



MidAtlantic AETC Webinar Wednesday Series:

HIV & Mental Health

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Today's Objectives

By the end of this program, participants will be able to:

- List challenges persons with psychiatric disorders face in HIV treatment.
- Identify approaches to assessment of persons with HIV and psychiatric disorders.
- Identify key interventions for persons with mental illness in this population.

Introductions



NAME



AGENCY



EXPERIENCE



HOPES/
EXPECTATIONS

For Discussion: Poll Question

- In the chat, please list any psychosocial issues you are seeing around you/your clients:
 - Examples to include:
 - Homelessness and/or housing insecurity
 - Poverty and/or lack of resources
 - Substance use disorder(s)
 - Domestic and/or interpersonal violence
 - Legal issues
 - Mental health related issues

“The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not knowing, not curing, not healing... that is a friend who cares.”

~Henri Nouwen

<https://www.azquotes.com/quote/216239>



Psychosocial Issues and HIV

- Grief and loss
- Depression
- Suicide
- Anxiety
- Image of self & loss of “normal” self
- Stigma
- Discrimination
- Fear, isolation, and social isolation
- Sex, intimacy, and pleasure
- Employment status and stability
- Confidentiality

Grief and Loss

Loss of normal
life

Loss of support

Loss or
perception of
loss of previous
abilities

Loss of
satisfaction

Loss of health

Loss of goals

<https://pubmed.ncbi.nlm.nih.gov/12776385/>

Helpful Responses to Grief and Loss



Normalize feelings, sit with the person through their grief, be a witness



Explore realistic plans; solution-focused therapy



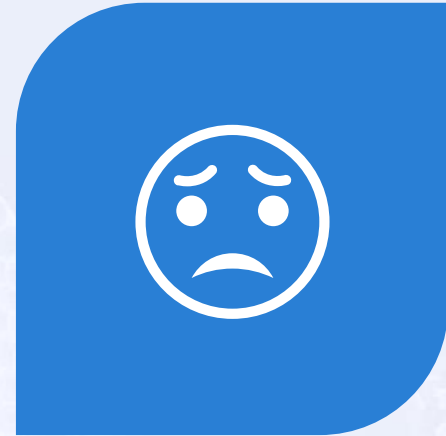
Explore medical interventions as needed



Explore abilities that the person may not see; strength-based therapy

<https://www.psychologytoday.com/us/therapy-types/strength-based-therapy#:~:text=Strength%2Dbased%20therapy%20is%20talk,skills%20than%20on%20your%20weakness>
<https://solutionfocused.net/what-is-solution-focused-therapy/>

Depression



¹For people with HIV in the US, 30% to 40% had at least one depressive episode in contrast to the general population rate of 7.8% according to an estimate in 2019.

Depression
screens: ²PHQ2,
³PHQ9

¹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9306689/>

²https://aidsetc.org/sites/default/files/resources_files/PHQ-2_English.pdf

³<https://www.apa.org/depression-guideline/patient-health-questionnaire.pdf>

Signs of Depression

- Changes in sleep
- Changes in eating habits
- Preoccupation with suicide or death
- Sleep disturbances, including insomnia or sleeping too much
- Tiredness and lack of energy, such that even small tasks take extra effort
- Intense self-reliance
- Isolation
- Anxiety, agitation, or restlessness
- Slowed thinking, speaking or body movements
- Feelings of worthlessness or guilt, fixating on past failures, or self-blame
- Trouble thinking, concentrating, making decisions, and remembering things
- Unexplained physical problems, such as back pain or headaches

<https://www.nimh.nih.gov/health/topics/depression>

<https://www.mdcalc.com/calc/10195/dsm-5-criteria-major-depressive-disorder>



Depression in older adults

- Depression often goes undiagnosed and untreated in older adults, and they may feel reluctant to seek help.

Memory difficulties or personality changes

Physical aches or pain

Fatigue, loss of appetite, sleep problems or loss of interest in sex — not caused by a medical condition or medication

Often wanting to stay at home, rather than going out to socialize or doing new things

Suicidal thinking or feelings, especially in older men

<https://www.nia.nih.gov/health/depression-and-older-adults>
<https://www.ncoa.org/article/suicide-and-older-adults-what-you-should-know>

Helpful Responses to Depression

1

Listen—
validate
and hear.

2

Show
concern and
empathize;
be there
with them.

3

Assess for
suicide (by
asking and
using
screening
tools).

4

Don't try to
cheer them
up—be an
ally through
their pain.

5

Assess for
medications
as needed
and
appropriate.

6

Explore support
options—
support groups,
spiritual
connections,
family, and
friends.

Suicide and HIV

Risk Factors:

substance use issues

depression & major psychiatric diagnosis

low quality of life

low social support

living without disclosing HIV to friends and family

living alone/isolation

low level of memory problems

family history of suicide

stage III of HIV

Escalation Signs:

- Sudden calmness
- Withdrawing from others
- Changes in personality, appearance, sleep pattern
- Showing dangerous or self-harmful behavior
- Making preparations—writing goodbye letters, preparing finances, making large donations, giving things away
- Threatening suicide or talking about wanting to die

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9553271/>



Suicide Assessment

Risk Factors

- Identify Risk Factors

Protective Factors

- Identify Protective Factors

Conduct Suicide Inquiry

- “Are you experiencing any suicidal thoughts or thoughts of not wanting to be here anymore?”

Risk level

- Determine Risk Level
 - Means, plan, execution of plan

plan

- Determine Intervention
 - Safety plan
 - Immediate dispatch to hospital
 - Calling of 911

<https://store.samhsa.gov/sites/default/files/sma09-4432.pdf>

Anxiety

“Feelings of anxiety are a normal, healthy response to the diagnosis, onset, or progression of HIV infection. But it’s important to recognize the difference between this type of anxiety and the sort that signals a clinical disorder.” (APA Commission on AIDS)



<https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Professional-Topics/HIV-Psychiatry/FactSheet-Anxiety-2012.pdf>
<https://www.apa.org/topics/stress/anxiety-difference#:~:text=People%20under%20stress%20experience%20mental,the%20absence%20of%20a%20stressor>

Warning Signs of Anxiety

- Your worrying and anxiety begins interfering with your work, relationships, or other parts of your life
- Your fear, worry, or anxiety is upsetting to you and difficult to control
- You feel depressed, have trouble with alcohol or drug use, or have other mental health concerns along with anxiety
- You think your anxiety could be linked to a physical health problem
- You have suicidal thoughts or behaviors — if this is the case, seek emergency treatment immediately

<https://www.mayoclinic.org/diseases-conditions/anxiety/symptoms-causes/syc-20350961>



Helpful Responses to Anxiety



REFLECT AND
NORMALIZE FEELINGS



EXPLORE COPING
SKILLS



TEACH BREATHING,
YOGA, MEDITATION



EXPLORE
MEDICATIONS, IF
RECOMMENDED AND
ENDORSED BY PATIENT



EXPLORE SEVERITY
(PANIC ATTACKS?
IMPAIRMENT IN DAILY
FUNCTIONING?)

Coping Skills

Coping skills help us get through difficult times - they can give us an important break from mental and emotional distress, and sometimes they are literally life-saving.

Keep this list of coping skills handy for when you need it... folded up in your wallet or bag or post it up on the wall somewhere handy at home.

Make this list work for you

Use a highlighter pen to mark the skills that work best for you & add your own ideas over the page.

Distraction

Absorb your mind in something else

Conversation, listen to talk radio, read, do puzzles, TV, computer games, jigsaws, solve a problem, make a list, learn something new, cleaning & tidying, gardening, arts & crafts.

Pros

Gives your heart & mind a break.
Great for short term relief.
Great to get through a crisis.

Cons

Can't do it for too long.
Doesn't resolve any underlying issues. Meds can make it hard to concentrate.

Grounding

Get out of your head & into your body & the world.

Use body & senses: smell fragrances, slowly taste food, notice the colours around you. Walk on the grass barefoot, squeeze clay or mud, do yoga, meditate, exercise.

Pros

Helps slow or stop 'dissociation' (feeling numb, floaty or disconnected).
Reduces physicality of anxiety.

Cons

Sometimes it's better to stay a bit dissociated (that's how your mind protects you).

Emotional Release

Let it out!

Yell, scream, run! Try a cold shower. Let yourself cry... and sob. Put on a funny DVD and let yourself laugh! Try boxing, popping balloons, or crank up some music & dance crazy!

Pros

Great for anger and fear.
Releases the pressure of overwhelming emotion.

Cons

Hard to do in every situation. Feels odd. Some people might think you're acting 'crazier' (be selective with how & where you do this)

Self Love

Massage hands with nice cream, manicure your nails, cook a special meal, clean your house (or just make your bed), bubble bath or long shower, brush hair, buy a small treat.

Pros

Become your own best friend, your own support worker.
Great for guilt or shame.
You deserve it!

Cons

Sometimes can feel really hard to do, or feel superficial (but it's not).

Thought challenge

Write down negative thoughts then list all the reasons they may not be true. Imagine someone you love had these thoughts - what advice would you give them?

Pros

Can help to shift long-term, negative thinking habits.
Trying to be more logical can help reduce extreme emotion.

Cons

The more emotional you feel, the harder this is to do. In particular, feelings of shame can make this very hard.

Access your higher self

Help someone else, smile at strangers (see how many smiles you get back), pray, volunteer, do randomly kind things for others, pat dogs at the local park, join a cause

Pros

Reminds us that everyone has value and that purpose can be found in small as well as large things.

Cons

Don't get stuck trying to save everyone else and forget about you!

Find out more online at www.indigodaya.com

http://www.indigodaya.com/wpcf7_captcha/2019/04/Coping-skills-flyer-v5_Indigo-Daya.pdf

50 Ways to Take a Break

2x More twice as slowly

- Take a Bath
- Listen to Music
- Take a Nap
- Go to a body of water
- Watch the clouds
- Light a Candle
- REST your legs up on a wall
- Let out a sigh
- Fly a Kite
- Watch the stars
- Write a Letter
- Learn Something NEW
- Listen to a guided relaxation
- Read a Book
- Sit in NATURE
- Take Deep Belly Breaths
- MEDITATE
- Call a Friend
- Meander around Town
- WRITE in a Journal
- Notice Your Body
- Buy Some Flowers
- Find a relaxing scent
- Walk Outside
- Go for a run
- Take a bike ride
- Create your own coffee break
- View some ART
- Eat a meal in SILENCE
- Turn off all electronics
- Go to a Park
- Pet a furry creature
- Examine an everyday object with Fresh Eyes
- Drive somewhere NEW
- Go to a Farmers Market
- Forgive Someone
- Read or watch something FUNNY
- COLOR with Crayons
- Make some MUSIC
- Climb a Tree
- Let go of something
- Engage in small acts of KINDNESS
- Do some gentle stretches
- Paint on a surface other than paper
- Write a quick poem
- Read poetry
- Put on some music and DANCE
- Give Thanks

Source: http://www.huffpost.com/entry/gps-guides_b_1632700 Art by Paul Hession www.chart-magic.com

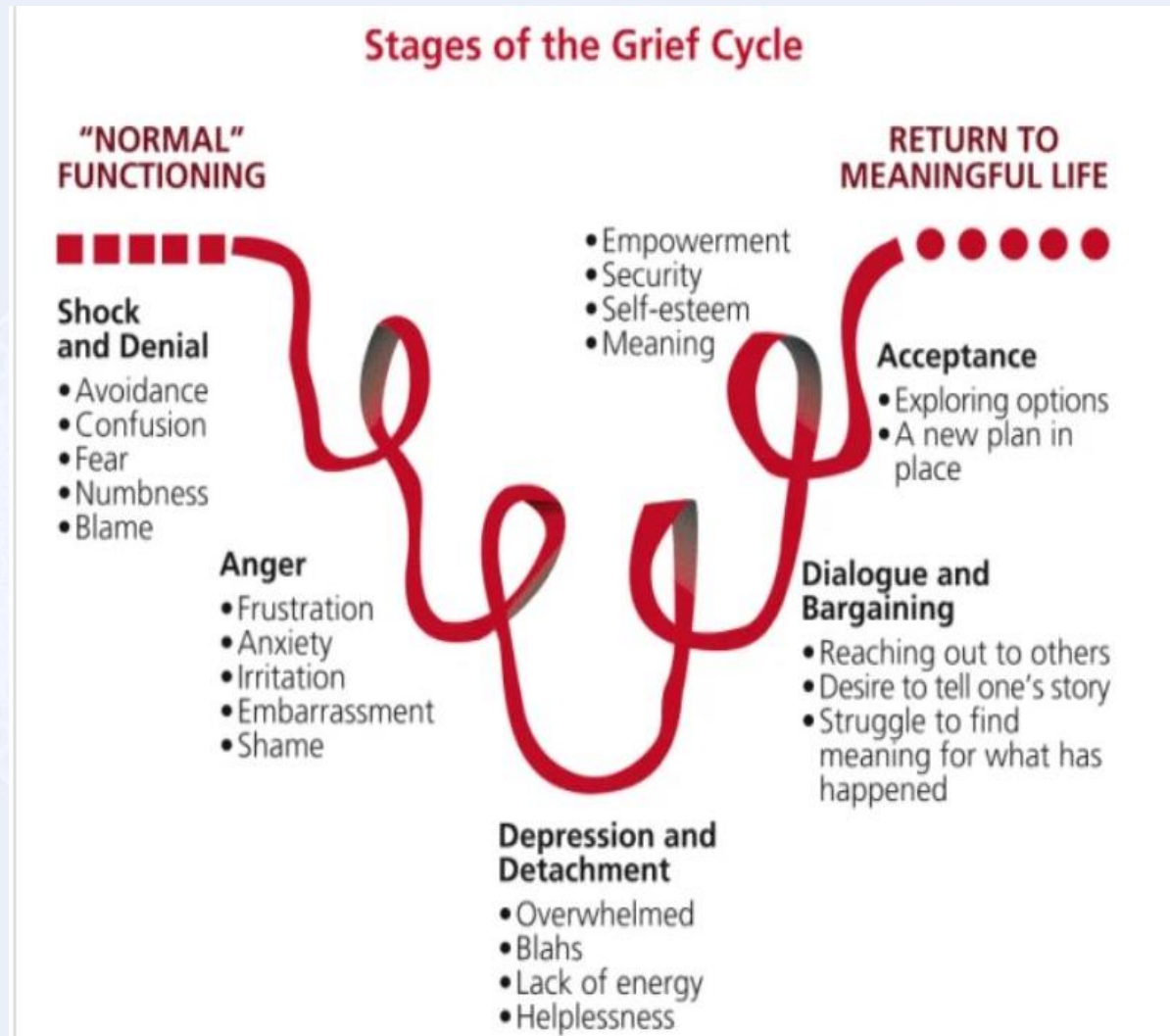


Changes to Self After HIV Diagnosis



Loss of “Normal” Self

- Feeling lost, or changed
- Blaming others
- Sick role
- Lack of purpose
- Lack of assertiveness
- Denial and anger
- The cycle of grief



Adapted from: <https://thewrightinitiative.com/misc/5-step-grieving-process.html>

Healthy Responses to Changes in Self

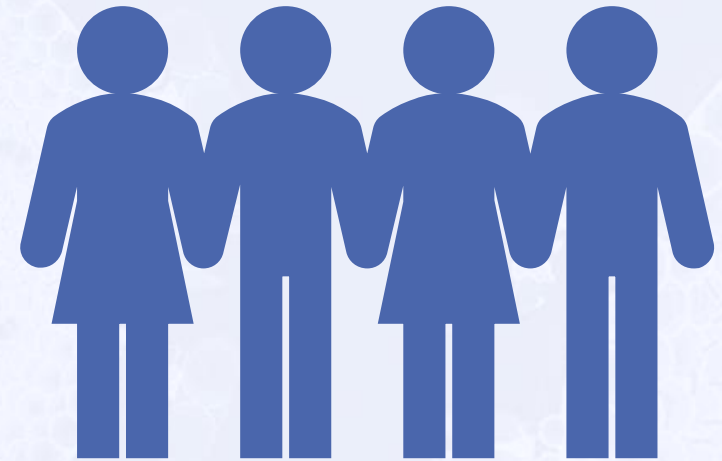
- Future planning
- Avoid blame
- Allow grief and loss cycle to be present
- Initiate immediate, rapid antiretroviral therapy (rapid ART) to start HIV treatment as soon as possible after the diagnosis of HIV infection—follow-up with continuous education & support.
- Talk about your feelings with your providers, friends, family members, or other supportive people.
- Try to find activities that relieve your stress, such as exercise or hobbies.
- Try to get enough sleep each night to help you feel rested.
- Learn relaxation methods like meditation, yoga, or deep breathing.
- Limit the amount of caffeine and nicotine you use.
- (HIV.VA.GOV)

<https://aidsetc.org/resource/rapid-immediate-art-initiation-restart-guide-clinicians>
<https://aidsetc.org/sites/default/files/media/document/2023-03/ncrc-rapidart-1-pager.pdf>
<https://aidsetc.org/sites/default/files/media/document/2023-06/ncrc-rapid-art-full.pdf>
<https://www.hiv.va.gov/patient/diagnosis/steps.asp>



Stigma and Discrimination

- Believing that only certain groups of people can get HIV
- Making moral judgments about people who take steps to prevent HIV transmission
- Feeling that people deserve to get HIV because of their choices
- A healthcare professional refusing to provide care or services to a person with HIV
- Refusing casual contact with someone with HIV
- Socially isolating a member of a community because they have HIV
- (cdc.gov)



<https://www.cdc.gov/hiv/basics/hiv-stigma/index.html>

Healthy Responses to Stigma



Recognize that stigma does exist.



Explore real, possible, and imaginary stigma.



Help the person get support.



Explore ways to disclose HIV status to others, as needed per comfort level.



Connect to services—support groups, community resources, and mental health professionals.

Image credit: <https://blogs.biomedcentral.com/on-health/2015/12/01/quiz-latest-research-hiv-aids/>

Common Negative Thoughts as Barriers to Mental Health Treatment

- “I can do it myself”
- “I am not crazy”
- “I can’t stand pills”
- “I don’t have a doctor/insurance”
- “People will know I am positive”
- “I can’t trust anyone”
- “Our people don’t see therapists”
- Isolation from spiritual support
- "There's no point to any of this"
- "I don't deserve the love of anyone in my life"
- "I'll never be enough for a romantic partner"
- "I will never overcome depression"
- "I'm such a failure"
- "Everyone would be better off without me"

Sex, Intimacy, and Pleasure

Barriers:

- Fear of transmission
- Fear of rejection
- Stigma around HIV
- Fear of discussing topics with healthcare workers and partners

Positive Factors:

- Adherence to treatment
- Open communication with partners
- Educating partners
- Feeling supported by providers and partners

[Sex and Sexuality for People with HIV - HIV \(va.gov\)](#)
[Sexual health for people living with HIV - PubMed \(nih.gov\)](#)



Other Barriers and Risks



Employment Status and Stability

Findings from a comprehensive study done by NIH:

- Not being employed is associated with not being tested for HIV and with late diagnosis.
- Research among individuals in the Southern United States found that people with HIV who are unemployed are two times more likely to miss their initial scheduled HIV medical visit compared to individuals who were employed.
- Employment characteristics may modify the relationship between employment and adherence. Among employed individuals, those who have workplace accommodations are more likely to be adherent to HIV medications than those without an accommodation.

[Gender, socio-economic status, migration origin and neighbourhood of residence are barriers to HIV testing in the Paris metropolitan area - PubMed \(nih.gov\)](#)



Confidentiality & Disclosure

[Limits on Confidentiality and HIV Disclosure Laws | HIV.gov](#)

- If your HIV test is positive, the clinic or other testing site will report the results to your state health department.
- Many states and some cities have partner-notification laws—meaning that, if you test positive for HIV, you (or your healthcare provider) may be legally obligated to tell your sex or needle-sharing partner(s).
- The [Ryan White HIV/AIDS Program](#) requires that health departments receiving money from the Ryan White program show “good faith” efforts to notify the marriage partners of a patient with HIV.

[Civil Rights | HIV.gov](#)

[Confidentiality and Disclosure | The Center for HIV Law and Policy](#)

[Limits on Confidentiality and HIV Disclosure Laws | HIV.gov](#)



Risk and Protective Factors for People with HIV



Risk Factors Affecting Adherence

- Depression
- Alcohol & drug use disorders
- Beliefs about HIV treatment
- Lack of self-efficacy and/or personal motivation
- Side effects of ART
- Poor relationship with healthcare provider
- Poverty & housing insecurity
- Adverse childhood experiences
- Loss (due to death, relationship, job, or status)
- Poor impulse control
- Feelings of hopelessness, helplessness, powerlessness, or desperation
- History of trauma or abuse (e.g., physical, mental, or sexual)
- Prior suicide attempt (significantly increases risk)

[Adherence to the Continuum of Care | NIH \(hiv.gov\)](#)

[Factors associated with adherence to Antiretroviral Therapy \(ART\) among adult people living with HIV and attending their clinical care, Eastern Ethiopia | BMC International Health and Human Rights | Full Text \(biomedcentral.com\)](#)



Major Risk Factors to be Monitored

Community Risk Factors:

- Access to a lethal means of self-harm (e.g., firearms stored within the home)
- Stigma associated with help-seeking
- Lack of access to helping services
- Loss of family, friends, or role models to suicide
- Anniversary of someone else's suicide or other death
- Incarceration or loss of freedom; trouble with the law

Positive/Protective Factors to ART Adherence

- Help-seeking behavior
- Hope for the future
- Having good problem-solving skills
- Medical compliance and a sense of the importance of health and wellness goals
- Reasonably safe, stable environment
- Effective care for mental and physical health and substance use problems
- Availability of counseling or trusted adult in the life of a youth
- Being able to talk openly to a family member or as a family about feelings and feel heard, accepted and supported
- Belief that family stood by them during difficult
- Feeling supported by friends
- Having a sense of belonging and connection with a larger group who “has your back” in difficult times
- Restricted access to firearms or other lethal means of self-harm
- Opportunities to contribute/participate in school and/or the larger community

[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4760876/#:~:text=In%20the%20multivariable%20GEE%20analysis,\(AOR%20%3D%201.40%2C%2095%25](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4760876/#:~:text=In%20the%20multivariable%20GEE%20analysis,(AOR%20%3D%201.40%2C%2095%25)



Books and Resources

- *Children, Families and HIV/AIDS: Psychosocial and Therapeutic Issues* Edited by Nancy Boy-Franklin, Gloria Steiner and Mary Boland
- *Psychosocial Interventions in HIV Disease* by Isaiah Crawford
- AETC Integrating Mental Health and Substance Use Care Into HIV Primary Care Toolkit:
<https://aidsetc.org/toolkit/mental-health>

References

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5. <https://solutionfocused.net/what-is-solution-focused-therapy/>
6. https://aidsetc.org/sites/default/files/resources_files/PHQ-2_English.pdf
7. <https://www.apa.org/depression-guideline/patient-health-questionnaire.pdf>
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10. <https://www.nia.nih.gov/health/depression-and-older-adults>
11. <https://www.ncoa.org/article/suicide-and-older-adults-what-you-should-know>
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18. https://www.huffpost.com/entry/gps-guides_b_1632700
19. <https://thewrightinitiative.com/misc/5-step-grieving-process.html>
20. <https://aidsetc.org/resource/rapid-immediate-art-initiation-restart-guide-clinicians>
21. <https://aidsetc.org/sites/default/files/media/document/2023-03/ncrc-rapidart-1-pager.pdf>
22. <https://aidsetc.org/sites/default/files/media/document/2023-06/ncrc-rapid-art-full.pdf>
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26. [Sex and Sexuality for People with HIV - HIV \(va.gov\)](#)
27. [Gender, socio-economic status, migration origin and neighbourhood of residence are barriers to HIV testing in the Paris metropolitan area - PubMed \(nih.gov\)](#)
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30. [Limits on Confidentiality and HIV Disclosure Laws | HIV.gov](#)
31. [Adherence to the Continuum of Care | NIH \(hiv.gov\)](#)
32. [Factors associated with adherence to Antiretroviral Therapy \(ART\) among adult people living with HIV and attending their clinical care, Eastern Ethiopia | BMC International Health and Human Rights | Full Text \(biomedcentral.com\)](#)
33. <https://s-i.huffpost.com/gen/2774246/images/o-ASKING-QUESTIONS-facebook.jpg>
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35. <https://aidsetc.org/toolkit/mental-health>



Questions, Comments, Discussion



Image credit: <https://s-i.huffpost.com/gen/2774246/images/o-ASKING-QUESTIONS-facebook.jpg>

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