
INTEGRATION OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES INTO HIV PREVENTION

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**Speaker: The following speaker has nothing to disclose in
relation to this activity: Orlando O. Harris, PhD., RN, FNP, MPH**

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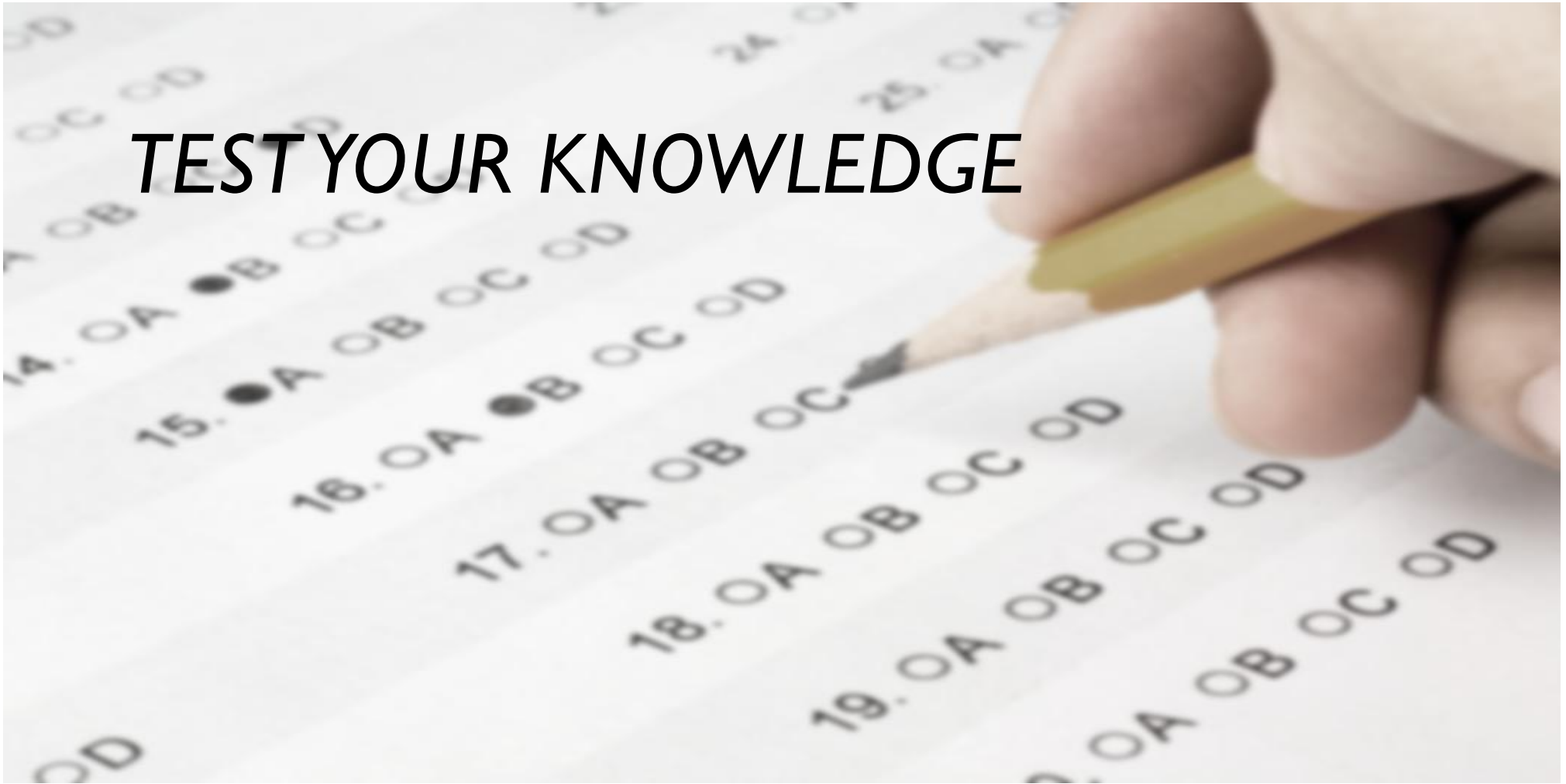
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TEST YOUR KNOWLEDGE



Test Your Knowledge

Question #1

It is not necessary for HIV Prevention interventions to consistently address mental health and substance use since most of the available evidence is observational:

- A. True
- B. False

Test Your Knowledge

Question #2

The Harm Reduction Model includes which of the following?

- A. Working with ambiguity
- B. Allowing the patient to participate in the treatment plan
- C. Accommodating abstinence
- D. All of the above

TEST YOUR KNOWLEDGE

QUESTION #3

There is a strong harmful relationship between childhood sexual abuse and HIV sexual risk behavior in both men and women:

- A. True
- B. False

TEST YOUR KNOWLEDGE

QUESTION #4

Which of these may impact diagnostic and treatment challenges with substance abuse and mental disorders?

- A. Cultural differences in the expression and tolerance of symptoms
- B. When help is sought from professionals, reliance on primary care physicians rather than mental health specialists
- C. Use of alternative sources of help (faith, family, folk treatment)
- D. All of the above

INTEGRATION OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES INTO HIV PREVENTION



LEARNING OBJECTIVES

At the end of this webinar the participating providers will have an enhanced ability to:

1. Apply clinical strategies to address the relationships between mental health, substance abuse and HIV prevention
2. Discuss the diagnostic and treatment challenges with substance abuse and mental disorders
3. Discuss the relationships between mental health, substance abuse and HIV prevention
4. Identify how to incorporate substance abuse and mental services in HIV prevention and treatment programs



CASE STUDY DISCUSSION



CASE STUDY#1

Mr. Jones is a 24-year-old single Black male who self-identifies as a gay man. He has been HIV positive for 6 years. He is adherent to his HIV medication regiment, office and laboratory visits, and is virally suppressed. He admits to smoking marijuana daily for 8 years to help with sleep or just to relax after a busy day of work. He also admits to drinking 5 or more alcoholic drinks between 7-9 PM when he gets off from work 4-5 times a week over the past month. This helps him to cope with the loss of his partner who left to work in another country, He also binge drinks on the weekend.

On presentation this morning he was disoriented. He explained to you that he went out partying with friends over the weekend and might have had sex with multiple men after smoking marijuana and binge drinking. He believes the sex was consensual but is not sure if condoms and lubricants were used. He reports today with anal discomfort and “yellowish-creamy” urethral discharge.



WHAT WOULD YOU DO?



THE INTERSECTION OF HIV, MENTAL HEALTH AND SUBSTANCE USE

An overview of a patient's present/past medical and psychosocial assessment:

- HIV can lead to substance drug use
- HIV can lead to poor mental health
- Substance use can lead to poor mental health
- Poor mental health can lead to HIV
- Poor mental health can lead to substance use
- Substance use can lead to HIV

HIV AND SUBSTANCE DRUG USE

- Despite advances in the prevention and treatment of HIV, there continues to be unexplained variability in the course of the disease
- Unexplained variability may be associated or linked to psychosocial factors (or structural barriers)
- Psychosocial factors, such as substance misuse can affect clinical and immunological progression of HIV/AIDS
- Often substance use is initiated as an attempt to improve symptoms associated with poor mental health, ranging from stressful events to clinical psychological disorders
 - As well as to cope with the diagnosis

PSYCHIATRIC DISORDER.....DEFINITION

- Any manner of psychological or behavioral symptoms that causes an individual significant distress, impairs their ability to function in life, and/or significantly increases their risk of death, pain, disability, or loss of freedom
- In addition, to be considered a psychiatric disorder, the symptoms must be more than the expected response to a particular event (e.g., normal grief after the loss of a loved one)

PSYCHIATRIC DISORDERDEFINITION

➤ **Mood Disorders**

- Depression
- Bipolar Disorder
- Anxiety Disorders
- Post Traumatic Stress and other disorders
- Panic Disorder & Generalized Anxiety Disorder

➤ **Psychosis**

- Schizophrenia
- Schizoaffective Disorder
- Dementia

- **One in five individuals with a diagnosable mental health disorder also suffer from a substance abuse disorder**

<https://www.samhsa.gov/newsroom/press-announcements/201411200115>



CONSIDER THESE STATISTICS

- By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide
- The annual total estimated societal cost of substance abuse in the United States is \$510.8 billion, with an estimated 23.5 million Americans aged 12 and older needing treatment for substance use
- Each year, approximately 5,000 youth under the age of 21 die as a result of underage drinking
- More than 34,000 Americans die every year as a result of suicide, approximately one every 15 minutes
- Approximately 1 in 5 youth aged 13–18 (21.4%) experiences a severe mental disorder at some point during their life. For children aged 8–15, the estimate is 13%.³

SURGEON GENERAL'S REPORT ON MENTAL HEALTH: RACE, CULTURE, AND ETHNICITY

- Striking disparities in mental health care for African Americans, Asian Americans and Pacific Islanders, Hispanics, and Native Americans
 - 50% less likely to receive services than Whites
 - Poorer quality of care (misdiagnosis, underuse, overuse)
 - Underrepresented in mental health research
- Disparities impose greater disability burden on these affected population groups, which together constitute an emerging majority

Source: US Department of Health and Human Services (2001) *Mental health: culture, race, and ethnicity—a supplement to mental health: a report of the Surgeon General*. US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Rockville, MD



DIFFERENT LEVELS OF PREVENTION

- The goal is to reduce HIV-risk behavior: (primary & community wide)
 - Biomedical Prevention
 - PrEP and nPEP
 - Condoms and Lubricants
 - Microbicides

 - Social and Behavioral
 - Structural
 - Individual

BIOMEDICAL HIV PREVENTION INTERVENTIONS

- Male circumcision (MC) – meta analysis 65% effective
- Highly Active Antiretroviral Therapy (HAART) RCTs on HAART* reported 60% to 80% reductions in new infections
- Prevention of mother to child transmission (PMTCT) best evidence – reduce from 35% to 1%
- Condoms (Male and Female) best evidence 90% safe
- Treatment of Sexually Transmitted Infections (STI) limited evidence – 40% effective
- Microbicides and cervical barriers – some results 30% effective/no evidence
- HIV vaccine – promising evidence in Thailand

SOCIAL AND BEHAVIORAL INTERVENTION (*SUBSTANCE ABUSE AND HIV PREVENTION*)

- Increase knowledge around HIV
- Decrease stigma
- Increase access to services
- Increase HIV testing
- Reduce the number of sexual partners
- Increase condom use
- Decrease shared needles or equipment
- Reduce or eliminate substance misuse
- Adherence to ARV's; behaviour change when necessary

PREVENTION: FEAR OF HIV DIAGNOSIS AND PSYCHOSOCIAL CONCERNS

- Accepting the possibility of a shortened life span
- Coping with the reactions of others to a stigmatizing illness
- Developing and adopting strategies for maintaining physical and emotional health
- Initiating changes in behavior to prevent HIV transmission to others

STRATEGIES FOR PREVENTIVE INTERVENTIONS

- Develop a model of specific issues to address the individual/target group
- Identify influencers or drivers of Mental Health, Substance Abuse and HIV in community
- Strategies available and relevant (education/motivation/peer education/skills building)
- Involve all ecological levels in implementation: individual, peer group, institutional (school/clinic) and community level (leadership/policy)

CONSIDER.....

- Which level of HIV prevention is needed?
- What intervention strategy can be used?
- Suggest one strategy to intervene.
- How will you know if the strategy you have developed was successful?

POINTS TO CONSIDER: THE ROLE OF THE PROVIDER

- Primary prevention is a safety net that provides individuals with information and resources to raise their awareness of both risky and healthy behaviors, and helps shape environments to promote health and protect people from harm
- It is the Clinician's responsibility to work with the client to assess their level and Motivation for Change. To further assist the resistant client and help move in to the Action Stage to prevent or delay further complications



**OTHER FACTORS TO CONSIDER: MENTAL ILLNESS
AND SUBSTANCE MISUSE**



MENTAL HEALTH CHALLENGES FOR INDIVIDUALS WHO ARE HIV POSITIVE

- Individuals who are HIV positive often experience psychosocial and mental health challenges which may lead to illicit drug use:
 - Social isolation (due to disclosure, romantic rejection, HIV criminalization laws, etc.)
 - Depression
 - Traumatic life events
 - Medication side effects
 - Co-morbid illnesses

HIV AND PSYCHIATRIC DISORDERS

- Majority of adults with severe mental illness are sexually active
- Engage in high risk behaviors
- HIV risk correlated with psychiatric illness
- Substance use, and childhood abuse
- Decreased highly active antiretroviral therapy utilization, adherence and viral suppression

IN YOUR PRACTICE, WHAT AREA IS MOST OFTEN DISCUSSED OR ADDRESSED?

- Social Isolation
- Depression
- Traumatic Life Event(s)
- Medication Side Effects
- Co-Morbid Illness

TYPES OF STRATEGIES TO USE WITH PERSONS LIVING WITH HIV WHO HAVE SUBSTANCE MISUSE ISSUES

➤ **Substance Use and Mental Illness HIV Prevention**

- Harm Reduction
- Motivational Interview
- Short-Term Interventions
- Solution-Focus Therapy

TYPES OF STRATEGIES TO USE WITH PERSONS LIVING WITH HIV AND HAVE SUBSTANCE MISUSE ISSUES

➤ **Harm Reduction: *Comprehensive approach includes:***

- Needle and syringe programs
- Opioid substitution therapy and other drug dependence treatment
- HIV testing and counseling
- Antiretroviral treatment
- Prevention and treatment of sexually transmitted infections
- Condom programs for PWID and their sexual partners
- Targeted information, education and communication for PWID and their sexual partners
- Vaccination, diagnosis and treatment of viral hepatitis
- Prevention, diagnosis and treatment of tuberculosis.

TYPES OF STRATEGIES TO USE WITH PERSONS LIVING WITH HIV AND HAVE SUBSTANCE MISUSE ISSUES

➤ **Motivational Interview**

- Motivational interviewing is non-judgmental, non-confrontational and non-adversarial
- The approach attempts to increase the client's awareness of the potential problems caused, consequences experienced, and risks faced as a result of the behavior in question
- Alternately, therapists help clients envision a better future, and become increasingly motivated to achieve it
- This strategy seeks to help clients think differently about their behavior and ultimately to consider what might be gained through change
- Motivational interviewing focuses on the present, and entails working with a client to access motivation to change a particular behavior, that is not consistent with a client's personal value or goal
- Warmth, genuine empathy, and acceptance are necessary to foster therapeutic gain (Rogers, 1961) within motivational interviewing

TYPES OF STRATEGIES TO USE WITH PERSONS LIVING WITH HIV AND HAVE SUBSTANCE MISUSE ISSUES

➤ **Short-Term Intervention**

- Short-Term Intervention for substance abuse problems have been used for many years
- Primary care providers find many brief intervention techniques effective in addressing the substance abuse issues of clients who are unable or unwilling to access specialty care
- Examples of brief interventions include asking clients to try nonuse to see if they can stop on their own, encouraging interventions directed toward attending a self-help group (e.g., Alcoholics Anonymous [AA] or Narcotics Anonymous [NA]), and engaging in brief, structured, time-limited efforts to help pregnant clients stop using

SUBSTANCE USE AND MENTAL ILLNESS HIV PREVENTION

➤ **Solution-Focus Therapy**

- As the name suggests, it is about being brief and focusing on solutions, rather than on problems
- Much time is spent thinking, talking, and analyzing the problems, while the suffering continues

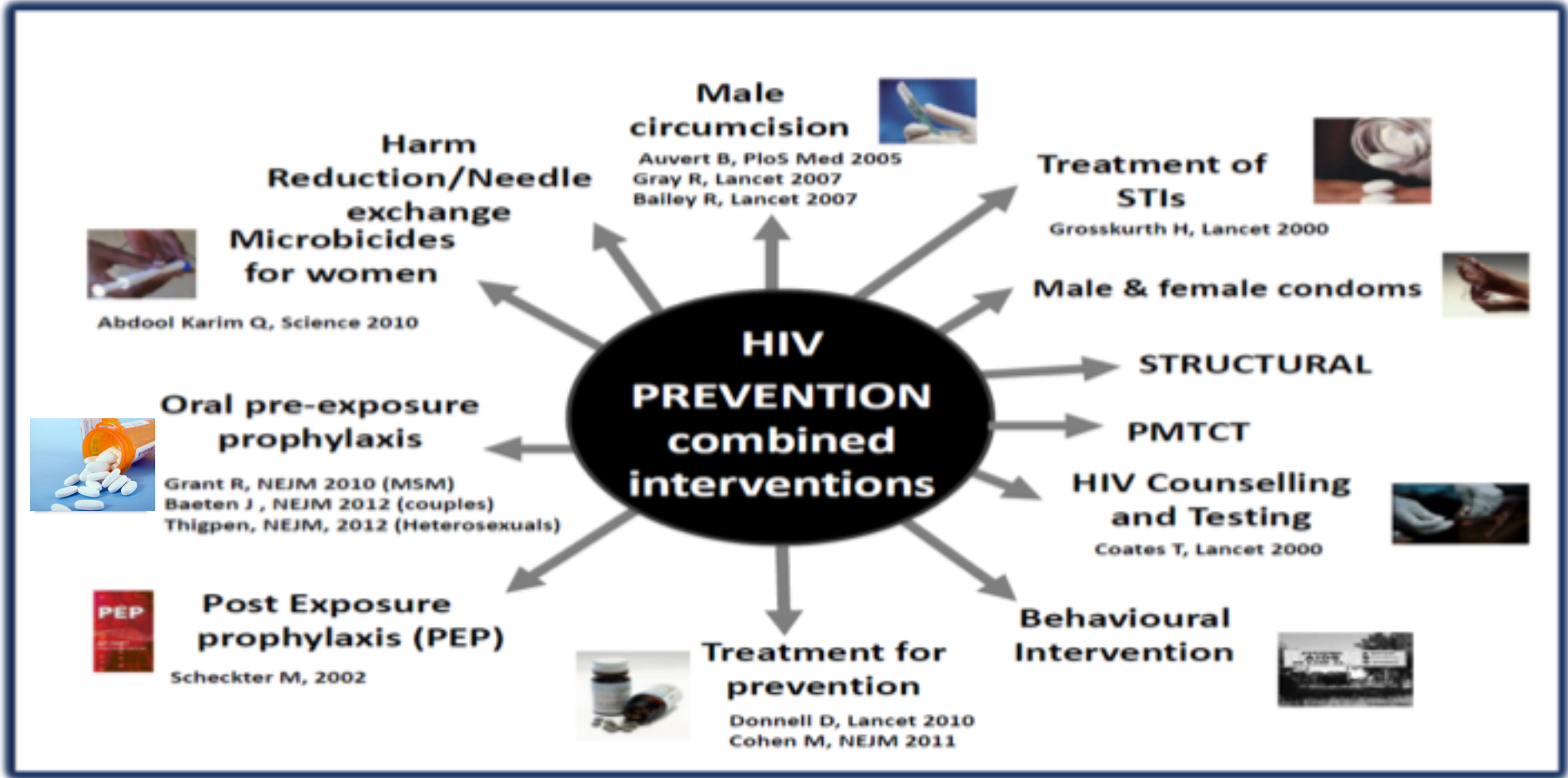
REVIEW

- It is important to understand the relationship among HIV, substance abuse and mental health and HIV. The overarching goal is to:
 - Reduce the number of persons affected by the epidemic (by addressing substance use/abuse and mental health)
 - Understand the behavioral mechanisms associated with HIV disease progression and how they may mediate the impact of psychosocial factors on disease progression
 - Interventions for psychiatric conditions will lead to improved healthcare outcomes for patients with HIV/AIDS and mental health disorders
 - Patients with HIV/AIDS and mental illness who received medication are more adherent to antiretroviral treatment than those who do not

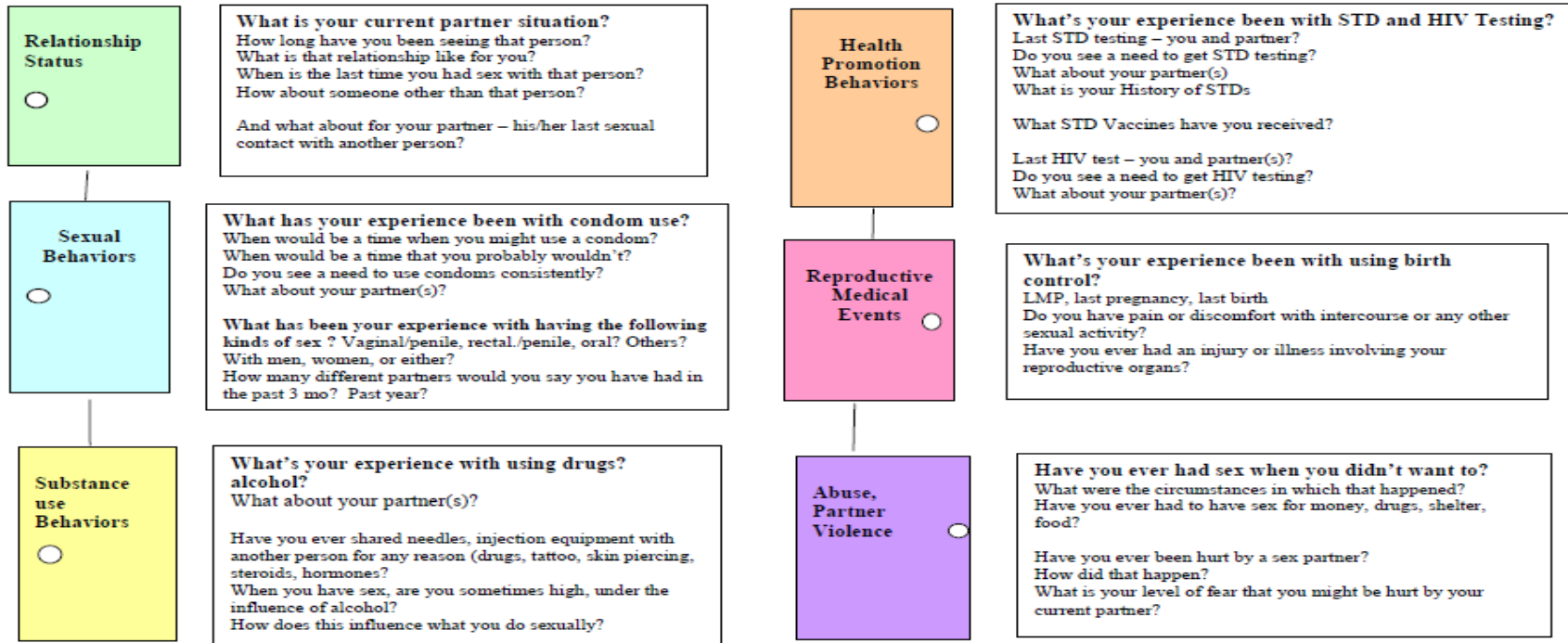


**OTHER FACTORS TO CONSIDER:
*PREVENTION, TREATMENT, ADHERENCE!!***





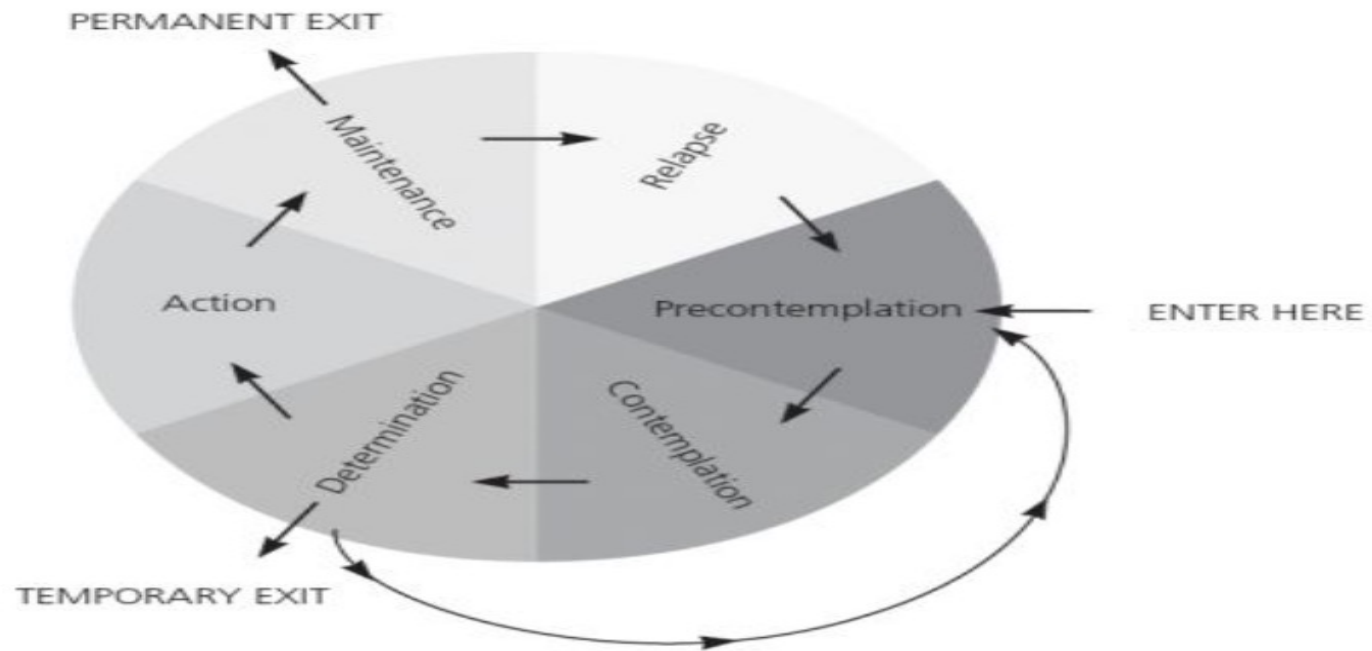
A Sexual History/ Behavioral Risk Assessment



Open Every Door

WHEEL OF CHANGE

Wheel of Change



CULTURAL FACTORS TO CONSIDER

➤ **Cultural sensitivity when discussing HIV, mental health, and substance abuse**

- Assess concerns related to initiating ARTs
- Discuss the potential impact of HIV on their respective communities (racial, ethnic, geographic, gender, etc.)
- Address issues related to stigma directed towards marginalized groups (i.e., women, transgender people, IDUs, or bisexual persons)
- Discuss issues related to substance use
- If negative experiences with health care were verbalized, validate them; yet still discuss the advantages of ART in all communities for HIV positive persons.

CULTURAL FACTORS TO CONSIDER

➤ **Cultural sensitivity when discussing ARTs**

- Be sensitive to all cultural characteristics of your at-risk patients
- Breaking down barriers to treatment may also facilitate access to and use of treatment for HIV-infected partners
- Remember that starting treatment is a choice; however, discuss the benefits of early initiation
- Not every patient will ultimately decide on taking advantage of starting right away

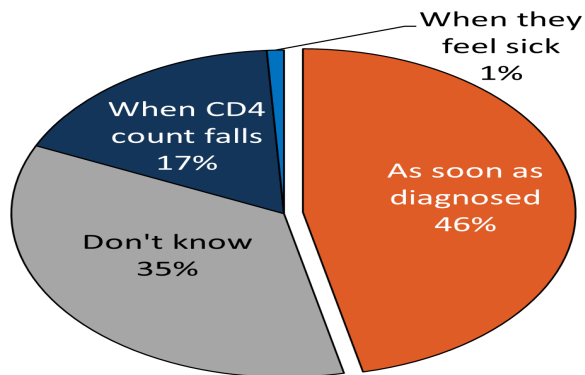
CULTURAL FACTORS TO CONSIDER: CLINICAL CONSIDERATIONS IN SUB-POP OF HETEROSEXUAL COUPLES

➤ **Considerations for Sero-Discordant Heterosexual Couples**

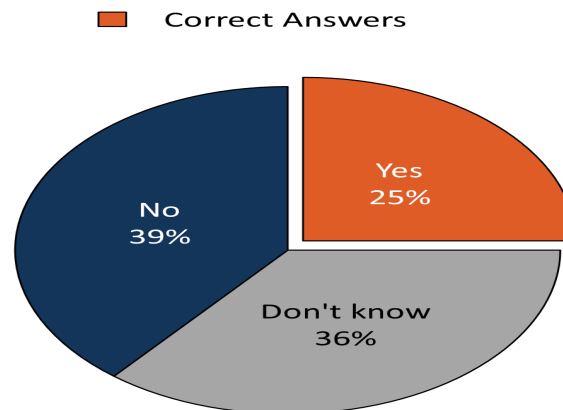
- Patients who are in sero-discordant relationships must be educated on the possibility of passing on the virus, even if the positive partner has an undetectable viral load.
 - Undetectable viral load does decrease the chances of passing the virus to others but it does not eliminate the chance
- Still encourage consistent and correct use of condoms as a means of protection
- Discuss with the uninfected partner that PrEP will provide another level of protection against HIV
 - Especially if condoms are not used consistently
- Remember that PrEP is also recommended for HIV negative people who engage in sex with partners who are living with HIV

Knowledge Gaps About ARVs As Prevention And Treatment

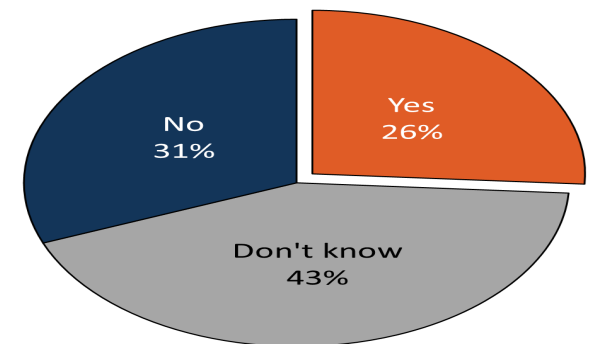
As far as you know, when someone is diagnosed with HIV, when is it recommended that they begin antiretroviral treatment?



As far as you know, if someone who is HIV-positive is taking consistent antiretroviral treatment, does this significantly reduce the risk of passing HIV on to their sexual partners, or not?



As far as you know, is there a prescription medication that people who are HIV-negative can take to lower their risk of getting HIV, or not?



NOTE: Response wording abbreviated. See topline for full wording.

SOURCE: Kaiser Family Foundation Survey of Gay and Bisexual Men on HIV (July 17 - August 3, 2014)

PROMOTERS OF ADHERENCE

- Motivated to reduce risk AND preserve the relationship (discordant couples)
- Partner awareness and support
- Habit formation and use of tools (daily dosing, technology reminders promising)
- Adherence counseling
- Unannounced pill counts with enhanced adherence counseling

CASE STUDY #2

Alice is a 38-year-old Afro-Latina woman who was diagnosed with HIV 15 years ago. She has a history of intravenous drug use which began when she was raped as a freshman 20 years ago. She is a paralegal and for the most part is able to take her medication consistently. However, over the past 6 months she has been unable to keep up with her therapy. She shares that this is because she has been promoted and now works 10-12 hour days.

She presents today in your office with a history of obesity, hypertension, and yellowish/green discharge of the urethra spanning 8 days. She also complained about some rectal discomfort but attributed it to diarrhea as a result of “*spicy Indian food.*” She wants to restart her ARVs. Her latest labs are as follows: CD4+ T cell count: 550 cells/mm³ HIV RNA: 29,000 copies/mL

CASE STUDY #2 CONTINUED

Additionally, she reports often feeling like there is a “*cloud hanging over me.*” She hasn’t been able to string together more than a few weeks of happiness at a time over the past 5 years. She also reports feeling some joy when spending time with her two best girlfriends on Sundays when they occasionally attend church. But aside from that, she does not seem to find much joy. She feels that she has few good things going for her in her life but the feeling of low self worth; the fact that no one, not even her parents believed her when she reported being raped, and her obesity is problematic. “*Most people in my condition at least are skinny but I buck that system and am not even fat; I am obese,*” she muses. She fears that these feelings may cause her to lose her job and lead her back to “other things.”



WHAT WOULD YOU DO?



CONSIDER.....

- Which level of HIV prevention is needed?
- What intervention strategy can be used?
- Suggest one strategy to intervene
- How will you know if the strategy you have developed was successful?

SUMMARY

- As clinicians, it is of paramount importance that we understand the relationships among Substance use/abuse, mental health and HIV
- Our approach must include a patient centered, harm reduction tailored intervention with a focus on:
 - The improvement of mental health care through early diagnosis and intervention
 - The reduction in recreational substance use/abuse and that which is associated with self-medication secondary to mental illness
 - The enhanced understanding of how substance use/abuse and mental health issues impact clinical outcomes, multi-level adherence and drug interactions thereby improving the quality of life of those who are HIV infected



QUESTIONS?



RESOURCES

Addiction Center. College Drug Abuse.

<https://www.addictioncenter.com/college/>

NBC News. Mental Health Problems Rising Among College Students. June 28, 2017.

<http://www.nbcnews.com/feature/college-game-plan/mental-health-problems-rising-among-college-students-n777286>

DrugRehab.com. A Comprehensive Guide to Drugs on Campus. May 11, 2017.

<https://www.drugrehab.com/guides/campus/>

World Health Organization. Management of substance abuse: the ASSIST project—Alcohol, Smoking, and Substance Involvement Screening Test. Available at http://www.who.int/substance_abuse/activities/assist/en/index.html. Accessed June 22, 2017.

US Preventive Services Task Force. Screening for illicit drug use. Available at <http://www.uspreventiveservicestaskforce.org/uspstf/uspdrug.htm>. Accessed June 22, 2017.

Substance Abuse and Mental Health Services Administration. Screening, brief intervention, and referral to treatment (SBIRT) in behavioral healthcare. Available at <http://www.samhsa.gov/prevention/sbirt/SBIRTwhitepaper.pdf> . Accessed June 8, 2017.

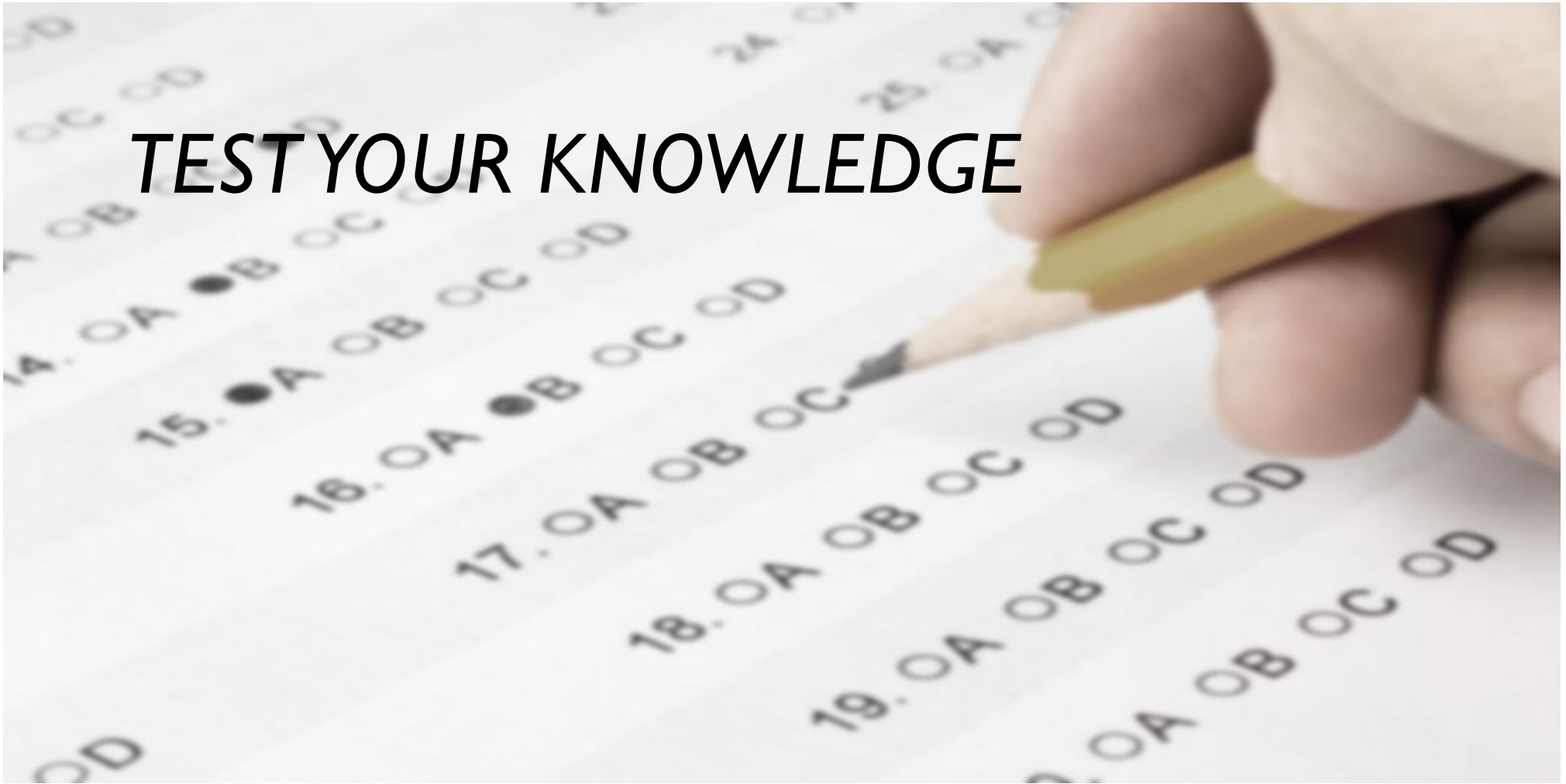
Altice FL, Kamarulzaman A, Soriano VV, Schechter M, Friedland GH. Treatment of medical, psychiatric, and substance-use comorbidities in people infected with HIV who use drugs. Lancet 2010;376(9738):367–87.

International AIDS Society, AIDS Research Program. Prevention and treatment of HIV/AIDS among drug using populations: a global perspective. Available at <http://nida.hiv.aids.se/services.com/globalEng.pdf> . Accessed June 22, 2017.

National Institute on Drug Abuse. Principles of drug addiction treatment: a research-based guide. Available at http://www.drugabuse.gov/sites/default/files/podat_0.pdf . Accessed June 19, 2017.

Nearly one in five adult Americans experienced mental illness in 2013. Thursday, November 20, 2014. <https://www.samhsa.gov/newsroom/press-announcements/201411200115>

TEST YOUR KNOWLEDGE



Test Your Knowledge

Question #5

It is not necessary for HIV Prevention interventions to consistently address mental health and substance use since most of the available evidence is observational:

- A. True
- B. False

Test Your Knowledge

Question #6

The Harm Reduction Model includes which of the following?

- A. Working with ambiguity
- B. Allowing the patient to participate in the treatment plan
- C. Accommodating abstinence
- D. All of the above

TEST YOUR KNOWLEDGE

QUESTION #7

There is a strong harmful relationship between childhood sexual abuse and HIV sexual risk behavior in both men and women:

- A. True
- B. False

TEST YOUR KNOWLEDGE

QUESTION #8

Which of these may impact diagnostic and treatment challenges with substance abuse and mental disorders?

- A. Cultural differences in the expression and tolerance of symptoms
- B. When help is sought from professionals, reliance on primary care physicians rather than mental health specialists
- C. Use of alternative sources of help (faith, family, folk treatment)
- D. All of the above



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