



nhivna

NATIONAL **HIV** NURSES ASSOCIATION
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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.

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Jonathan Roberts - Clinical Nurse Manager


The Lawson Unit
LEADING HIV CARE FOR BRIGHTON

**Brighton and Sussex
University Hospitals**



NHS Trust

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 <u>last 2 weeks</u> , how often have you been bothered by the following problems? (Use “✓” to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Little interest or pleasure in doing things	0	1	2	3
4. Feeling down, depressed, or hopeless	0	1	2	3

Local Mental Health Pathway in HIV Clinic in Brighton

Screen all patients using PHQ4. If PHQ 4 score is > 4 do both a GAD7 and PHQ 9

GAD-7 score	Anxiety Severity	Proposed Treatment Actions	Depression Severity	PHQ-9 score
0 - 4	Mild	None	None/ Minimal	0 - 4
5 - 9	Moderate	Watchful waiting; repeat GAD-7 and PHQ 9	Mild	5 - 9
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.

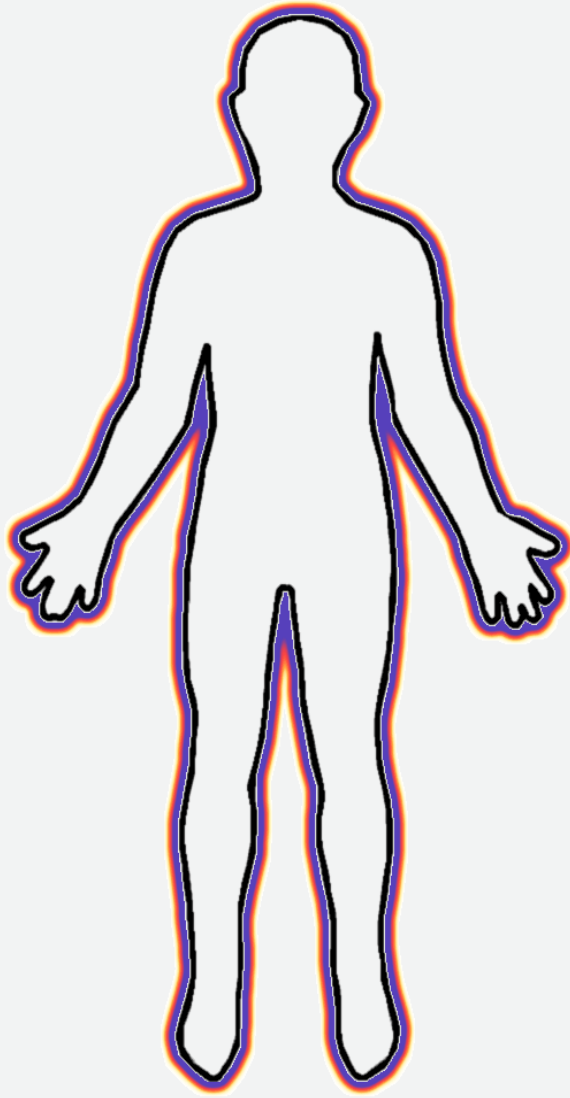
Method

Data collected from 1st September 2018 – 28th 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

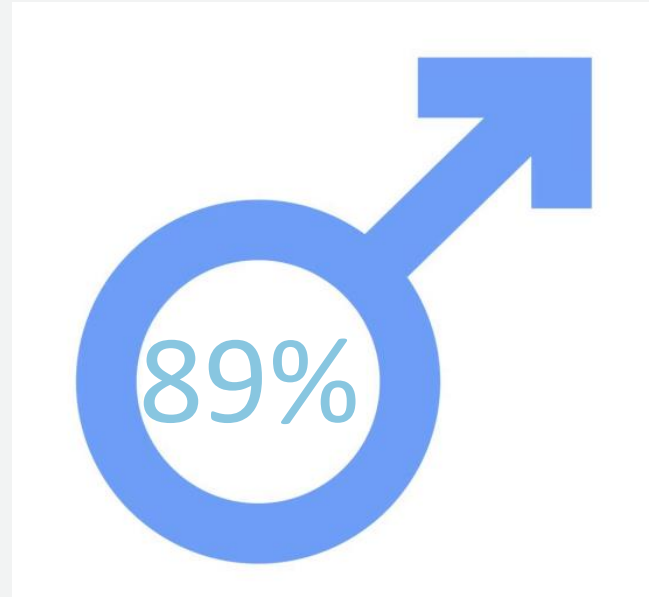
Brief sexual history

Domestic abuse

U=U

BP, weight, BMI score, diet, exercise

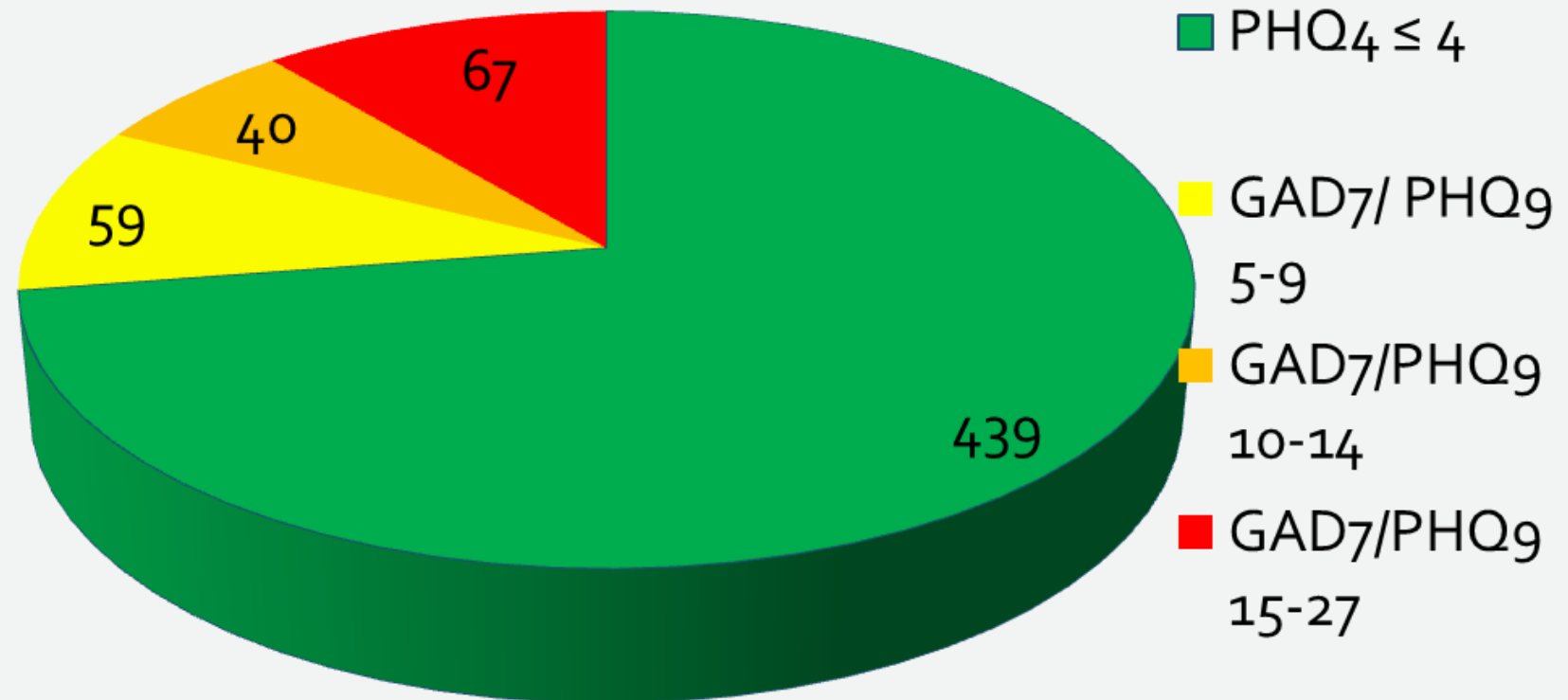
Demographic



$n = 606$



Assessment scores (PHQ4, GAD7, PHQ9)_{N=606}

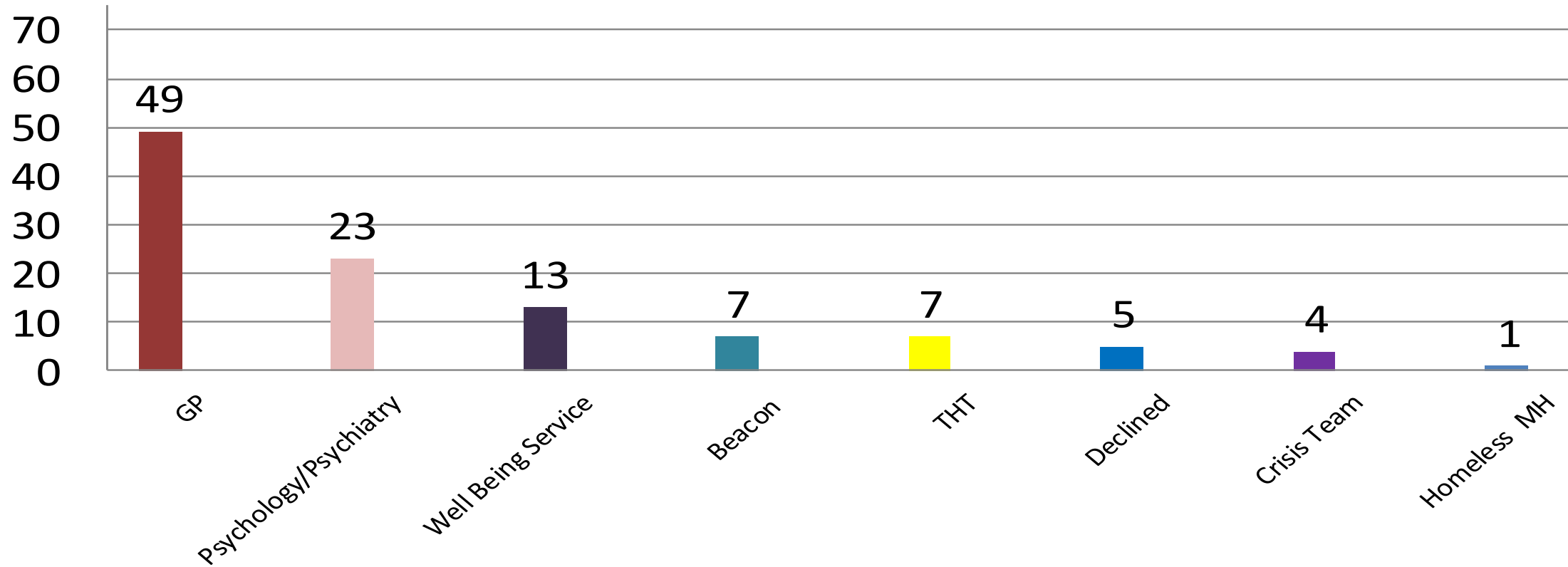


Local Mental Health Pathway in HIV Clinic in Brighton

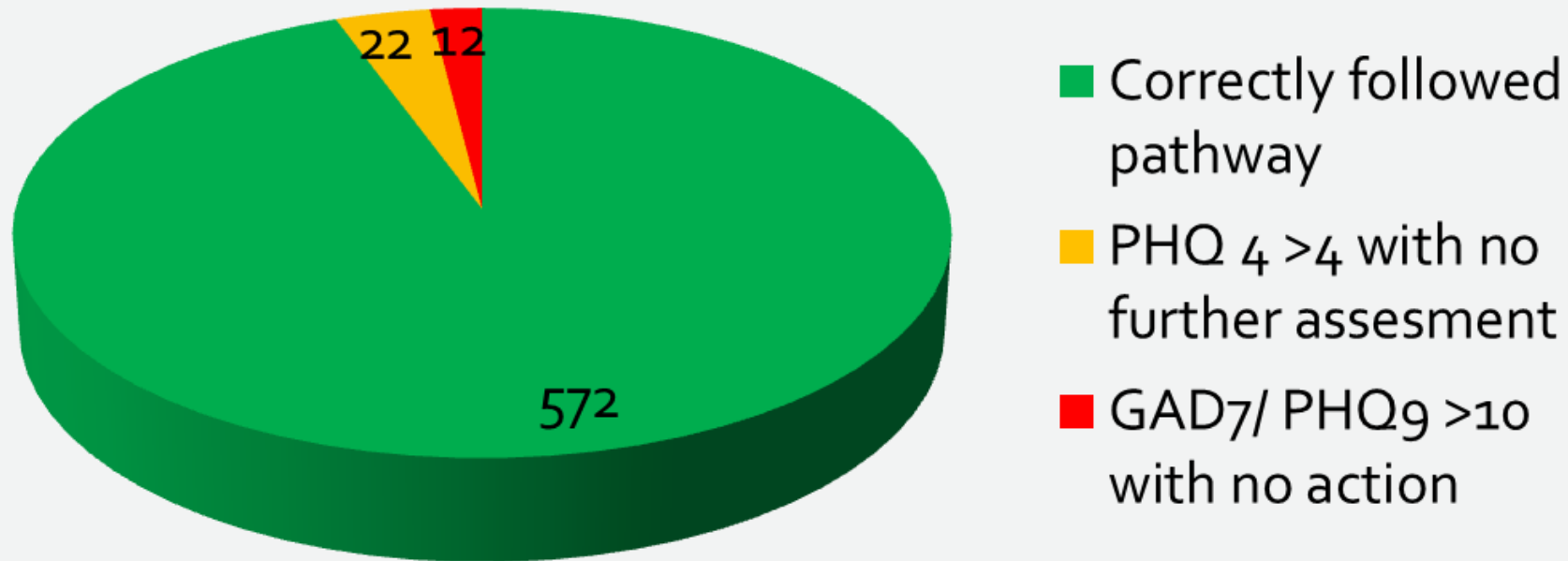
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Pathway actions taken N= 107



How did we do?



Background

Aim

Method

Results

Conclusions

Pt	Action	Hx Depression/Anxiety	Receiving MH Rx	Other Issues
1	Peer Mentor	Yes	Yes	None
2	Admission-CC	Yes	No	Osteoporosis
3	Reassess- DNA	No	No	None
4	C/o MH team	Yes	No	Arthritis
5	Recent Transfer	No	No	Bereavement
6	None	Yes	Yes	AIN, Lipodystrophy
7	Drug/ Alcohol services	No	No	C Meth & GHB
8	Bipolar	Yes	Yes	Alcohol Issues
9	None	Yes	Yes	Homeless
10	None	Yes	Yes	AIN/PIN/IBS
11	None	Yes	Yes	None
12	Peer Mentor	No	No	Hx IVDU/ C Meth

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!

