

# Provision of mental health care in HIV positive inpatients evaluated against British Psychological Society (BPS) standards.

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## Background

The prevalence of mental health problems (MHP) in people living with HIV (PLWH) is significantly higher than in the general population<sup>1</sup>. Little is known of the prevalence of MHP and experience of patients of mental health (MH) services locally.

## Aim

This study aimed to audit the provision of MH care in HIV-positive inpatients locally against 2011 BPS standards<sup>2</sup>.

## Methodology

- Retrospective notes review of HIV-positive inpatients between 15/07/2015 – 30/11/2015.
- Data collected: Demographics, HIV parameters, substance misuse, and MH history.
- MH history: current i.e. active MHP during admission and past i.e. active or treated MHP present before admission.
- Phone interviews were held to obtain feedback on patients' experiences of MH care:
  - Whether patients were offered MH input
  - What services were offered
  - How supported they felt
  - Whether plans were put in place and followed up
  - If any stigma was experienced from HCPs.
- Statistical analysis was undertaken using chi-square or Fisher's exact test.

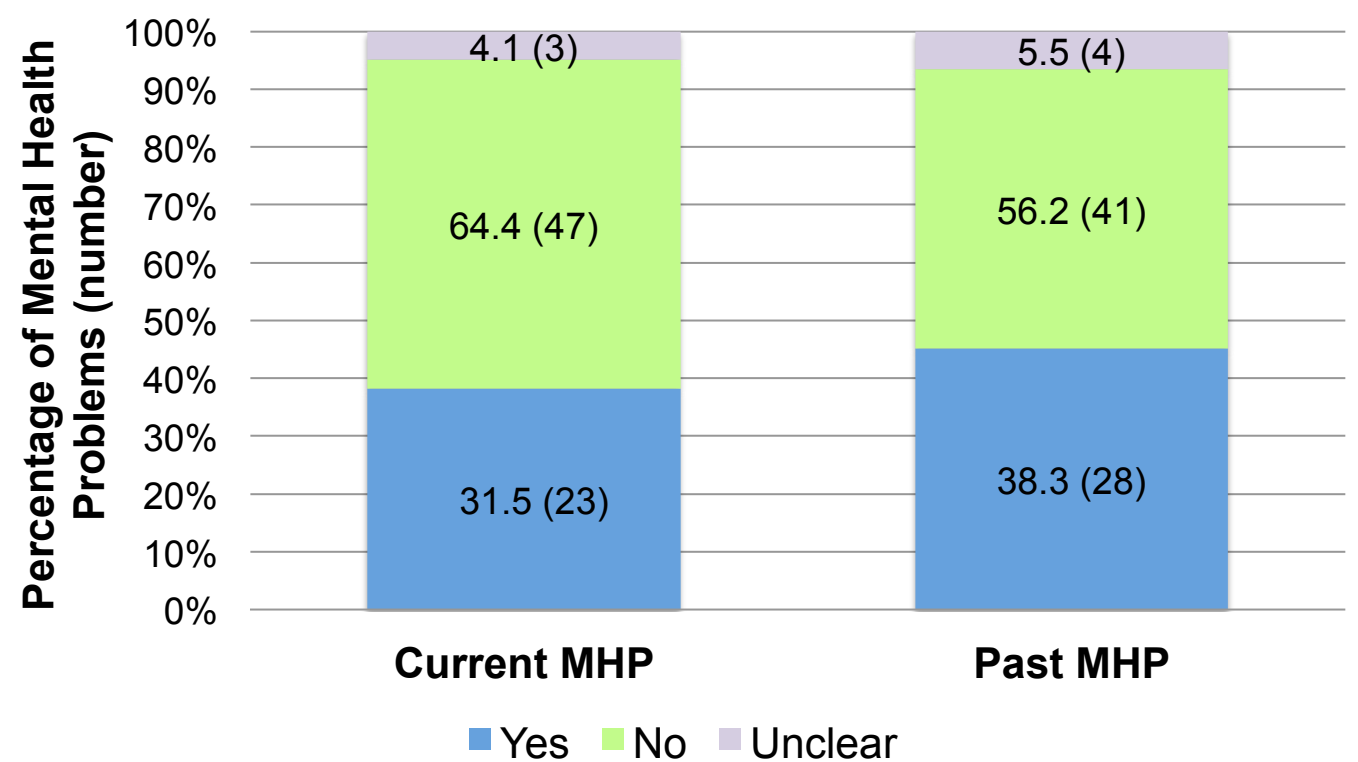
## Quotes

"I was never given the opportunity and was never offered mental health team input... looking back I think this would have made a big difference..."

"I was seen by psychiatrists twice very briefly. I did not feel supported enough with my mental health issues..."

"I could have done with more support especially after discharge. I have been very low in mood and feel like I have no access or support from a mental health aspect..."

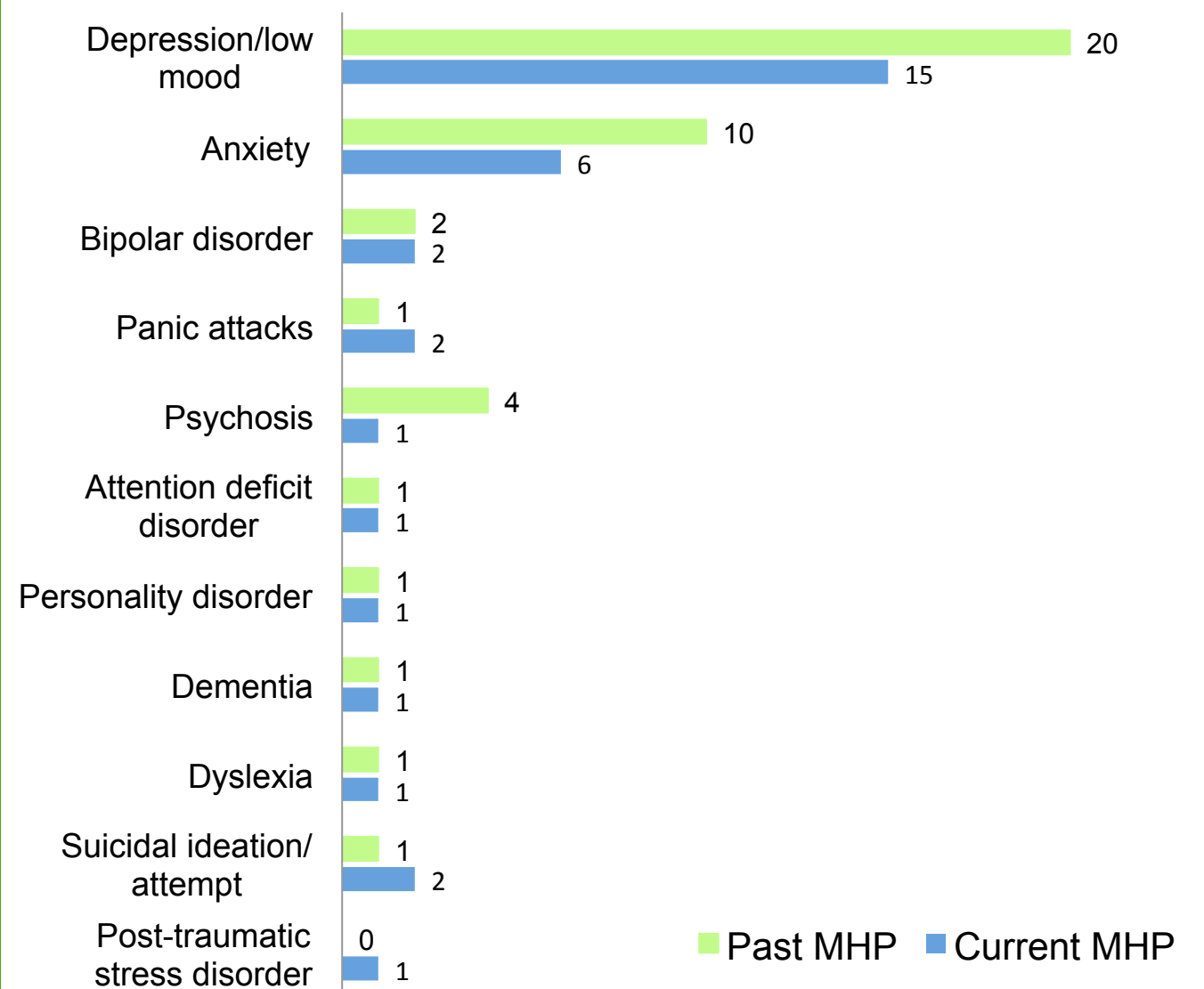
**Fig. 1. Current and Past Mental Health Problems in HIV-positive inpatients**



## Results

- Of seventy-three patients, 86% were male (n=63) and 80% UK-born Caucasian (n=58).
- Median CD4 count was 495 cells/mm<sup>3</sup> (range: 8-1847), HIV-1 viral load was undetectable in 78% (n=57), and 8% were Hepatitis C antibody positive (n=6).
- 3% were homeless (n=2), 26% reported alcohol excess (n=19), 4% intravenous drug use (IDU) (n=3), and 10% (n=7) recreational drug use.
- 31.5% reported a current MHP, while 38.3% had experienced past MHPs (see Figs. 1 & 2).
- Recreational drug use was found to be significantly associated with active MHP (p=0.01).
- Alcohol excess was significantly associated with past MHP (p=0.02).
- Out of 33 individuals with current or past MHPs, 15 participated in phone interviews. 11 were not suitable to be called (expressed wishes, critically unwell, deceased) and 7 were not contactable.
- 40% (n=6) felt health care professionals (HCPs) had not given them sufficient opportunity to discuss their psychological well-being and reported experiencing stigma from HCPs.

**Fig. 2. Absolute number of individuals experiencing specific MHPs**



## Conclusion

Whilst our results are limited by small patient numbers, they suggest a high prevalence of MHPs in PLWH, with many reporting difficulties discussing MHPs with HCPs. In response, we have initiated a pilot joint HIV/MH clinic to improve outpatient access to MH services. For inpatients, we are constructing both a psychological well-being and mental health screening assessment, and a care pathway. Results post-implementation will require further analysis to evaluate improvement.