



MidAtlantic AETC Webinar Wednesday Series

HIV & Depression: Screening, Interventions, and Impact on Care Continuum

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Today's Objectives

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

- Discuss comprehensive assessment of people with HIV who present with depression.
- Discuss how depression impacts the HIV care continuum.
- Describe screening tools used to identify depression.
- List several resources available to providers and patients to help overcome depression in this population.



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Mental Health & HIV

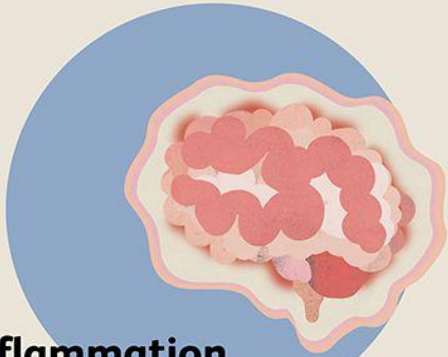
- Research shows people with HIV have a higher prevalence of mental health (MH) conditions than those that do not have a diagnosis of HIV.
- People with HIV and MH conditions often have comorbid substance use disorder (SUD).
- And furthermore....
- Evidence suggests that major depressive disorder (MDD) and SUD have the most significant impact on the HIV care continuum.
- Depression is recognized to decrease engagement in HIV care and adherence to antiretroviral therapy (ART).

Screening for Mental Health Conditions

<https://www.hiv.uw.edu/go/basic-primary-care/screening-mental-disorders>



Challenges Linked to Mental Health and HIV



Inflammation of the brain and central nervous system



Side effects from medication



Stigma surrounding HIV



Chronic stress



Pre-existing mental health conditions



Inadequate access to quality care

Depression & HIV

- Depression, specifically, and SUD both impact the HIV care continuum as do post-traumatic stress disorder (PTSD) and bipolar disorder.
- The prevalence of depression, anxiety, and PTSD is significantly higher among adults with HIV than in adults without HIV.
- MDD and other MH disorders are closely associated with:
 - Engaging in less safe sex and safe injection practices
 - Struggling with effectively engaging in care along the entire clinical care continuum
 - Issues/struggles with ART adherence
 - Lower rates of viral suppression
- The above is particularly true when the MH conditions are untreated or undertreated.

Screening for Mental Health Conditions

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Social Determinants of Health

- People suffering from MH issues are also overrepresented among those that suffer from:
 - Poverty
 - Homelessness
 - Incarceration
 - Stigma
 - Discrimination
- Those with poor social determinants of health tend to fare poorly with their overall health and wellness – not to mention their HIV care/treatment.

Screening for Mental Health Conditions

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Now We Know How Mental Health Impacts HIV... So – What's Next?

What does this look like in practice?

A Closer Look at Depression

- Depression can cause severe symptoms that affect how a person feels, thinks, and handles daily activities, such as sleeping, eating, or working.
- To be diagnosed with depression, the symptoms must be present for at least 2 weeks.
- Being aware of signs/symptoms is important to the assessment process.
- There are several different types of depression (MDD will be our focus).

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





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Signs & Symptoms of Depression

- Persistent sad, anxious, or “empty” mood
 - Feelings of hopelessness or pessimism
 - Feelings of irritability, frustration, or restlessness
 - Feelings of guilt, worthlessness, or helplessness
 - Loss of interest or pleasure in hobbies and activities
 - Decreased energy, fatigue, or feeling slowed down
 - Difficulty concentrating, remembering, or making decisions
 - Difficulty sleeping, waking early in the morning, or oversleeping
 - Changes in appetite or unplanned weight changes
 - Physical aches or pains, headaches, cramps, or digestive problems that do not have a clear physical cause and do not go away with treatment
 - Thoughts of death or suicide or suicide attempts
- Depression can also involve other changes in mood or behavior that include:
 - Increased anger or irritability
 - Feeling restless or on edge
 - Becoming withdrawn, negative, or detached
 - Increased engagement in high-risk activities
 - Greater impulsivity
 - Increased use of alcohol or drugs
 - Isolating from family and friends
 - Inability to meet the responsibilities of work and family or ignoring other important roles
 - Problems with sexual desire and performance



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

When Assessing for Depression~ Some Important Things to Keep in Mind...

- Not everyone who is depressed experiences every symptom
- Some people experience only a few symptoms, while others experience many symptoms
- Depression can look different in men and women
- In some cases, depression can appear as physical problems - racing heart, tightened chest, ongoing headaches, or digestive issues
- Several persistent symptoms, in addition to low mood, are required for a diagnosis of depression, but people with only a few symptoms may also benefit from treatment



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





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So How Do We Assess In Clinical Space?

- A quick way to assess depression in the clinical arena is through the use of **screening tools**.
- Some screening tools can be self-administered or administered by a healthcare professional (MA, RN, SW) in the primary care physician (PCP) office or other “non-traditional” spaces.
- Benefits of screening tools – they are short, easy to administer, and focus on conditions that have easily available/effective treatments (think depression and anxiety) – which can often be managed in the context of PCP practices.

Drawbacks to Screening Tools

- After telling us a patient is depressed or anxious – screening tools don't really offer any next steps.
- Positive screens need follow-up!
- For positive screens there needs to be a process in place to address/assess for safety.
- A positive screen usually needs to be followed by further clinical diagnostic evaluation.
- Folks still need referred to (or provided) evidence-based care for their depression/anxiety – screening doesn't let us off the hook!

Poll Question # 4: Show of Hands

- Who is familiar with/has used/is currently using screening tools in their work?



Two Common Screening Tools for Use in Primary Care Settings

Patient Health Questionnaire 9 (PHQ9)

- The questionnaire scores each of the 9 DSM-5 criteria in the range of “0” (not at all) to “3” (nearly every day) for items in the survey during the most recent 2 weeks.
- The PHQ-9 was designed to serve as a multipurpose instrument tool for screening, diagnosing, monitoring, and measuring the severity of depression.
- The PHQ-9 has also been validated across diverse patient populations.
- PHQ-9 score of 10 or higher is often used as the basis for referring individuals for further assessment of depression.

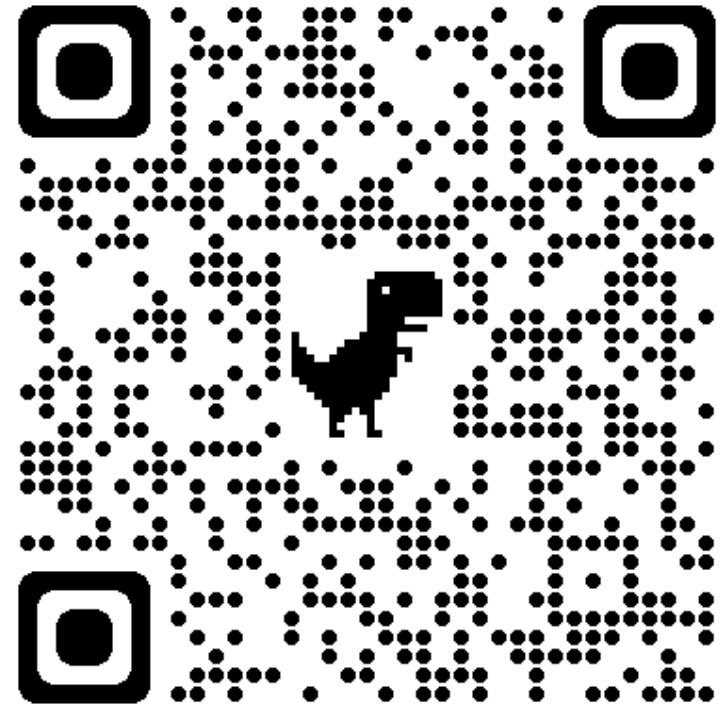


The PHQ-2 is a 2-item, validated screening tool that uses the first two questions of the PHQ-9 that ask about the frequency of depressed mood and anhedonia (the first two DSM-5 criteria for diagnosing major depression). The PHQ-2 functions as a brief, practical, first-step screening tool, intended to identify individuals who require additional evaluation with another instrument, such as with the PHQ-9

Two Common Screening Tools for Use in Primary Care Settings

Generalized Anxiety Disorder 7 (GAD7)

- This scale is a brief, self-administered questionnaire that has been validated in the general population.
- Used to identify patients with probable generalized anxiety disorder.
- The questionnaire includes questions about anxiety symptoms occurring in the past 2 weeks.
- Individuals who meet the threshold for a positive GAD-7 screen (a score of 8 or above) ideally should have a complete diagnostic evaluation.



Why Use the PHQ9 or GAD7?

- They are quick and easy to use in a busy clinic environment (can be self-reported, if appropriate for your patient population).
- They provide a nice entry point into conversations about mental health – even for folks that have low scores.
- Depending on scores, it can open up conversations about things like sleep hygiene and healthy stress management which may not otherwise come up in conversation.
- They encourage folks to talk about their MH which helps reduce stigma.

Once We've Identified Depression & Anxiety – Then What?

- Linkage to/engagement in Mental Health Care is paramount!
- Integrated care involving Primary Care, HIV Care, and Mental Health can be super helpful in getting patients engaged in MH treatment – especially for those who feel connected to their HIV provider/clinic.
- Co-located services (MH and HIV primary care) and the use of embedded mental health providers (therapists/psychiatrists) all help to integrate services and improve HIV treatment outcomes
 - (think “one-stop shop” model of care).

Ways to Further Increase Patient Engagement

- Relationship building is key to patient engagement in any kind of care—and MH treatment is no different.
- Reducing stigma around MH diagnoses is also helpful when working to engage patients in treatment.
- Collaboratively developing care plans that take patients needs/wants/preferences into account are more likely to increase engagement and adherence to treatment.
- Provide safe spaces to talk about moods/feelings so that patients are more comfortable.
- Help patients identify and then break down barriers to engagement in care:
 - (think telehealth, on-site daycare, scheduling flexibility, funding for transportation, interdisciplinary team treatment models).
- Normalize need for MH services and prevalence of MH among those with HIV—particularly in communities of color.

You May Be Wondering Where the List of Resources Is

- Anyone can google MH providers in their area or call the back of an insurance card to find participating providers.
- Patient engagement is arguably the best treatment for both MH and HIV that we have at our disposal.



So, I'll Leave You With This

- Build relationships.
- Foster opportunities to reduce stigma around seeking MH treatment.
- Follow up with folks that score on the PHQ or the GAD – even if scores are unremarkable.
- Take advantage of every opportunity to talk about MH – encourage therapy, medication trials.
- Provide education and set realistic expectations of both medication and therapy – neither are a quick fix.
- Encourage patients to make the most of services to which they have access.
- Be supportive of this process but also take the patient's lead/let them set the pace.

Questions?



Thank you!

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