

MENTAL HEALTH SERVICES FOR PEOPLE LIVING WITH HIV/AIDS: AN UPDATE

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ENHANCING PSYCHIATRIC SERVICES FOR PLWH

- With longer life expectancy, PLWH are susceptible to additional medical and mental health problems.
- With an increasing number of new infections among individuals over 50, health professionals will probably confront HIV-connected psychiatric and neuropsychiatric hurdles attendant on the infection.
- Psychiatric Research Report, Volume 29, Number 2, Fall 2012, p. 7.

ENHANCING PSYCHIATRIC SERVICES

- Some individuals may experience a range of mental disorders during their illness
- Some might suffer from cognitive deficits
- These problems may have a negative impact on the course of their illness, make diagnosis and evaluation more difficult, have an effect on involvement in care and compliance with medication regimens, and, if unnoticed, may produce permanent harm.
- Psychiatric Research Report, Volume 29, Number 2, Fall 2012, p. 7.

NEXT STEPS

- So - we know that this is the problem - what are we going to do about it, and how can we ensure that providers offer the most appropriate and effective mental health services?

NEXT STEPS

- ⦿ Last IOC meeting: initial literature review of mental health services
- ⦿ Project for today: Look for more recent presentations on mental health services from the International AIDS Conference, the Ryan White grantee meeting, USCA, and the American Psychiatric Association.

AIDS 2012

◎ International AIDS Conference 2012

- Search under Mental Health Services yields 2909 abstracts
- Search under mental illness yields 273 abstracts
- Some findings: women suffering from both mental health and substance disorders have inferior immune health; anxiety is connected to non-compliance with ARVs; art therapy for PLWHAs in a halfway house is helpful; mental health services provided at home for PLWHAs with an Axis I disorder in Mecklenburg County, NC, lead to enhanced mental health.

2012 RYAN WHITE GRANTEE MEETING

- Hundreds of abstracts, no search tool
- One on mental health by Dr. Francine Cournos of Columbia University and colleagues:
 - Mental illness and substance abuse occur frequently in PLWHAs but are insufficiently recognized and treated, even though they are correlated with risk of transmitting HIV, not starting or not sticking with treatment, less rapid suppression of the virus, more rapid failure, and elevated levels of sickness and death.
 - Urges the employment of screening tools to pinpoint mental health and substance use problems that can undercut treatment and care for PLWHAs.

USCA 2013

- ◉ Primarily an HIV prevention conference
- ◉ Several tracks, none dealing explicitly with mental health issues: domestic/international issues intersection, high impact prevention, housing, linkage to care and primary care, organization and change management, retention in care and primary care and viral suppression, and treatment and research.

APA GUIDANCE

- ◉ Decision: Focus primarily on American Psychiatric Association (APA) guidance
- ◉ APA has a series of guidelines on its website, headlined HIV Mental Health Treatment Issues, for several disorders
- ◉ Concentrate here on treatment for 4 conditions:
 - Anxiety
 - Depression
 - Severe Mental Illness
 - Substance Use

APA GUIDANCE: ANXIETY AND HIV

- Three approaches to the treatment of anxiety: pharmacology, non-pharmacology, and a combination.
- Meds: SSRIs, benzodiazepines, Effexor, BuSpar, antihistamines, beta blockers, neuroleptics, and tricyclics.
- Non-pharm: relaxation, behavioral therapy, acupuncture, meditation, self-hypnosis, CBT, psycho-education, aerobic exercise, and group therapy.

APA GUIDANCE: CLINICAL DEPRESSION AND HIV

- The meds employed to treat depression in the population at large help HIV+ individuals with depression: SSRIs, Wellbutrin, Effexor, Trazodone, Tricyclics, hormones (testosterone, DHEA), electroconvulsive therapy, and psychotherapy.
- An added benefit: research indicates that HIV+ individuals receiving treatment for depression may have a greater chance of complying with and gaining from their treatment, and the monthly price tag for medical care services goes down.

APA GUIDANCE: SEVERE MENTAL ILLNESS AND HIV

- ◉ The majority of psychotropic meds can be safely employed, with a possible modification of dosage according to the stage of HIV illness, existence of neurocognitive damage, and cross-drug interactions.
- ◉ For individuals with AIDS and psychotic sickness, medications such as haldol may cause very serious side effects (parkinsonism, NMS, and TD).
- ◉ Also helpful: skills enhancement, instruction in condom use, needle exchange.

APA GUIDANCE: SUBSTANCE USE AND HIV

- ◉ Outpatient (preferably) or residential treatment
- ◉ Twelve Steps
- ◉ Disulfiram (Antabuse) and acamprosate (for alcohol); naltrexone (for alcohol and opioid use); buprenorphine, methadone, long-term methadone maintenance therapy (for opiate addiction)
- ◉ Some HIV meds may elevate or depress the methadone level in the bloodstream.
- ◉ For PLWHAs who need opioids to deal with pain, naltrexone may not be optimal.

THE PROBLEM

- PLWHAs may not stick with their HIV and psychiatric meds for a number of reasons, including:
 - Erratic existence
 - Absence of social support
 - Suspicion about treatment
 - Medical hurdles
 - Absent drive
- Recurrent in-hospital stays for psychological troubles
- Skip their psychotherapy and medical therapy sessions
- Use more services

NEXT STEPS

- ◉ We have some effective methods of treating the mental illnesses from which some PLWHAs suffer - pharmacological and non-pharmacological interventions
- ◉ Many of these methods, however, are paid for by other funders such as Medicaid
- ◉ How do we take all of this information and develop a treatment system that addresses mental health challenges while ensuring that we do not duplicate services funded by other payers?

SUGGESTIONS

- ◉ Use simple diagnostic tools (e.g., PHQ-2, PHQ-9, GAD-7) to identify mental health issues - depression, anxiety, problematic alcohol use, etc.
- ◉ Use Ryan White money to pay for navigation, accompaniment to mental health sessions, peer/buddy services, and group sessions where patients can discuss these issues.
- ◉ If the treatment is there but the patient drops out or isn't adherent to meds, resources go to waste and the patient suffers most of all.