The Mental and Behavioral Health Implications of HIV and COVID-19

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Disclosures

- The activity planners and speaker do not have any financial relationships with commercial entities to disclose.
- The speaker will not discuss any off-label use or investigational product during the program.

This slide set has been peer-reviewed to ensure that there are no conflicts of interest represented in the presentation.
Learning Objectives

By the end of the session participants will be able to:

- Identify three mental/behavioral health conditions that can be experienced by people with HIV (PWH).
- Describe a few of the psychological effects of COVID-19 described in the literature.
- Identify three interventions that support an integrated person-centered approach to HIV care during virtual care visits.
- Discuss strategies that support the emotional wellbeing and resilience of both patients and healthcare professionals.

Presentation Topics

- Psychological impact of HIV and COVID-19
- Screening tools to identify mental/behavioral health needs
- Promoting emotional wellness virtually and in person
Mental and Behavioral Health Concerns

HIV

HIV Chronic Disease Management

1. **Cope** with intense, sometimes debilitating emotions
2. **Change behaviors to minimize the impact of HIV** and maximize antiretroviral (ARV) treatment
3. **Manage the disruptions** HIV may cause for work, school, social, spiritual and family life

Challenges of HIV Chronic Disease Management

Adherence
- Medication(s)
- Clinic appointments
- Scheduled laboratory tests
- Eligibility procedures

Health and Wellness
- Viral suppression
- Primary care
- Prevention
- Mental and Behavioral Health
- Self-care

Patient, Provider, and System Factors That May Negatively Influence HIV Self-Management

- Distrust of healthcare system
- Alcohol/substance use
- Mental health needs
- Distress and trauma
- Patient experience
- Isolation and lack of support system
Mental Health and HIV

Prevalence of Mental Illness Among Adults with HIV

<table>
<thead>
<tr>
<th>Mental Health Disorder</th>
<th>General Population</th>
<th>People with HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Mental Illness¹</td>
<td>18.9%</td>
<td>1-24%</td>
</tr>
<tr>
<td>Major Depressive Episode²</td>
<td>7.1%</td>
<td>22-61%</td>
</tr>
<tr>
<td>PTSD³</td>
<td>3.6%</td>
<td>30%</td>
</tr>
<tr>
<td>Panic Disorder⁴</td>
<td>2.5%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Any Anxiety Disorder⁵</td>
<td>19.1%</td>
<td>&lt;43%</td>
</tr>
</tbody>
</table>

¹Moore, D. J., Posada, C. (2013). HIV and psychiatric comorbidities: What do we know and what can we do? High-quality care for HIV-infected individuals also requires vigilance regarding the mental health needs of patients. Psychology and AIDS Exchange newsletter.

²Depression. Primary Care of Veterans with HIV. Neurology, Psychiatry, and Pain retrieved from https://www.hiv.va.gov/provider/tranlprimarycanc/depression.asp on June 3, 2018


Mental/Behavioral Health Disorders Influence Patient Outcomes Along the HIV Care Continuum

Depression Anxiety Distress

Diagnosis Linkage to Care Retention ART Viral Suppression

Substance Use Disorders

The Impact of Mental/Behavioral Health Conditions

Depression and anxiety are often associated with:

- impaired immune function
- reduced quality of life
- suboptimal adherence to treatment
- substance use disorders
- poor overall prognosis
- premature death
Achieving Viral Suppression

Viral Suppression Categories

- **Undetectable VL** (< or equal 50 copies of HIV per milliliter of blood)
- **Suppressed VL** (51-200 copies)
- **Detectable VL** (201-100,000 copies)
- **Highly detectable VL** (> 100,000 copies)

“Highly Detectable” Quality Improvement Study

Florida RW Patients Who Were Highly Detectable 2015-2019 (N=174)

- 46% of the clients has one or more behavioral health diagnoses
- **Substance use** was reported: alcohol (7%), cocaine (6%), opioids (6%), methamphetamines (3%), and other variety of other substances (18%)
- **Sexually Transmitted Infections** were diagnosed among 30% of clients with 18% diagnosed with syphilis.
- 72% of clients were diagnosed with other medical conditions including but not limited to candidiasis, hyperlipidemia, anal cancer, pneumonia, hypertension, hepatitis C, arthritis, and seizure disorder
Balancing Mental Health in HIV Treatment and Care

Depression: Most common health disorder among PWH

Longitudinal study of 5927 patients receiving HIV care for 1-6 years
Consecutive depression screenings conducted 2005-2015

- 50% spent less than 34 months of the 10-year study depressed; 3.6% were depressed the entire time period
- For every 25% increase in days depressed, there was an 8% increase in missed appointments AND 5% increase in likelihood of having a detectable viral load

There is an association between mood disorders and HIV treatment outcomes.
Depression Treatment Cascade

This graphic shows the estimated proportion of all HIV patients with a major depressive episode in the past year who had depression recognized clinically, received any treatment, received adequate treatment, and achieved remission among.


The Experience of Trauma

- Abuse
  - Physical
  - Sexual
  - Emotional
  - Bullying
  - Witnessing Violence
  - Domestic Violence

- Loss
  - Natural Disaster
  - Death
  - Abandonment
  - Neglect
  - Terrorism/War
  - Accidents

- Chronic
  - Stigma
  - Unstable Housing
  - Food Insecurity
  - Disability
  - Poverty
  - Historical Trauma
Prevalence of Trauma in Persons with HIV

1. MSM living with HIV in the South were more than twice as likely to have experienced interpersonal violence than heterosexual peers.

2. 61% of women living in the US with HIV have been sexually abused (5 times greater than the national rate).

2019 Study Kaiser Permanente in Oakland, California

- N= 584 PWH
- Male 96.9%
- Non-Hispanic White 63%
- Average age= 49 years
- Over 50% had completed some college
- ACEs highly prevalent

Findings

- 82.5% ≥ 1 ACE
- 34.2% reporting 1-2 ACES
- 25.0% reporting 3-4 ACES
- 23.3% reporting ≥ 5 ACES
Mental and Behavioral Health Concerns

HIV AND COVID-19

The Influence of COVID-19 on Emotional Health

Images accessed on 11/15/2020 at www.pixabay.com
Mind Mapping

Social Distancing

COVID-19 Related Mental Health Concerns

- Interpersonal and domestic violence
- Social isolation and loneliness
- Sleep difficulties
- Post traumatic symptoms
- Moral distress
- Grief
- Anxiety
- Depression
Presence of Trauma Symptoms During COVID-19 Pandemic

COVID-19 is a traumatic life event
- PTSD Checklist for DSM-5 (20-item self-report measure)
- Pittsburg Sleep Quality Index
- Wuhan, China
- N=285
- 54.4% female, 45.6% male
- 52.3% > 35 years of age
- 60.7% some college


Presence of Trauma Symptoms During COVID-19 Pandemic

- Nearly 1 in 10 people (7%) reported post traumatic stress symptoms (PTSS)
- Prevalence slightly higher in women in the domains of re-experiencing, negative alterations in cognition or mood, and hyper-arousal
- Subjective sleep quality correlated with PTSS Scores (better sleep= fewer traumatic stress symptoms)

Mind Mapping

Grief

Disruptive and Confusing Times
Supporting Mental/Behavioral Health Needs

1. Safety
2. Screening
3. Access

Trauma Informed Care

SAFETY
Mind Mapping

Emotional Safety

Trauma Informed Organization

A trauma-informed service organization:

- **Realizes** widespread impact of trauma and understands potential paths for recovery
- **Recognizes** signs and symptoms of trauma in clients, staff, and others involved with the system
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices
- **Seeks** to actively resist re-traumatization

Reference: Substance Abuse and Mental Health Services Administration (SAMHSA, 2014)
Trauma Informed Organizations Support Emotional Safety

- Regain emotional control
- Stabilize and reduce risk-taking behaviors
- Experience security and hopefulness

Polling Question

Using a scale of 0-10, with 0 being a clinic/agency having no formal trauma-informed practices, policies or procedures and 10 being a clinic/agency that has a formal and comprehensive trauma-informed system of care with written practices, policies and procedures, choose a number that describes your clinic or organization.
Mind Mapping

Asking for Help

Proactive Emotional Support

- Regularly scheduled check-ins
- Real-time virtual and in-person "huddles" to identify concerns and unmet needs that provide a "bridge" to more intensive mental health services
- Screening
Mental and Behavioral Health Symptom Screening

Mind Mapping

Depression Screening Tool
Report Card: Screening for Depression in HIV Care

Besides identifying an increased risk for depression in HIV, numerous studies show that depression and anxiety in HIV disease is under-recognized and undertreated.


Screening and Assessment: What is the Difference?

Screening differs from assessment:

- **Screening** is a method to evaluate the possible existence of a particular behavioral health problem.
- **Assessment** is a method to define the nature of that problem, determine a diagnosis, and develop appropriate treatment recommendations to address the problem or diagnosis.
Emotional Health Screening Instruments

- January 2016: US Preventative Task Force updated their recommendations on depression screening for adults 18 years and older, including pregnant and post partum women
- Depression and anxiety often present as somatic complaints: fatigue, headache, check pain, abdominal pain

**Depression**
- Patient Health Questionnaires (PHQ-2, PHQ-9)
- Post partum women: Edinburgh Postnatal Depression Screening (EPDS)

**Anxiety**
- General Anxiety Disorder (GAD-7 or GAD-2)

**Interpersonal Violence Intervention**
- RADAR (Routine inquiry, Always ask, Document findings, Assess safety and lethality, Respond (men’s and women’s versions))

**Substance Use Disorder**
- Substance Abuse and Mental Illness Symptoms Screener (SAMISS)
- Screening, Brief Intervention & Referral to Treatment (SBIRT)

**Distress/Trauma**
- Adverse Childhood Experiences (ACES)
- PCL-5

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Patient Health Questionnaire-2

**Screening Instrument for Depression**

OVER THE PAST TWO WEEKS, HOW OFTEN HAVE YOU BEEN BOTHERED BY ANY OF THE FOLLOWING PROBLEMS?

<table>
<thead>
<tr>
<th>0 - NOT AT ALL</th>
<th>1 - SEVERAL DAYS</th>
<th>2 - MORE THAN ONE-HALF THE DAYS</th>
<th>3 - NEARLY EVERY DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Adapted from Patient Health Questionnaire (PHQ) screeners. [http://www.phqscreeners.com](http://www.phqscreeners.com).
“I’m Not Depressed, I’m Just Stressed”

PHQ-9

<table>
<thead>
<tr>
<th>Question</th>
<th>Score: 1/2/3/4/5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling down, depressed, or hopeless</td>
<td>0</td>
</tr>
<tr>
<td>Trouble falling asleep, waking up too early, or being too tired</td>
<td>0</td>
</tr>
<tr>
<td>Feeling tired or having little energy to do things</td>
<td>0</td>
</tr>
<tr>
<td>Feeling or being in poor physical health</td>
<td>0</td>
</tr>
<tr>
<td>Feeling or being in poor physical health</td>
<td>0</td>
</tr>
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<td>0</td>
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</table>

GAD-7

<table>
<thead>
<tr>
<th>Question</th>
<th>Score: 1/2/3/4/5</th>
</tr>
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<tbody>
<tr>
<td>Feeling nervous, anxious, or on edge</td>
<td>0</td>
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GAD-2

The Generalized Anxiety Disorder 2-item (GAD-2) is a very brief and easy to perform initial screening tool for generalized anxiety disorder.1

Over the last 2 weeks, how often have you been bothered by the following problems?

- Not at all
- Several days
- More than half the days
- Nearly every day

1. Feeling nervous, anxious or on edge

2. Not being able to stop or control worrying

GAD-2 score obtained by adding score for each question (total points)

To access the GAD-2 go to https://www.hiv.uw.edu/page/mental-health-screening/gad-2
IPV Screens: RADAR for Women/Men

RADAR: Women

RADAR: A DOMESTIC VIOLENCE INTERVENTION
R = ROUTINELY SCREEN FEMALE PATIENTS
Although many women who are victims of domestic violence will not volunteer any information, they will discuss it if asked simple, direct questions in a nonjudgmental way and in a confidential setting. Interview the patient alone.

A = ASK DIRECT QUESTIONS
"Because violence is so common in many women's lives, I've begun to ask about it routinely."
- "Are you in a relationship in which you have been physically hurt or threatened?"
- "Have you ever been hit, kicked or punched by your partner?"
- "Do you feel safe at home?"
- "Do you notice a number of bruises; did someone do this to you?"

If patient answers yes, see other side for responses and continue with the following steps:

RADAR for Men: A Domestic Violence Intervention
- Be sensitive to injury
- Be patient
- Be precise
- Be concerned for safety
- Inquire about injury

Domestic violence (DV) remains a common problem encountered by doctors in the practice of medicine. Traditionally, concerning the DV of women has received little attention. This approach ignores the reality that men are commonly involved in DV in a protective and victim roles.

DV is a risk to your personal health. A lack of protection against a partner's health risks can be a contributing factor to men's health problems. Men who experience DV are at higher risk for a variety of physical and mental health problems, including substance abuse, chronic illness, and suicide.

Re: Routine inquiry of all male patients 15 and older
Some physicians do not ask male patients questions about the presence of DV but will ask to indicate if there is a need to be asked about. If you have a history of DV, you may want to provide to ask about DV with such a staff. DV is a risk factor for any RTW, chronic illness, and suicide. Men who experience DV are at higher risk for a variety of physical and mental health problems, including substance abuse, chronic illness, and suicide.

Adverse Childhood Experiences (ACES) Questionnaire and PCL-5

Adverse Childhood Experience (ACE) Questionnaire
Finding your ACE Score

1. Did anyone in your household often...? 
2. Did anyone in your household often...? 
3. Did anyone in your household often...? 
4. Did anyone in your household often...?

PCL-5 Checklist (Civilian Form) (PCL)

1. [ ] Pulmonary symptoms such as asthma or chronic cough
2. [ ] Autonomic nervous system symptoms such as hyperventilation or dizziness
3. [ ] Psychosocial symptoms such as irritability or anxiety
4. [ ] Sleep disturbances such as hyperarousal

The total score is the sum of the scores on the 6 items of the PCL-5. If the total score is greater than or equal to 50, symptoms of PTSD are present.
Ask patients about past year drug use using the NIDA Quick Screen.

the influence of alcohol or illicit drugs (these vary by State and provider).

Patients should be advised of the limits of confidentiality and insurance coverage for conditions

him/her about the potential harms of drug use.

record those if you have taken them for reasons or in doses

give you better medical care. The questions relate to your experience with alcohol, cigarettes, and other drugs.

Before you begin the interview, please read the following to the patient:

Screening Your Patients:

Introduce yourself and establish rapport.

sample script to introduce the screening process. The script offers helpful language for introducing what can be

responses on a written questionnaire. It is recommended that the person administering the screening review the

Reference:

Substance Abuse and Mental Illness Symptoms Screener (SAMISS)

•

2.

Reminder:

Begin the full NIDA

Ask about past year drug use

Screening is

modified ASSIST are appropriate for patients age 18 or older. You may

Reminder: (continued)

drug use

The Substance Abuse and Mental Illness Symptoms Screener (SAMISS)

Resource: http://cahpp.org/project/medheart/models-of-care

Screening, Brief Intervention and Referral to Treatment (SBIRT)

Access tool at https://archives.drugabuse.gov/nmassist/
Sixth Vital Sign: DISTRESS

The Distress Thermometer

First please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.

Second, please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each.

Access

Patient and Provider Consideration

ACCESS
Mental Health Treatment Access Barriers

Licensed Mental Health Professionals in Florida

<table>
<thead>
<tr>
<th>Access and Services, Florida - 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State</strong></td>
</tr>
<tr>
<td>Indicator</td>
</tr>
<tr>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Licensed Mental Health Counselors</td>
</tr>
<tr>
<td>Licensed Psychologists</td>
</tr>
<tr>
<td>Licensed Clinical Social Workers</td>
</tr>
<tr>
<td>Total Behavioral/Mental Health Professors</td>
</tr>
</tbody>
</table>
Mental/Behavioral Health Service Delivery Models

Siloed Services

Integrated Services

Opportunities

Promising advances have been made to integrate mental health care into HIV primary care that include but are not limited to:

- Collaborative Model
- Task-shifting
- Stepped care interventions
- Public awareness campaigns that normalize whole health care to reduce stigma and psychological distress

Reframe Mental/Behavioral Health for Consumers, Providers and Staff

Emotional Fitness

- Focus on strengths and resilience building
- Integrate emotional fitness into whole health HIV primary care
- Stay connected to HIV care

Integrative Models of Care

- Better health outcomes
- “Whole health” perspective
- Reduced stigma
- Improved access to health care
- Improved retention and ARV adherence
Collaborative Model

Co-location of HIV Primary Care Services and Behavioral Health Services

- Behavioral health specialists work side-by-side with HIV primary care providers
- Behavioral health specialists visit the HIV primary care clinic several days a week to provide assessments, treatment and follow-up
- Behavioral health specialists work in the same building or across the street from the HIV primary care providers

Task Shifting

Shift responsibilities for mental/behavioral health screening from highly qualified health workers to health workers with less training and fewer qualifications
Stepped-care Intervention Model

Triage intervention intensity based upon observed patient need

Example: If a patient does not benefit from a level intervention provided by a specially trained community health worker providing cognitive behavioral therapy for depression and ART adherence, they are triaged to a more intensive treatment provided by a licensed professional (nurse or mental health counselor).

Integrated Programs Encourage Patient and Employee Self-Care
Integrated Programs Work to Build Employee and Patient Resiliency

Encourage Connections and Support Circles
Encourage the Practice of Self Care

Sleep is Self Care

Cultivate Ways to Be More Calm
Grounding Intervention

BREATH  FEET  BODY

1-minute times for relaxation: Utube video https://youtu.be/wMFbBct-p7c
Lines of Connection During Social Distancing

Mind Mapping

Integrated HIV Care
Provide Safety, Screening and Access

What patients don’t share with us hurts them, so healthcare organizations must focus on providing:

- Non-judgmental whole person healthcare systems and processes
- Routine screening for emotional symptoms and conditions during in person and virtual care visits
- Trauma informed care, with timely and responsible referrals to mental and behavioral health professionals
- Integrated care practices that support and routinize discussions about emotional health and emotional fitness

Questions and Discussions
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