

# Psychological well-being and support, and use of alcohol and recreational drugs

BHIVA National Clinical Audit 2017



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*On behalf of the BHIVA  
Audit and Standards Sub-committee*



# Background

*Standards of Care for People Living with HIV 2013* include auditable outcomes:

- **Screening** for psychological and cognitive difficulties at least once a year
- Where needs are identified, **onward referral** for intervention and/or cognitive rehabilitation
- **Agreed referral pathways** for four levels of psychological support
- An **identified clinical lead** for psychological support for each HIV service



British HIV Association  
**Standards of Care**  
for People Living with HIV  
2013

## BHIVA guidelines for the routine investigation and monitoring of adult HIV-1-positive individuals

### Recommendations:

- Reviewing mood and recreational drug use at each prescription (alongside other topics)
- Annual general health and well-being enquiry including any new issues or **changes in mental health** and **alcohol or recreational drug use**

# Background



... an increasingly widely recognised issue with potential implications for:

- Psychological well-being
- Risk of STIs and hepatitis

## Aim

To assess adherence to standards and guidelines regarding psychological support and alcohol and recreational drug use, including chemsex.

## Methods

1. Survey of HIV services' provision and care pathways relating to psychological support and substance use
2. Case-note review of 40 adult HIV patients per service covering:
  - Whether psychological well-being/mental health and substance use had been assessed within last 18 months
  - If problems identified, whether support was offered/provided

## Rapid Feedback

Participating sites were invited to request a rapid feedback report after submitting case note review data for 40 individuals:

- 48 out of 119 sites taking part in the case note review requested this
- Reports were sent within 1-2 working days

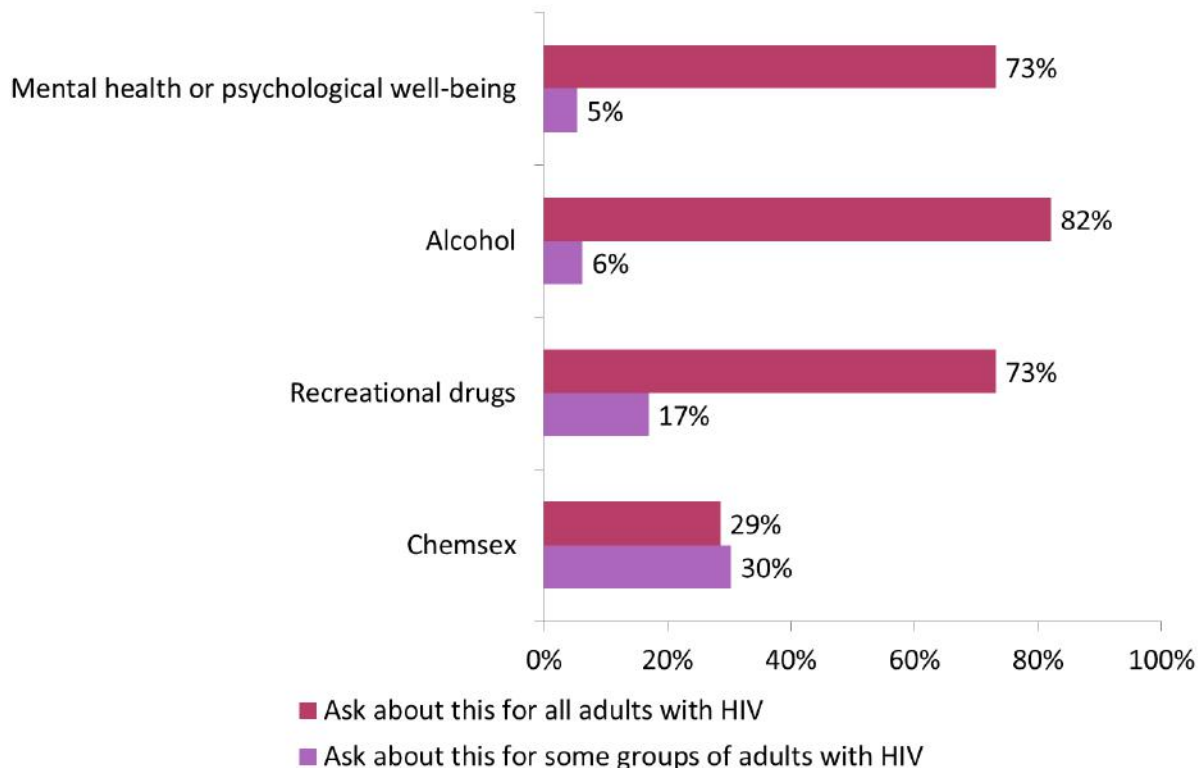


# Survey results

112 services providing adult HIV care



## Does your proforma or standard procedure for annual clinician review of PLWH include asking about:





## Does your routine assessment of mental health or psychological wellbeing involve the use of a standardised tool or questionnaire?

- 25.9% (29) services routinely use a tool for all patients or some groups
- 17.0% (19) do so if a problem is suspected
- Most common tools were PHQ9 (24 services), GAD7 (16) and HAD (13)

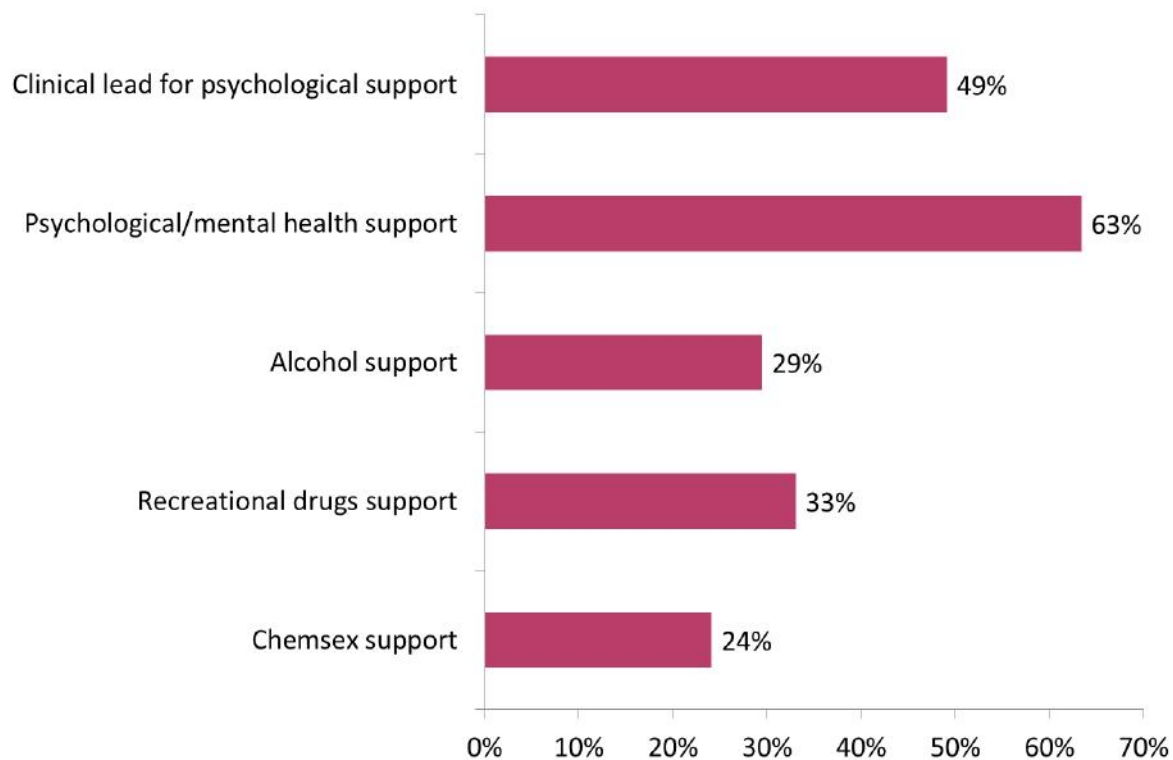


## Does your routine assessment of alcohol use involve the use of a standardised tool or questionnaire?

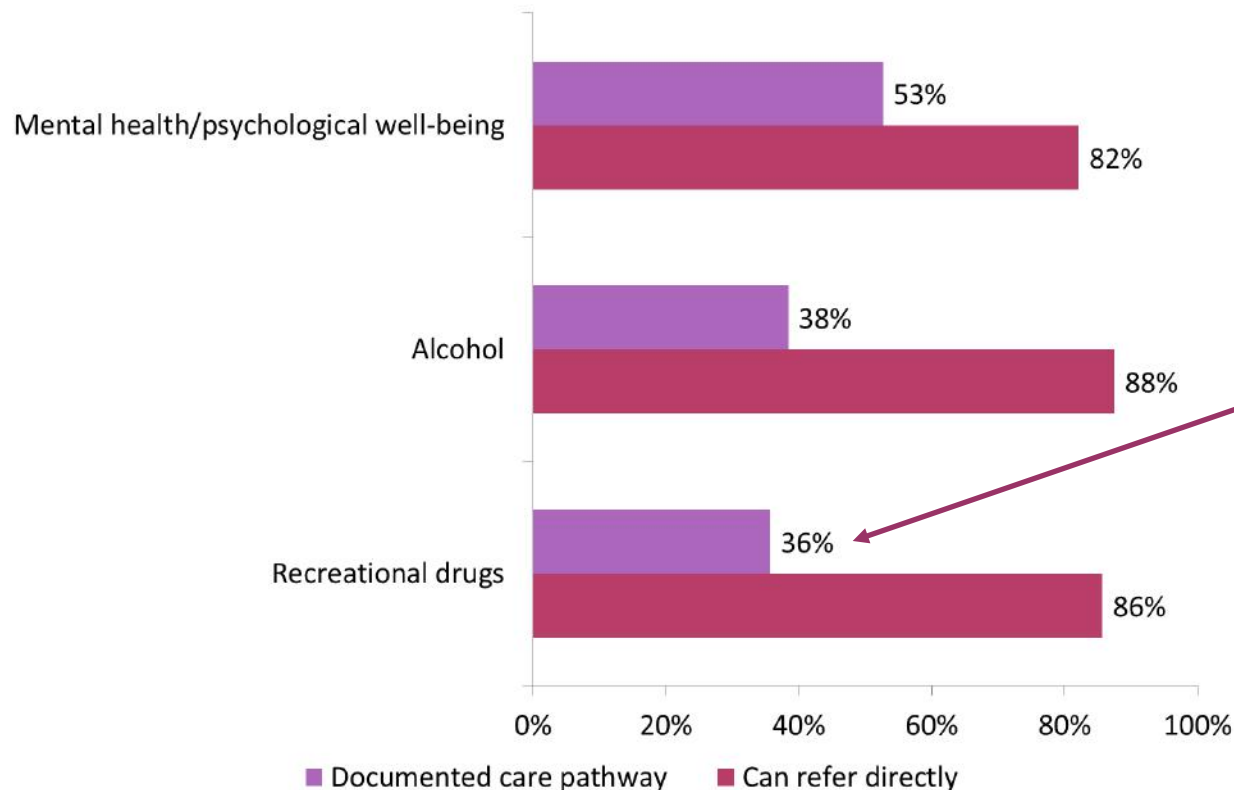
- 20.5% (23) services routinely use a tool for all patients or some groups
- 16.1% (18) do so if a problem is suspected
- Most common tools were FAST (20 services) and AUDIT (14)



## Provision *within* the HIV service



## Referral arrangements



23/40 services with a documented care pathway said this covered all listed drug types

# Case note review

4486 adults (16 or over) who attended for HIV care during 2016 and/or 2017



## Characteristics of audited individuals

	Number (%)
Total	4486 (100)
Male	2971 (66.2)
Female	1482 (33.0)
Trans	3 (0.1)
Not stated	30 (0.7)
16-29	388 (8.6)
30-49	2493 (55.6)
50-69	1479 (33.0)
70 or over	121 (2.7)
Not stated	5 (0.1)
Heterosexual	2099 (46.8)
MSM	1893 (42.2)
IDU	106 (2.4)
Other	76 (1.7)
Not known/not stated	312 (7.0)

	Number (%)
White	2680 (59.7)
Black African	1075 (24.0)
Other/mixed	714 (14.2)
Not stated	95 (2.1)
Born in*:	
UK	2394 (53.4)
Zimbabwe	548 (12.2)
Nigeria	115 (2.6)
South Africa	94 (2.1)
Uganda	76 (1.7)
Zambia	73 (1.6)
Kenya	63 (1.4)
Ghana	57 (1.3)
Poland	54 (1.2)
Portugal	52 (1.1)

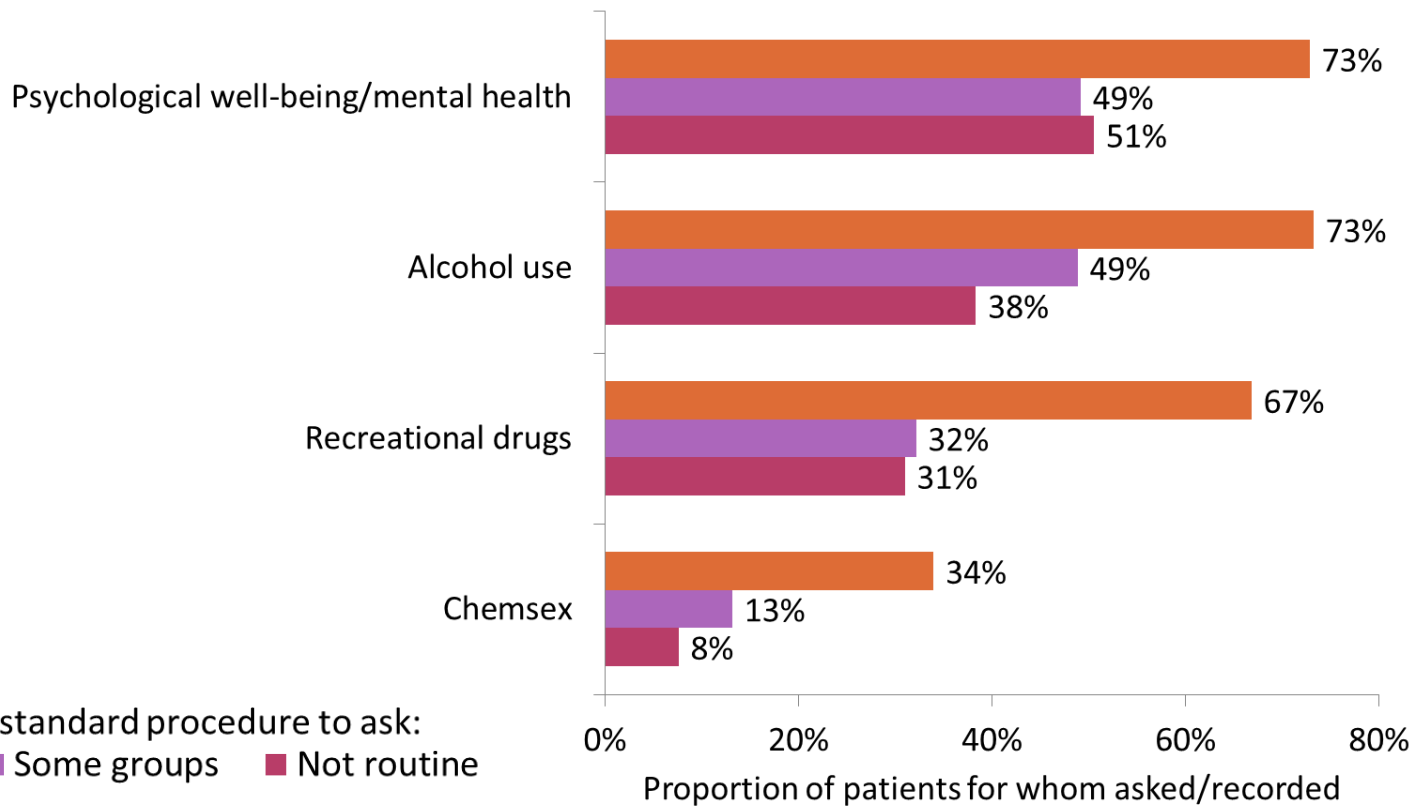
\*Total does not add to 100% because of data not shown.

## Primary outcome: whether assessed within past 18 months

	Number (%)
<b>Total</b>	<b>4486 (100)</b>
Psychological well-being/mental health documented, or record this was asked about specifically*	2962 (66.0)
Asked about alcohol	3050 (68.0)
Asked about recreational drugs	2621 (58.4)
Asked specifically about chemsex:	
All patients	753 (16.8)
MSM (N=1893)	501 (26.5)

\*A further 553 (12.3%) individuals had something recorded but it was unclear whether this referred to physical or psychological well-being.

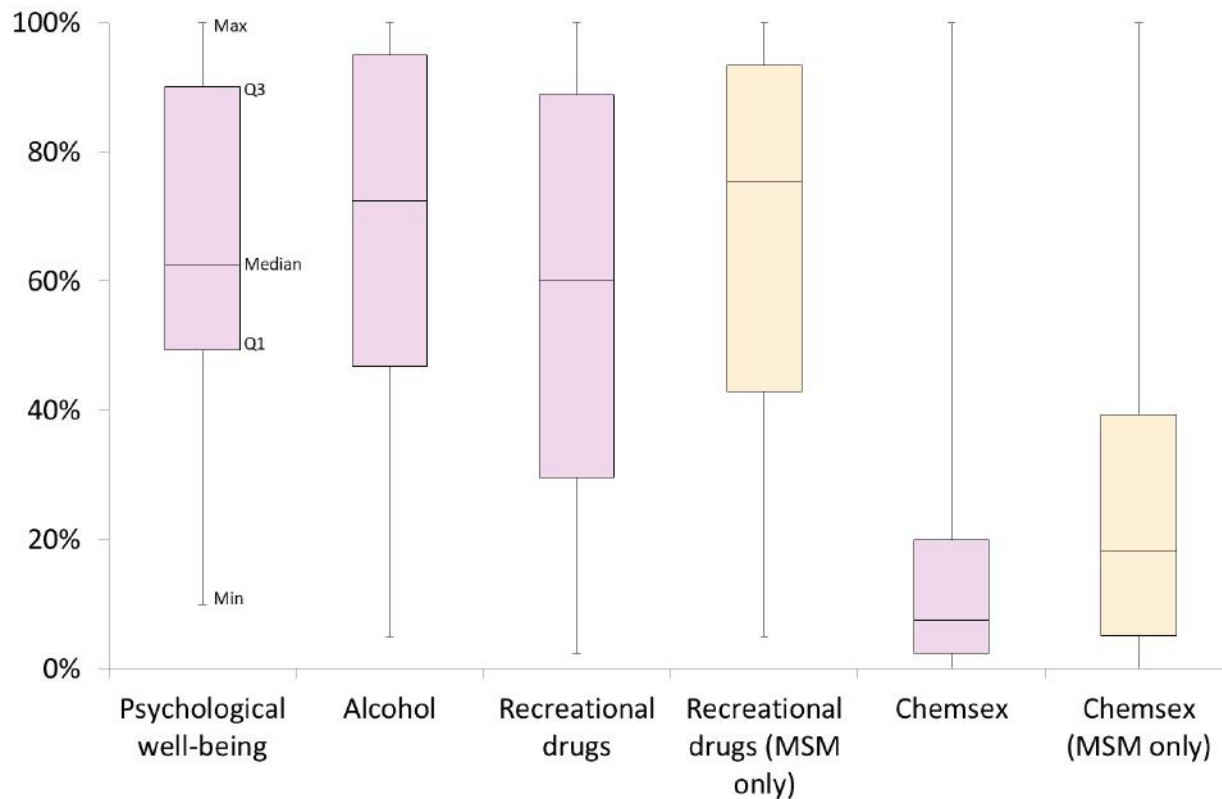
## Assessment by clinic proforma/standard procedure





## Variation between services in assessment

Proportion of individuals for whom asked/recorded within each participating service

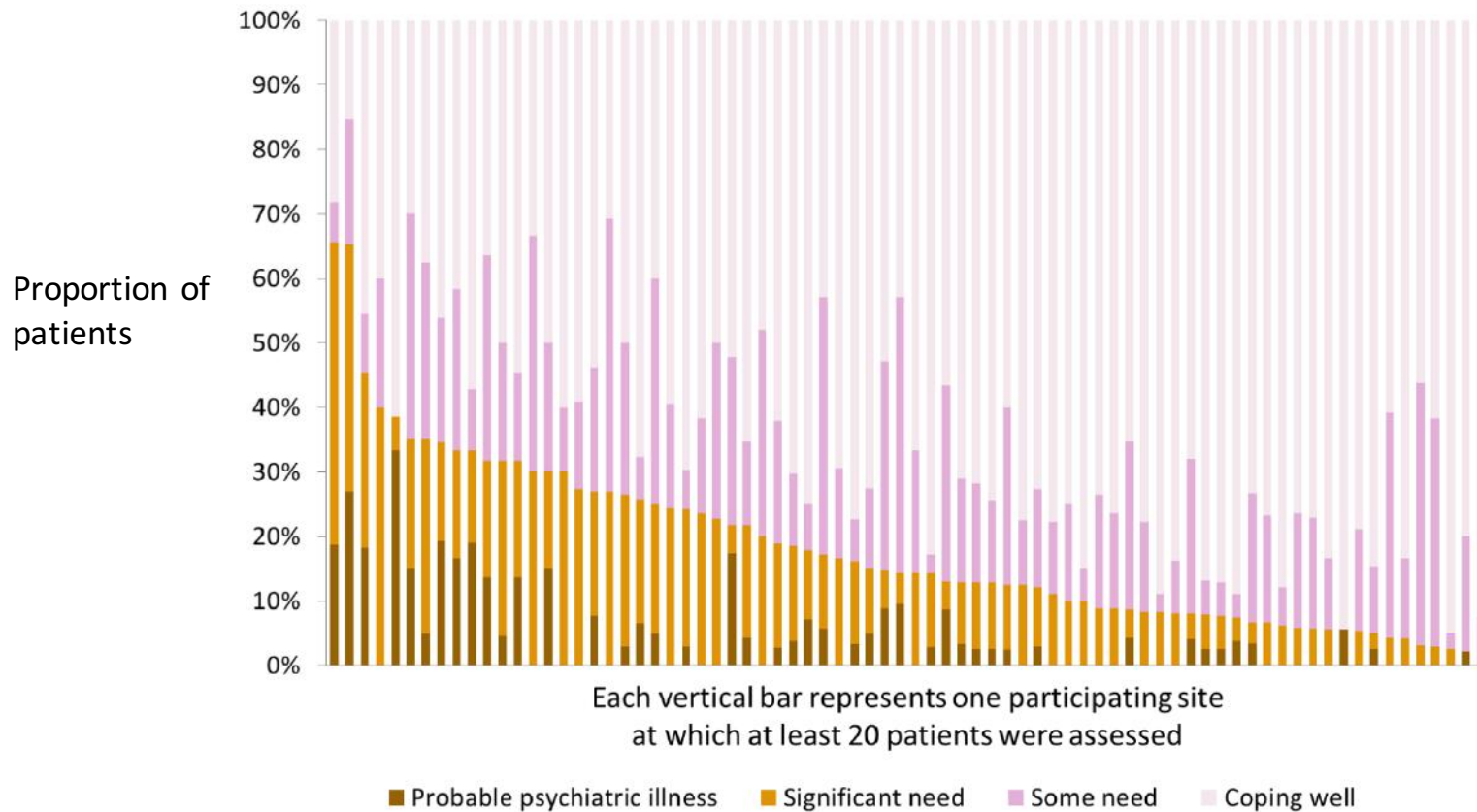


## Psychological status

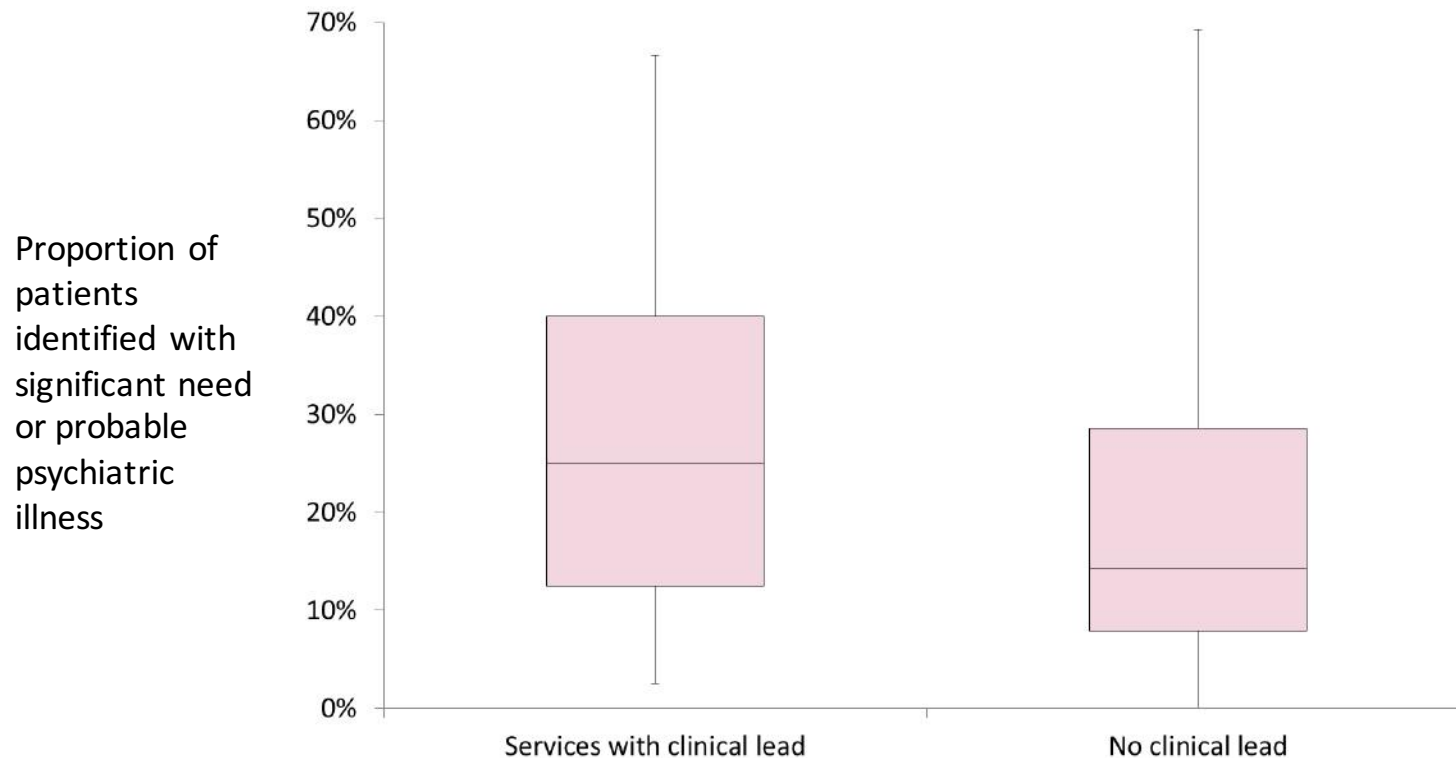
	Number (%)
<b>Denominator: those for whom psychological status/well-being had been asked about/recorded</b>	<b>2962 (100)</b>
Coping well with no psychological support need	1760 (59.4)
Some need for information and support for self-management	515 (17.4)
Significant level of distress and/or need for specific psychological support	432 (14.6)
Likely to have a diagnosable psychiatric illness	151 (5.1)
Not sure	85 (2.9)
Not answered	19 (0.6)



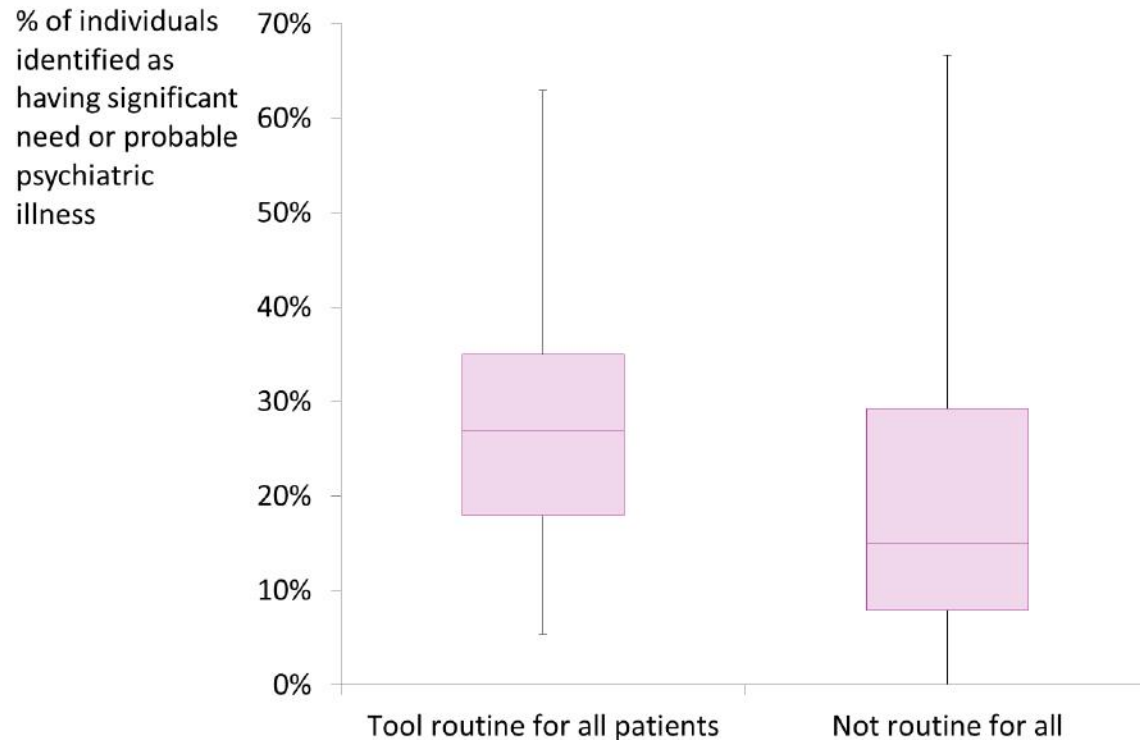
## Variation in psychological status between sites



## Psychological status by whether service has identified clinical lead

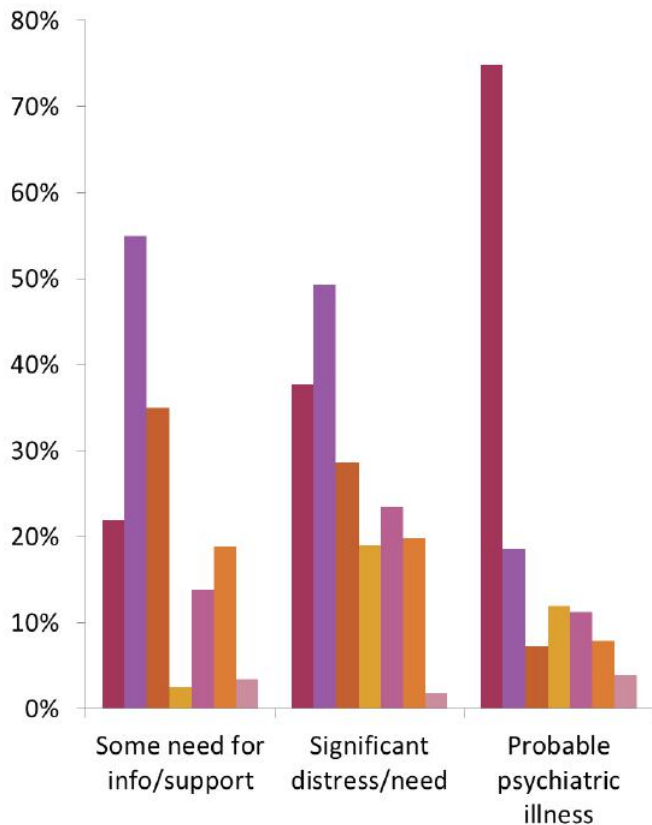


## Psychological status by whether service routinely uses tool to assess



## Provision of psychological support

Proportion of patients with assessed need



- Already receiving appropriate support
- Offered support within specialist HIV service
- Offered advice/referral to voluntary or community support organisation
- Offered referral direct to mental health service
- Offered referral to GP to provide or arrange support
- Peer support specifically included
- No reported support

NB: more than one form of support could be offered/provided.



## Alcohol problems and support

	Alcohol Number (%)
Denominator: asked about use	3050 (100)
Problematic use identified:	
By both clinician and patient	118 (3.9)
By clinician	123 (4.0)
By patient	14 (0.5)
Total problematic use	255 (8.4)
Denominator: problematic use	255 (100)
Already receiving support	41 (16.1)
Support offered	135 (52.9)
Total support received or offered	176 (69.0)



## Recreational drugs and chemsex within past six months

	Recreational drugs, other than chemsex Number (%)	Chemsex Number (%)	Chemsex, MSM only Number (%)
Denominator: asked about use	2621 (100)	753 (100)	501 (100)
Injected	52 (2.0)	34 (4.5)	34 (6.8)
Used but did not inject	294 (11.2%)	64 (8.5%)	59 (11.8%)
Total use	346 (13.2)	98 (13.0)	93 (18.6)



- 375 (14.1% of those asked) had used recreational drugs and/or engaged in chemsex
- 73 (2.8%) had injected

Most commonly used types of drug were cannabis (166 individuals), cocaine (106), ketamine/amphetamines (74), chems (62), methadone/other prescribed substitutes (38), ecstasy (36) and opiates (31)



## Recreational drug problems and support

	Recreational drugs other than chemsex Number (%)	Chemsex Number (%)	Recreational drugs and/or chemsex Number (%)
Asked about use	2621	753	2646
Denominator: any use reported	346 (100)	98 (100)	375 (100)
Problematic use identified:			
By both clinician and patient	69 (19.9)	30 (30.6)	74 (19.7)
By clinician	50 (14.5)	17 (17.3)	55 (14.7)
By patient	4 (1.2)	5 (5.1)	7 (1.9)
Total problematic use	123 (35.5)	52 (53.1)	136 (36.3)
Denominator: problematic use	123 (100)	52 (100)	136 (100)
Already receiving support	47 (38.2)	12 (23.1)	50 (36.8)
Support offered	63 (51.2)	35 (67.3)	71 (52.2)
Total support received or offered	110 (89.4)	47 (90.4)	121 (89.0)



## Recreational drug problems - injecting

- 52 individuals injected drugs other than chemsex:
  - 43 were considered to have a problem
  - 4 were not
  - 5 respondent was unsure
- 34 individuals injected chemsex drugs:
  - 25 were considered to have a problem
  - 2 were not
  - 7 respondent was unsure

## Summary of outcomes: service provision

- 49% of HIV services had an identified clinical lead for psychological support
- Documented care pathways for mental health, alcohol and drugs were reported by 53%, 38% and 36% of HIV services respectively, but more than 80% of services can refer patients directly

## Summary of outcomes: assessment

- Rates of routine assessment within the previous 18 months were:
  - 66.0% of patients for psychological well-being/mental health
  - 68.0% for alcohol use
  - 58.4% for recreational drugs
  - 16.8% (26.5% of MSM) for chemsex
- These varied widely but were higher when included in the service's proforma/standard procedure

## Summary of outcomes: psychological status

Among individuals assessed:

- 59.4 were coping well
- 17.4% had some need for info/support
- 14.6% had significant distress or psychological support need
- 5.1% were likely to have a diagnosable psychiatric illness

This varied widely between services, but sites having a clinical lead or routinely using an assessment tool identified higher levels of need

## Summary of outcomes: substance use

Among individuals assessed:

- The rate of problematic alcohol use was lower than expected in comparison with the general population
- Of individuals engaging in chemsex, 53% were identified as involved in problematic use
- A small number of individuals who injected drugs were not considered to have a problem

## Summary of outcomes: support provided

- Nearly all individuals identified with psychological problems were offered or already receiving support
- Around 90% of individuals identified with recreational drug/chemsex problems were offered or already receiving support
- For alcohol, this figure was only 69%
- *However these findings might be artefacts if provision was interpreted as evidence of documented need*

## Conclusions

HIV services varied widely in:

- Routine assessment of psychological well-being/mental health and substance use
- Reported psychological status among assessed individuals

Mental ill-health and substance use problems are likely to have been under-recognised even when assessed



## Recommendations to HIV services

HIV services should:

- Review their own results
- Identify a clinical lead for psychological support
- Develop agreed care pathways
- Prospectively look for possible psychological support needs on a routine basis, via a standard clinic proforma or procedure
- Adopt a systematic approach to alcohol and recreational drugs assessment and support, including chemsex

## Recommendations to BHIVA

BHIVA should explore the scope for guidance on methods for routine assessment of psychological support needs and substance use.

2016 monitoring guidelines suggest:

- The wellness thermometer can be useful as an aid to communication.  
*Croston et al. National HIV Nurses Conference. June 2015. Leeds, UK. Abstract P11.*
- Pre-consultation screening tools enable patients' agendas to shape the consultation and enable better communication of any concerns.

# Recommendations to BHIVA

This might include recommending specific tools, e.g.

## **EACS two sentences:**

- Have you often felt depressed, sad or without hope in the last few months?
- Have you lost interest in activities that you usually enjoy?

## **PHQ2:**

Over the past 2 weeks, how often have you been bothered by any of the following problems?

- Little interest or pleasure in doing things
- Feeling down, depressed or hopeless

## **GAD2:**

Over the last 2 weeks, how often have you been bothered by the following problems?

- Feeling nervous, anxious, or on edge
- Not being able to stop or control worrying

# Acknowledgements

Thanks to participating HIV services

Audit and Standards Sub-Committee:

D Asboe, V Balasubramaniam, F Burns, R Byrne, D Chadwick (chair), D Churchill, H Curtis (co-ordinator), V Delpech, A Freedman, R Mbewe, A Molloy, N Naous, O Olarinde, E Ong, S Parry, C Sabin, A Sullivan (vice-chair)