Improving HIV Treatment Outcomes: Integration of Mental Health Treatment into HIV Medical Care

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Learning Objectives

- Address the prevalence of mental health disorders among people living with HIV.
- Identify screening tools used to assess for depression, anxiety, and substance use.
- Develop strategies to integrate treatment of mental health disorders into HIV medical care.
- Identify barriers and challenges related to implementing an integrated model of mental health treatment and HIV medical care.
What is Mental Health?

• Mental Health refers to your emotional, psychological, and social well-being.

• Mental health is just as important as physical health.

“While mental illness can be an isolating and a personal struggle, it is also a public health issue. We as a society need to view mental disorders like other chronic medical conditions. They are highly treatable. For many individuals, recovery from mental disorders is possible.”

U.S. Surgeon General’s Perspectives: Mental Health Matters, 2009
“An estimated 46.4% of Americans will experience some form of mental illness in their lifetime. Given a current U.S. population of more than 305 million, that figure represents an estimated 141 million of us.”

U.S. Surgeon General’s Perspectives: Mental Health Matters, 2009
Why is Positive Mental Health Important for People Living with HIV?

• If you are living with HIV, mental health problems can affect your physical health by:
  ➢ Making it harder for you to take all your HIV medications on time.
  ➢ Making it harder for you to keep your health appointments or take advantage of your support network.
  ➢ Interfering with your healthy behaviors (sleep, exercise, avoiding risky behaviors).
  ➢ Impairing your ability to cope with the stresses of daily life.
Why We Must Care

Wesley’s Story

- 29 y/o, Caucasian Male
- Raised by Maternal Grandparents
- 4th grade, Father moved him to Alabama
- Physical and Verbal Abuse by Father
- Age 18 – Left his Father and returned to Ohio
- Diagnosed Bipolar Disorder - age 18
- Multiple Personality Disorder - age 20
- Major Depressive Disorder - age 22
- Schizophrenia in 2012
Wesley’s HIV Status

- Diagnosed HIV+ in Oct. 2012 – mode of transmission, MSM.

- In 2012 received HIV care briefly at a different facility but then ‘lost to care’, was not on HIV medications.

- Feb., 2014 first apt with FACES

- 2/12/14 – CD4 257, HIV Copies/Viral Load 58,424
Achieving better mental health “may in turn lead to a reduction in sexual risk behaviors and improvements in HIV treatment adherence” . “Mental health treatment provides added, and potentially essential, value to secondary HIV prevention”. (Sikkema et al., 2010)
Prevalence of Mental Health and Substance Use Disorders and HIV

- In the U.S., about 1.1 million people live with HIV, and about one in five do not know they are infected. (CDC)

- The HIV Cost and Services Utilization Study found that nearly 50 percent of adults being treated for HIV also have symptoms of a psychiatric disorder – prevalence that is 4 to 8 times higher than in the general population. Nearly 40% reported illicit drug use other than marijuana and more than 12% screened positive for drug dependence (Bing et al., 2001).
Crisis Points and Psychosocial Factors can precipitate mental distress

- Learning of HIV+ status
- Disclosure of HIV status to family & friends
- Introduction of medication
- Occurrence of any physical illness
- Recognition of new symptoms/progression of disease
- Diagnosis of AIDS
- Changes in major aspects of lifestyle
- Necessity of making end-of-life and permanency planning decisions
Mental Health Screening

• All HIV-infected patients should receive baseline and ongoing assessment of the following:
  - Mental health disorders
    - Depression (every visit)
    - Anxiety (at least annually)
    - PTSD (at least annually)
  - Cognitive function (at least annually)
  - Sleep habits and appetite (every visit)
  - Psychosocial status (at least annually)
  - Suicidal/violent ideation (every visit)
  - Alcohol and substance use (at least annually)

(www.hivguidelines.org – New York State Dept. of Health 06/12)
Screening Tools

• HIV/AIDS Bureau’s Client Diagnostic Questionnaire (CDQ)
  – Screens for depression, anxiety, and psychosis as well as for alcohol and drug abuse or dependence.
• Substance Abuse and Mental Illness Symptoms Screener (SAMISS)
• Patient Health Questionnaire (PHQ-2, PHQ-9)
  – Depression screening
• Generalized Anxiety Disorder 7-item scale (GAD-7)
• CAGE Questionnaire
  – Alcohol/Substance Abuse screening
• Drug Use Questionnaire (DAST-20)
Implement Integrated Mental Health and Physical Health Care

• The American Psychological Association (APA) welcomed the release of the National HIV/AIDS Strategy (NHAS) on July 13, 2010, the first comprehensive national plan to address the domestic HIV/AIDS epidemic since the first cases of AIDS were identified three decades ago. [www.apa.org](http://www.apa.org)

• APA is committed to the development and implementation of comprehensive mental and behavioral health services delivery in the context of HIV/AIDS prevention and care.
One priority of the APA is to target resources to increase screening for HIV in the context of mental health and substance abuse prevention and care service delivery systems:

- HIV screening is uncommon in settings where mental health and substance use/abuse services are provided, it is not a high priority in these settings, and occurs haphazardly.
Integrated Care Should Include:

- Access to ancillary services
- Multidisciplinary provider collaboration
- Client-centered approach
- Substantial efforts to connect patients to case management services to address a variety of psychosocial needs (homelessness, poverty and treatment adherence). (APA, 2014)
Treatment

- Cognitive behavioral therapy (CBT), a type of psychotherapy, that helps change negative thinking styles and behaviors (mood monitoring, cognitive restructuring, problem solving).
- Solution Focused Therapy & Motivational Interviewing
- Selective serotonin reuptake inhibitor (SSRI), a type of antidepressant medication (e.g., Celexa, Zoloft, Prozac).
- Serotonin and norepinephrine inhibitor (SNRI), a type of antidepressant medication similar to SSRI (e.g., Effexor, Cymbalta).
Any targeted HIV prevention should include both sexual and substance abuse risk reduction approaches that factor in mental health treatment. There is a "triple stigmatization" associated with having HIV, a psychiatric illness, and a substance use disorder. (APA, 2014)
Barriers to Integrated Care

- Complex psychosocial conditions, such as poverty, lack of health insurance, limited social support, unstable housing.
- Fragmented care paradigm.
- Reduction of flexibility of care due to underfunding.
- Adequate space for new programs.
- Staff-related challenges including provider conflict of interest, lack of training, and miscommunication.
Organizations that provide integrated care are more responsive to their clients’ needs and play an important role in improving health outcomes.

APA, 2014
FACES
Family AIDS Clinic and Education Services

• FACES opened its doors in 1985 as the first pediatric HIV clinical support program in Ohio.
• Currently serving nearly 400 patients (all ages).
• Current funding stream is Part C and Part A (through Columbus Public Health, supporting mental health and substance abuse treatment).
• Viral load suppression rate based on FACES definition (≤40 copies/mL) we are currently at 76%. With HRSA and the National definition of viral load suppression (< 200 copies/mL) we are at 80%.
FACES Model of Care

• Primary care, intensive medical case management and wrap around support services within a specialty focus on HIV.

• Multidisciplinary Team:
  ➢ HIV-Specialty Care & Primary Medical Care
  ➢ GYN & Reproductive Health
  ➢ Case Management Services & Ryan White Case Management
  ➢ Mental Health Services
  ➢ Nutrition, Pharmacy, Research
  ➢ Consumer Advocacy, Child Care
  ➢ Interpreter Services, Transportation Assistance
  ➢ Confidential HIV Testing & Outreach Education
Quality Improvement

• Viral Load Suppression Project (Green, Yellow, Red Light Project).

• Strategic Aim: Increase the Viral Load Suppression Rate amongst HIV positive clients of the FACES clinic from 75% to 85%.

• Started with a Baseline Viral Load Report – then updated quarterly for QI Team to review.

• Key Drivers: Mental Illness, Non-Compliant with Medications, and No Shows.
Integration of Mental Health Treatment into FACES HIV Medical Care

• Ryan White HIV Care: Behavioral Health Grant received through Columbus Health Department, March 2014.

• Mental health and substance abuse treatment.
  ✓ Short and long term Outpatient Counseling Services
  ✓ Outpatient Psychiatric Assessments and Treatment
Mental Health & Substance Abuse Screening in FACES

• Screenings completed annually on Patients over the age of 12 by social work case managers.
  ➢ PHQ-9, GAD-7, CAGE, DAST-20
  ➢ Sexual Health Self Assessment

• 2014 – 142 Screenings completed
How many Patients are receiving MH treatment through FACES?

- Counseling provided by FACES clinicians
  - 60 Patients (2014)
  - 264 Encounters

- Psychiatric services provided by FACES
  Contracted Psychiatrists
  - 20 Patients (2014)
  - 56 Encounters
Wesley’s Story

• Consistently seeing FACES counselor since Feb. 2014.

• Completed Psychiatric Assessment by FACES Psychiatrist.

• Decreased Marijuana use.

• 12/16/14 - CD4 617, HIV Copies <40 and has remained Undetectable (8/20/15 HIV Copies <40)

NATIONWIDE CHILDREN’S
When your child needs a hospital, everything matters.”
Success Story

• 31 y/o Heterosexual, African American Female
• Diagnosed HIV+ in March, 2002 – Diagnosis of AIDS
• 2 Children, Unemployed
• Long history of Depression, Anxiety and Suicidal Ideation
• Mental Health treatment “on and off”
• 8/27/13 – CD4 = 38, HIV Copies (viral load) 1,625,545
• Started bi-weekly medication adherence and mental health follow up (collaboration between Pharmacist and mental health counselor)
• Patient had resistance due to non-compliance for many years.
• 11/6/14 – CD4 = 310, Viral Load <40 **Undetectable
• 8/6/15 – CD4 = 349, Viral Load 43
Conclusions

- Integrating behavioral health care in HIV primary care maximizes opportunities to lower the community’s viral load.
- Mental health is just as important as physical health.
- We need to treat the whole person, not simply parts of the person or their individual illnesses.
References


References


HRSA Care ACTION. *Mental Health Matters.* 2009 www.hrsa.gov


Substance Abuse and Mental Health Services Administration. *HIV, AIDS, and Viral Hepatitis Fact Sheet.* 2014


U.S. Surgeon General’s Perspectives. *Mental Health Matters* 2009
Questions???

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Currently hiring a full time Psychiatric Nurse Practitioner for FACES