18TH ANNUAL CONFERENCE OF THE BRITISH HIV ASSOCIATION (BHIVA)
18-20 APRIL 2012, THE INTERNATIONAL CONVENTION CENTRE. BIRMINGHAM. LIM



**Camden Provider Services** 

## Prevention rather than cure? Promoting resiliency in young people living with HIV

Dr Karen Gurney, Clinical Psychologist

TEAM clinic, Mortimer Market Centre, Central and North West London NHS - Camden Provider Services

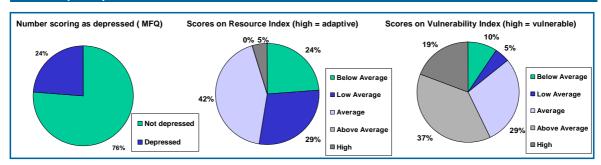
## **Background**

- Young people living with HIV have a high level of psychological need due to difficulties negotiating the ordinary challenges of adolescence alongside living with HIV.
- •TEAM clinic is a dedicated transitional clinic for young people moving from paediatric to adult HIV services. All TEAM clinic patients seeing the psychologist in 2011 were screened for depression and resiliency as part of a wider approach to implement more consistent screening to plan future care.
- This process was designed to identify those who might benefit from psychological interventions, and offer responsive or preventative therapy accordingly.

#### Method

- •Twenty one young people living with HIV completed questionnaires during routine appointments with the psychologist in 2011. The median age was 17 years (range 15-23), of which 15 were female and 6 were male. Twenty out of the 21 acquired HIV vertically and 1 horizontally.
- •The Mood and Feelings Questionnaire (MFQ) was used as a screening tool for depression and the Resiliency Scales for Children and Adolescents (RSCA) were used to assess perceived resources and potential vulnerability to future distressing events. The RSCA uses three sub-scales: Mastery (optimism, self-efficacy, adaptability) Relatedness (trust, support and tolerance from and for others) and Emotional Reactivity (sensitivity and recovery from distress). Results from the subscales are combined to provide an Index of Resource and an Index of Vulnerability.
- •The outcomes of the assessment were discussed with the young person, with emphasis given to reporting on strengths in relationships or coping mechanisms, as well as highlighting areas for possible future psychological work if they chose to take this up. A summary of this was then sent in letter format to the young person and copied to the MDT.

# Results (n=21)



### Conclusions

- •Young people accessing TEAM clinic scored lower than the RSCA's standardised sample of (presumed HIV negative) age matched peers on perceived internal resources, and higher on measures of vulnerability to future distress. RSCA scores for TEAM clinic patients also reporting depression fitted a profile of low perceived resources and high vulnerability which correlates with understanding around thinking styles associated with depression.
- •This assessment structure may be used to identify young people living with HIV who have no current mental health difficulties, but who may be vulnerable to future psychological distress. Preventative interventions could then be offered to these young people with the aim of building resilience. These strategies might include: managing emotional reactivity using relaxation or distress tolerance; building on mastery by encouraging activities which promote self-efficacy and hope; building on relatedness by targeting key relationships with other people, addressing the impact of secrecy and stigma and encouraging access to informal and formal peer support.
- •Five young people were experiencing depression and suicidal ideation that had not previously been picked up, highlighting the importance of screening for this cohort. All five of these were taken on for psychological therapy after assessment and offered interventions in line with NICE guidelines. A further 11 young people were offered short term therapy interventions designed to increase perceived resources and reduce emotional distress. The clinic plans to continue this assessment structure and further evaluate the efficacy of these preventative interventions at a later stage.