21st Annual Conference of the National HIV Nurses Association (NHIVNA)

27–28 June 2019 · Manchester Conference Centre
Using a local mental health pathway to support the BHIVA psychology standards.

Zoe Adler – Senior Staff Nurse

Jonathan Roberts - Clinical Nurse Manager
HIV and Mental Health

PLWH are more prone to mental health issues (Catalan 2016)

Standard routine enquiry about psychological wellbeing

History of Depression

57% PLWH locally
33% PLWH nationally
19% UK population
HIV and Mental Health

Liaison with Psychology Team to train MDT to use psychological assessment tools

Implementation of PHQ4, PHQ 9 & GAD7 into routine practice

Development of local MH pathway
### PHQ-4

Over the **last 2 weeks**, how often have you been bothered by the following problems?  
(Use “✔” to indicate your answer)

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Screen all patients using PHQ4. If PHQ 4 score is > 4 do both a GAD7 and PHQ 9

<table>
<thead>
<tr>
<th>GAD-7 score</th>
<th>Anxiety Severity</th>
<th>Proposed Treatment Actions</th>
<th>Depression Severity</th>
<th>PHQ-9 score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 4</td>
<td>Mild</td>
<td>None</td>
<td>None/ Minimal</td>
<td>0 - 4</td>
</tr>
<tr>
<td>5 - 9</td>
<td>Moderate</td>
<td>Watchful waiting; repeat GAD-7 and PHQ 9</td>
<td>Mild</td>
<td>5 - 9</td>
</tr>
</tbody>
</table>
| 10 - 14     | Moderately severe | 1. Onward referral for further evaluation and assessment to GP OR
2. Self referral to health and well-being service
3. Promote self help and referrals to third sector organisations | Moderate | 10 - 14       |
| 15 - 21     | Severe           | Active treatment psychotherapy and/or pharmacotherapy by GP OR HIV psychology/psychiatry service | Moderately severe or Severe | 15 - 19/ 20 - 27 |
Aim

To measure the compliance to a local mental health pathway, using recognised depression and anxiety tools.
Method

Data collected from 1\textsuperscript{st} September 2018 – 28\textsuperscript{th} February 2019

Database creation – PHQ4, GAD7 & PHQ9 results

Collated results of adherence to MH pathway

Documented co-morbidities
Psychological assessment PHQ4 + memory screening

ARV adherence

Other medication including herbal / over-the-counter

Party drugs and legal highs

Alcohol assessment

Smoking and cessation support

STI screening

Brief sexual history

Domestic abuse

U=U

BP, weight, BMI score, diet, exercise
Demographic

- 89% male
- 81% other demographics
- n = 606
Assessment scores (PHQ4, GAD7, PHQ9)\(N=606\)

- PHQ4 \(\leq 4\): 439
- GAD7/PHQ9 5-9: 67
- GAD7/PHQ9 10-14: 59
- GAD7/PHQ9 15-27: 40
Screen all patients using PHQ4. If PHQ 4 score is > 4 do both a GAD7 and PHQ 9

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<td>10 - 14</td>
<td>Moderately severe</td>
<td>1. Onward referral for further evaluation and assessment to GP OR 2. Self referral to health and well-being service 3. Promote self help and referrals to third sector organisations</td>
<td>Moderate</td>
<td>10 - 14</td>
</tr>
<tr>
<td>15 - 21</td>
<td>Severe</td>
<td>Active treatment psychotherapy and/or pharmacotherapy by GP OR HIV psychology/psychiatry service</td>
<td>Moderately severe or Severe</td>
<td>15 - 19 20 - 27</td>
</tr>
</tbody>
</table>
How did we do?

- Correctly followed pathway: 572
- PHQ 4 >4 with no further assessment: 22
- GAD7/ PHQ9 >10 with no action: 12
<table>
<thead>
<tr>
<th>Pt</th>
<th>Action</th>
<th>Hx Depression/Anxiety</th>
<th>Receiving MH Rx</th>
<th>Other Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Peer Mentor</td>
<td>Yes</td>
<td>Yes</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>Admission-CC</td>
<td>Yes</td>
<td>No</td>
<td>Osteoporosis</td>
</tr>
<tr>
<td>3</td>
<td>Reassess- DNA</td>
<td>No</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td>4</td>
<td>C/o MH team</td>
<td>Yes</td>
<td>No</td>
<td>Arthritis</td>
</tr>
<tr>
<td>5</td>
<td>Recent Transfer</td>
<td>No</td>
<td>No</td>
<td>Bereavement</td>
</tr>
<tr>
<td>6</td>
<td>None</td>
<td>Yes</td>
<td>Yes</td>
<td>AIN, Lipodystrophy</td>
</tr>
<tr>
<td>7</td>
<td>Drug/ Alcohol services</td>
<td>No</td>
<td>No</td>
<td>C Meth &amp; GHB</td>
</tr>
<tr>
<td>8</td>
<td>Bipolar</td>
<td>Yes</td>
<td>Yes</td>
<td>Alcohol Issues</td>
</tr>
<tr>
<td>9</td>
<td>None</td>
<td>Yes</td>
<td>Yes</td>
<td>Homeless</td>
</tr>
<tr>
<td>10</td>
<td>None</td>
<td>Yes</td>
<td>Yes</td>
<td>AIN/PIN/IBS</td>
</tr>
<tr>
<td>11</td>
<td>None</td>
<td>Yes</td>
<td>Yes</td>
<td>None</td>
</tr>
<tr>
<td>12</td>
<td>Peer Mentor</td>
<td>No</td>
<td>No</td>
<td>Hx IVDU/ C Meth</td>
</tr>
</tbody>
</table>
Summary of findings

Routine screening of PLWH has verified the prevalence of mental health issues amongst our cohort

Screening has provided a platform to routinely raise mental health with our patients

Routine screening has created a culture of being proactive rather than reactive when addressing MH

94% of the time, pathways were correctly followed
Implications for practice

Robust recall mechanism

Clarification over PHQ4 score trigger

Enhanced HIV MDT Approach

Continue links with MH services

Future audit on patient outcomes
Acknowledgements

Dr Phillip Henshaw – Psychology Team
Tracey Buckingham – Sussex Beacon
Ruth Burholt – HIV Clinical Nurse Specialist
Lily Pembroke – Clinical Administrator
Dr Eileen Nixon – Nurse Consultant

.................And all the Lawson Unit Team
Thank you!