

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

Chair:

Iain Reeves

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# 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

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## **Conflict of Interest**

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

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# 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



The  
British  
Psychological  
Society



# Standards for Psychological Support

Standards of Care  
for People Living with HIV 2018



**BHIVA**  
British HIV Association  
STANDARDS OF CARE



## 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

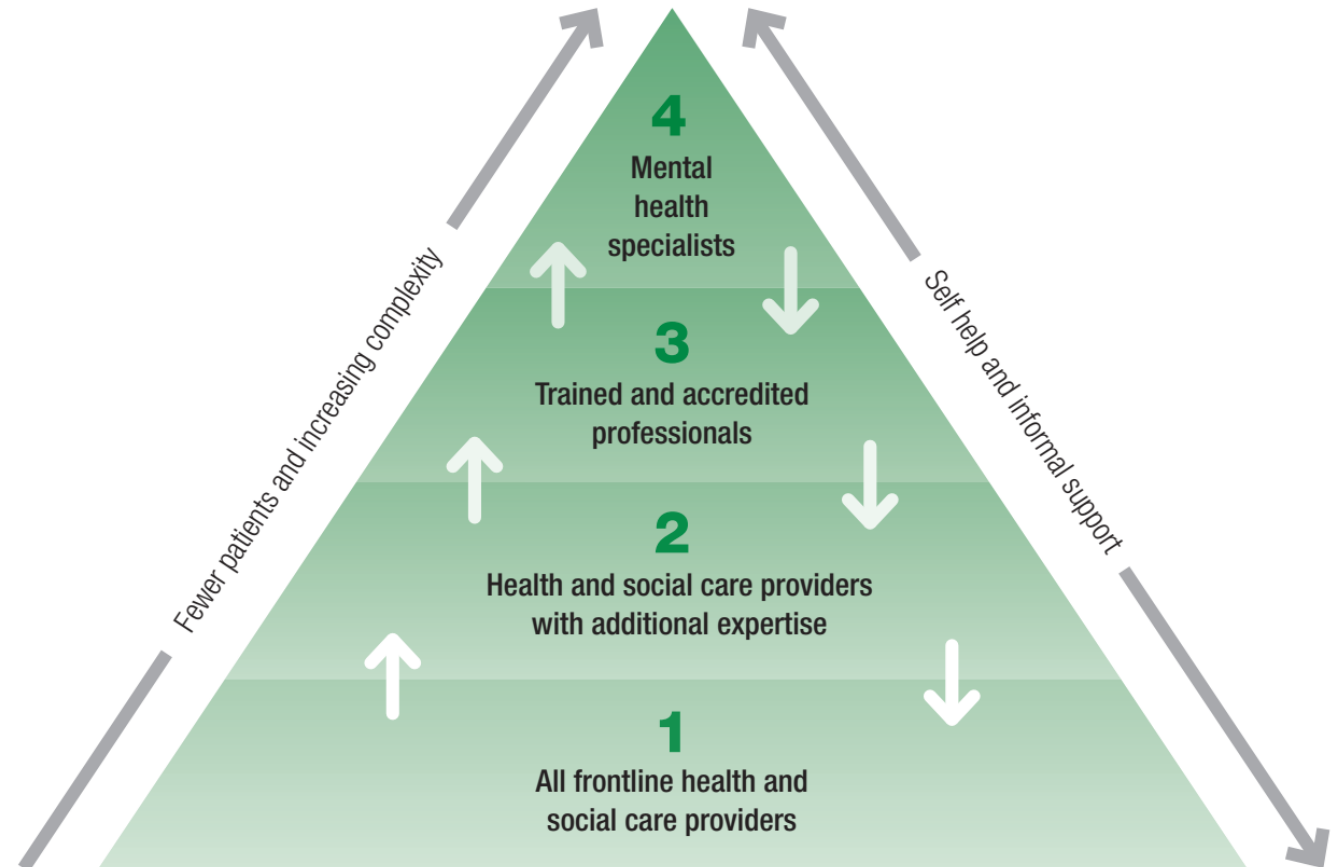
- Eight standards covering:

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



The HIV Psychosocial  
Network UK

GEORGE  
HOUSE+ TRUST  
HIV POSITIVE LIVING



**SSHA**  
Society of Sexual Health Advisers



**UK-CAB**  
HIV TREATMENT ADVOCATES NETWORK



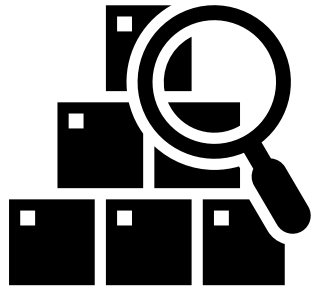


# Stakeholder Consultation: Methods



## Analysis:

- Binary/ordinal responses summarised used N/%
- Open ended questions inductively coded
  - Multidisciplinary team (myself, senior nurse and clinical psychologist)

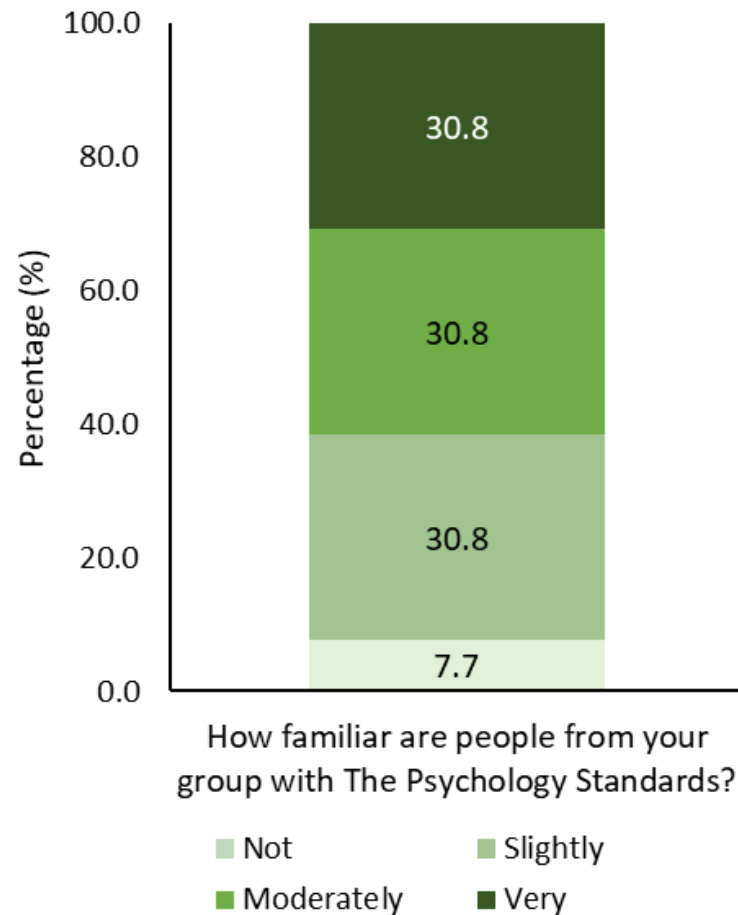


# Stakeholder Consultation: Results

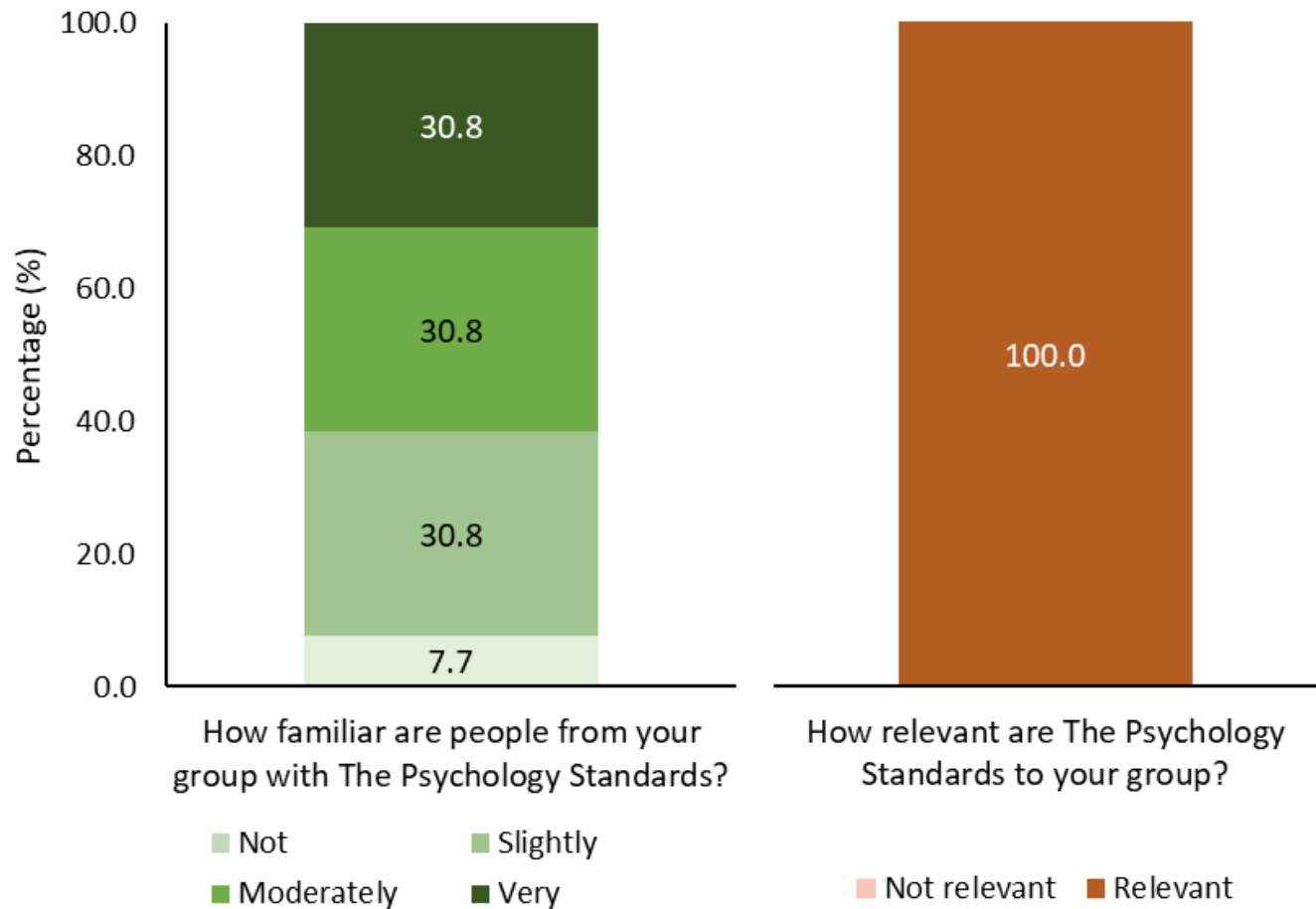
12 organisations responded in total

Organisation	N (%)
Healthcare professional network	5 (38.5)
Community organisation	6 (46.2)
NHS Trust	1 (7.7%)

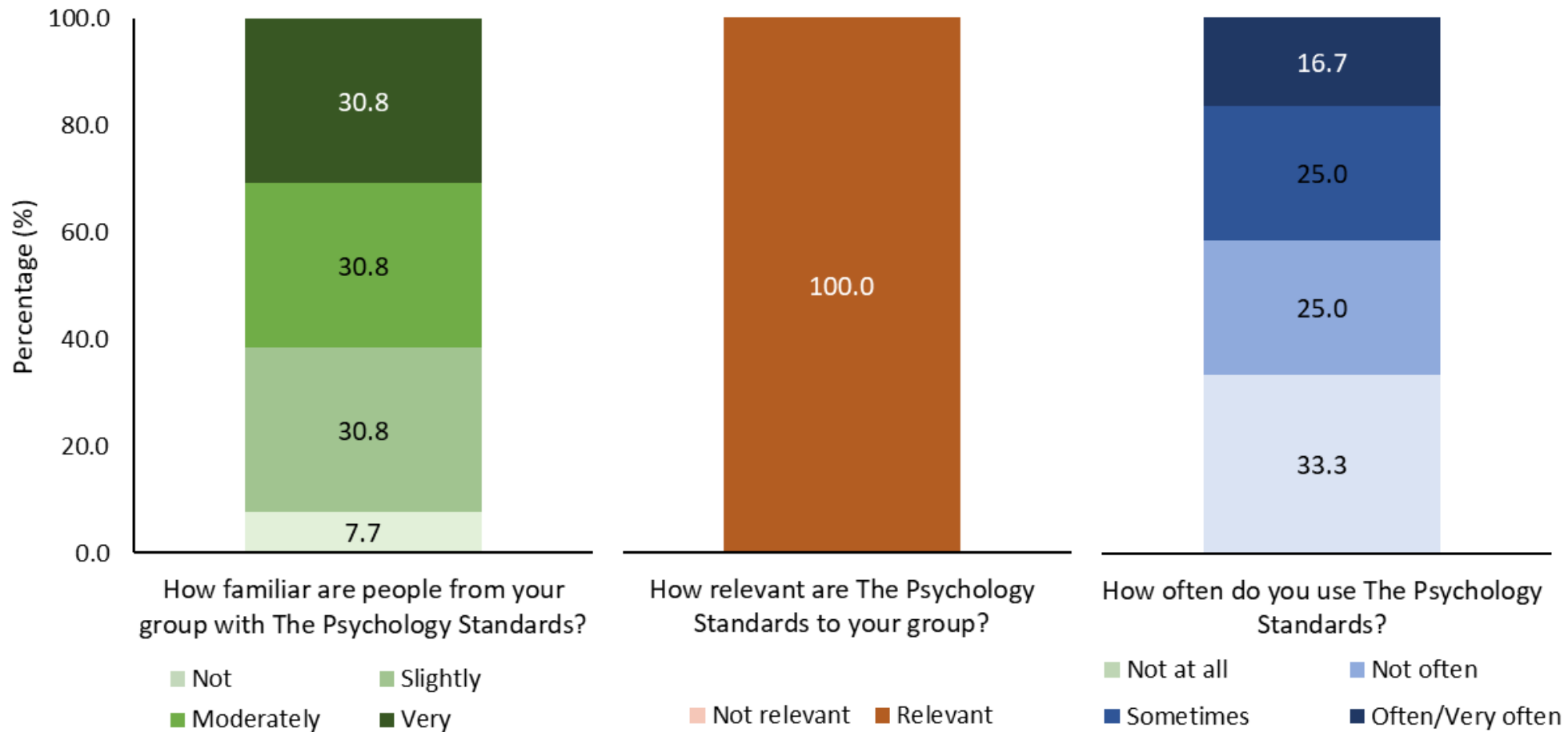
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# Stakeholder Consultation: Results

**Obstacles to  
implementation**

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**Political will**

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**Geographical  
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**Lack of clear  
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# Stakeholder Consultation: Results

**Political will**

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**Funding**

**Obstacles to  
implementation**



# Stakeholder Consultation: Results

**Political will**

**Geographical  
disparity in care**

**Lack of clear  
commissioning  
framework**

**Funding**

**Obstacles to  
implementation**

**Time**

# Stakeholder Consultation: Results

**Political will**

**Geographical  
disparity in care**

**Lack of clear  
commissioning  
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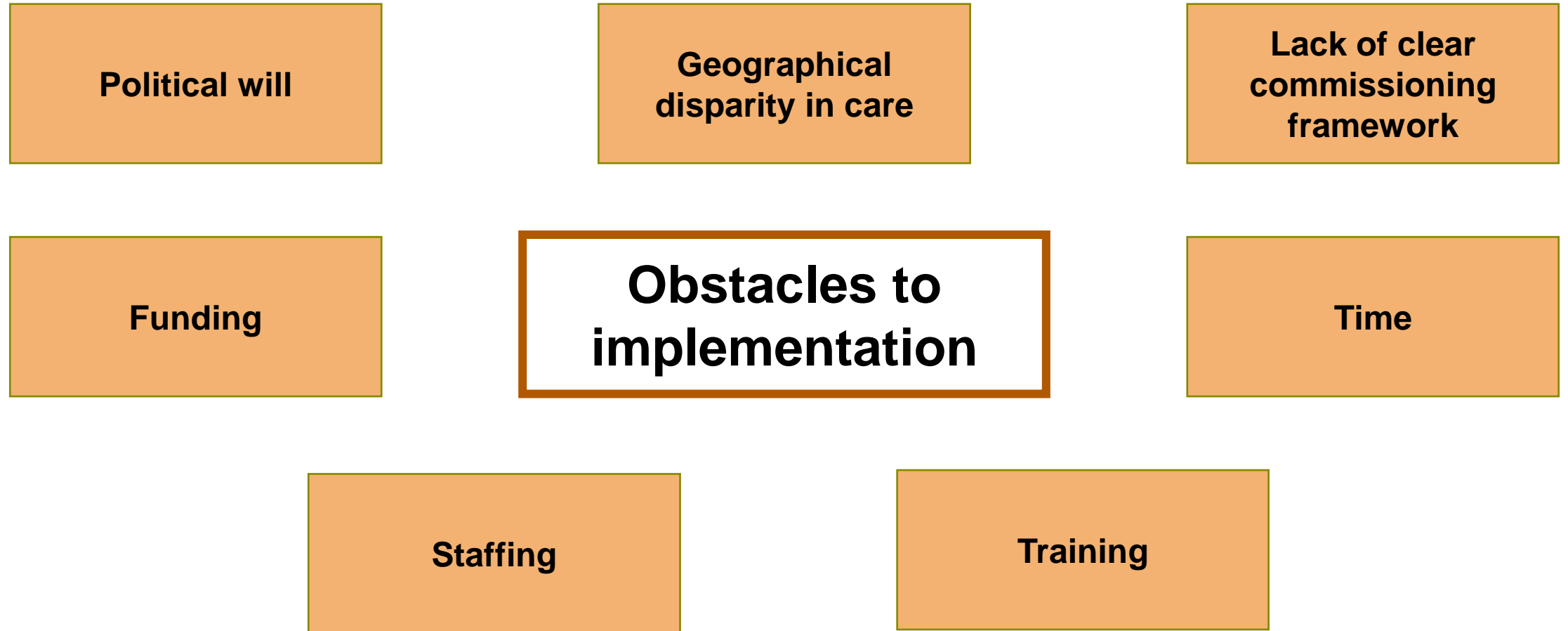
**Funding**

**Obstacles to  
implementation**

**Time**

**Staffing**

# Stakeholder Consultation: Results



# 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**

**Suggested  
additions**

**Peer support**

**Referral pathways**

**Information/  
resources**

**Training**



# Stakeholder Consultation: Results



# 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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