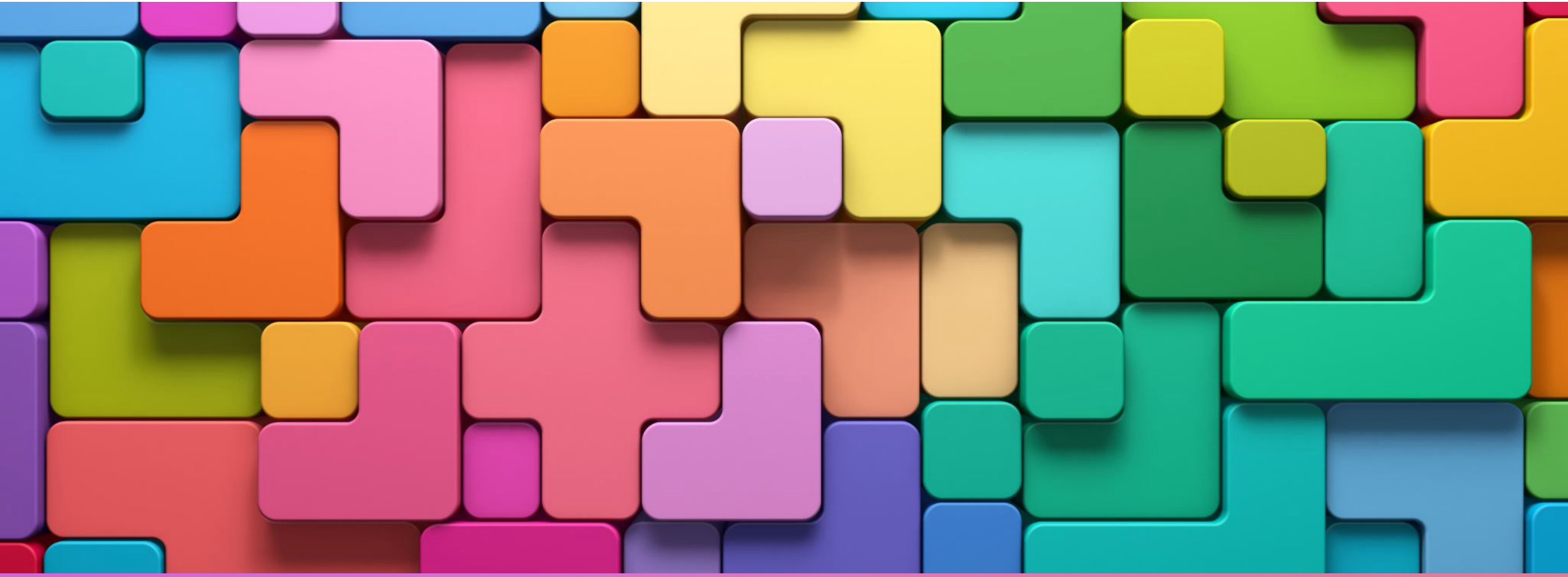

UPDATE TO THE UK STANDARDS OF PSYCHOLOGICAL CARE

DR TOMÁS CAMPBELL – MEMBER OF THE STANDARDS COMMITTEE, ROYAL HOSPITAL DONNYBROOK, DUBLIN

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Amy Mammen-Tobin, British HIV Association

Jaqueline English, British HIV Association

BACKGROUND

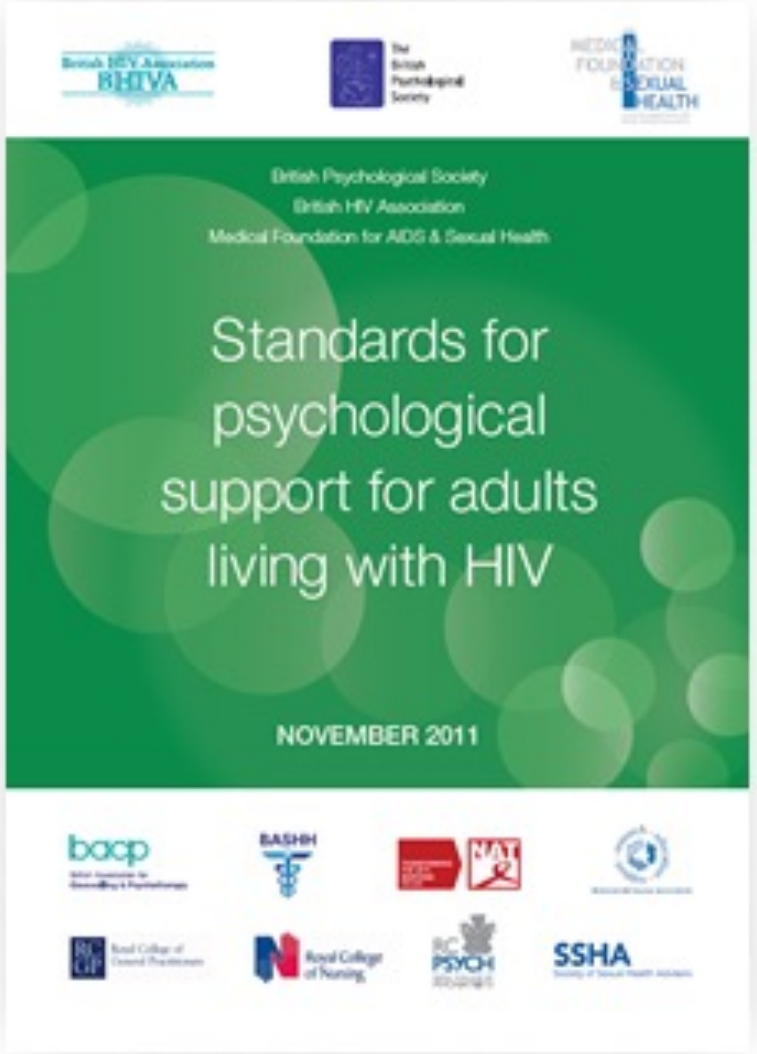
- HIV has become a more manageable condition
- Treatments are highly effective, if started early and taken consistently
- Side effects are minimal – especially when compared to older treatments
- However, key groups at higher risk for late identification and poor outcomes
- Groups include transient populations, those not linked with health care, African men, people who smoke/inject drugs
- Health-/medication- related issues and HIV stigma remain significant
- As a result, mental health issues are significantly higher in people living with HIV
- **Global trauma prevalence:**
    - 28% (Tang et al 2020)
    - 32.67% (Ayano et al 2020)

Standards for Psychological Support

- Published in 2011 – *much has changed including PrEP, PEP and almost universal prevention of MTCT*

- Aimed to promote the importance of establishing psychological assessment and treatment

- Linked to BHIVA Standards of care published in 2018



Standards for Psychological Support

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6. Psychological care

People living with HIV should receive care and support that assesses, manages and promotes their emotional, mental and cognitive well-being and health, and is sensitive to the unique aspects of living with HIV.

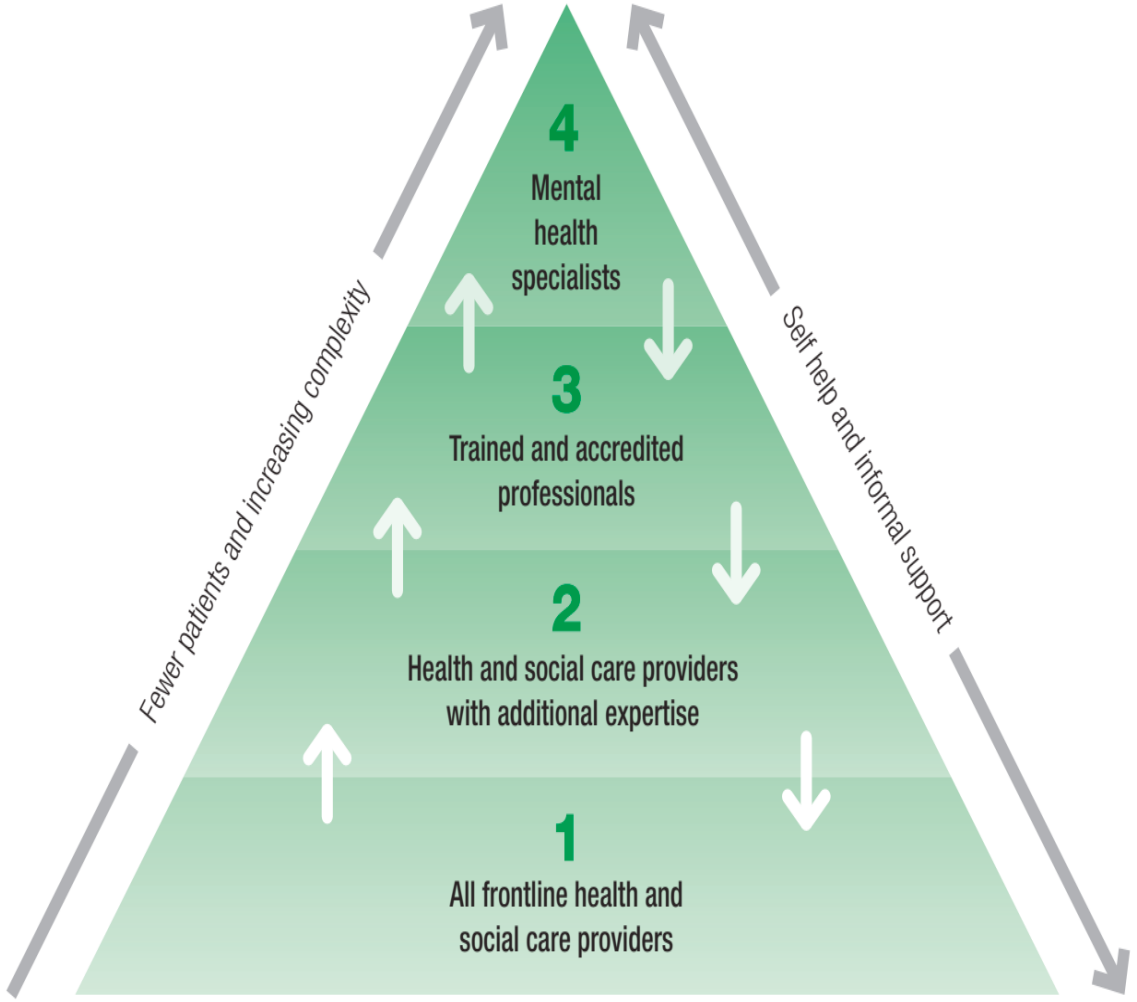
For people living with HIV to be able to access psychological care it is necessary to have clear standards, referral pathways, screening, and interventions. While there has been a growing recognition of the importance and parity of mental health alongside physical health, resources and provision have been restricted. Language and terminology in this area can be confusing and controversial, with different words used by different groups. These Standards use the following terms:

- Emotional well-being: the emotional, practical, and lived experiences of people living with HIV (e.g. stigma, telling others about one's status, relationships, sex, employment, travel;
- Mental health: diagnostic labels such as anxiety, depression, post-traumatic stress disorder, insomnia, suicidal thoughts and self-harm, and addictions;
- Cognitive functioning: the neurological health of the brain and how this is expressed cognitively (including memory, language, processing speed) and how HIV, its treatment, and other health and lifestyle factors can sometimes affect this.

Standards for Psychological Support

- Eight standards – stepped care model

Standard 1	Promotion of mental health and psychological wellbeing
Standard 2	Comprehensive psychological support services
Standard 3	Engagement of people living with HIV
Standard 4	Support at the time of diagnosis
Standard 5	Identifying psychological support needs
Standard 6	Competence to provide psychological support
Standard 7	Coordination of psychological support
Standard 8	Evidence-based practice



Implementation

- Mental healthcare acknowledged as a priority by the HIV community and clinicians

- Evidence that standards were not being met:

  > National audit led by NHIVNA in 2015

  > Case review across 52 clinical sites

Nearly 40% did not have psychological wellbeing documented

75% of clinics had no psychological support policy

40% of clinics had no MH professional in the team

STAKEHOLDER CONSULTATION

- We knew we needed to review the standards and conducted a survey between November 2021-March 2022 for eight weeks (dependant on the organisation)
- The electronic survey explored:
  - **Familiarity, relevance and use of standards**
  - **Obstacles to implementation of each standard**
  - **Suggested additions for each standard**
- Questionnaires completed represented organisations, not individuals

STAKEHOLDERS WHO RESPONDED

The HIV Psychosocial Network UK

GEORGE HOUSE TRUST
HIV POSITIVE LIVING

SSHA
Society of Sexual Health Advisers

STAKEHOLDER CONSULTATION: METHODS

Analysis:

- Binary/ordinal responses summarised used N/%

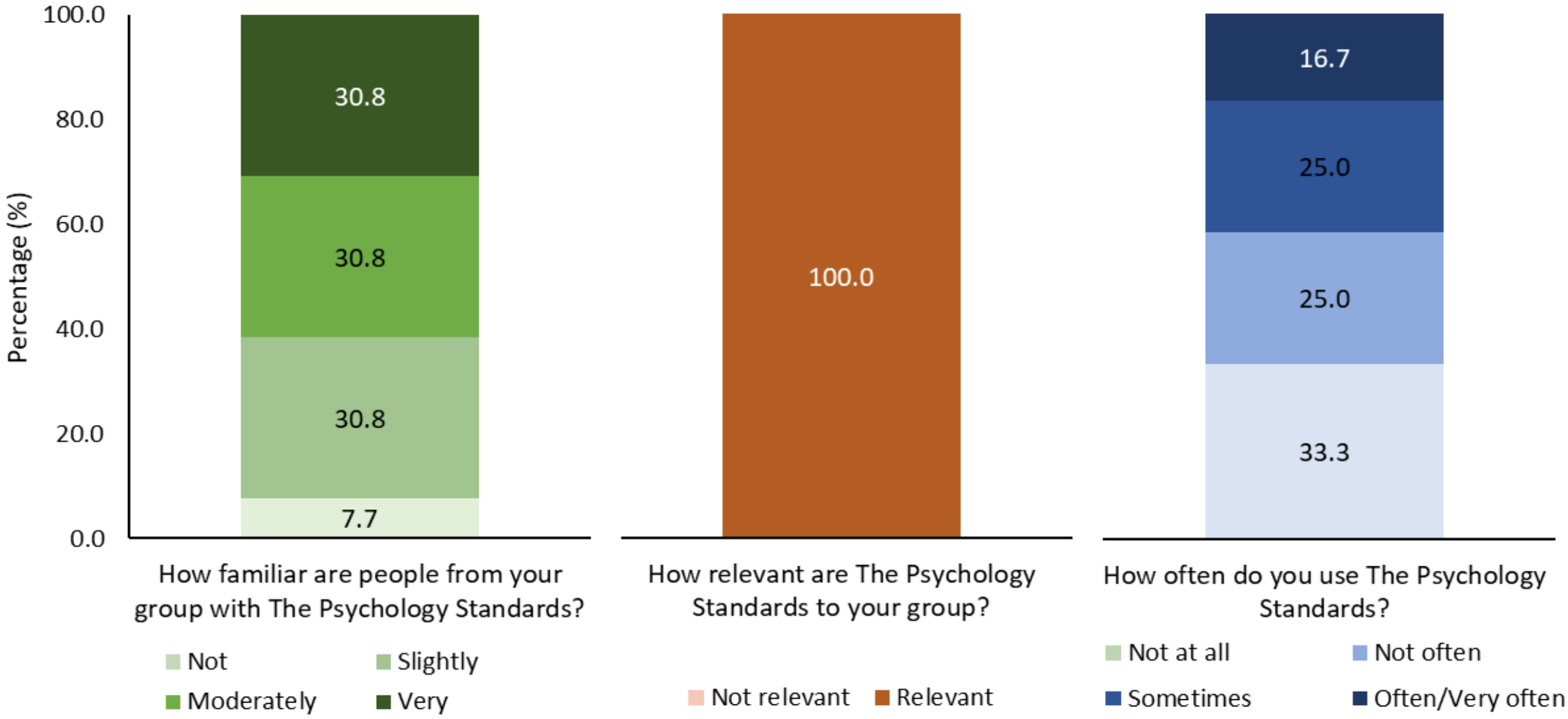
- Open ended questions, inductively coded
  - Multidisciplinary team (statistician, senior nurse and clinical psychologist)

STAKEHOLDER CONSULTATION: RESULTS

12 organisations responded in total

Organisation	N (%)
Healthcare professional network	5 (38.5)
Community organisation	6 (46.2)
NHS Trust	1 (7.7%)

RESULTS


100.0
80.0
60.0
40.0
20.0
0.0
Percentage (%)
30.8
30.8
30.8
7.7
How familiar are people from your group with The Psychology Standards?
Not
Slightly
Moderately
Very
100.0
How relevant are The Psychology Standards to your group?
Not relevant
Relevant
16.7
25.0
25.0
33.3
How often do you use The Psychology Standards?
Not at all
Not often
Sometimes
Often/Very often

OBSTACLES TO IMPLEMENTING STANDARDS

Political will

Geographical disparity in care

Lack of clear commissioning framework

Funding

Obstacles to implementation

Time

Staffing

Training

STAKEHOLDER SUGGESTIONS TO STRENGTHEN IMPLEMENTATION

NEXT STEPS

- Results give newfound motivation to develop equitable access to psychological care for ***all people living with HIV***

- Desire for standards to provide guidance on how best to implement psychological care in HIV services

- Have been used to inform recommendations to guide the revision of the psychological standards document

Report will be published soon