

BEHAVIORAL HEALTH SERVICES FOR PEOPLE LIVING WITH HIV

The Basics Providers Need To Know

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How often are people living with HIV in need of behavioral health services?

Rates of behavioral health needs are higher for people living with HIV (PLWH) and those at risk of acquiring HIV than the general population. Current research indicates PLWH are twice as likely to have a behavioral health condition than the general population. The stress of being diagnosed with a serious illness alone can impact one's mental health. HIV can also affect the brain and the rest of the nervous system, which can change an individual's thinking and behaviors.

What are the common behavioral health diagnoses for people living with HIV?

The most common behavioral health diagnoses experienced by PLWH are depression and anxiety. Similar to the general public, PLWH also commonly experience substance use disorder and other untreated or undiagnosed behavioral health conditions. Behavioral health impairments and the behaviors associated with certain diagnoses, such as substance misuse, acting impulsively or recklessly, and engaging in unprotected sexual activities can increase an individual's risk of acquiring HIV.

I work in behavioral health—do I need to know anything about people living with HIV?

The short answer is yes. We all should have some basic knowledge about people living with HIV. When treating an HIV (+) patient, share with them your professional experience working with PLWH. Ask open-ended questions and engage in collaborative decision-making to address the individual's concern(s). Be mindful of using person-first language and avoid stigmatizing language when speaking about their HIV status. This is where behavioral health clinicians can greatly impact the lives of PLWH by helping them to continue accessing treatment, maintain medication adherence, and engage in regular follow-up appointments.

What stigmas do people living with HIV and mental illness face?

HIV-related stigma is often associated with higher rates of depression, poorer mental health outcomes, and lower rates of adherence to antiretroviral medications. Stigma experienced by PLWH includes discrimination, violence, prejudice, and one's own negative beliefs, views, and feelings as it relates to their own (+) HIV status. This can affect PLWH when accessing treatment. The stigma of testing (+) for HIV, the stigma of having a mental health disorder, the stigma of having a substance use disorder all greatly impact the level of engagement and retention in care for PLWH.

Are there barriers for PLWH when accessing care?

PLWH face barriers simply due to their diagnosis. Some of the barriers PLWH can face are: having to tell others about their HIV diagnosis, loss of social support (often resulting in isolation), fears of dating due to having to disclose their HIV status, managing HIV medications and treatment, discrimination associated with HIV/AIDS, access to reliable transportation, insurance status, location of treatment facilities (especially for rural areas), mental health, substance use disorder, and homelessness. There are also barriers in HIV treatment models that do not incorporate behavioral health care within their treatment approach. Having access to behavioral health resources and screening tools reduces treatment gaps and provides the needed support that can vastly impact the mental health of PLWH.

Are there behavioral health providers that work solely with patients with HIV?

The answer is yes. Behavioral health conditions can greatly impact an individual's engagement and retention in HIV care. Using an integrated care model that focuses on treating and caring for the whole person is the only way we can end the epidemic of HIV/AIDS.

What have I learned?

I will share the basic information on HIV and providing services to PLWH. I will share the interventions and strategies that ensure quality care is provided to PLWH. I learned that HIV medications can change the chemical makeup of the brain, causing symptoms of depression, anxiety, and other mental health conditions. Medical conditions related to HIV and medications for HIV can contribute to depression. Integrated care models that utilize person-centered approaches produce better health outcomes, improved well-being, and improved quality of life.