# Mental Health Needs of Persons Living with HIV/AIDS and Pathways to Mental Health Care

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*Integration of Care Committee March 11,2011*

## Mental Health and HIV: Background

- **Mental health disorders are treatable**
- **Untreated disorder has negative impact on individuals and communities**
  - Causes suffering, impairs quality of life
  - Barrier to treatment access
  - Reduced uptake of HAART
  - Lower rates adherence
  - Less virological suppression, higher mortality
  - Increased health care cost and social burden

## Presentation Goals

- **What are indicators of mental health needs among persons living with HIV/AIDS in NYC?**
- **What are patterns of mental health service utilization?**
- **What predicts entry into mental health services among those with need?**

## Need / Meeting Need for MH Services

- **Most existing studies limited**
  - **service utilization data**
  - **clinic or treatment samples**
  - **single population e.g. MSM, IDU, women**
  - **cross-sectional**

## The C.H.A.I.N. Project

**Community Health Advisory & Information Network (CHAIN) Project**

Goal of the research is to provide a profile of persons living with HIV in New York City that will assess:

- **Need for health and social services**
- **Availability and accessibility of services**
- **Quality of services**
- **Consumer evaluation of services**
- **Impact of services on health status and quality of life**

## Methods: Data Collection

- **Multi-stage probability sampling**
  -- Stage 1: HIV health and social service agencies
  -- Stage 2: Random selection from lists or sequential enrollment
- **Initial recruitment 1994-95, n=700**
  **Refresher cohort 1998, n=268**
  **Cohort II 2002, n=693**
  **Refresher II 2010, n=316**
- **Separate ethnographic effort to interview 'unconnected'**
  - 1995 (n=48), 1998 (n=24), 2004 (n=25)
- **In-person comprehensive (2-3hr) interview** every 6–12 mos
- **High retention rate**: 80%- 95% of elig respondents at each wave
- **Compares to AIDS surveillance data**: gender, race/ethnicity, risk

## Value of Longitudinal Survey Research

- **Population-based**
- **Can collect evidence to establish causal chains in non-experimental settings**
- **Can include contextual variables and ecological characteristics including policy-driven funding streams**
- **Repeated observations over time can control for historical and secular trends**
- **Learn how need and services experienced by patients and clients**

## Measures: Mental Health Functioning

- **Standardized instrument: MOS SF-36**
- **Subscales measure symptoms (depression, anxiety) and functional impairment**
- **Clinical cut-points established:**

  **< 42.0 = clinically relevant psychiatric symptoms**
  **"Low" mental health**

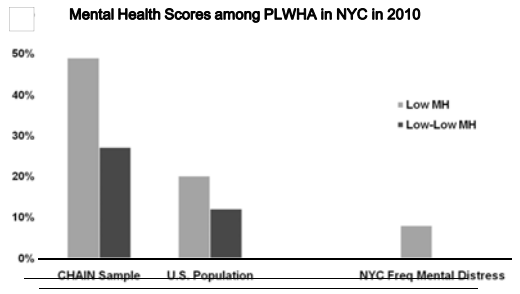
  **< 37.0 = mean score psychiatric in-patients**
  **"Very Low" mental health**

## Indicators of Need for MH Services

| | Agency Sample | Unconnec'd Sample |
|---|---|---|
| **1998 ORIG COHORT INTERVIEWS** | *(638)* | *(14)* |
| Low Mental Health (<42.0) | 40% | 79% |
| Very Low Mental Health (<37.0) | 26% | 64% |
| Dual Diagnosis* | 17% | 79% |
| **2002 NEW COHORT INTERVIEWS** | *(684)* | *(25)* |
| Low Mental Health (<42.0) | 48% | 89% |
| Very Low Mental Health (<37.0) | 36% | 89% |
| Dual Diagnosis* | 20% | 78% |
| **2010 COHORT INTERVIEWS** | *(690)* | *na* |
| Low Mental Health (<42.0) | 49% | -- |
| Very Low Mental Health (<37.0) | 27% | -- |
| Dual Diagnosis* | 14% | -- |

* MH <42.0 and problem drug use past 12 months

## Comparison of Mental Health Scores




## Experience of Trauma and Violence

| | Women | Men |
|---|---|---|
| n= | (206) | (291) |
| Lifetime experience of violence or trauma | 92% | 90% |
| Mean (sd) number traumatic events | 4.80 (3.0) | 3.72 (2.5) |

| | | |
|---|---|---|
| Experience childhood trauma or loss event | 69% | 64% |
| Experienced physical or sexual violence | 67% | 49% |
| Witnessed serious assault, Injury, or violent death | 73% | 72% |
| Parental death or perm separation, death of child or spouse/partner | 76% | 66% |
| Other traumatic events: fire, disaster, other | 42% | 40% |

CHAIN 2010 Cohort, n=497

## Self-Reported Need for MH Services

| | 1998 Cohort | 2002 Cohort | 2010 Cohort |
|---|---|---|---|
| TOTAL SAMPLE (n=) | *(652)* | *(693)* | *(690)* |
| Answered "yes" to questions about emotional or psychological difficulties need for mental health services past 6 months | 7% | 13% | 15% |
| SUB SAMPLE WITH VERY LOW MH* (n=) | *(201)* | *(248)* | *(170)* |
| Answered "yes" to questions about emotional or psychological difficulties need for mental health services past 6 months | 15% | 23% | 26% |

* MCS <37.0

## Use of MH Services among Clients with Low MH Scores

| | 1998 Cohort | 2002 Cohort | 2010 Cohort |
|---|---|---|---|
| *Among Sub Sample with Low MH (< 42.0)* | *(257)* | *(331)* | *(311)* |
| **At least 1 visit past 6 months*** | | | |
| **Mental health professional such as psychiatrist, psychologist, CSW** | **38%** | **33%** | **46%** |
| **Case manager / social worker for counseling or mh services** | **9%** | **26%** | **13%** |
| **Clergy or religious counselor** | **3%** | **3%** | **1%** |
| **HIV/AIDS support group** | **28%** | **38%** | **17%** |
| **No Use of Any Mental Health Services** | **47%** | **39%** | **48%** |

* Multiple response possible

## Differences by Client Characteristics

| Most distinct: | Low MH Score | Any MH Services[1] |
|---|---|---|
| **Age: 20-34 yrs old** | **63%** | **47%** |
| **Gender: Women** | **52%** | **62%** |
| **Race/ethnicity: White** | **59%** | **58%** |
| **Education: < HS Grad** | **53%** | **64%** |
| **Drug Use: Past 12 months** | **59%** | **61%** |
| **Housing Status: Homeless** | **58%** | **62%** |
| **Health Status: Asymptomatic** | **39%** | **55%** |

1. Any visits with mental health professional, supportive counseling, participating in support groups among those with low mental health score (< 42.0) indicating clinically relevant symptoms

## Organizational Location of Services

| *Service Site* | MH Professional[1] | Case Mgr Counselor[2] |
|---|---|---|
| **HHC Hospital Clinic** | **13%** | **5%** |
| **Voluntary Hospital Clinic** | **47%** | **21%** |
| **Community Health Center** | **14%** | **12%** |
| **Private Doctor's Office** | **6%** | **1%** |
| **Social Service Agency** | **13%** | **44%** |
| **AOD Program** | **4%** | **7%** |
| **Other** | **3%** | **9%** |

1. Percent of all visits T1-T3 with mental health professional, n= 654
2. % of all visits T1-T3 with case manager, non-CSW social worker, or counselor n=401

## Referral Patterns for Mental Health Services

| | % of All Visits with MH Professionals |
|---|---|
| *Were you referred?* | |
| Went to mh professional on my own | 41% |
| Was referred to mh professional | 58% |
| Was taken there/ already there | 2% |
| *If Referred: Who referred you?* | |
| Medical provider | 63% |
| Case manager | 16% |
| Friend, family member | 4% |
| Other | 17% |

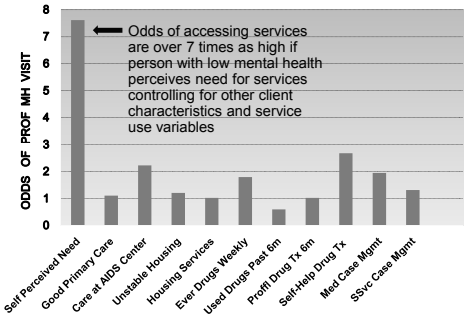
Asked of PLWHA with 1+ visit to MH Professional past 6 months
No information if individual was referred but did not follow through with visit

## Increasing the Odds of Accessing MH Services among Clients with Mental Health Need

| | OR | AOR |
|---|---|---|
| HIV Primary Care meets clinical practice standards | 1.12 | 1.11 |
| Receives care at AIDS Designated Center | 1.45 | 2.23# |
| Homeless/ unstable housing past 6 months | 0.99 | 1.21 |
| Received housing services past 6 months | 1.48 | 1.03 |
| Frequent drug user: lifetime | 0.90 | 1.80 |
| Used drugs past 6 months | 0.65 | 0.60 |
| Received professional drug treatment | 1.07 | 1.03 |
| Self-help drug treatment | 2.15# | 2.68* |
| Medical case management | 2.08* | 1.95 |
| Case management for social services | 1.65# | 1.32 |
| Self-perceived need for mental health services | 8.62*** | 7.67*** |

(n=252) # p ≤ .10 *p ≤ .5 **p ≤ .01 ***p ≤ .001
Among clients with MCS < 42.0 at prior interview. Also controlling for demographics, risk exposure, health status, insurance

## Increasing the Odds of Accessing MH Services by Next Interview among Clients with Low MH and No Services




Among clients with MCS < 42.0 at prior interview. Also controlling for demographics, risk exposure, health status, insurance

## Summary

- Continued high prevalence of need for mental health services and treatment
- Access to professional mental health services appears to have increased among PLWHA in NYC
- Yet many PLWHA with mental health symptoms or diagnoses are not receiving any services
- Why? Patient and Provider factors
- Clients self-perception of mental health needs is the most significant predictor of accessing care – but many don't perceive or are unwilling to acknowledge need

## Potential Provider Factors

- **Limited expertise in assessing complicated co-occurring mental health and substance abuse needs in many service settings**
- **Systematic screening using validated tools is not standard practice in many HIV care and services**
  - Ask: Ever hospitalized for psychiatric reasons, take meds etc
  - Problem for those never had psychiatric treatment
- **Inadequate resource allocations for services at the local level**
  - Lack time, qualified personnel
  - Medicaid reimbursement barriers?

## Some Solutions

- Institute routine screening for mental health and substance abuse needs as component of all HIV services
- Expand availability of mental health services in 'intercept' service settings – e.g. drug treatment, homeless service providers
- Collaborative care models that that include supportive services to facilitate client engagement
- Consider 'patient navigator' models to improve readiness for treatment?
- Provide reliable and valid tools and training for non-mental health professionals – e.g. CDQ?

## ACKNOWLEDGMENTS

A Technical Review Team (TRT) provides oversight for the CHAIN Project. In addition to Peter Messeri, PhD, Angela Aidala, PhD, and Gunjeong Lee, PhD, of Columbia University's Mailman School of Public Health, TRT members include Mary Ann Chiasson, DrPH, Public Health Solutions (chair); Jan Park, JoAnn Hilger, , Monique Anthony, Nina Rothschild, DrPH, Mary Irvine, DrPH, Anthony Santella, DrPH,, Fabienne Laraque, MD, Daniel Weglein, MD, NYCDOHMH; Julie Lehane, PhD, Tom Petro, Westchester County DOH; and Roberta Scheinmann, Public Health Solutions.

This research was supported by grant number H89 HA 0016-17 from the US Health Resources and Services Administration (HRSA), HIV/AIDS Bureau with the support of the HIV Health and Human Services Planning Council, through the New York City Department of Health and Mental Hygiene and Public Health Solutions. Its contents are solely the responsibility of the researchers and do not necessarily represent the official views of the U.S. Health Resources and Services Administration, the City of New York, or Public Health Solutions.

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