



EUROPEAN  

HIV

NURSING

CONFERENCE  

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Mental Health Workshop For HCP Working With People Living With HIV

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Aim of session is to explore ...

- ▶ Why is psychological care important when working in HIV care?
- ▶ How to help patients share their concerns.
- ▶ Think together about complicated cases from clinical practice

The image features three interlocking gears of a dark olive green color. Each gear has a scalloped, cog-like edge. The gears are arranged in a triangular pattern, with one at the top and two below it. The text is centered within each gear in a white, sans-serif font.

Emotional
well-being

Communication

Physical
well-being

What makes our patient cohort challenging?

- ▶ History of HIV /Changes in healthcare requirements
- ▶ HIV diagnosis
- ▶ Disease adjustment
- ▶ Stigma/self stigma
- ▶ Discrimination
- ▶ Pre-existing patient vulnerabilities:
 - ▶ Belonging to marginalised groups, cultural differences, language barriers, immigration status/issues, mental health difficulties, service engagement issues
- ▶ Drugs and alcohol
- ▶ Trauma

Mental health issues and HIV

- ▶ Can be associated with risk of HIV infection in the first place
 - ▶ E.g. Substance use, risk behaviour, mental health problems, vulnerability, traumatic life events
 - ▶ Can be associated with adaptation to and living with HIV
 - ▶ E.g. Adjustment, stress, depression, PTSD, symptoms, treatment, disclosure, lack of social support, risk behaviour, sexual and relationship problems, cognitive difficulties
 - ▶ Can be associated with treatment
 - ▶ E.g. Adherence, side effects, disease progression, cognitive difficulties
- Also differing levels of severity and incidence; can be chronic or single episodes; generalised, reactive, mild, moderate or severe

Psychological challenges that a person living with HIV may be faced with

+ Infection

Trauma, anger, guilt, isolation, depression, substance misuse

+ Living with a chronic condition

Impact on self identity, changes in functioning and health, pain and fatigue, cognitive impairment, mood and substance misuse, end of life care

+ Life long adherence to treatment

Medication burden, medication side effects (changes in appearance and health)

+ Asylum seekers and refugees

Language difficulties and host country's perceptions, financial, welfare and housing difficulties, inconsistent HIV care in home country, trauma related to asylum seeking process in itself, separation from friends and family

+ Disclosure

Fear of stigma and discrimination, sexuality, rejection, coping alone, invisible

+ Sex and relationships

Sexual dysfunction, disclosure, rejection and loss of relationships, threat of criminal prosecution

+ Long-term survivors

Ageing, multiple bereavements or loss of loved ones, cognitive impairment, trauma

+ Parents, children and young adults

Postnatal depression, guilt or loss of child's health, feeling different and a desire for normalcy, loss of a parent(s), disclosure, sex and relationships

How prevalent are these concerns in our population?

- Sleeping
 - 29 – 97% (general population 10-30%) (Low et al, 2014, www.aidsreviews.com)
- Feeling sad/feeling depressed
 - 36% (and 43% untreated) depression (UK Astra, 2012)
- Forgetting things/confusion
 - Difficult to interpret as overlap with stress/depression/substance misuse but estimates of PLHIV on ART range from 10-20% (Heaton et al, 2009)
- Feeling worried/nervousness
 - 30-67% anxiety (Pence et al. 2007; Weatherburn et al, 2009)
- Sexual problems
 - 30-50% erectile difficulties; 25% - to very high levels of sexual dissatisfaction in women (Wilson et al, 2010)
- Personal relationships
 - Difficult to define but as above, likely to be high, in clinical practice a common reason for referral to psychology
- Drug and alcohol use
 - 20% (general population 4%) (Pence et al, 2006)

Implications of poor mental health

Psychological distress can impact upon a person in a number of ways:

- Medication
- Attendance at hospital appointments
- Neuro-cognitive functioning
- General physical health and hospital admissions
- Quality of life
- Mortality rates
- Onward transmission; link between depression, substance misuse and risky sex

Feeling Heard

- ▶ Think of a time when you didn't feel heard or listened to.
 - ▶ How did you know?
 - ▶ What did the person do or not do?
 - ▶ How did it make you feel?
 - ▶ What did it make you do? How was YOUR communication affected?

<https://www.youtube.com/watch?v=95Pm-D2ToS8>



Helping Patients to share concerns

- ▶ Structure consultation : GATHER before GIVING any information
- ▶ Patients rarely outright state their main concerns, even if asked.
- ▶ Instead they test health professional's interest by giving CUES. If these are not picked up on, subsequent disclosure is reduced.
- ▶ Patients who feel their emotions and reactions are acknowledged and understood are more likely to recall and act upon information given

CUES

A verbal or non verbal hint which suggests an underlying unpleasant emotion and requires clarification

▶ Verbal

- + Hints at feelings “I’m sure I’ll be ok in the end”, “It feels kind of strange, d’you know what I mean?”
- + Emphasis “it was bloody awful”
- + Metaphor “no light in the tunnel right now”
- + Repetition of statements or questions “He lost his job , he lost his job” “So this is definitely the right treatment? Definitely this one?”
- + Non committal “...Should be fine” “I think so”

▶ Non-Verbal

- + Overt expression of a negative or unpleasant emotion (e.g. crying, restlessness)
- + Hints to hidden emotions (e.g. sighing, frowning, negative body posture)
- + Lack of overt emotion to highly emotive subject (e.g. silence, blank expression)

Facilitative behaviours

Gathering skills

- + Open questions
- + Clarification
- + Exploration
- + Pauses/silence
- + Minimal prompts
- + Screening questions

Active listening skills

- + Reflection (acknowledgment)
- + Paraphrasing
(acknowledgement and checking)
- + Summary
- + Educated guesses
- + Empathy
- + Watch your body language

Cues -> Acknowledge, Clarify & Explore

Information giving skills

What?

- + Check what person already knows
- + Give information in small chunks - pause
- + Use clear and simple terms
- + Avoid detail unless requested

How and when?

- + Pause to allow info to sink in
- + Wait for a response
- + Check what has been understood
- + Negotiate to continue
- + Check impact
- + Throughout, watch for and acknowledge patient cues

Cues -> Acknowledge, Clarify & Explore

- ▶ How do mental health concerns present in clinic ?
- ▶ What challenges do you face as HCP when managing mental health concerns?

Taking care
of your mind &
thoughts

Taking care of
your physical
health & body

Self-Care

Increasing your
own well-being through self-
care behaviors

Taking care
of your spiritual
health

Taking care of
your emotions

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