Providing mental health care and wellbeing in HIV: Learnings from the field

Chair:
Iain Reeves
Updating the Standards for Psychological Support for Adults Living with HIV: Results of the stakeholder pre-consultation

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&
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Feedback from the Stakeholder Consultation to inform an update to the Standards of psychological care

Sarah Rutter, Manchester University NHS Foundation Trust, UK
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Conflict of Interest

In relation to this presentation, I declare that I have no conflict of interest.

Speakers are required by the Federation of the Royal Colleges of Physicians to disclose conflicts of interest at the beginning of their presentation, with sufficient time for the information to be read by the audience. They should disclose financial relationships with manufacturers of any commercial product and/or providers of commercial services used on or produced for patients relating to the 36 months prior to the event. These include speaker fees, research grants, fees for other educational activities such as training of health professionals and consultation fees. Where a speaker owns shares or stocks directly in a company producing products or services for healthcare this should also be declared.
Background

• HIV has become a more manageable condition

• Health-/medication- related issues and HIV stigma remain significant

• As a result, mental health issues are significantly higher in people living with HIV
Standards for Psychological Support

• Published in 2011

• Promote the importance of establishing psychological assessment and treatment

• Linked to BHIVA Standards of care 2018
6. Psychological care

People living with HIV should receive care and support that assesses, manages and promotes their emotional, mental and cognitive well-being and health, and is sensitive to the unique aspects of living with HIV.

For people living with HIV to be able to access psychological care it is necessary to have clear standards, referral pathways, screening, and interventions. While there has been a growing recognition of the importance and parity of mental health alongside physical health, resources and provision have been restricted. Language and terminology in this area can be confusing and controversial, with different words used by different groups. These Standards use the following terms:

- Emotional well-being: the emotional, practical, and lived experiences of people living with HIV (e.g. stigma, telling others about one’s status, relationships, sex, employment, travel);
- Mental health: diagnostic labels such as anxiety, depression, post-traumatic stress disorder, insomnia, suicidal thoughts and self-harm, and addictions;
- Cognitive functioning: the neurological health of the brain and how this is expressed cognitively (including memory, language, processing speed) and how HIV, its treatment, and other health and lifestyle factors can sometimes affect this.
Standards for Psychological Support

• Eight standards covering:
  
  Standard 1  Promotion of mental health and psychological wellbeing
  Standard 2  Comprehensive psychological support services
  Standard 3  Engagement of people living with HIV
  Standard 4  Support at the time of diagnosis
  Standard 5  Identifying psychological support needs
  Standard 6  Competence to provide psychological support
  Standard 7  Coordination of psychological support
  Standard 8  Evidence-based practice
Standards for Psychological Support

• Eight standards covering:

• Based on four-level stepped care model
Implementation

• Mental healthcare acknowledged as a priority by the HIV community and clinicians

• Evidence that standards were not being met:
  > National audit led by NHIVNA in 2015
  > Case review across 52 clinical sites

- Nearly 40% did not have psychological wellbeing documented
- 75% of clinics had no psychological support policy
- 40% of clinics had no MH professional in the team
Stakeholder Consultation: Methods
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• Electronic survey exploring:
  ▪ Familiarity, relevance and use of standards
  ▪ Obstacles to implementation of each standard
  ▪ Suggested additions for each standard

• Circulated between November 2021-March 2022 for eight weeks (dependant on the organisation)

• Questionnaires completed represented organisations
Stakeholder Consultation: Methods
Stakeholder Consultation: Methods

Analysis:

• Binary/ordinal responses summarised used N/%

• Open ended questions inductively coded
  ▪ Multidisciplinary team (myself, senior nurse and clinical psychologist)
# Stakeholder Consultation: Results

12 organisations responded in total

<table>
<thead>
<tr>
<th>Organisation</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare professional network</td>
<td>5 (38.5)</td>
</tr>
<tr>
<td>Community organisation</td>
<td>6 (46.2)</td>
</tr>
<tr>
<td>NHS Trust</td>
<td>1 (7.7%)</td>
</tr>
</tbody>
</table>
Stakeholder Consultation: Results

How familiar are people from your group with The Psychology Standards?

- Not: 7.7%
- Slightly: 30.8%
- Moderately: 30.8%
- Very: 30.8%
Stakeholder Consultation: Results

- How familiar are people from your group with The Psychology Standards?
  - Not: 7.7%
  - Slightly: 30.8%
  - Very: 30.8%

- How relevant are The Psychology Standards to your group?
  - Not relevant: 0%
  - Relevant: 100%
Stakeholder Consultation: Results

- How familiar are people from your group with The Psychology Standards?
  - Not: 7.7%
  - Moderately: 30.8%
  - Very: 61.5%

- How relevant are The Psychology Standards to your group?
  - Not relevant: 0%
  - Relevant: 100%

- How often do you use The Psychology Standards?
  - Not at all: 16.7%
  - Sometimes: 25.0%
  - Often/Very often: 33.3%
Stakeholder Consultation: Results

Obstacles to implementation
Stakeholder Consultation: Results

Political will

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- Political will
- Geographical disparity in care

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Obstacles to implementation
Stakeholder Consultation: Results

Suggested additions
Stakeholder Consultation: Results

- Prioritise mental health and wellbeing
- Person-centred care
- Address inequalities and social injustice
- Co-design and co-development of services
- Peer support
- Referral pathways
- Training
- Information/resources

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BEST PRACTICE EXAMPLES (based on evidence)
Next steps

• Results give newfound motivation to develop equitable access to psychological care for all people living with HIV

• Desire for standards to provide guidance on how best to implement psychological care in HIV services

• Have been used to inform recommendations to guide the revision of the psychological standards document

Report will be published soon
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