A National Nurse-Led Audit of the Standards for Psychological Support for Adults Living with HIV

Michelle Croston and Sarah Rutter
Chair of NHIVNA and BPS Executive Member
Session overview

- The standards
- Why we did the audit
- How we did the audit
- What the audit told us
- What we plan to do now
The Standards

1. Promotion of mental health and well-being
2. Comprehensive psychological support services
3. Engagement of people living with HIV
4. Support at time of diagnosis
5. Identifying psychological support needs
6. Competence to provide psychological support
7. Coordination of psychological support
8. Evidence-based practice

Standards for Psychological Support for Adults Living with HIV (2011)
The Stepped Care Model

- Fewer patients and increasing complexity
- Trained and accredited professionals
- Health and social care providers with additional expertise
- All frontline health and social care providers
- Self help and informational support
- Mental Health specialists
Why we did the audit


- Standards around since 2011

- To what extent are they being implemented?

- Are there gaps in HIV services regarding psychological care?

- What support or training is required to uphold the standards?
How we did the audit

- Formed a steering committee (Representatives from BHIVA, BPS, NAT, UKCab, MEDFASH & RCN)

- Developed an audit proforma (based on auditable outcomes of the standards)

- UK services providing HIV care invited to participate

- Each site electronically completed and submitted a site survey and case note reviews

- **RESPONSE RATE** – 1446 case note reviews from 52 sites (approx 1/3 of those invited)
What the audit told us

ADDRESSED TWO MAIN AREAS:

- To what extent are the standards being met within clinical practice?
- How are HIV services set up to meet the standards in relation to patient well-being?
To what extent are the standards being met within clinical practice?

- **Documentation of psychological well-being**

  **Standard 5**

  - 899 (62.2%) cases - well-being documented (last 12 months)
    - 509 (56.6%) coping well (no support required)
    - 176 (19.6%) some information and support needed
    - 167 (18.6%) significant levels of distress
    - 47 (5.2%) likely to have diagnosable psychiatric condition

  - 547 (37.8%) cases - not documented
To what extent are the standards being met within clinical practice?

- **Management of identified psychological well-being needs**

  **Standards 2, 4 & 5**

<table>
<thead>
<tr>
<th>Level of need</th>
<th>Referred to external service</th>
<th>Supported in medical clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coping well</td>
<td>3 (1%)</td>
<td>14 (2%)</td>
</tr>
<tr>
<td>Need for information/self management</td>
<td>62 (35.2%)</td>
<td>130 (55%)</td>
</tr>
<tr>
<td>Significant distress</td>
<td>118 (71%)</td>
<td>100 (27%)</td>
</tr>
<tr>
<td>Psychiatric condition</td>
<td>37 (78.7%)</td>
<td>14 (11%)</td>
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</tbody>
</table>
To what extent are the standards being met within clinical practice?

- 89.4% - 97.6% - received some form of support when psychological needs were identified.
- **Documentation of mental health history and risk**
  - Standards 2 & 5
  - 339 (23.4%) – documentation of history of mental health issues
  - 768 (53.1%) – no reference to mental health status/history
  - 91 (6.2%) had either a documented brief or full cognitive assessment documented
How are HIV services set up to meet the standards?

- Departmental policies and teams
  **Standard 7**
  Of the 52 sites
  - 13 (25%) – psychological support policy
  - 9 (17.3%) – risk policy
  - 18 (34.5%) – adherence policy
  - HIV Specialist Nurse – not standard! (37/52 sites)
  - No mental health professional in 21 (40%) teams
How are HIV services set up to meet the standards?

- **Staff Training for psychological support**
  
  **Standard 6**

- Almost half of the sites (48%) – no access to training regarding delivery of psychological support

- In general – larger sites, more access to training
Strengths and Limitations

**Strengths:**
- Nursing staff engaged well – good response rate
- First measure of psychological care in HIV services
- Stepped care model being implemented

**Limitations:**
- Response rate lower than previous BHIVA audits
- Limited timescale for data gathering
- Biased data?
- Lack of equity across standards
What we plan to do now

- Training for delivery of psychological support **Standard 6**
- Local policy development – psychological support, risk and treatment adherence **Standard 7**
- Annual review clinics – to include psychological and cognitive screening **Standard 5**
- National standardisation of psychological and cognitive screening **Standard 8**
References


How we did the audit

**SPECIAL THANKS TO THE STEERING COMMITTEE!**

- **Yusef Azad.** Director of Policy and Campaigns, National AIDS Trust
- **Kathleen Charters.** Community Representative, UK Community Advisory Board
- **Hilary Curtis.** NHIVNA Audit Co-ordinator, Regordane Editorial and Design Services
- **Helen Donovan.** Public Health Advisor, RCN/Executive Nurse Member for Barnet CCG Board, Barnet Clinical Commissioning Group
- **Stuart Gibson.** Clinical Psychologist, Royal London Hospital, Barts Health NHS Trust
- **Ruth Lowbury.** Chief Executive, MEDFASH
- **Alexander Margetts.** Clinical Psychologist, Central and North West London NHS Foundation Trust (for British Psychological Society)
- **John McLuskey.** Associate Professor, University of Nottingham
- **Jason Warriner.** Public Health Forum Chair, RCN.

**MEDISCRIP**
- **JANSSEN**