>
<td>+ Asylum seekers and refugees</td>
<td>+ Parents, children and young adults</td>
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<td>Language difficulties and host country’s perceptions, financial, welfare and housing difficulties, inconsistent HIV care in home country, trauma related to asylum seeking process in itself, separation from friends and family</td>
<td>Postnatal depression, guilt or loss of child’s health, feeling different and a desire for normalcy, loss of a parent(s), disclosure, sex and relationships</td>
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How prevalent are these concerns in our population?

- Sleeping

- Feeling sad/feeling depressed
  - 36% (and 43% untreated) depression (UK Astra, 2012)

- Forgetting things/confusion
  - Difficult to interpret as overlap with stress/depression/substance misuse but estimates of PLHIV on ART range from 10-20% (Heaton et al, 2009)

- Feeling worried/nervousness
  - 30-67% anxiety (Pence et al. 2007; Weatherburn et al, 2009)

- Sexual problems
  - 30-50% erectile difficulties; 25% - to very high levels of sexual dissatisfaction in women (Wilson et al, 2010)

- Personal relationships
  - Difficult to define but as above, likely to be high, in clinical practice a common reason for referral to psychology

- Drug and alcohol use
  - 20% (general population 4%) (Pence et al, 2006)
Implications of poor mental health

Psychological distress can impact upon a person in a number of ways:

• Medication
• Attendance at hospital appointments
• Neuro-cognitive functioning
• General physical health and hospital admissions
• Quality of life
• Mortality rates
• Onward transmission; link between depression, substance misuse and risky sex
Feeling Heard

- Think of a time when you didn’t feel heard or listened to.
  - How did you know?
  - What did the person do or not do?
  - How did it make you feel?
  - What did it make you do? How was YOUR communication affected?

https://www.youtube.com/watch?v=95Pm-D2ToS8
Helping Patients to share concerns

- **Structure consultation**: GATHER before GIVING any information
- Patients rarely outright state their main concerns, even if asked.
- Instead they test health professional’s interest by giving CUES. If these are not picked up on, subsequent disclosure is reduced.
- Patients who feel their emotions and reactions are acknowledged and understood are more likely to recall and act upon information given.
CUES

A verbal or non verbal hint which suggests an underlying unpleasant emotion and requires clarification

- **Verbal**
  - **Hints at feelings** “I’m sure I’ll be ok in the end”, “It feels kind of strange, d’you know what I mean?”
  - **Emphasis** “it was bloody awful”
  - **Metaphor** “no light in the tunnel right now”
  - **Repetition of statements or questions** “He lost his job , he lost his job” “So this is definitely the right treatment? Definitely this one?”
  - **Non committal** “…Should be fine” “I think so”

- **Non-Verbal**
  - **Overt expression of a negative or unpleasant emotion (e.g. crying, restlessness)**
  - **Hints to hidden emotions (e.g. sighing, frowning, negative body posture)**
  - **Lack of overt emotion to highly emotive subject (e.g. silence, blank expression)**
Facilitative behaviours

Gathering skills

+ Open questions
+ Clarification
+ Exploration
+ Pauses/silence
+ Minimal prompts
+ Screening questions

Active listening skills

+ Reflection (acknowledgment)
+ Paraphrasing
  (acknowledgement and checking)
+ Summary
+ Educated guesses
+ Empathy
+ Watch your body language

Cues → Acknowledge, Clarify & Explore
Information giving skills

**What?**

- Check what person already knows
- Give information in small chunks - pause
- Use clear and simple terms
- Avoid detail unless requested

**How and when?**

- Pause to allow info to sink in
- Wait for a response
- Check what has been understood
- Negotiate to continue
- Check impact
- Throughout, watch for and acknowledge patient cues

**Cues** -&gt; Acknowledge, Clarify & Explore
How do mental health concerns present in clinic?

What challenges do you face as HCP when managing mental health concerns?
Taking care of your mind & thoughts

Self-Care

Increasing your own well-being through self-care behaviors

Taking care of your physical health & body

Taking care of your spiritual health

Taking care of your emotions

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