IAPAC/EHNN Conference

Mental health as a facilitator and barrier to optimal HIV care

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What are we talking about

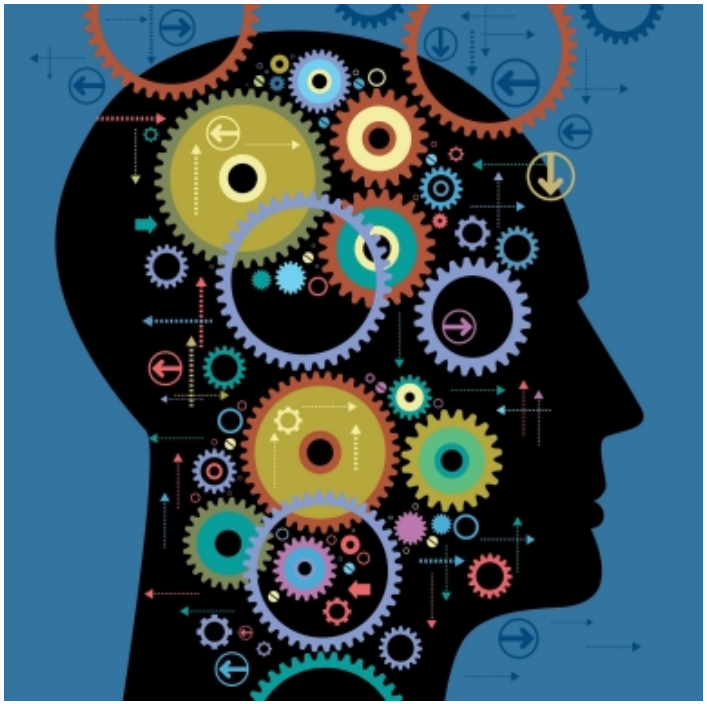
- Stress and Anxiety
- Depression
- Borderline Personality Disorder
- Bipolar Disorders
- Post Traumatic Stress disorder
- Schizophrenia
- Substance Use
- Neurocognitive Disorders

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

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