PATIENT NAVIGATION FOR
RYAN WHITE
PART A SERVICES
IN NEW YORK CITY
PATIENT NAVIGATION FOR RYAN WHITE PART A SERVICES IN NEW YORK CITY
Welcome and Thank You for Your Work as a Patient Navigator!

This guide was created to support you in your work as a patient navigator (PN). It provides general information on patient navigation or people living with HIV (PLWH) and the services they need. This guide specifically focuses on the role of PNs for people with co-occurring HIV and mental health conditions. Having a mental health condition can make it difficult for PLWH to access all the services they need, adhere to medications, and stay in treatment. Because of this, PLWH with a mental health condition often have worse HIV outcomes than those without a mental health condition. While most of the patient navigation information in this guide applies to all PLWH, some of it is especially for PLWH who also have a mental health condition.

The goals of this guide are to:

- Orient you to your roles and responsibilities as a PN
- Provide recommendations for patient navigation practices
- Talk about the importance of patient navigation in helping PLWH achieve positive health outcomes—especially for PLWH with a mental health condition
- Describe how PNs play an important role as a member of the health care team
How to use this guide:

You can use this guide to help reinforce training and to remind you of what you learned during your orientation. You can also use it to look up information when you don’t understand something or have a challenging situation with a client.

Within the guide you will find:

- An explanation of the patient navigation services you provide and strategies to help you support your clients
- Clear expectations of your role as a PN, including maintaining confidentiality and acting in a professional manner
- Case studies and comprehension questions to reinforce information provided during your training and in this guide
- Common challenges you may face as a PN and ways you might address those challenges on the job

In the guide’s Appendix you will find information on:

- Mental health, including common mental health conditions, types of mental health counseling and treatment your clients may need and use, and the different mental health professionals that offer mental health services;
- Information on HIV/AIDS, including terminology, HIV info, including medication and treatment; and
- Other terms that you may hear when working as a PN.

Words in bold italics throughout this guide are defined in the Glossary of Terms. Some of these terms are also defined in call-out boxes in the manual. In addition to these terms, the Glossary includes definitions of other terms that may be useful.

As you are going through the guide, there will be a few questions at the end of each section to make sure you understand the information. There will be either comprehension questions or a description of a fictional client with questions about the services you would provide as PN. The answers are at the bottom of each section. Please check your responses to be sure you understand all the information presented. If there is anything you don’t understand or are unsure of, always ask your supervisor for help.
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OVERVIEW OF PATIENT NAVIGATION
History of Patient Navigation

The concept of patient navigation began in 1990 when Dr. Harold Friedman designed a program at Harlem Hospital in New York City (NYC) to help low-income women obtain breast cancer screening and timely follow-up care. Dr. Friedman created the program when he saw too many women with late stage breast cancer, which should have been caught earlier. Dr. Friedman’s original model included community outreach to prevent, screen, and detect breast cancer early and on-going patient navigation support for women through the end of their cancer treatment or the palliative care/hospice phase.

Today, the patient navigation model is used to address many other chronic diseases including diabetes, HIV, and mental health conditions.
What is a Patient Navigator? \(^2\)

A Patient Navigator (PN) provides one-on-one assistance and emotional support to clients so they can access all the services they need, overcome barriers to receiving and staying engaged in these services, adhere to medication, and manage their chronic condition.

Objectives of Patient Navigation \(^3,4\)

- Provide clients with the information, resources, and support they need to remain in care, adhere to their medication, and maintain good health and well-being.
- Create a person-centered environment, meaning that clients play a central role in planning their care and all services are personalized to meet their individual needs.
- Work to remove clients’ barriers to care so they can get the services they need in a timely manner and stay in care.
- Help clients to access services from multiple providers in disconnected systems of care, acting as a bridge between clients and providers.
- Coordinate and work with other members of the client’s healthcare team.
- Support the development of clients’ self-management of their mental health.

Through each of these activities, the PN will give clients the skills and confidence they need to advocate for themselves, navigate systems of care, and adhere to treatment so they can manage their health independently once they are no longer receiving navigation services.

Benefits of Patient Navigation

A PN’s role is very important! They help clients access the many services they need, like mental health services, primary care or medical services, substance use treatment, housing, and more. These services are often fragmented—meaning they are spread out across many different providers who do not work with each other. This can make it complicated and difficult for clients to get all of the services they need. Working closely with other care team members, a PN will provide clients one-on-one assistance to help them access all the services they need and offer on-going support and education to help them stay in care, adhere to their medication, and become and stay healthy.

Research shows that patient navigation has many benefits: \(^5–13\)

- Clients who have a PN are more likely to report higher satisfaction with their overall care compared to those who do not receive navigation services.
- Patient navigation services reduce clients’ anxiety and distress and improve their emotional well-being.
- Clients who work with a PN show improvements in their ability to make decisions and feel like they have more control.
and confidence in making choices about their healthcare compared to clients without a PN.

- PLWH who have a PN have better HIV outcomes than those without a PN, including greater linkage to HIV medical care, retention in care, and viral suppression.

- Patient navigation also improves how the healthcare system operates by reducing the number of no-show appointments, decreasing emergency room visits, and lowering costs per client.

**Skills and Abilities Needed to be a Patient Navigator**

As a PN, you will need certain skills and knowledge to successfully guide clients to services. An effective PN will:

- Practice *cultural humility* by continuing to explore personal views of culture and learn from others, respecting each person's beliefs, customs, and values.

- Recognize the role that *systemic racism* plays in worsening health outcomes in communities of color. Systemic racism describes the institutionalization of inferior treatment of people of color resulting in economic and social inequality. In healthcare, this is seen through the implicit bias of providers when treating patients of color; poorly funded hospitals and clinics in communities of color; and a corresponding lack of resources and staffing in these institutions.

- Have compassion and respect for all clients.

- Be able to communicate with clients in a way that builds trust, motivates them to improve their health, and offers support.

- Commit to carrying out work-related responsibilities and adhering to ethical principles.

- Work with a team of providers in a professional manner.
REINFORCING INFORMATION

1. What is the role of PNs? Select all that apply.
   a. Remove clients’ barriers to accessing care
   b. Provide clients with the resources and tools they need to advocate for themselves
   c. Act as a bridge between clients and providers
   d. All of the above
   e. None of the above

2. Research has shown that patient navigation services have contributed to which of the following outcomes? Select all that apply.
   a. Improved HIV outcomes
   b. Increased costs of medical care per client
   c. Increased clients’ satisfaction with their overall care
   d. All of the above
   e. None of the above

3. List three qualities/skills that will help PNs succeed in their role.

ANSWER KEY

1. D
2. A & C
3. Possible Answers:
a. Be culturally and linguistically responsive; b. Have good communication skills;
c. Be able to work with a team; d. Have knowledge of systematic racism and how it affects health outcomes; e. Have compassion and respect for clients.
WORKING
AS A PATIENT
NAVIGATOR
FOR RYAN WHITE PART A
SERVICES PROGRAMS
Establishing a Supportive Connection with Clients

**Bonding with your clients** is a critical part of patient navigation. It requires developing a trusting relationship and treating clients with compassion, respect, and kindness.

Building supportive connections can improve communication and increase clients’ commitment to care. It can help you successfully advocate for your clients. This supportive connection can be especially important when working with clients living with HIV, many of whom have had changes in their social network, losing the emotional support of family and friends and feeling alienated by people they used to trust. Many PLWH have histories of trauma, including intimate partner abuse, child abuse, or other forms of violence. These experiences often make it difficult to make and keep personal relationships. 14–16

It is also important to treat clients with compassion by establishing yourself as a source of care and providing both social and emotional support. This may require you to communicate with your clients with **cultural humility** and understand their beliefs, traditions, and language, which may be different than yours.

Your role as a PN is unique. Not only can you help your clients access the services they need, but your supportive connection with them allows you to provide emotional and social support and empower them to manage their chronic conditions.
Strategies to Help Build a Trusting Relationship with Clients

- Show interest in clients’ issues, histories, and challenges by engaging in Active Listening (See Call Out Box: Active Listening on page 15).
- Be empathetic.
- Explain your role as a PN and that your job is to act in clients’ best interest.
- Follow-through on commitments, show-up for appointments, and be responsive to clients’ needs.
- Assure your clients that anything they tell you will be kept confidential (including to whom they have disclosed their HIV status) and show them that you care about their privacy.
- Provide Trauma-Informed Care (see Call Out Box: Trauma-Informed Care on page 13)

What Is Trauma-Informed Care?

Past traumas can continue to affect individuals long after the event. When trauma is not addressed it can increase the risk of mental health issues, substance use, and even chronic medical illnesses. However, people can recover from the effects of trauma when they receive the right support and services, through trauma-informed care. This type of care includes approaches to ensure that clients feel safe and supported throughout their treatment and prevent clients from re-experiencing their trauma through insensitive questions or invasive treatments.

How Can Agencies Provide Trauma-Informed Care?

To ensure clients feel safe and comfortable accessing services, agencies should work to avoid re-traumatizing clients by educating its staff on the signs and symptoms of trauma. This begins with recognizing the widespread impact of trauma and fully integrating this knowledge into policies, procedures, and practices, and seeking to actively prevent re-traumatization, especially when conducting assessments, providing treatment, and offering recovery support.
How Are People Affected by Trauma?

People are affected by trauma when they experience an event, or series of events, that they find to be physically or emotionally harmful or life threatening. These events include violent assault, long-term physical or emotional abuse as a child or adult, rape, war, or even extreme poverty. Experiencing these traumatic events can have a negative long-term impact on people’s physical and mental well-being, and their ability to function in society (e.g. keep a job, go out in public, or socialize). They might relive the event through flashbacks or nightmares; experience fear, sadness, anger, and anxiety; and avoid people, places, sights, and sounds that remind them of the event—these are called triggers. It’s important to understand that everyone experiences events differently; two people may be victims of the same violent crime, but both may not experience trauma as a result.

How May Patient Navigators Contribute to Trauma-Informed Care?

The trusting relationship that PNs have with clients allows them to understand clients’ histories and background and recognize symptoms of trauma and triggers. PNs can communicate these to the care team to ensure that providers do not unintentionally re-traumatize clients. PNs can provide trauma-informed care in the following ways:

• Provide education to clients about trauma to reduce feelings of shame, fear, and self-blame and build understanding of traumatic experience(s).
• Be empathetic and non-judgmental.
• Don’t push for more information than clients want to share.
• Explain to clients why you are asking personal questions and stress that they do not need to answer questions if they don’t feel comfortable.
Connecting with Clients Through Active Listening

Engaging in active listening means the listener fully concentrates, understands, responds, and remembers the speaker’s complete message. It is a valuable skill that PNs can use to develop a respectful, trusting relationship with clients. It will also help PNs better understand clients’ histories, perspectives, needs, and barriers to care.

<table>
<thead>
<tr>
<th>ELEMENTS OF ACTIVE LISTENING</th>
<th>STRATEGIES FOR ACTIVE LISTENING</th>
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<tbody>
<tr>
<td><strong>Pay attention</strong></td>
<td>• Maintain eye contact.</td>
</tr>
<tr>
<td>People can tell when you aren’t paying full attention. Focus on what a client is saying and show that you are listening.</td>
<td>• Nod and smile occasionally.</td>
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<td></td>
<td>• Encourage the client to keep talking by saying “I understand,” “mm-hmm,” or asking clarifying questions.</td>
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<td></td>
<td>• Don’t interrupt.</td>
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<td></td>
<td>• Listen without judgment.</td>
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<tr>
<td><strong>Repeat</strong></td>
<td>• Summarize the main points the client has made.</td>
</tr>
<tr>
<td>By repeating back to clients what they just said, you’re making sure that you properly understand what they are saying and ensure that they feel heard.</td>
<td>• “So what you’re saying is...”</td>
</tr>
<tr>
<td></td>
<td>• “What I’m hearing is...”</td>
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<tr>
<td><strong>Clarify</strong></td>
<td>• Ask open ended questions.</td>
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<tr>
<td>If you don’t understand something a client has said, ask follow-up questions.</td>
<td>• “What do you mean when you say...”</td>
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<td></td>
<td>• “I’m not sure I understand what you mean by...”</td>
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<td></td>
<td>• “Can you tell me a little more about the situation?”</td>
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<td></td>
<td>• “How did this make you feel?”</td>
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<tr>
<td><strong>Reflect &amp; Respond</strong></td>
<td>• Summarize what the client has shared, without judgment</td>
</tr>
<tr>
<td>Once you have a complete understanding of your client’s message, you can reflect it back. This gives clients the chance to hear what they said in different words, and to acknowledge their feelings.</td>
<td>• Respond with empathy.</td>
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<td></td>
<td>• “I’m sorry you’re struggling...let’s work together to solve this problem”</td>
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<tr>
<td></td>
<td>• Connect what you’ve heard to previous things the client has shared.</td>
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<td></td>
<td>• “This reminds me of what you said earlier about...”</td>
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<td></td>
<td>• Share similar experiences (although don’t make it about you).</td>
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<td></td>
<td>• This shows that you’ve been paying attention, and also helps build the relationship.</td>
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REINFORCING INFORMATION

1. What are two reasons why it’s important to build supportive connections?

2. In your own words, how would you describe trauma-informed care?

3. Which of the following is not one of the four elements of active listening?
   a. Pay Attention  
   b. Repeat  
   c. Deflect  
   d. Clarify  
   e. Reflect & Respond

ANSWER KEY

1. Possible answer:  
   a. Improves communication; b. Increase clients’ commitment to care; c. Allows you to advocate for clients; d. Allows you to provide clients emotional and social support

2. Answers can vary on the following:  
   Trauma-informed care ensures all clients feel safe and supported. By avoiding insensitive questions or providing invasive treatments, trauma-informed care prevents clients from re-experiencing any past trauma.

3. C
Addressing Barriers & Challenges to Accessing Services

In order to best help PLWH, it is important to understand the barriers they face accessing health and social services. In doing so, you and other PNs can help PLWH get the services and support they need. One of your main duties as a PN is to help clients find solutions to reducing their barriers, and over time give them the skills and knowledge they need to manage these barriers themselves.\(^{17, 18}\)

Barriers to accessing care are the situations or issues that prevent people from receiving the services they need. PLWH can also have specific barriers to adhering to medication—some of which are the same barriers they have to accessing health and social services. Some of the common barriers that PLWH face include:

- Lack of insurance coverage or skills to enroll
- Criminal history
- Lack of access to transportation
- Homelessness or unstable housing
- Food insecurity
- Lack of social support
- Substance use
- Mental health conditions
- Low literacy
- Limited English proficiency
- Lack of identification and documentation needed to access services

Strategies to Identify and Address Clients’ Barriers

- Discuss with clients their needs, goals, and abilities.
- Understand clients’ attitudes towards accessing health and social services. This includes understanding how past experiences might impact their attitudes.
- Ask clients questions that help you understand the challenges they are facing and their perceptions.
  - Use The 5 A’s: Ask, Assess, Advise, Assist, Arrange (see Call Out Box: The 5 A’s).\(^{19}\)
  - Practice Active Listening (see Call Out Box: Active Listening on page 15).
Contribute to the development and revision of clients’ individual care plan.

Work with clients to carry out their plan following concrete steps to address barriers.

Provide clients the services and support they need to put the plan into action.

Ask clients about their level of English fluency. Provide resources (e.g. interpreter services, translated materials), if needed, and identify providers that speak their language.

Help clients put together the documentation necessary for receiving services, including proof of income, identification, etc.

Use a strength-based approach (see Call Out Box: Questions to ask when using a strength-based approach) to address barriers. To identify clients’ strengths, ask them questions about their coping style, existing social support, level of determination, and past successes. Discuss how these strengths can be used to help them address their barriers.

Guide clients through the process of solving their problems. Your goal is not to solve their problems yourself, but to give them the tools and resources they need to work through the problems and find a solution themselves.

Provide clients’ care team with up-to-date information on their progress and barriers to care; re-assess clients’ barriers on a regular basis, informing the care team of updated information.

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The 5 A’s

ASK
clients questions to understand the challenges they are facing and their perceptions

ASSESS
clients’ needs, goals and abilities

ADVISE
clients on ways to minimize barriers

ASSIST
clients in accessing the services and supports they need

ARRANGE
to follow up with clients

Questions to ask when using a strength-based approach

Tell me about a difficult situation in the past and how you coped with it.

Do you have a family member or friend that you can turn to for help or support?

What do you do to help yourself remember to take your ART?

What is going well in your life?

What do you do to enjoy yourself?

What is something about yourself or something that you did that you are proud of?
1. Which of the following may prevent a client from engaging in HIV and/or mental health care? Select all that apply.
   a. Negative past experiences with providers and/or treatment
   b. Language barriers
   c. Lack of transportation
   d. Limited English speaking ability
   e. All of the above
   f. None of the above

2. How can PNs help clients address barriers to accessing care? Select all that apply.
   a. Learn about clients’ past experiences interacting with healthcare and supportive care providers (and systems).
   b. Tell clients that going to the doctor is important and they should prioritize treatment.
   c. Talk with clients using active listening to understand what is keeping them from accessing HIV treatment and/or other services.
   d. Ensure clients are connected to providers that speak their language.
   e. Prioritize which needs and/or barriers are most important for the client, and connect them to these services first.
   f. Connect clients to services that will address their barriers to care.
   g. All of the above
   h. None of the above

3. What communication strategies can PNs use to reduce clients’ resistance to engaging in care?

   a. Utilize the Five A’s; b. Practice Active Listening; c. Use a strength-based approach

**ANSWER KEY**

1. E  
2. A, C, D, F.

3. Possible Answers:
   a. Utilize the Five A’s; b. Practice Active Listening; c. Use a strength-based approach
Engagement in Care

As a PN, it is important to help clients remain engaged in care and be active participants in their health. This means showing clients the importance of keeping appointments and seeking out the information and resources they need to stay healthy.

Strategies to Support Client Engagement in HIV and Mental Health Services

- Provide emotional support and encouragement.
- Help clients develop positive relationships with their health care providers.
- Provide basic education on HIV and mental health.
- Address issues of stigma and clients' negative beliefs about HIV and mental health.
- Help uncover any cultural barriers to care experienced by clients and ensure they are addressed by the mental health provider, as appropriate.
- Provide consistent and frequent contact with clients (e.g. face-to-face meetings at medical appointments, reminder calls for appointments, check-in calls).
- Help clients navigate complex systems of care.
- Prepare clients for provider visits by explaining the general procedures and expectations of a mental health appointment.
- Connect clients to supportive services that motivate them to engage and remain in care (e.g. peer-led groups).
- Check in with providers to see if clients have kept their appointments.
- Follow-up with clients to monitor service engagement and reassess barriers.
- Aim to enroll clients in treatment and services as early as possible in order to prevent the worsening of their HIV and other conditions.
- Reach out to clients who have fallen out of care and try to re-engage them by:
  - Communicating with relevant service providers.
  - Contacting friends and family members to whom clients have disclosed their HIV status.
  - Conducting home visits or visits to other places clients frequent.
  - Rescheduling any missed appointments.
  - Providing transportation or going with clients to their appointments.
- Use Motivational Interviewing (MI) when communicating with clients. MI is an important counseling method that can be used to help clients understand the reasons they are resistant or reluctant to engage in treatment and to help them find the internal motivation they need to change their behavior. (See Call Out Box: Motivational Interviewing on page 21).
Motivational Interviewing

Motivational Interviewing (MI) is a counseling method that helps people resolve feelings of indifference or resistance towards treatment and find the internal motivation they need to change their behavior. It is a practical, empathetic, and short-term process that takes into consideration how difficult it is to make life changes. MI is based on four main approaches—expressing empathy and avoiding arguing, helping clients see the difference between their current behavior and what behavior they hope to have, adjusting to clients’ resistance instead of opposing it directly, and supporting clients’ belief they can make positive changes.

MI is based on the idea that every person is at a different stage in terms of readiness to change. The infographic below shows how PNs can work with clients to help them identify their stage of change and move toward changing their behavior (e.g. engaging in care) at each stage.

Stages of Change

- **Pre-Contemplation**
  Client does not recognize a need for a change in behavior.

- **Contemplation**
  Client is aware there is a problem, but is not ready to take action.

- **Preparation**
  Client acknowledges the problem and is ready to take action to actively modify their behavior.

- **Action**
  Client is actively modifying their behavior.

- **Maintainence**
  Client sustains the change in behavior over time and the new behavior replaces the old.

- **Relapse**
  Client falls back into old patterns of behavior.

Clients learn from each stage.
REINFORCING INFORMATION

1. How would you re-engage a client who has fallen out of care?

2. TRUE or FALSE:
   Motivational Interviewing is a counseling strategy that tells clients that they need to change.

3. In which of the six stages of change does a client actively modify their behavior?
   a. Pre-Contemplation  d. Action
   b. Contemplation       e. Maintenance
   c. Preparation        f. Relapse
CASE VIGNETTE

Leila, a PN, has been working with Jerome, a 25-year old man living with HIV, depression, and anxiety for six months. In the last two months, Jerome has missed several appointments with his primary care provider, despite phone reminders from Leila. Leila set up a time to meet with Jerome to understand what has been keeping him from going to his appointments. During their meeting, Jerome shared that his ART medications have been making him feel nauseous and tired so he stopped taking them. This, in turn, caused feelings of anxiety and hopelessness about his diagnosis and made him not want to see the doctor. He also has missed some of his outpatient mental health counseling sessions. Leila used active listening skills to find out more about Jerome’s situation and frame of mind. She expressed empathy and used motivational interviewing techniques to help him brainstorm solutions to the challenges he is experiencing.

What services and next steps would you take to help Jerome re-engage in care and support his long-term retention in services?
ANSWER KEY

1. Possible ways to re-engage:
   a. Communicate with relevant service providers; b. Contact friends and family members who the client has disclosed to; c. Conduct home visits or visits to other places the client goes often; d. Reschedule any missed appointments; e. Provide transportation to or attend client appointments, as needed.

2. FALSE: Motivational interviewing helps clients identify the reasons for their reluctance to engage in care and ways they can overcome these barriers and find the internal motivation to change.

3. D

CASE VIGNETTE ANSWER KEY

Possible ways to re-engage Jerome in care and support long-term retention:

a. Communicate with and connect Jerome to relevant service providers, such as a treatment adherence support group or medication nutrition counseling, to help him make food choices that would not worsen the side effects of his medication; b. Help Jerome to reschedule his missed appointments with his primary care provider; c. Alert Jerome’s primary care provider that he needs additional support in addressing the side effects of his medication; d. Encourage Jerome to see his mental health counselor/therapist, help him make the appointment, and escort him to the appointment. Provide transportation if necessary.
Interacting with Other Service Providers

**One of your key roles as a PN** is to help your clients access the services outlined in their service plan. To do this successfully, it will be important to establish good relationships with the providers and staff at the health and social service agencies that are providing services to your clients (e.g. local housing departments, healthcare clinics, employment agencies, food pantries, etc.). Maintaining good relationships with the providers involved in your clients’ care—relationships in which you have mutual respect for each other—will make it easier for you to ensure your clients have access to all the services they need.

**Strategies to Work Effectively with other Service Providers**

- Establish relationships with service providers, making sure they clearly understand the PN’s role.
- Ask providers how you can best support them, such as providing weekly updates or case conferencing materials.
- Share and update information on clients’ service use, changing circumstances, barriers to care, and progress.
- Identify a contact person at all the agencies where your clients are receiving services and introduce yourself; communicate regularly with staff at these agencies.
- Develop relationships with agency staff and providers by offering support that helps PLWH navigate the health care and social services systems in NYC, including:
  - Making appointments for clients.
  - Providing transportation and/or going with clients to appointments.
  - Following up with providers to ensure PLWH are engaged in services.
- Work within the treatment recommendations of the provider and the service plan.
- Don’t give PLWH any medical advice or recommendations contrary to the recommendations of the provider.
- Prepare for all meetings with providers by familiarizing yourself with the patient’s condition(s), health needs, and current medication or treatment plans.
- Facilitate client–provider communication by making sure clients understand the information providers gave them, offering further explanation and additional information, if needed.
CASE VIGNETTE

Jordan is a PN working with Samantha, a 35-year-old woman living with HIV. Samantha was connected to Jordan right after receiving a positive HIV diagnosis, and is feeling overwhelmed and scared about seeking treatment. After Jordan explains the benefits of treatment and tells Samantha that this is a manageable disease and she can lead a normal, healthy life, he makes an appointment for her with an HIV primary care provider and offers to go to the appointment with her. After providing Samantha with a text reminder about the appointment, Jordan goes with her to the primary care appointment. When the doctor comes into the exam room to see Samantha, Jordan introduces himself and quickly explains his role. The doctor looks confused and annoyed that Jordan is there, especially when Jordan tries to clarify for Samantha some of the information the doctor is providing. At the end of the appointment, Jordan feels like he didn’t make the situation easier for Samantha by going to the appointment with her.

1. What could Jordan have done differently to make his interaction with the doctor better?

2. Next time Jordan sees this doctor, what should he try to communicate?
ANSWER KEY

1. True
2. A, B, D, F

CASE VIGNETTE ANSWER KEY

1. Possible Answers:
   a. Jordan could call the doctor’s office and schedule a “meet & greet” with his client’s doctor to explain the PN’s role.

2. Possible Answers:
   a. Communicate to the doctor that Jordan is working to make the doctor’s job easier, not to add extra work; b. Emphasize to the doctor that they both share a common goal—to help Samantha get healthy, follow her treatment plan, and successfully manage her HIV; c. Explain how the PN’s role is meant to support, not replace, the provider; d. Describe to the doctor some of the duties of a PN, including ensuring clients understand the information and instructions the doctor provides.
Adhering to Ethical Standards

As a PN, there are certain ethical standards and rules you must follow for maintaining client confidentiality, releasing information, and complying with state and federal confidentiality laws, policies, and regulations. By following these rules, you can be certain that your clients’ health information is kept confidential. All organizations have policies and procedures describing their specific standards. You should become familiar with your organization’s policies and procedures and refer to them if you have questions or are uncertain about any of the issues below.

Maintain Confidentiality

In addition to being required by law, maintaining confidentiality is important for building a trusting relationship with clients, particularly PLWH. Once your clients are sure you will keep their health information private, they will be more likely to trust you with information about their health status as well as any barriers they may face.

Follow Policies for the Release of Information (ROI)

In some cases, clients must sign a release of information (ROI) form in order for you to share information about them. PNs should consult their supervisors about this and refer to their organizations’ policies and procedures for more information.

Maintain Professional Boundaries

It is also important for PNs to maintain boundaries with clients. Boundaries separate a professional relationship from a social or personal relationship. It’s important to understand that being a PN is different than being a friend. The emotional and social support that PNs provide is to help clients access the services they need and improve their health, not to be a friend. For more information on maintaining professional boundaries, see page 58.

Strategies to Help Clients Adhere to Ethical Standards Approaches

- Always refer to an organization’s policies and procedures for details on confidentiality, standards for professional boundaries, and ethical behaviors.
- Set up clear professional boundaries at the beginning of the relationship to make expectations and limitations clear from the start.
- Keep the same boundaries for all clients.
REINFORCING INFORMATION

1. List three ethical standards for working with clients.

2. Why would it be harmful to disclose a clients’ HIV status without their permission? Select one.
   a. It does not respect the client’s privacy
   b. It could harm the relationship the PN has with the client
   c. It violates against state and federal privacy laws
   d. All of the above
   e. None of the above

3. Who should you speak to if you are unsure about releasing a client’s health information?

   ANSWER KEY

1. The ethical standards:
   a. Maintain client confidentiality
   b. Follow release of information (ROI) standards
   c. Establish and maintain professional boundaries

2. D

3. Your supervisor will be able to tell you whether information should be released in a specific situation
Navigating Systems

**Clients enrolled in Ryan White Part A programs** typically need services from multiple providers at the same time. These services can include medical, mental health, substance use, and other social services, like housing, employment, and vocational support. However, navigating NYC’s complex and fragmented network of services can be difficult, especially for clients who face barriers such as housing instability, food insecurity, stigma, and mental health conditions.

As a PN, your ultimate goal is to provide PLWH the information, skills, and confidence they need to navigate these different systems of care independently. This will help PLWH make informed decisions about their healthcare, access all the services they need, and manage their chronic conditions once they are no longer enrolled in the program.

**Strategies to help clients navigate NYC’s complex network of services**

- **Build clients’ confidence and skills:**
  As a PN, you want to build clients’ confidence by giving them the skills, knowledge, and resources they need to navigate NYC’s network of services. 33–35
  
  - Increase clients’ knowledge of service options.
    - Educate clients on the many systems they can use to access services (harm reduction programs, housing, employment, wellness, etc.).
    - Show them where and how to access resources, including directing them to individuals who can answer their questions.
  
  - Orient clients to NYC Health Map, the city’s on-line resource directory.
  
  - Help clients identify and overcome the challenges they have accessing health and social services.
    - Discuss these challenges and brainstorm ways to overcome them.
    - Help clients identify the resources they have or need to overcome barriers to accessing services.
    - Highlight successes clients have had in the past overcoming perceived barriers and discuss how they can draw on these strengths.
Help clients learn to make and keep appointments:

Given that many clients will need to access a wide range of services from several providers, they may find the number of appointments overwhelming and have difficulty keeping track of them. It might also be hard for them to keep appointments. Meeting new providers or visiting new agencies can be intimidating, and the information discussed during appointments may be confusing or hard to understand. As a PN, you can help with these issues.

- Assist clients with scheduling appointments by either making the appointment or providing them with the information needed to make it themselves.
- Remind clients of upcoming appointments during in-person meetings and via phone or text message.
- Prepare clients for appointments, making certain they have all the information and resources they need for the appointment.
- Find transportation for clients to and from appointments, if needed.
- Attend appointments with clients to make sure they understand the care and instructions being provided. If you do not attend the appointment, go over any information the clients were given to make sure they understand it.
- Ensure clients adhere to follow-up care.
- Follow-up with clients and all of their providers to make sure they kept their appointments.
- Work with clients to set up a system to help them keep track of all of their upcoming appointments (e.g. weekly calendar, cell phone alerts) that includes the provider, service type, time, location, and transportation.
- Track all of your clients’ appointments, documenting the outcome of each appointment was kept, rescheduled, missed) as well as follow-up activities and future appointments.
- Conduct outreach to clients when appointments are missed.
- Talk to clients about their past negative experiences accessing care and how they might make them reluctant to access services.
- Set up and stick to the same routine of weekly check-ins with your clients (in person or via phone). During these meetings, remind them of upcoming appointments, discuss missed appointments, and identify any challenges they are having keeping appointments.
- For clients who need many services, help them to decide which ones are most important to focus on first, and help them get the documentation needed for their appointments (e.g., health insurance documentation or the name of their primary care provider).
Support medication adherence:

People living with HIV can lead long and healthy lives by taking medicines that keep the virus undetectable, meaning the amount of virus in your body is so low that it can’t be detected by standard tests. People who maintain an **undetectable viral load** for at least six months cannot transmit HIV through sex. This is known as “**undetectable equals untransmittable,”** or “**U=U.**”

Adhering to ART is critical for PLWH. Non-adherence leads to poor health outcomes and increases the risk of HIV transmission. Proper medication adherence for HIV keeps the virus at such low levels that it is undetectable and, if the treatment regimen is maintained for at least six months, untransmittable. As a PN, you will assess clients’ barriers to adhering to their medications and make sure they have the support and services needed to consistently take their medications.  

- Coach clients to manage prescriptions and refills.
- Make sure clients understand their medication regimen.
- Discuss consequences of non-adherence.
- Help clients identify the challenges they have adhering to medications, such as not being able to afford medications; doubts about whether the medications are effective; negative side effects; a lack of storage for medications; difficulty keeping track of medications; and a belief that the medications are no longer needed because they feel better.
- Determine strategies to overcome identified barriers.
- Discuss interventions to help with adherence as appropriate.
  - There are interventions that can aid in medication adherence such as mobile phone apps, electric pill dispensers, medication adherence support groups, **Directly Observed Therapy (DOT)**, etc.

**Medication adherence** means taking medications **exactly** as instructed by a health care provider. Adherence to HIV medications is extremely important! It leads to sustained viral suppression, reduces risk of drug resistance, improves overall health and quality of life, and decreases risk of HIV transmission.

**Antiretroviral Therapy or ART** are the medications that work to prevent HIV from copying itself in your body. ARVs or HAART are other names for this medication.
Help clients find strategies for coping with stress:

Navigating many agencies and providers can be stressful under the best circumstances, but for PLWH who have issues such as a mental health conditions, past trauma, and/or experiences of discrimination or stigma, the stress can be overwhelming. It is important to encourage clients to use positive, or active, coping skills. ⁴²

- Assess clients’ coping styles (See Call Out Box: Coping Styles—Active versus Avoidant on page 34)
- Build on clients’ strengths and past situations in which they used active coping.
- Work with PLWH to develop active coping strategies that help them manage their stress, and explain to them the benefits of active coping. These strategies could include counseling, support groups, meditation, and other holistic approaches.

Advocate for your client:

While your goal as a PN is to teach your clients to advocate for themselves (see more detail in the Promoting Health Coaching and Wellness section below), you will also advocate on behalf of your clients. Advocating for your clients requires having not only an understanding of their barriers to care, but also in-depth knowledge of system issues the client may not see. You may also have to advocate for clients who do not have the health literacy or English proficiency necessary to advocate for themselves and need your help to connect to the necessary resources.

- Assess clients’ ability to self-advocate and provide advocacy support as needed.
- Speak up when there is a problem; address it directly with the agency or provider.
- Be assertive when advocating for PLWH—which means acting confidently and saying what you want or believe in a direct way while also being respectful and listening to the other person’s views and opinions.
- Empower clients to find solutions for health problems and concerns.
- Teach clients to advocate for themselves by:
  - Modeling effective ways to talk to people and to ask for what you want.
  - Providing them information on their conditions, treatment options, and resources.
  - Helping them see themselves as members of their own health care team.
  - Identifying and linking them to support groups.
  - Helping them seek information, communicate with providers, talk to family and caregivers, identify their own preferences and priorities, and use available resources.
REINFORCING INFORMATION

1. Provide one example of how PNs can help clients manage each of the following navigation activities:
   a. Medication adherence
   b. Making and keeping appointments
   c. Coping with stress

2. Which of the following are reasons why clients have difficulty taking their medication as instructed (medication adherence)? Select all that apply.
   a. They have financial barriers to purchasing medication.
   b. They do not believe medications work.
   c. They think they no longer need the medications because they are feeling better.
   d. They are experiencing negative side effects of the medications.
   e. They have difficulty keeping track of when to take the medications.
   f. All of the above
   g. None of the above

Coping Styles—Active versus Avoidant

Different people have different coping styles—meaning the way they manage stressful events and how these events affect them, both physically and emotionally.

An Active Coping style includes efforts to do something active to change a stressful situation—either taking direct action to improve or change the situation (this is called Problem-Focused Coping) or change how the stressful situation is affecting you emotionally (called Emotion-Focused Coping).

An Avoidant Coping style on the other hand includes activities that keep you from directly addressing or thinking about the stressful events, such as alcohol use or drug use.

Active coping is a better way to deal with stressful events. Avoidant coping leads to worse mental and physical health outcomes.
CASE VIGNETTE

Sarah is a PN who is working with Jane, a 40-year-old woman recently diagnosed with HIV. Through their initial conversation, Sarah learns that Jane is in an abusive relationship and that her partner gave her HIV. Jane would like to leave the relationship, but doesn’t have a steady job, is uninsured, and scared. Sarah uses a trauma-informed approach to engage with Jane. She asks Jane what she needs to feel safe and doesn’t press for more information. During a review of Jane’s service plan, Sarah explains the steps Jane could take and emphasizes that Jane doesn’t have to answer questions if she doesn’t feel comfortable. Sarah does not judge Jane’s actions and choices or give her advice, but instead provides her with information and support to help with her choices.

1. If you were in Sarah’s place, what services would you recommend?

2. What strategies would you use to help Jane navigate the systems required to access all the services she needs?

ANSWER KEY

1. Possible Answers: a. Coach clients to manage prescriptions and refills; b. Help clients come up with a system to track their appointments; c. Help clients develop active coping strategies to manage their stress like attending a support group.

2. F

CASE VIGNETTE ANSWER KEY

1. Possible Services: a. Housing assistance via HASA; b. Benefits enrollment (Medicaid, SNAP, SSI); c. Counseling/ domestic violence services; d. HIV treatment from a female primary care provider; e. HIV and/ or domestic violence support groups (to build a sense of community).

2. Possible Strategies: a. Ask Jane to prioritize one or two services to focus on first (such as benefits and PCP) and tell her what documents/ information she will need to connect to these services; b. Follow-up with Jane to make sure she is comfortable with these next steps and remind her what information is needed; c. Help Jane schedule and keep track of upcoming appointments for her chosen services.
Promoting Health & Wellness

As a PN, you will encourage PLWH to participate in healthy recreational and wellness activities. By doing so, you’re helping clients improve their mental and physical health and participate in activities that can help them manage their HIV and maintain their health.\textsuperscript{43, 44}

Strategies to Promote Clients’ Health and Wellness

- Provide health coaching and establish health and wellness goals: \textsuperscript{45–47}
  - Educate clients on the benefits of wellness activities.
  - Work collaboratively with clients and their care team to establish personal health and wellness goals, and help clients identify time-framed, action steps to achieve these goals.
  - Use Motivational Interviewing to encourage clients to complete the actions steps in order to achieve their wellness goals and address concerns or barriers they face (See Call Out Box: Motivational Interviewing on page 21).
  - Share existing guides on wellness and healthy lifestyle resources with clients.

- Assess clients’ interests and wellness goals and connect to healthy recreational activities:
  - Connect clients to community programs that interest them and offer opportunities for social interaction and support.
    - Assess clients’ readiness to engage in activities.
    - Give clients several options for community activities and resources.
  - Provide initial accompaniment to activities, if requested.
  - Provide information and encouragement to engage and remain in activities.

Examples of Health and Wellness Goals

- Engage in regular physical activity (e.g. walk briskly for 15-minutes each day, take a fitness or other activity class once a week)
- Maintain a healthy diet (e.g. eat at least 5 to 6 servings of fruits and vegetables a day, limit drinking soda or other sugary beverages to once a week)
- Check that all immunizations and health screenings are up to date (e.g. cancer screening, flu shot)
- Practice mindfulness (e.g. allow ten minutes in the morning to be quiet, meditate, and relax)
Engage PLWH in activities that allow for creative expression:

- Become familiar with opportunities for creative expression in NYC to inform and link clients to appropriate activities.
- Educate clients on how participating in creative activities such as art therapy, music therapy, movement-based creative expression (dance, theater, tai-chi), or writing therapy can improve health outcomes. Research has shown that creative expression can reduce stress and anxiety and improve overall well-being and mood. ⁴⁸–⁵³
- Talk to clients about what personal wellness goals are most important to them to determine clients’ interest in creative activities.
- Identify specific programs for clients that meet their individual needs (i.e., are affordable, are easy to access, and will help them meet their wellness goals).
- Establish relationships with program instructors to support a warm handoff and encourage engagement.
- Create a step-by-step plan with clients to make engaging in wellness activities easier and working toward their health and wellness goals less overwhelming.
- Address barriers to engaging in wellness activities, such as cost, lack of time, and competing health issues.

Expressive Writing as a Form of Creative Expression

Expressive writing refers to the writing of one’s own traumatic experiences. Several studies have shown that expressive writing has long-term improvements in mood and health:

- A study of PLWH who wrote for 30 minutes per day for 4 weeks showed a decrease in CD4+ counts. ⁴⁸
- A study of gay men who were assigned to write for 20 minutes a day for 3 days found that participants who wrote about gay-related stress were able to improve psychosocial functioning, particularly openness with sexual orientation, and reduce stigma-related stress. ⁵²
- A study of women with substance use disorders who completed daily, 20-minute writing sessions for 2 weeks showed reductions in posttraumatic symptom severity, depression, and anxiety scores compared to those who did not participate in the writing sessions. ⁵³
1. What is one example of a health and wellness goal that a client might have?
   - a. Walk every day for 20 minutes;
   - b. Join a weekly Tai-Chi group;
   - c. Make a plan to write in a journal every day;
   - d. Eat more fruits and vegetables and less high sugar foods and drinks.

2. List three ways PNs can help clients improve their health through wellness activities.
   - a. Help clients develop their own health and wellness goals and associated action steps;
   - b. Encourage clients to engage in creative and recreational activities through Motivational Interviewing;
   - c. Identify activities that meet your clients’ interests and goals and provide linkage support to the programs.

3. What are some health benefits of creative expression activities?
   - a. Reduction in stress;
   - b. Reduction in anxiety;
   - c. Improved mood
Documenting Services

As a PN, it is critical that you document ALL of the services you provide, maintain complete and timely documentation, and record your interactions as accurately as possible. This will allow you to better communicate with others on the care team and to coordinate the wide range of services PLWH typically need, track progress made by clients, and make sure that your clients are receiving all the services they need as outlined in their service plan. Careful documentation of services will also show you the areas that clients may need additional support, such as medication adherence, appointment attendance, etc. Finally, documenting services will allow your supervisor to make sure you have the right number of clients and identify areas where you might need some extra support.

Strategies to effectively document your work:

- Document all client interactions into documentation system(s) in a timely manner—all PNs are responsible for writing a progress note detailing services provided to the client.
- If you are conducting home and field visits, keep track of the services you provide in a secure way. Many programs have developed individual service tracking tools for this purpose.
- If you are unsure about how to properly document a particular service, ask your supervisor for guidance.
Example Progress Note

NAME: Jane Doe

DATE OF VISIT: February 7, 2020 \ DATE RECORDED: February 7, 2020

REASON FOR VISIT: Planned Check-in \ Emergency \ Other: ____________

VISIT LOCATION: Home Visit \ LENGTH OF VISIT: 60 minutes

DESCRIPTION OF SERVICES PROVIDED:
Met with Jane today for our weekly check-in. Today we focused on medication adherence. Jane and I talked through what it means to be medication adherent and the importance of being virally suppressed. Jane explained that while she doesn’t have problems affording or accessing her medication, she often forgets to take her medication. I explained different ways of keeping track of medication intake, such as keeping a daily diary or downloading an app for daily reminders. Jane seemed most interested in attending a medication adherence support group. Together we located one in her area and plan to attend together next week.

RESOURCES PROVIDED:
I gave Jane U=U campaign materials for her reference.

NECESSARY FOLLOW-UP & NEXT STEPS:
Connect Jane with a local medication adherence support group. Attend the first meeting together next Monday at 7 pm.
REINFORCING INFORMATION

1. TRUE or FALSE: It is up to you to decide which services get documented.

2. Why is it important for PNs to document the services they provide? Select the best response.
   a. To tell clients that they need to do a better job keeping their appointments
   b. To compare their job performance with other PNs
   c. To ensure that their clients are getting all the services they need
   d. To improve the Patient Navigation program

3. What services must PNs document? Select all that apply.
   a. Help with filling out forms
   b. Arrangement for transportation
   c. Arrangement for interpreting services
   d. Reminder call/message
   e. Accompaniment to appointment
   f. All of the above

ANSWER KEY

1. False: You should document ALL of the services you provide to the client as accurately as possible.

2. C

3. F
PATIENT NAVIGATION FOR
CLIENTS WITH CO-OCCURRING MENTAL HEALTH & HIV
Prevalence of Co-occurring Mental Health Conditions and HIV

Mental health conditions are very common among individuals with HIV and are often associated with poor engagement and retention in HIV care, and worse health outcomes such as medication non-adherence, faster disease progression, and lower overall quality of life.

Overall, between one third and one half of PLWH have a mental health condition. Some of the most common mental health conditions among PLWH are depression, anxiety, post-traumatic stress disorder (PTSD), bipolar disorder, and schizophrenia. As you can see in the table to the right, PLWH have higher rates of these mental health conditions compared to the general population.\textsuperscript{54–62}
### Prevalence of Mental Health Conditions Among PLWH Compared to in the General Population

<table>
<thead>
<tr>
<th>Mental Health Condition</th>
<th>Prevalence Among PLWH</th>
<th>Prevalence in the General Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>30–60%*</td>
<td>19.2%*</td>
</tr>
<tr>
<td>30–60%*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>16–40%</td>
<td>19.1%</td>
</tr>
<tr>
<td>16–40%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder (PTSD)</td>
<td>10–74%</td>
<td>8%</td>
</tr>
<tr>
<td>10–74%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>10.8%</td>
<td>2.8%</td>
</tr>
<tr>
<td>10.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>6.3%</td>
<td>.25–.64%</td>
</tr>
<tr>
<td>6.3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* *Lifetime prevalence: percent of people who had at least one depressive episode in their life.*
Interaction Between Mental Health Conditions and HIV

**Addressing the mental health of PLWH** can improve their quality of life and medication adherence. It can also slow the progress of HIV by encouraging treatment retention and health care utilization and reduce the risk of acquiring and transmitting HIV. 63–66

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**Research shows that mental health conditions negatively affect PLWH in several ways.**

- **Lower quality of life.** Compared to those without depression, PLWH with depression have a lower quality of life, both overall and in areas such as physical and psychological well-being, independence, and social relationships.

- **Non-adherence to HIV medication.** Mental health conditions have been linked to poor medication adherence, which can lead to both negative HIV outcomes (retention in HIV care, lack of viral suppression) and also drug-resistance.

- **Poor health care utilization and retention in care.** PLWH with a mental health condition are less likely to access or remain engaged in care compared to those without a mental health condition.

- **Increased vulnerability to acquiring and increased risk of transmitting HIV.** People with a mental health condition have high rates of behaviors that increase their vulnerability for HIV infection and risk for transmitting HIV, including:
  - Substance use, including injection drug use (IDU)
  - Risky sexual behavior
  - Sexual victimization
  - Sex work
  - Poor adherence to ARVs
Importance of Patient Navigation for People with Co-occurring Mental Health Conditions and HIV

Patient navigation is a valued component of the health care system and has been shown to be particularly effective for people with chronic co-occurring conditions, such as HIV and mental health conditions. Having a mental health condition can make it difficult for clients to take care of themselves. Mental health conditions can prevent clients from effectively managing their own health and seeking needed treatment, as well as pose challenges to accessing needed health and social services in a complex health care system. As a PN, you can help PLWH who have a mental health condition access the care and treatment they need to improve their mental health, which will in turn, also improve their HIV outcomes.

Mental health conditions often remain untreated due to significant internal, external, and physical barriers to treatment participation. Overall, between 40 and 50 percent of adults in the United States with mental health conditions do not receive treatment. Furthermore, there are significant racial disparities in mental health treatment access: Black and Hispanic adults with serious mental illness (SMI) are less likely to receive mental health treatment compared to White adults.

There are many reasons why your clients may be resistant or reluctant to get the mental health treatment they need. Some of these reasons are listed below.

- While symptoms of physical illness are often easy to see and test for, mental health symptoms are sometimes harder to recognize and diagnose.
- Clients may not know where or how to access mental health services. Or they might not understand mental health conditions or be aware that there are available treatments.
- Stigma associated with mental health conditions can prevent clients from seeking help or getting treatment. This stigma can come from their cultural beliefs about mental health conditions, their personal views, or how society treats those with mental health conditions.
• Clients with a mental health condition may have faced discrimination and/or have had negative experiences with mental health providers in the past.

• Low literacy or limited English-speaking ability can make accessing mental health services seem too difficult because of communication barriers.

• Past experiences of trauma can make clients reluctant to access mental health services. PLWH experience traumatic events such as childhood sexual and physical abuse, domestic partner violence, physical assault, and psychological abuse at disproportionately higher rates throughout their life compared to the general population. 71–73

As a PN, you will help your clients understand the mental health services available and connect them to the treatment that has been recommended by their provider. You will ensure clients understand their mental health condition, the recommended treatment, and the impact that treatment can have on their mental health and HIV outcomes. You will explain to clients the mental health treatment option(s) available, and the difference between types of mental health providers and the services they provide. Finally, you will work with clients to understand and overcome the stigma that is often associated with mental health conditions and address any past trauma and discrimination, helping them see how it impacts both their mental health and their ability to seek treatment.

**Strategies You Can use to Help Clients Access Mental Health Services**

- **Discuss mental health conditions with clients**: the different diagnoses, symptoms, terminology, co-occurring mental health conditions and HIV, and the impact that mental health treatment can have on clients’ recovery and HIV outcomes (for more information on mental health terms and services, please see the Glossary of Terms: Appendices A, B, C, and E):
  - Explain the different mental health treatment options available and how each can help your client (counseling, medication, etc.).
  - Explain the different mental health professions that can provide mental health services (psychiatrist, social worker, psychologist, etc.).

- **Act as a communication bridge among clients, their primary care provider, and mental health providers to ensure clients understand their mental health diagnosis and recommended treatment.**

- **Based on the client’s care plan, identify what and where services are available.**

- **Assist with scheduling appointments and provide an escort to appointments, if needed.**

- **Assess and address any other barriers clients might have accessing mental health services, such fear of disclosing a diagnosis due to stigma or the belief that mental health treatment is ineffective.**

- **Become certified in NYC Mental Health First Aid (see Call Out Box: NYC Mental Health First Aid).**

- **Utilize a trauma-informed approach when working with clients (see Call Out Box: Trauma-Informed Care on page 13).**
Discuss with clients their views on mental health conditions, including stigma, cultural perspectives, past experiences with mental health providers, and how these views might impact access to mental health treatment.

Be well informed on the different mental health conditions and treatment options:

- Learn about the different types of mental health conditions, symptoms, terminology, treatments, and types of service providers.
- Become familiar with common barriers clients face in accessing mental health services (e.g. stigma, cultural issues).
- Understand the interaction of mental health and HIV.
- Be able to talk about mental health conditions with clients using cultural humility.
- Have knowledge of the mental health services, providers, and resources in NYC.

NYC Mental Health First Aid

The NYC Mental Health First Aid training will help you to recognize the early signs and symptoms of mental health and substance use related crisis. The training teaches participants how to respond to individuals in distress and connect them to professional care. Trainings are free, offered in all five boroughs, and are available in English, Spanish, and Mandarin. After completing the training, you will receive a certification in Mental Health First Aid.

Register for NYC’s Mental Health First Aid training at: https://mhfa.cityofnewyork.us
REINFORCING INFORMATION

1. TRUE or FALSE: Overall, mental health problems are more common among individuals with HIV than among the general population.

2. Name three negative HIV health outcomes that are associated with untreated mental health conditions.

3. Which of the following are reasons why someone with a mental health condition might not seek treatment?
   a. Limited English speaking ability
   b. Cultural views of mental health
   c. Past negative experiences with mental health providers
   d. Stigma
   e. All of the above

4. As a PN, which of the following would you NOT do to help your clients access the mental health services they need?
   a. Complete NYC’s training in Mental Health First Aid.
   b. Assess your clients’ mental health symptoms and determine a mental health diagnosis.
   c. Talk to your clients about their views, biases, and cultural perspectives on mental health.
   d. Become familiar with the different mental health conditions and symptoms, treatment options, and the mental health resources/providers in NYC.
   e. Use a trauma-informed approach.

ANSWER KEY

1. True
3. E
4. B
PATIENT NAVIGATOR PROFESSIONAL DEVELOPMENT & SUPERVISION
Purpose of Supervision

As a PN, you will be assigned a supervisor. Your supervisor will:

- Support your continued professional growth and help you improve your patient navigation services.
- Ensure the quality and consistency of patient navigation services.
- Provide supervisory support and guidance when you are faced with challenges working with clients.
- Foster a positive working relationship between you and your supervisor.

Role of Supervisor

PNs may receive two types of supervision—clinical supervision and administrative supervision. Ideally, you will be assigned a different person for each type of supervision, but it may be the same person. Your supervisor(s) will help you learn the ropes of your role. This will include learning aspects of professionalism, such as arriving to work and meetings on time, managing stressful situations, handling conflict, and establishing boundaries with clients. Each organization you work with will have its own policies and procedures around these issues. Your supervisor(s) will help you understand and follow these policies as you adjust to your role.
Clinical Supervisor

- Clinical supervisors meet regularly with PNs to provide work-related support, encouragement, mentorship, and education. They discuss specific clinical issues that PNs are having with their clients.
- One of the main goals of clinical supervision is to give PNs an opportunity to discuss problems they are having engaging clients or helping them remain in services.
- Although clinical supervision is relationship-based and PNs are expected to talk about their challenges and difficulties (e.g. with setting professional boundaries), its purpose is to provide professional guidance rather than discuss personal issues.
- Clinical supervisors provide supportive supervision by encouraging PNs to reflect on their work, acknowledging the emotional intensity of serving clients with HIV and co-occurring HIV and mental health conditions, and ensuring a healthy and safe working environment for PNs and clients.

Administrative Supervisor

- Administrative supervision ensures the program is operating the way it should. Administrative supervisors make sure that PNs are developing professionally, meeting all their responsibilities, and completing their tasks on time and accurately.
- They are responsible for evaluating PNs’ performance and providing feedback.
- Administrative supervisors provide professional mentorship. They set learning and improvement goals for PNs, and identify and link PNs to training and professional activities to improve their knowledge, skills, attitudes, and abilities.
- Administrative supervisors help navigate the relationship between PNs and providers by educating particularly resistant providers on the benefits of incorporating PNs into the care team. Your clinical supervisor may also do this, depending on whether the provider is clinical or non-clinical.

Supervisory Support

Potential Challenges for PNs when Working with PLWH with a Mental Health Condition

You may find that some clients with HIV and co-occurring mental health conditions are particularly challenging to work with due to specific behaviors that are sometimes associated with mental health conditions. These behaviors will not only make it difficult to provide navigation services but could also affect your relationship with clients. Three behaviors to be aware of when working with clients are: splitting, transference/countertransference, and violating professional boundaries. Below are definitions of these behaviors, how they could be a challenge when working with clients, and your supervisor’s role in supporting you when working with these clients.

If you notice any signs of these behaviors or issues, you should tell your supervisor immediately. Your supervisor will provide the professional support you need to address these issues so you can continue to work with your clients while also protecting your own personal and professional well-being.
Transference/Countertransference

**DEFINITION:** Transference is where clients unconsciously transfers feelings and attitudes from a person or situation in the past to a person or situation in the present (like their PN), which has the potential to be inappropriate and even harmful. Countertransference, on the other hand, is where providers transfer their feelings or personal issues to their clients. Countertransference describes the unconscious feelings you as a PN may experience towards a client based on the way the client is acting towards you.

**CHALLENGE WHEN WORKING WITH CLIENTS:** Transference and countertransference often occur in therapeutic or client-provider relationships, such as those between a client and a PN. If left unresolved, transference and countertransference can hurt the PN-client relationship, impacting your ability to help your client and provide quality PN services.

Splitting

**DEFINITION:** Splitting (also called “black-and-white thinking” or “all-or-nothing thinking”) is a person’s inability to think about both positive and negative qualities in themselves or in others. This way of thinking can sometimes lead clients to divide—or “split”—staff members or other clients, where they think some are all “good” and others are all “bad” and then pit them against each other.

**CHALLENGE WHEN WORKING WITH CLIENTS:** Splitting may occur when clients have multiple providers, which is often the case with PLWH who have co-occurring mental health conditions. Although splitting is a way for a person to make more sense of the world around them, it can create conflict among providers on a client’s care team, including the PN, and hurt the relationship the PN has with the client.

Case Vignette—Splitting

A client is struggling with internal issues and sees her PN as a perfect individual—someone who is responsive to her needs and always there for her. The client strongly values the relationship she has with her PN. The PN—who is trying to create a trusting relationship and bond with this client—finds it hard to resist the flattery and simply accepts the way that the client views her. However, the PN eventually does not live up to the standards the client set for her in her mind, which leads to the client feeling as if her trust is betrayed and she has been “cheated”. As a result, the client is overcome by intense anxiety and turns on the PN as if she is an enemy out to hurt her. The client then goes off in search of someone else to worship and use as protection. The PN is left feeling humiliated and attacked.
Maintaining Professional Boundaries

**DEFINITION:** Maintaining professional boundaries means maintaining the physical, mental, and emotional limits that protect both the client and a PN from becoming overly involved. This is important because healthy professional boundaries keep the PN-client relationship a safe one that maintains the focus on the client. 76–79

**CHALLENGE WHEN WORKING WITH CLIENTS:** Maintaining professional boundaries can be particularly challenging when working with clients with co-occurring mental health and HIV because many of these clients do not have other sources of support. Clients may come to rely on their connection with their PN for emotional support, which might blur the lines between a professional and personal relationship. It can also be difficult for you as a PN to not self-identify as a friend because much of your role requires engaging in activities of friendship, like having non-clinical conversations or providing emotional support. Crossing boundaries can be harmful to both the PN and the client, as it can potentially damage the relationship and negatively affect health outcomes.

**Supervisory Support in Helping with These Issues**

In the event that you experience any of these issues with clients, your supervisor(s) will provide a range of professional support and guidance so you can continue to provide the best possible patient navigation services, including:

- **Information on these behaviors and how to recognize their signs**
- **Strategies you can use to prevent these behaviors and/or minimize their harmful effects, such as the following:**
  - Keep close communication with your supervisor and all of the client’s providers. This will not only make the whole team aware of the behaviors but also make it more difficult for a client to engage in any of these behaviors.
  - Acknowledge and validate your clients’ feelings but clearly explain to them that there are boundaries of the relationship that must be respected for effective and safe treatment.
  - Avoid sharing personal information with clients, giving or receiving gifts, developing friendships outside of the working environment, or having personal contact that is not related to your work as a PN.
    - For example, texting your client about a television show or meeting to watch a sports game is personal contact that is unrelated to your role as a PN. This sort of communication is outside the scope of your work and would be considered inappropriate.
- **Clarification of the boundaries of your role as a PN, including the following:**
  - Stress the importance of acting professionally in situations where a client crosses a set boundary line;
  - Explain the difference between being a PN and a friend, and the importance of keeping your personal life separate from your professional life;
  - Recognize the signs of transference and countertransference, reporting them immediately to a supervisor, and taking steps to promote self-care.
REINFORCING INFORMATION

1. Which of the following are ways that your supervisor might support you in your role? Select all that apply.
   a. Provide professional mentorship
   b. Provide supportive supervision
   c. Set learning and improvement goals
   d. All of the above
   e. None of the above

2. A client is working with a social worker who reminds her of her mother. The client’s mother never approved of her while she was growing up. During therapy sessions, the client tries to impress her social worker by making up stories to show her progress in managing her mental health condition. This is an example of:
   a. Splitting
   b. Transference
   c. Countertransference

CASE VIGNETTE

Over the past several months, Paul, a PN, has been working with Allison, a 25-year-old woman who has recently been diagnosed with HIV. She is also living with a mental health condition. Over the past several months Paul has been building a trusting relationship with Allison. As Allison begins to open up to Paul and confide in him, she admits that she has not told any of her friends about her illness because she is afraid that they might leave her. She tells him, “Everybody always leaves me—you’re the only one I can count on.”

Paul notices that Allison seems to put a lot of effort into her personal appearance when she comes to appointments, sometimes asking him what he thinks of a particular outfit. Paul does not comment on her outfit and tells her he would like to keep the relationship professional. She also asks him about his personal life despite his efforts to keep the conversation focused on her, and constantly asks him if she is his favorite client. Paul discusses this situation during his weekly meetings with his clinical supervisor.

1. What strategies did Paul use to try to maintain professional boundaries?

ANSWER KEY

1. D
2. B

CASE VIGNETTE ANSWER KEY

Possible Answers: 1. Paul went to his supervisor for support; 2. He focused conversations on her needs rather than his personal life; 3. Paul stated his desires to keep interactions professional.
COMMON CHALLENGES PATIENT NAVIGATORS MAY EXPERIENCE WHEN WORKING WITH CLIENTS
Language and Literacy Barriers

If clients do not receive services in their primary language or in a language they feel comfortable speaking, they may not fully understand important information about their treatment or condition, and as a result not be able to follow treatment recommendations.

Language barriers can be particularly difficult for PLWH with mental health conditions, impacting both a provider’s ability to diagnose a condition and a client’s ability to access and participate in mental health services. This is in part due to the verbal nature of mental health diagnosis, testing, and treatment, which relies on the relationship between the clinician and client more than other healthcare services. This relationship can be difficult to create when language barriers are present.

- Ask clients about their English fluency and which language they speak at home to determine their need for interpreter services and to ensure program and educational materials are translated into their language.
- Identify appropriate agencies and providers that speak their language.
- Follow-up with clients after they are engaged in services to make sure they are being served in a language that meets their needs.
Establishing Trust with Clients

Establishing a trusting relationship with clients is critical to providing effective patient navigation services. Building this trust initially and establishing a relationship with some clients may be difficult.

Clients who have a history of trauma and/or past experiences with discrimination and stigma may be particularly reluctant to enter into a trusting relationship with a PN and discuss their challenges and barriers to accessing and remaining in care.

- Provide Trauma-Informed Care (see Call Out Box: Trauma-Informed Care on page 13).
- Build trust with clients slowly and recognize that it might take some clients longer than others to accept help and engage.
- When you first meet a client, start the conversations with neutral/safe and less personal topics.
- Don’t push clients to share information if they are not ready. Let them know that they should only answer questions that they feel comfortable answering.

Clients’ Refusal to Access or Stay Engaged in Services

Despite your best efforts to help your clients to access the services related to their treatment of care, or stay engaged in care, some may flat out refuse to keep appointments and be unwilling to share the reason why.

Keep in mind, there is usually an underlying reason—fear, denial, too many tests, past discrimination, or cultural differences between clients and providers. As a PN, it is your job to help your clients voice the reasons for not engaging in services so you can then work together to figure out how to overcome those barriers.

- Use Motivational Interviewing to help clients understand the reasons they do not want to engage in treatment and to help them find the internal motivation they need to change their behavior and get the services they need. (See Call Out Box: Motivational Interviewing on page 21).
• Put yourself in your clients’ shoes. It is important to understand your clients’ point of view, their social, economic, and health situations, and their culture, beliefs, and histories. For example, co-occurring mental health conditions and substance use can make engaging in care difficult. Homelessness or unstable housing can make adhering to medication challenging. Past discrimination by a doctor may make clients fearful or resistant to meeting a new provider. Clients may not always feel comfortable telling you these barriers, but having an awareness of them can help you address them so your clients can get the services they need.

Helping Clients to Access Mental Health Services

Some clients may be reluctant to access mental health services. This could be due to past experiences of stigma associated with accessing mental health services, their cultural views of mental illness, or having wrong information.

• Discuss with clients how they view mental illness, including their cultural perspectives on mental health conditions and accessing treatment, and how any biases they have might be preventing them from getting the mental health services they need. Use Motivational Interviewing techniques to provide culturally responsive mental health information.

• Provide interventions that address stigma, including:
  o Linking clients to peer support to hear personal stories of recovery.
  o Promoting recovery, empowerment, and self-determination.
  o Ensuring clients understand privacy laws and emphasizing client confidentiality.
  o Connecting clients to mental health providers where services are co-located and a part of the overall healthcare services to minimize the stigma associated with mental health services.
The PN-Client Relationship

Providing clients social and emotional support is an important part of patient navigation, and having a supportive connection can help you provide effective patient navigation services.

This relationship, however, which is both personal and professional at the same time, can present challenges—both for the client and the PN. As a PN, you play the role of a friend, motivator, and supporter, and it can be difficult to separate these roles and your professional navigation duties. Some of your clients may not have many people in their lives to talk to, so they end up talking to you about things that are outside the scope of your job. They may invite you to non-work-related events or try to give you gifts to show their appreciation for your help. At the same time, however, you can also become too emotionally involved and start to care about your clients on a personal level. Maintaining a professional relationship is critical for the health and well-being of both you and your client.

- Remember to maintain professional boundaries with ALL clients; it’s important to establish these boundaries at the beginning of the relationship.
- Be aware of discussing personal or non-work-related information. While this is sometimes necessary to establish a trusting relationship and an important part of developing a supportive connection, it can cross professional boundaries if not kept in check. In general, share only information that can be received by clients as supportive or helpful to their situation.
- Encourage clients to participate in activities that provide opportunities for social support and to connect with their peers.
- Figure out how often your clients need to talk to you and set a schedule for check-in calls. Many of your clients may not have a lot of social support and will rely on you for that support. Knowing that you will be calling each afternoon at 3:00, for example, clients may be less likely to call you during non-working hours.
- Work with your clinical supervisor to avoid burn-out and “compassion fatigue”, which is stress that is caused by the emotional burden of wanting to help people who are suffering. Connect with other PNs for support.
Establishing a Mutually Respectful Relationship with Providers

**Both giving and getting respect** from service providers can be a challenge when you are working as a PN.

While some providers and agencies will be open and eager to working with you, others might be more resistant. This could be because they don’t really understand the role of PNs on the care team and the specific services they provide, or they might think that PNs are giving clients medical information that goes against what they are telling them. For these providers and agencies, you may have to put in some extra effort to work on setting up a respectful and professional relationship.

- Conduct in-person visits to providers and other agencies to help build relationships and establish a PN presence; schedule an appointment to be sure you have the provider’s attention.
- Educate and involve providers in understanding the role and benefits of the PN and how PNs can support providers and improve health outcomes.
- Reach out to providers or agencies who are resistant to the services PNs offer to understand why, and work with them to address their concerns.
- Engage your supervisor for additional support as necessary to assist in having these conversations or dealing with a particularly resistant provider.
Knowing What Client Information to Keep Confidential

Maintaining confidentiality of your clients’ information—both health information and non-health information—is extremely important, for both legal reasons as well as to keep their trust.

Knowing what client information to keep private and whom to discuss it with can be difficult, especially if there are many people involved in a client’s care and the client is sharing a lot of personal information.

- Find out to which people clients have disclosed their HIV status so you don’t accidentally disclose clients’ HIV status without their permission. When in doubt, don’t share a person’s status.
- Become familiar with and refer to your agencies’ policies and procedures on confidentiality and privacy.
- Don’t ever discuss clients in public; don’t leave documents or other identifying information where people can see it.
- Only document client information in secure data systems.
ACKNOWLEDGMENTS

The New York City Department of Health and Mental Hygiene (NYC DOHMH) will distribute this guide to providers who work with clients enrolled in the Ryan White Part A Mental Health Services Program.

The goal of the Ryan White Part A Mental Health Services Program is to optimize the mental health and level of functioning of people living with HIV (PLWH) and improve access to ongoing medical care. The program addresses the mental health needs of PLWH through the integration of care navigation, social services and benefits coordination, health education, and treatment adherence.

Special thanks to NYC DOHMH contributors Guadalupe Dominguez Plummer, MPH, CASAC; Jennifer Carmona, MPH; and Graham Harriman, MA, LPC.
RESOURCES

Mental Health Resources

NYC WELL: NYC Well is New York City’s free, confidential support, crisis intervention, and information and referral service for anyone seeking help for mental health and/or substance use concerns, available 24 hours a day, 7 days a week, 365 days a year, in more than 200 languages.

WEBSITE: https://nycwell.cityofnewyork.us/en/

NYC MENTAL HEALTH FIRST AID: Mental Health First Aid trainings provide proven practices that will help you recognize the early signs and symptoms of mental illness and substance misuse. Participants will learn how to listen without judgement and respond to and help someone in distress until they can get the professional care they may need. The free eight-hour training is available for all New Yorkers as part of the City’s ThriveNYC Initiative.

WEBSITE: https://www1.nyc.gov/site/doh/health/health-topics/mental-health-first-aid.page

THRIVENYC: ThriveNYC is a comprehensive initiative to address mental illness and promote the mental health well-being among New Yorkers most in need. In partnership with 12 city agencies, ThriveNYC’s programs reach people with the highest need—those with serious mental illness, those affected by trauma, and those living in historically under-served neighborhoods. The programs eliminate barriers to care for all New Yorkers by providing free services in over 200 languages, regardless of insurance or immigration status.

WEBSITE: https://thrivencity.newyork.us/

NYS OFFICE OF MENTAL HEALTH (OMH): The mission of NYS OMH is to promote the mental health of all New Yorkers, with a focus on providing hope and recovery for adults with serious mental illness and children with serious emotional disturbances. OMH operates psychiatric centers across the State and regulates, certifies, and oversees more than 4,500 programs operated by local governments and nonprofit agencies. OMH provides an online directory of treatment programs by county as well as behavioral health information, including resources for individuals and families dealing with mental illness.

WEBSITE: https://omh.ny.gov

ONLINE DIRECTORY: https://my.omh.ny.gov/bi/pd/saw.dll?PortalPages

NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH): NIMH is the lead federal agency for research on mental disorders. Its mission is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and treatment. Its website provides research, statistics, and fact sheets on mental health topics for individuals and their supports.

WEBSITE: https://www.nimh.nih.gov/index.shtml

THRIVENYC: ThriveNYC is a comprehensive initiative to address mental illness and promote the mental health well-being among New Yorkers most in need. In partnership with 12 city agencies, ThriveNYC’s programs reach people with the highest need—those with serious mental illness, those affected by trauma, and those living in historically under-served neighborhoods. The programs eliminate barriers to care for all New Yorkers by providing free services in over 200 languages, regardless of insurance or immigration status.

WEBSITE: https://thrivenyc.cityofnewyork.us/

NATIONAL SUICIDE PREVENTION LIFELINE: The National Suicide Prevention Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. The Lifeline is committed to improving crisis services and advancing suicide prevention by empowering individuals,
advancing professional best practices, and building awareness.

The Lifeline can be reached by dialing 1-800-273-8255.

WEBSITE: https://suicidepreventionlifeline.org/

CRISIS TEXT LINE: The Crisis Text Line serves anyone, in any type of crisis, providing access to free, 24/7 support. To access anonymous, free crisis counseling and mental health support, text “HELLO” or “HOME” to 741-741 to reach a Crisis Counselor.

WEBSITE: https://www.crisistextline.org/

Substance Use Resources

NYS Office of Addiction Services and Supports (OASAS): NYS OASAS oversees more than 1,600 prevention, treatment and recovery programs, serving over 680,000 individuals per year. It operates 12 Addiction Treatment Centers where doctors, nurses, and clinical staff provide inpatient and residential services to approximately 8,000 individuals per year. Its mission is to improve the lives of New Yorkers by leading a comprehensive system of addiction services for prevention, treatment, and recovery. OASAS provides an online directory of treatment providers.

WEBSITE: https://oasas.ny.gov

ONLINE DIRECTORY: https://findaddictiontreatment.ny.gov/

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA): SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA’s mission is to reduce the impact of substance use and mental illness on America’s communities.

SAMHSA provides an online Behavioral Health Treatment Service Locator to assist clients in finding treatment facilities confidentially and anonymously 24/7.

WEBSITE: https://www.samhsa.gov

SERVICE LOCATOR: https://findtreatment.samhsa.gov/

HIV Resources

NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE (DOHMH): NYC DOHMH, also known as the NYC Health Department, offers resources to protect the health of New Yorkers through a racial justice lens. NYC Sexual Health Clinics offers free or low-cost HIV and STI tests for anyone age 12 and older.

WEBSITE: https://www1.nyc.gov/site/doh/index.page

NYC SEXUAL HEALTH CLINICS: https://www1.nyc.gov/site/doh/services/sexual-health-clinics.page

NYC DOHMH BUREAU OF HIV (BHIV): The mission of the BHIV is to end HIV transmission, promote the health of all New Yorkers with or vulnerable to HIV, reduce HIV-related inequities, and combat stigma.

WEBSITE: https://www1.nyc.gov/site/doh/health/health-topics/aids-hiv.page

NYC HEALTH MAP: NYC Health Department’s Health Map helps to locate HIV prevention, care and treatment resources throughout the city. HIV care and treatment services are available to all New Yorkers living with HIV, regardless of their ability to pay or immigration status. Text “CARE” to 877-877 to find a local HIV provider or “MEDS” to 877-877 to receive daily text reminders to take medication.

WEBSITE: https://a816-healthpsi.nyc.gov/NYCHealthMap
HOUSING SERVICES FOR NEW YORKERS LIVING WITH HIV/AIDS: The NYC Health Department administers two federally funded housing programs to meet the needs of low-income people living with HIV and their families: Housing Opportunities for Persons with AIDS (HOPWA) Program and Ryan White Part A Housing Program. The NYC HOPWA Resource Directory and HIV Services Directory are available online to aid clients in finding local housing providers and additional resources.

WEBSITE:
https://www1.nyc.gov/site/doh/health/health-topics/aids-hiv-care-housing.page

HOPWA RESOURCE DIRECTORY:
https://nrg.e-compas.com/nychopwa/

HIV SERVICES DIRECTORY:
https://www.healthsolutions.org/community-%20work/hiv-aids/?event=page

HIV UNINSURED CARE PROGRAMS: The AIDS Institute has established six program components for New Yorkers living with HIV who are uninsured or underinsured with the aim to provide access to free medical services and medications to improve their health and quality of life. Clients can find Uninsured Care Program applications and eligibility information online.

WEBSITE:
https://www.health.ny.gov/diseases/aids/general/resources/adap/
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GLOSSARY OF TERMS

APPENDIX A
Mental Health Conditions

There are many types of mental health conditions, also known as mental illnesses and mental health disorders. Mental health professionals are responsible for diagnosing mental health disorders, which is the process of figuring out which mental health condition people have based on their symptoms and how long they have had the symptoms. You may hear mental health professionals refer to the DSM-5, which is short for the Diagnostic and Statistical Manual of Mental Disorders, Version 5. The DSM-5 is the main handbook used by providers to diagnose a mental health disorder. It includes the names and symptoms of every type of mental health condition.

You do not need to know the names and symptoms of every mental health condition, but knowing the signs and symptoms of a few common ones will not only help you communicate with your clients and your clients’ providers, but will also help you tell apart normal mood changes from something more serious for which your client may need mental health treatment. You are NOT expected to diagnose a client or provide counseling. If you see signs of a mental health condition, you should discuss them with your clients’ team of providers. Mental health conditions are treatable, and the sooner your clients get the help they need, the better their outcomes.
Below are some common mental health conditions:

**ANXIETY DISORDER**: Also called Generalized Anxiety Disorder, Panic Disorder or phobia-related disorders (e.g. Social Phobias, Anxiety). Anxiety disorders differ from normal feelings of nervousness or anxiousness and involve long-term, excessive fear, worry, or anxiety. This anxiety is associated with other symptoms, including worry that is difficult to control; thinking the worst will happen; restlessness or irritability; difficulty concentrating; changes in sleeping patterns; pounding or racing heart; and shortness of breath.

**ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)**: People with ADHD often show signs of inattention, hyperactivity, and impulsivity. Symptoms include easily becoming distracted, fidgeting, talking non-stop, interrupting others, and impatience. ADHD is most often diagnosed in childhood, but is present among children and adults. It is estimated that approximately 8.8% of children aged 4-17 have ADHD and 4.4% of adults aged 18-44 have ADHD. This mental health condition can be managed using medications including stimulants, nonstimulants and antidepressants, behavioral therapy, and self-management.

**BIPOLAR DISORDER**: People with bipolar disorder, also known as manic-depressive illness, have extreme changes in mood and energy, going from a very high mood to a very low mood. The low is called depression and the high is called mania. When a person is in a manic phase, they may have psychotic symptoms such as hallucinations or delusions. They may make reckless or impulsive decisions and take unusual risks. When they are in the depressive phase, they may have feelings of loss or personal failure, guilt, and helplessness. They might be unable to make a decision and have trouble sleeping.

Although there are medications used to treat bipolar disorder, it can be difficult to find the correct combination of treatments to control this condition. Research estimates that between 25% and 60% of those with bipolar disorder will attempt suicide at least once in their lives.

**DEMENTIA**: Dementia, or major neurocognitive disorder as it is published in the DSM-5, is characterized by a decline in cognitive functioning, including difficulty thinking, remembering, and problem solving. Dementia occurs when nerve cells (neurons) in the brain stop working and lose communication with other brain cells, weakening brain functioning. Symptoms include difficulty speaking or finding the right words, trouble controlling mood, or changes in personality. The onset of these symptoms is slow and neurological functioning gradually declines over time. A doctor will be able to diagnose dementia using cognitive tests, brain scans, or a psychiatric evaluation.

**DEPRESSION**: Depression can be on a spectrum ranging from mild to moderate to severe. While sadness is a normal emotion that most people feel at some point in their lives, depression is a mental health condition in which people feel persistent sadness and hopelessness.

**MAJOR DEPRESSIVE DISORDER**: Major depressive disorder, or clinical depression, is generally diagnosed when five or more of the following symptoms of depression exist for two weeks or more: loss of interest in activities; feelings of hopelessness or worthlessness; feeling restless; changes in sleep and appetite; loss of energy; lack of concentration; and physical aches and pains. Major depressive disorder is often treated with medications, psychotherapy or a combination of the two.

**OBSESSIVE-COMPULSIVE DISORDER (OCD)**: Those with OCD experience repeated thoughts (obsessions) and urges to do certain actions.
(compulsions) that they are often unable to control. Obsessions can be urges to have things in a symmetrical or perfect order or fears of germs or contamination. Compulsions can be behaviors in response to obsessions such as repeated hand washing due to fear of germs or repeatedly checking to see if a door is locked or the stove is off. Research estimates approximately 1.2% of adults in the U.S. experience OCD. This mental health condition can be treated effectively through the use of medication and psychotherapy.

POST-TRAUMATIC STRESS DISORDER (PTSD):
For many people, a traumatic event can affect their mental health, both immediately after the event occurs but also months or years later. When someone who has experienced trauma in the past develops severe, long-term symptoms in the present that are associated with that past traumatic event, they are diagnosed with PTSD. Not everyone who has experienced trauma will go on to develop PTSD. Symptoms of PTSD include negative thoughts or feelings; nightmares; anxiety; and flashbacks to the traumatic event. These symptoms can happen over and over, and often make it difficult for the person to function. PTSD sometimes co-exists with other conditions such as substance use disorders, depression, and anxiety.

SCHIZOPHRENIA: Schizophrenia is a serious, long-term mental health condition that makes it difficult to think clearly, manage emotions, make decisions, and relate to other people. Research suggests that schizophrenia may have several possible causes including genetics, the environment, brain chemistry, and substance use. Symptoms include delusions; hallucinations; disorganized speech and behavior; and other symptoms that cause social or occupational dysfunction.

SUBSTANCE USE DISORDER: People are diagnosed with a substance use disorder if their drug and/or alcohol use makes it difficult for them to function, but they continue to use these substances anyway—despite the problems they cause. They may want to cut down or stop using alcohol or drugs but are not able to. When they try, they have withdrawal symptoms and crave the substance. When someone is addicted, their brain and other physical changes make it harder and harder to stop using. At the same time, their bodies require more of the drug to get the good feeling because of these physical changes.

*Mental Health Disorder definitions adapted from the American Psychosocial Association (APA); the National Institute of Health; the National Alliance on Mental Illness (NAMI) and the Diagnostic and Statistical Manual of Mental Disorders, version 5 (DSM-5).*

**Mental Health Classifications**

Mental illness refers to a mental, behavioral or emotional disorder and includes many different conditions that vary in level of severity. Mental illnesses affect nearly one in five adults in the US (46.6 million in 2017).

Serious Mental Illnesses (SMIs) are a classification of mental, behavioral, or emotional disorders that cause long-term, serious problems functioning in life and substantially interfere with one or more major life activities. Serious mental illnesses include disorders that have psychotic symptoms, such as schizophrenia, major depressive disorder, and bipolar disorder. In 2017, 11.2 million adults were diagnosed with a SMI.
APPENDIX B

Mental Health Professionals

As a PN, you will probably work with many types of mental health professionals, each of whom will provide specific services and have different training, education, and licenses. Becoming familiar with the different types of mental health professionals will allow you to not only better communicate with providers but also to help your clients understand the differences between mental health providers.

LICENSED CLINICAL SOCIAL WORKER (LCSW):
Licensed Clinical Social Workers diagnose mental health conditions and provide individual and group counseling, case management, advocacy services and clinical supervision. In New York, the highest license level for social workers is the LCSW. A person must work three years after graduating with a master’s degree before they can apply to become a LCSW. They may provide services without supervision.

LICENSED CLINICAL SOCIAL WORKER “R” PSYCHOTHERAPY PRIVILEGE (LCSW-R):
An LCSW who fulfills the requirements of the New York State Insurance Law’s authorized privilege to the LCSW license will be recognized as a reimbursable psychotherapist in the state of New York. The privilege requires the LCSW license, three years of supervised experience in psychotherapy, and a separate application and fee. Insurance carriers must provide reimbursement for psychotherapy services provided by LCSW-Rs.

LICENSED MASTER SOCIAL WORKER (LMSW):
Licensed Master Social Workers diagnose mental health conditions; provide individual and group counseling; and provide case management and advocacy services. Their services must be provided under the supervision of a LCSW (above). In New York, the first level of receiving a social work license is the LMSW. This level allows individuals to get the required work experience to become a LCSW (the highest level).

LICENSED MENTAL HEALTH COUNSELOR (LMHC):
Licensed Mental Health Counselors, also known as Licensed Professional Counselors (LPCs), are responsible for giving clients the assessment instruments and providing mental health counseling and psychotherapy to identify, evaluate, and treat mental health conditions. Mental Health Counselors are required to work according to high standards regarding ethics and confidentiality and can be involved in direct therapy with clients in private practice.

LICENSED PROFESSIONAL COUNSELOR (LPC):
Licensed Professional Counselors are doctoral and master’s-level mental health service providers, trained to work with individuals, families, and groups in treating mental, behavioral, and emotional problems and disorders.

MARRIAGE AND FAMILY THERAPIST (MFT):
Marriage and Family Therapists provide individual psychotherapy and work with families to assess and treat mental, emotional, and behavioral problems, and help them with...
relationship issues within their marital/couple, family, or other relationship.

**PSYCHIATRIST:** Psychiatrists are physicians. They went to medical school and studied psychiatry—the field of medicine focused specifically on the mind. Psychiatrists are able to diagnose mental health conditions. They are also responsible for prescribing and monitoring medication related to mental health conditions. Psychiatrists may also provide individual and group therapy.

**PSYCHIATRIC NURSE PRACTITIONER:** Also known as Mental Health Nurse Practitioners, Psychiatric Nurse Practitioners can do almost everything psychiatrists can do. However, Psychiatric Nurse Practitioners have advanced training in nursing rather than a medical degree.

**PSYCHIATRIC PHARMACIST:** Psychiatric pharmacists prescribe or recommend appropriate medications for mental health care. They are responsible for medication management, evaluating clients’ response to medications (e.g. side effects), and changing the medications if needed.

**PSYCHOLOGIST:** Psychologists evaluate the mental health condition of a client using clinical interviews, psychological evaluations and other forms of testing. To become a psychologist, they are required to have completed a doctoral degree in psychology. The psychologist can also diagnose mental health conditions and provide individual and group therapy.

**SOCIAL WORKER:** Unlike LCSWs or LMSWs, Social Workers are not licensed providers and therefore provide non-clinical services, such as case management, inpatient discharge planning services, placement services, and other services to support healthy living. Social workers who are not licensed often have a Bachelor or Master level degree in social work.

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*Mental Health Professional definitions adapted from The Human Services Guide, NAMI, New York State Department of Labor, New York State Education Department Office of the Professions, New York State Office of Addiction Services and Support, and the New York State School Social Workers’ Association.*

**APPENDIX C**

**Mental Health Care, Treatment and Approaches**

**ACTIVE LISTENING:** Engaging in active listening means the listener fully concentrates, understands, responds, and remembers the speaker’s complete message. It is a valuable skill PNs can use to develop a respectful, trusting relationship with clients. It can also help PNs better understand clients’ histories, perspectives, needs, and barriers to care. There are four major elements of active listening: 1) Pay Attention; 2) Repeat; 3) Clarify; and 4) Reflect & Respond.

**ACTIVE COPING:** Active coping involves efforts to do something active to change a stressful situation—either taking direct action to improve or change the situation (this is called Problem-Focused Coping) or change how the stressful situation is affecting you emotionally (called Emotion-Focused Coping).

**ACUPUNCTURE:** Acupuncture involves the insertion of very thin needles through your skin at specific points on the body. It is used to treat pain and specific physical and mental conditions. It is also used to improve overall wellness and help with stress management.

**ANTI-ANXIETY MEDICATION:** Anti-anxiety medications are medicines used to reduce the emotional and physical symptoms of anxiety.
ANTIDEPRESSANTS: Antidepressants are medicines used to treat depression, panic disorder, PTSD, anxiety, obsessive-compulsive disorder, borderline personality disorder, and eating disorders.

ANTIPSYCHOTIC MEDICATIONS: Antipsychotic medications are used to treat psychotic symptoms (delusions and hallucinations), schizophrenia, and bipolar disorder.

AVOIDANT COPING: Avoidant coping involves activities that keep you from directly addressing or thinking about the stressful events, such as alcohol use or drug use.

CASE MANAGEMENT: Case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy to meet a client’s comprehensive health needs through communication and available resources to promote quality and cost-effective outcomes.

COGNITIVE BEHAVIORAL THERAPY (CBT): CBT is a type of formal therapy often used to treat certain addictions or mood disorders. It is done by licensed therapists who have completed training specifically in CBT. It usually is short-term with a set number of sessions during which the client learns how certain thoughts affect their behavior and how to use their thoughts to change their behavior in a positive way.

CULTURAL COMPETENCE: Cultural competence is a set of attitudes, skills, behaviors and policies that allow organizations and staff to work effectively in cross-cultural situations. Acting in a culturally competent manner allows an agency to understand its clients’ unique cultural needs.

CULTURAL HUMILITY: Cultural humility is an ongoing process of self-exploration combined with a willingness to learn from others. It means entering a relationship with another person with the intention of learning about and respecting their beliefs, customs, and values.

CULTURAL RESPONSIVENESS: Cultural responsiveness is the ability to learn from and relate respectfully with people of your own culture as well as those from other cultures.

DAY TREATMENT: Day treatment is a partial hospitalization program for individuals with mental, emotional, and/or addictive disorders who do not require twenty-four-hour inpatient care. It is an intensive course of treatment, where the individual spends at least 8 hours during the day at the facility.

DIALECTICAL BEHAVIORAL THERAPY (DBT): DBT is a treatment approach used to help clients manage difficult and sometimes uncontrollable negative emotions and to decrease conflict in relationships. DBT provides clients therapeutic skills to achieve these goals through four key techniques: mindfulness and living in the moment, coping with stress in healthy ways, regulating emotions, and improving relationships with others. DBT is often used to treat people experiencing depression, bulimia, binge-eating, bipolar disorder, PTSD, and substance use.

DIRECTLY OBSERVED THERAPY (DOT): DOT is an approach used to help people adhere to their medications in which a health care professional watches, or directly observes, a person taking each dose of a medication. DOT was originally used to manage tuberculosis (TB) but the approach has been extended to manage other chronic conditions. In HIV treatment, DOT is sometimes called directly administered antiretroviral therapy (DAART).

GROUP THERAPY: Group therapy involves one or more licensed mental health providers who
lead a group of clients. Typically, groups meet for an hour or two each week. Some groups will be specifically for people with certain conditions, such as depression, obesity, panic disorder, social anxiety, chronic pain, or substance use. Others may focus on improving certain skills and functioning, such as social skills, anger, shyness, loneliness, and self-esteem.

**MEDITATION:** Meditation is a practice where individuals use techniques—such as mindfulness or focusing their mind on a particular object, thought or activity—to focus their attention and awareness, and achieve a mentally clear and emotionally calm and stable state.

**HARM REDUCTION:** Harm reduction is any behavior or strategy that helps reduce the risk or harm to yourself and others. For example, to reduce your risk of getting HIV, you can practice safer sex or safer drug use by using condoms or using clean needles.

**PSYCHOTHERAPY:** Sometimes referred to as “talk therapy”, psychotherapy is a way of treating mental health conditions that involves talking about, examining, and trying to understand the issues a person is experiencing. It relies on a strong professional yet therapeutic relationship between a client and a mental health professional. There are different types of psychotherapy (e.g. cognitive behavioral therapy).

**INPATIENT TREATMENT:** Residential treatment, sometimes called residential rehabilitation or inpatient rehabilitation, describes a live-in health care facility providing therapy for substance use, mental health conditions, or other behavioral problems. Inpatient treatment can be either short-term or long-term depending on the client’s needs.

**INTEGRATED CARE:** The systematic coordination of general and behavioral healthcare. Integrating mental health, substance use, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs.

**MEDITATION:** Meditation is a practice where individuals use techniques—such as mindfulness or focusing their mind on a particular object, thought or activity—to focus their attention and awareness, and achieve a mentally clear and emotionally calm and stable state.

**MOTIVATIONAL INTERVIEWING (MI):** Motivational interviewing is a directive, client-centered counseling method that helps people find the internal motivation they need to change their behavior. It is a practical, empathetic, and short-term process that takes into consideration how difficult it is to make life changes and how ready a person is to make a change.

**OUTPATIENT TREATMENT:** Outpatient treatment, also known as outpatient rehabilitation, is a part-time recovery program in which clients stay at home but accesses treatment at a time convenient to them. Outpatient treatment programs can provide therapy for substance use, mental health conditions, or other behavioral problems. Outpatient treatment tends to be longer than inpatient treatment, but depends on the client’s needs.

**SEDATIVES:** Sedatives are drugs that slow down the brain and the central nervous system (CNS). They can cause calmness, relaxation, sleepiness, slowed breathing, slurred speech, staggering gait, poor judgment, and slow, uncertain reflexes. Examples of sedatives are alcohol, Valium, pain killers (barbiturates), and heroin (opioids).

**SEEKING SAFETY:** Seeking Safety is a present-focused, evidence-based intervention that helps people attain safety from trauma and manage conditions such as PTSD and substance use by emphasizing coping skills, grounding techniques, and education. Seeking Safety is a flexible model consisting of 25 topics that can be delivered in either an individual or group format and is available in English, Spanish, and other
languages. The intervention increases a person's physical and emotional feelings of safety and addresses their past trauma, focusing on four areas: cognitive, behavioral, interpersonal, and case management.

SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI): SSRIs are a commonly prescribed type of antidepressant that works by increasing levels of serotonin within the brain. Serotonin is a chemical in the brain that is often referred to as the “feel good hormone”.

STAGES OF CHANGE: The Stages of Change model is used to help a person change their behavior. It is used to help individuals understand their readiness to change and describes the process of behavior change in each stage. The stages include pre-contemplation, contemplation, preparation, action, maintenance, and relapse. The stages are experienced in an upward spiral, in which a person grows and learns from each stage.

STRENGTH-BASED APPROACH: A strength-based approach involves asking clients questions to identify their strengths, such as coping style, existing social support, persistence, and past successes, and then discussing how these strengths can be used to help address their barriers and improve their health.

SUPPORTIVE COUNSELING: Supportive counseling is a form of psychotherapy in which therapists support clients through emotional distress and life problems by comforting, advising, encouraging, and reassuring them. Above all, therapists in supportive counseling listen carefully to the client and allow them to express themselves.

THE 5 A’S: Utilizing the 5 A’s is a way of assessing barriers for behavioral change and aiding clients to access the support and resources they need. The 5 A's are: Ask, Assess, Advise, Assist, and Arrange.

TRAUMA-INFORMED CARE: Trauma-informed care is care provided based on the knowledge and understanding of trauma and its far-reaching effects. A program, organization, or system that provides trauma-informed care realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

WARM HAND-OFF: A warm hand-off is an in-person transfer of a client from one provider to another provider. The warm hand-off is believed to increase engagement in care, reduce stigma, and improve the continuity of care.

APPENDIX D

HIV Terms

AIDS: Abbreviation for Acquired Immune Deficiency Syndrome.

ARV: Abbreviation for anti-retroviral medication, which is used to treat HIV.

ART AND HAART: Anti-retroviral therapy (ART) is a combination of different antiretroviral medications (ARV) that treat HIV. ART is also known as highly active antiretroviral therapy (HAART).

BEHAVIORAL HEALTHCARE SERVICES: Behavioral healthcare services usually refers to both mental health services and substance use services.
**CD4**: CD4 cells are the body’s immune cells that HIV attacks. Sometimes they are also called T-cells or helper T-cells. The higher a CD4 count, the stronger the immune system.

**CD4 COUNT**: A CD4 count is a measure of CD4 cells in the body, which indicates how strong the immune system is. A normal CD4 count range for a healthy person is 500 to 1,200. A person with AIDS has a CD4 count of less than 200.

**DRUG RESISTANCE**: The ability of HIV to continue to make copies of itself even when a person is taking antiretroviral drugs. When this happens, the antiretroviral drugs that previously controlled a person’s HIV are no longer effective.

**HIV**: Abbreviation for human immunodeficiency virus. HIV attacks CD4 cells and uses their machinery to make copies of itself. HIV is the virus that causes AIDS.

**HIV CONTINUUM OF CARE**: Also known as the HIV Care Cascade, it is a 5-stage model that shows the steps or stages of care that people living with HIV go through from: 1) initial diagnosis to 2) linked to care to 3) engaged or retained in care to 4) receiving ARVs to 5) viral suppression.

**IMMUNE SYSTEM**: The immune system is the body’s defense against infections. The immune system is made up of many different types of cells, including CD4 cells, that work together to fight off pathogens (like bacteria and viruses) that cause infections. If a body does not have enough CD4 cells or a strong enough immune system, it is not able to fight these infections.

**IMMEDIATE ART**: The immediate initiation of ART (iART) is a public health campaign promoting immediate provision of ART for those newly diagnosed with HIV or those returning to care after a long lapse. Initiating ART on the day of an HIV diagnosis or first clinic visit is the recommended standard of care for HIV treatment in New York State.

**OPPORTUNISTIC INFECTIONS**: Opportunistic infections occur when pathogens take advantage of the body’s weak immune system to harm or infect the body. Since people with HIV have weak immune systems, they are at risk for these types of infections. Some common opportunistic infections among PLWH are pneumonia, shingles, and tuberculosis.

**PEP**: PEP, or Post-Exposure Prophylaxis, is a short-term antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure to prevent becoming infected. PEP should be used only in emergency situations and must be started within 72 hours after a recent possible exposure to HIV.

**PREP**: PrEP, or Pre-Exposure Prophylaxis, is an anti-HIV medication to prevent those who are HIV-negative from contracting HIV. PrEP is a daily medication that people at very high risk for HIV take to prevent HIV.

**SEXUALLY TRANSMITTED INFECTIONS (STI)**: Sexually transmitted infections (STIs) are also known as venereal diseases or sexually transmitted diseases. STIs are diseases or infections that humans can transmit by means of sexual contact, such as vaginal intercourse, oral sex, and anal sex. Practicing safe sex or harm reduction techniques can decrease your chances of getting STIs.

**STATUS NEUTRAL**: The NYC Health Department developed the philosophy of Status Neutral, which changes the approach to HIV-related services by treating all people the same way regardless of HIV status. By including both prevention and treatment strategies, Status Neutral changes the continuum of care to include those who test positive as well as those...
Viral load suppression is reducing, or suppressing, the amount of HIV in a person’s body to an undetectable level. Viral load suppression does not mean a person is cured of HIV, but it does mean that a person cannot transmit HIV to someone else. To maintain a suppressed viral load a person must continue taking ARV medications.

**STIGMA:** Stigma can be defined as negative attitudes and beliefs about people living with HIV. It is often caused by misconceptions about HIV, a lack of information, and fear. Stigma can affect the emotional health and well-being of people living with HIV and even prevent them from getting necessary care, services, or support. Talking openly about HIV, using appropriate language, and being understanding can help to end stigma.

**TREATMENT ADHERENCE:** Treatment adherence refers to the practice of taking ARV medications regularly and exactly as instructed by a health care provider. Treatment adherence is necessary to manage HIV, maintain a suppressed viral load, decrease the risk of HIV transmission, reduce the risk of drug resistance, and improve overall health and quality of life.

**U=U:** U=U, or Undetectable=Untransmittable, refers to the idea that people living with HIV can lead long and healthy lives by taking medicines that keep the virus undetectable. People who maintain an undetectable viral load for at least six months cannot transmit HIV though sex.

**UNDETECTABLE:** Similar to viral load suppression, this term refers to when a person’s viral load is so low that it cannot be detected by standard tests that measure viral load. When this happens, HIV is no longer detectable in the body.

**VIRAL LOAD:** Viral load is the amount of HIV in the blood. A viral load test is used to measure the level of HIV, or viral load, and determine how well ARV medications are working.

**APPENDIX E**

**Other Terms Related to Mental Health Care and Treatment**

**CRAVING:** Craving is an intense, urgent longing for a particular object or thing, like drugs or alcohol. A craving can range from more to less intense. It can become so intense that it is almost impossible to ignore. Cravings associated with drug use include the desire to use a drug and the psychological want for the positive effects of the drug.

**COUNTERTRA NSFERENCE:** Countertransference describes the feelings or response of a provider in light of the actions of a client (see transference).

**CULTURAL HUMILITY:** Cultural humility involves an ongoing process of self-exploration and self-critique combined with a willingness to learn from others. It means entering a relationship with another person with the intention of respecting their beliefs, customs, and values.

**CULTURAL RESPONSIVENESS:** Cultural responsiveness is the ability to learn from and relate respectfully with people of your own culture as well as those from other cultures.

**DRUG TOLERANCE:** Certain drugs like alcohol and opioids create a “tolerance”. This means that a person needs to take more and more of that drug to achieve the same effect.
**STIMULANTS**: Stimulants are drugs that temporarily increase alertness and wakefulness. Examples of common stimulants are amphetamines such as crystal meth, cocaine, and crack.

**SYSTEMIC RACISM**: Systemic racism, also called structural racism or institutional racism, is a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to continue racial group inequity. This can result in health inequity by preventing some people the opportunity to attain their highest level of health.

**TRANSFERENCE**: Transference is the unconscious redirection of a client's feelings or attitudes about a person or situation in the past to a person or situation in the present, like their provider. Transference has the potential to be uncomfortable or inappropriate.

**TRIGGERS**: Certain triggers can bring back a memory of a traumatic event or can make a person relive or experience the event through flashbacks or nightmares. Triggers can be experienced by people who have histories of trauma, including those who have PTSD. Triggers may include sights, sounds, smells, or thoughts that remind the person of the traumatic event in some way.

**DRUG WITHDRAWAL**: This refers to the serious physical and mental symptoms that occur when a person with an addiction significantly reduces or abruptly stops taking the drug to which they are addicted.

**HALLUCINOGENS**: Hallucinogens, or psychedelics, are drugs that affect perception, sensation, thinking, self-awareness, and emotions. LSD, acid, peyote, and mushrooms are hallucinogens.

**RELAPSE**: Returning to drug use after an attempt to stop, can often be part of the process of recovery. Relapse does not mean treatment has failed, but rather that the client needs to connect with their provider to resume or modify their treatment plan.

**SIDE EFFECTS**: Side effects are the unwanted effects that your medications can cause. Common side effects of medication are nausea, vomiting, and fatigue, among many others.

**SPLITTING**: Splitting is a term used to describe the inability to think about both positive and negative qualities of a person. Also called black-and-white thinking or all-or-nothing thinking, it is a common defense mechanism among people with mental health conditions, especially those who tend to think in extremes (i.e., an individual’s actions and motivations are all good or all bad with no middle ground).

**STIGMA**: Stigma can be defined as viewing a person in a negative way because of a particular circumstance or quality, such as having a mental health or substance use condition. It can often compromise the well-being of these individuals by causing them to suffer discrimination in their day-to-day lives or when receiving care, or by deterring them from getting care at all.

**GLOSSARY OF TERMS**

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