IAPAC/EHNN Conference
Mental health as a facilitator and barrier to optimal HIV care

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What are we talking about

- Stress and Anxiety
- Depression
- Borderline Personality Disorder
- Bipolar Disorders
- Post Traumatic Stress disorder
- Schizophrenia
- Substance Use
- Neurocognitive Disorders
Along the care continuum

• HIV testing and diagnosis
• Linkage to and retention in primary HIV care
• Receipt and adherence to antiretroviral therapy (ART)
• Retention in care is essential, it provides opportunities to monitor response to ART and general health and prevent ART and HIV-associated toxicities and complications.
What are the Barriers?

• Complexity
• Competing Life activities
• Delays in Accessing Care
• Lack of Patient Friendliness
• Feeling sick
• Stigma
• Substance Abuse
Good Mental Health & HIV

- Having self worth – have accepted HIV = better adherence
- Open disclosure = better support
- Positive relationships – partner, healthcare, children
- Having faith in treatment
- Simple regimen
- Medication taking priority over substance use
- Seeing positive results – more energy
Mental Health & HIV

- Fear of disclosure
- Fear of treatment – taste, size, dosing, pill burden
- Feeling depressed, hopeless or overwhelmed
- Having a concurrent addiction
- Forgetting to take medication
- Suspicions about treatment – wanting to be free of treatment
- Lack of self-worth ‘not bothered if they live or die’
- Reminder of HIV status
Case Study - Maria

• Maria, 69, Portuguese (in UK 45 years). Lives alone
• HIV positive since 1994
• Currently not taking ARV’s (Truvada, Darunavir/Ritonavir) - cd4 124, VL 45,000
• Known hypertension – not taking medication
• Referred to Community HIV CNS for support and management of adherence
Maria 2

- Obvious mental health issues - delusional and paranoia (blames housing association for her poor health, states they are watching her and have bugged her phone)
- Isolated - has 3 children who live across Europe, no friends.
- Hoarding - collects vintage clothes and accessories but states has no money for food
Maria - Plan

• Housing – contact housing association to remedy immediate issues
• Support – refer for a support worker to arrange bills, debt, transport
• Health – move GP, monitor her blood pressure, discuss ARV’s and dosette to monitor adherence. Visit every 2 weeks
Case Study - Charles

- Charles, Danish (lived UK 35 years) 54
- Diagnosed HIV positive in 2014, late diagnosis (cd4 50). Hospitalised for 12 weeks
- Prior to diagnosis known to mental health services – saw CPN weekly, psychiatrist every 2 months for personality disorder and anxiety
- Discharged home with care package
- Seen by HIV CNS weekly
Charles 2

• Commenced Raltegravir, Ritonavir, Truvada
• Lives alone, no immediate family in UK (father dying). Set routine, goes to bed at 18.30 every day.
• Forms relationships very quickly (attachment issues)
• States that he has no friends but attends Buddhist centre three times a week, hospice/HIV daycare once a week.
Charles - Plan

• Weekly visits - every 2 weeks - now monthly
• Does not see CPN or Psychiatrist - feels he gets support from Community CNS & HIV drop in
• Support offered around HIV (embarrassed), ART would prefer single tablet, erectile dysfunction and impotence, worries around Brexit!
Challenges

• Mental health Services have set boundaries and will/may only offer support to those with well defined mental health issues. It is difficult to get support if the issue is thought to be ‘organic’ related to HIV.

• Difficult if the patient does not acknowledge the problem!

• Complicated by drug and alcohol use.
What can we do?

• Discuss - what are the issues? Identify them and see what can be done to...

• Change – this may mean being flexible with appointments

• Support – regular contact, community support, peer support, advocacy

• Integrated care!
...and Finally

- Retention in care is a critical element of the HIV care continuum and is necessary for successfully managing HIV infection.
- Developing care models where social and financial barriers are routinely assessed and addressed, mental health and substance abuse treatment is integrated, and patient-friendly services are offered
References


