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# Updating the Standards for Psychological Support for Adults living with HIV (2011): Results from a stakeholder consultation to inform the review

Michelle Croston  
University of Nottingham

[www.nhivna.org](http://www.nhivna.org)



# Feedback from the Stakeholder Consultation to inform an update to the Standards of psychological care

Michelle Croston , University of Nottingham, UK

Sarah Rutter, Manchester University NHS Foundation Trust, UK

Hajra Okhai, University College London, UK

## Conflict of Interest

In relation to this presentation I declare that I have no conflict of interest

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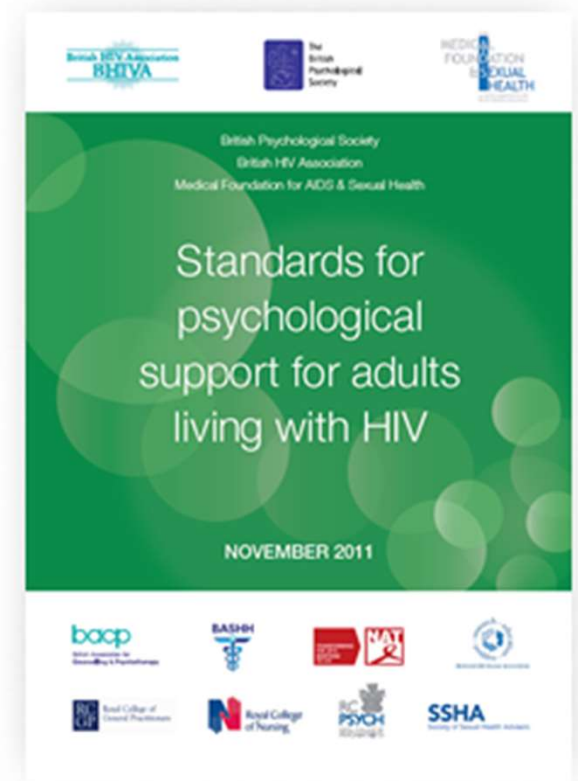
# Background

- HIV has become a more manageable condition
- Health-/medication- related issues and HIV stigma remain significant
- As a result, mental health issues are significantly higher in people living with HIV

# Standards for Psychological Support

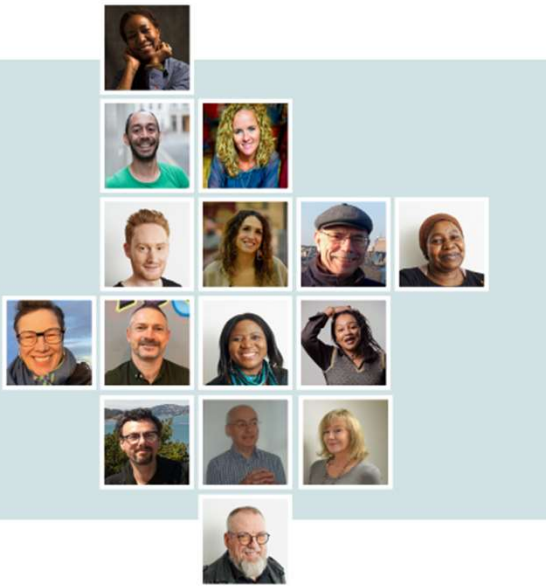
- Published in 2011
- Promote the importance of establishing psychological assessment and treatment
- Linked to BHIVA Standards of care 2018

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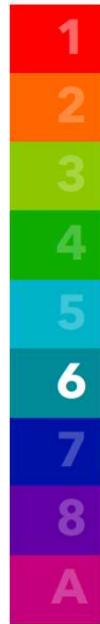


# Standards for Psychological Support

Standards of Care  
for People Living with HIV 2018



**BHIVA**  
British HIV Association  
STANDARDS OF CARE



## 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.

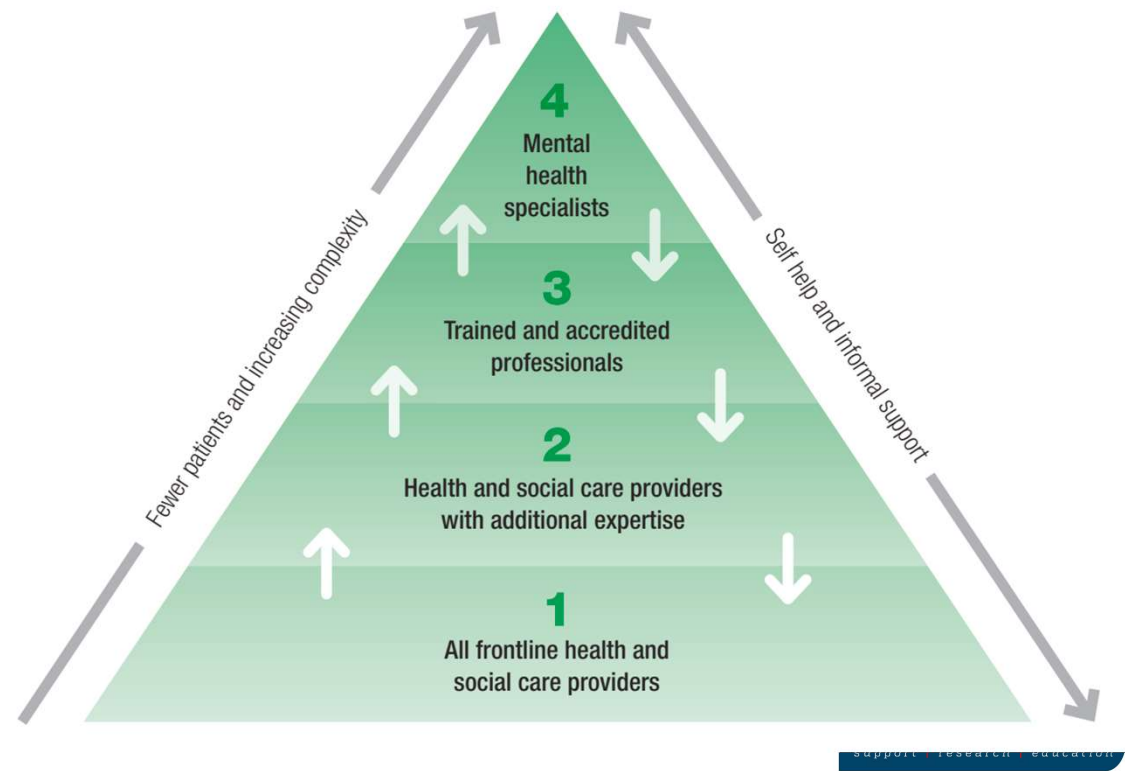
# Standards for Psychological Support

- Eight standards covering:

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

# Standards for Psychological Support

- Eight standards covering:
- Based on four-level stepped care model





# 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

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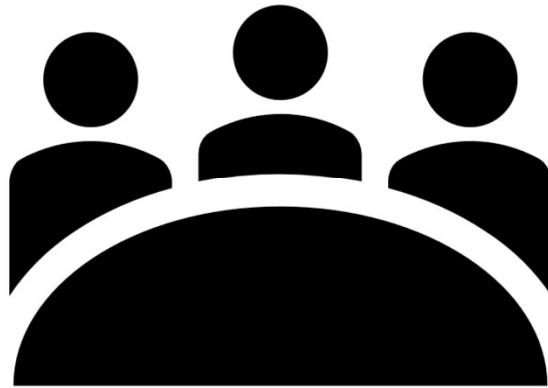
75% of clinics had no psychological support policy



40% of clinics had no MH professional in the team



# Stakeholder Consultation: Methods



# Stakeholder Consultation: Methods

- Electronic survey exploring:
  - Familiarity, relevance and use of standards
  - Obstacles to implementation of each standard
  - Suggested additions for each standard
- Circulated between November 2021-March 2022 for eight weeks (dependant on the organisation)
- Questionnaires completed represented organisations

# Stakeholder Consultation: Methods



The HIV Psychosocial Network UK



[www.nhivna.org](http://www.nhivna.org)



# Stakeholder Consultation: Methods



## Analysis:

- Binary/ordinal responses summarised used N/%
- Open ended questions inductively coded
  - Multidisciplinary team (myself, senior nurse and clinical psychologist)

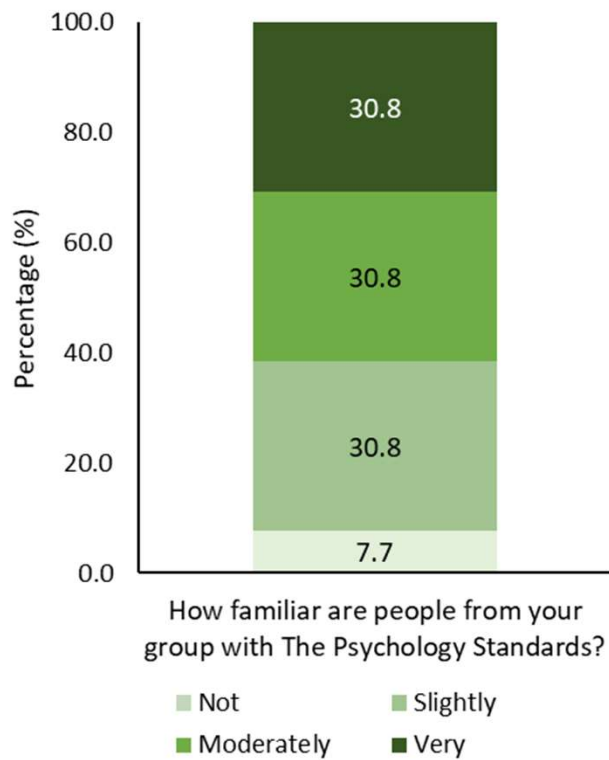


# Stakeholder Consultation: Results

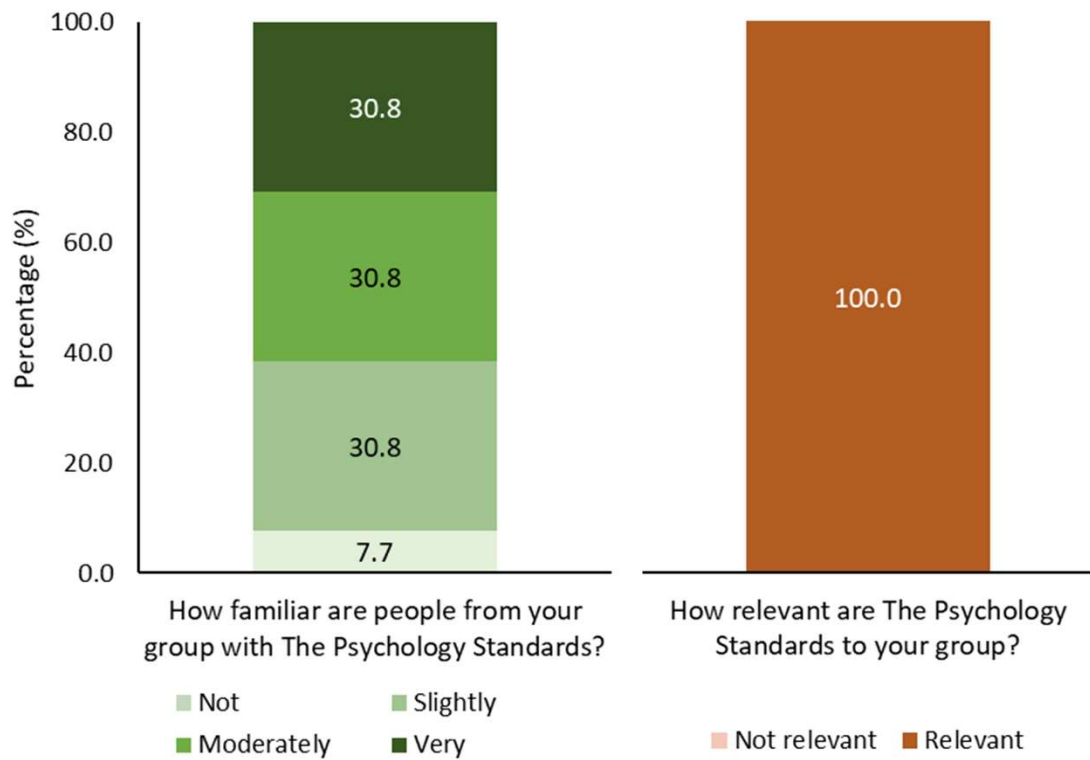
12 organisations responded in total

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

# Stakeholder Consultation: Results

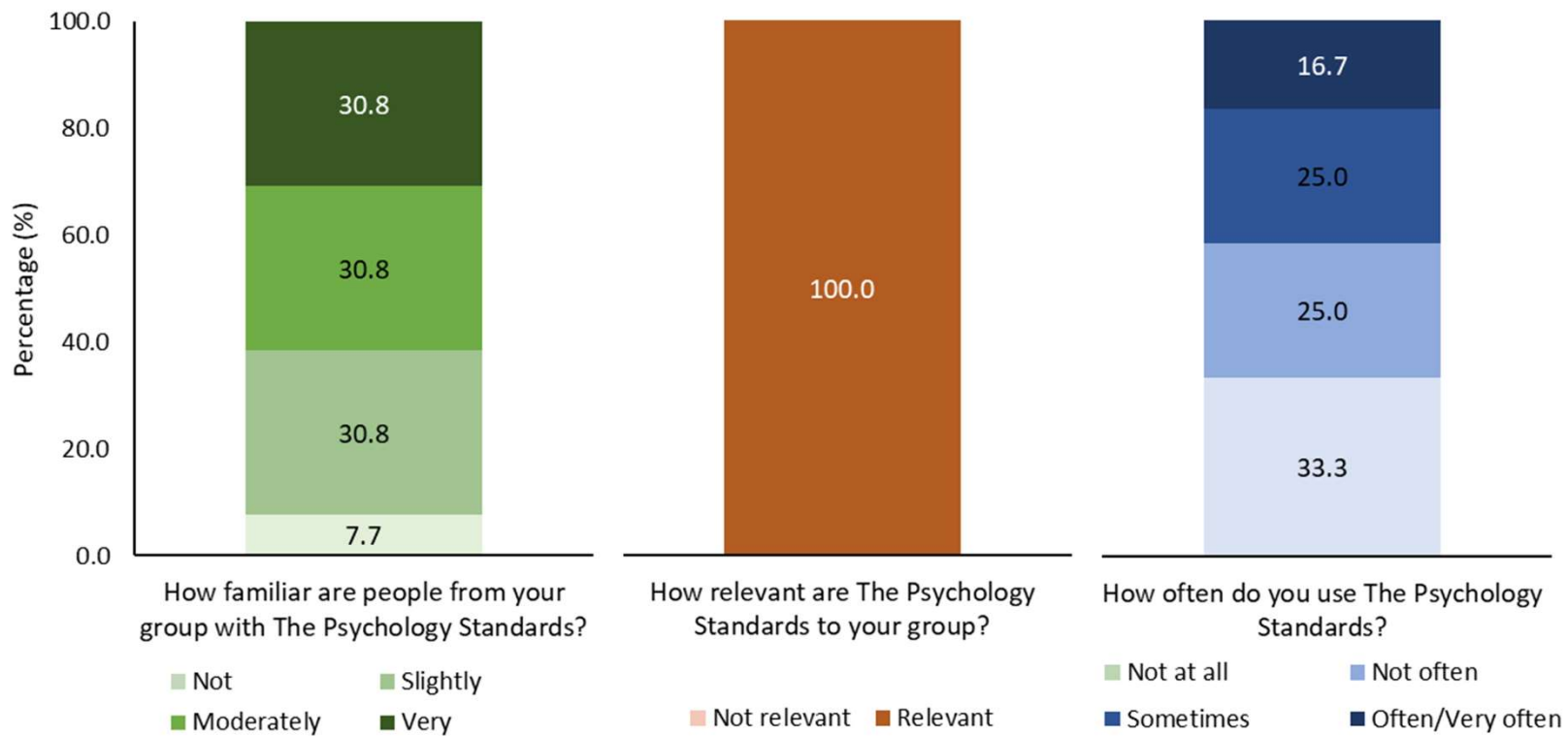


# Stakeholder Consultation: Results





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# Stakeholder Consultation: Results

**Obstacles to  
implementation**

# Stakeholder Consultation: Results

**Political will**

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**Political will**

**Geographical disparity  
in care**

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**Lack of clear  
commissioning  
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# Stakeholder Consultation: Results

**Political will**

**Geographical disparity  
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**Funding**

**Obstacles to  
implementation**

# Stakeholder Consultation: Results

**Political will**

**Geographical disparity  
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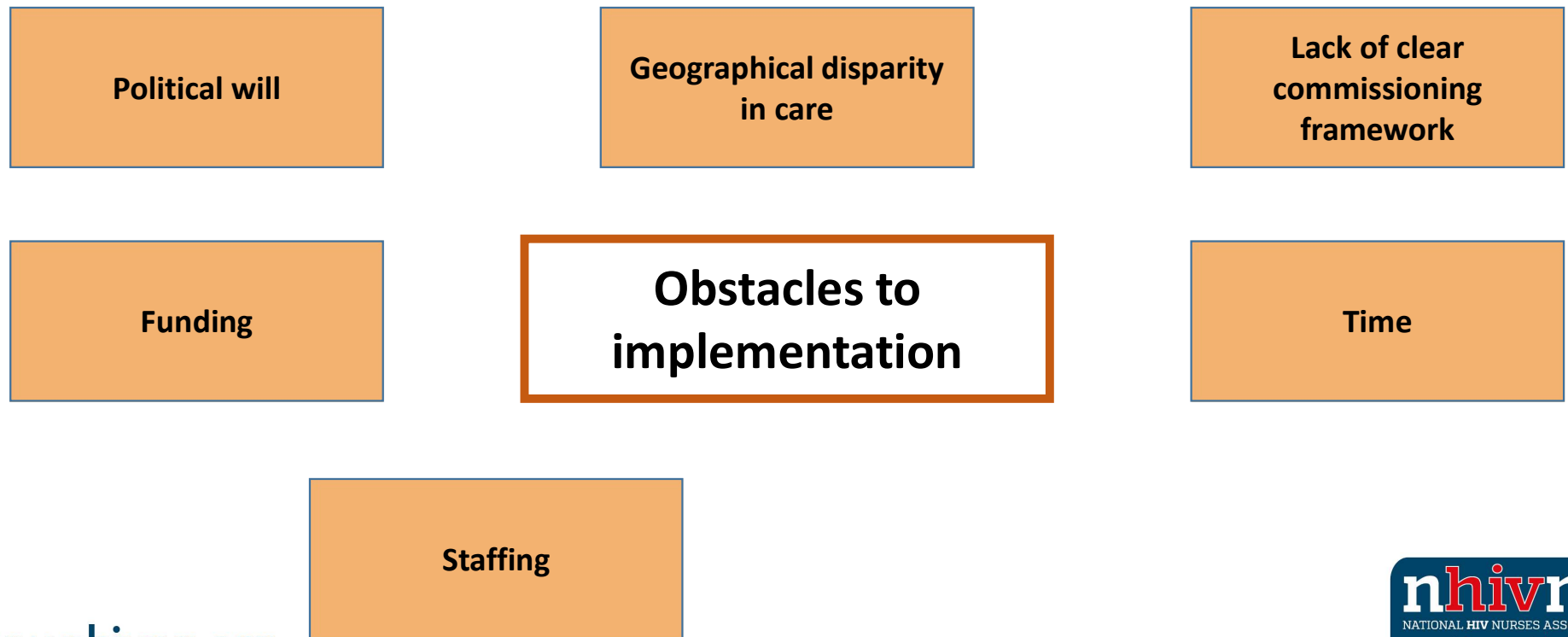
**Lack of clear  
commissioning  
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**Funding**

**Obstacles to  
implementation**

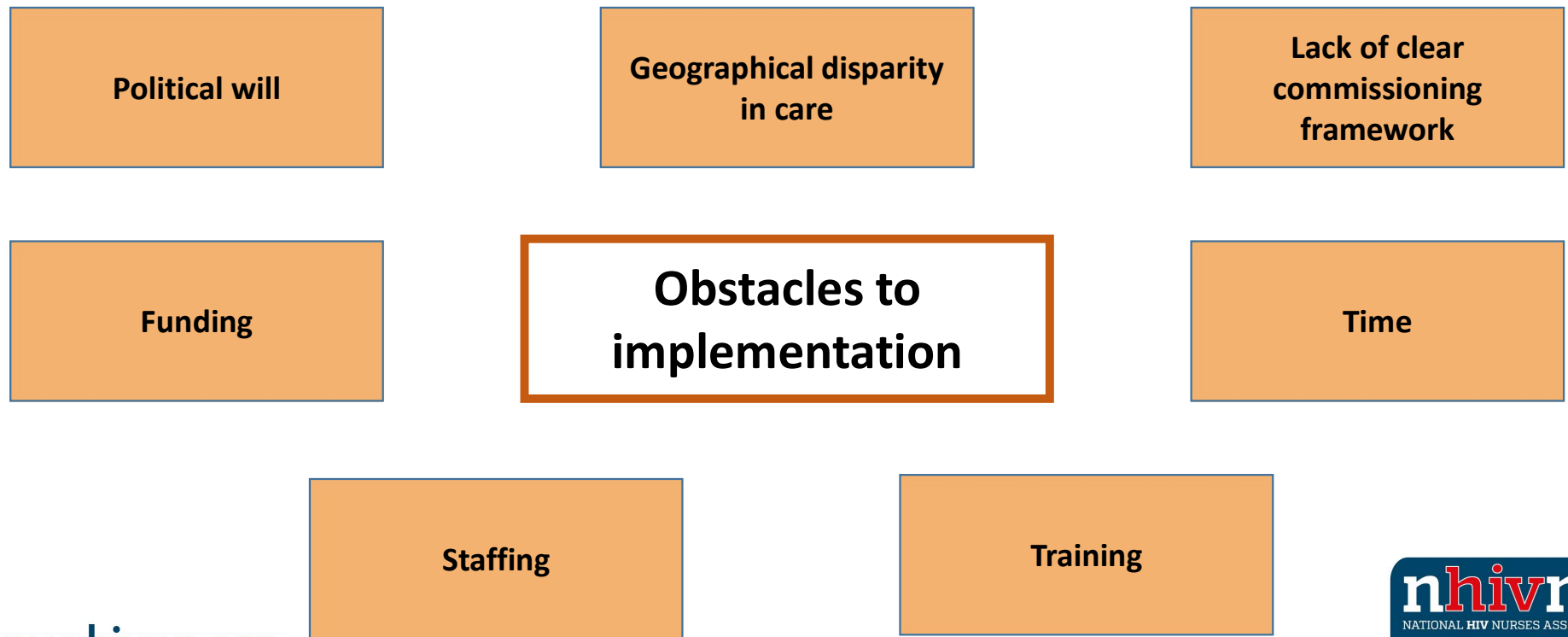
**Time**

# Stakeholder Consultation: Results





# Stakeholder Consultation: Results



# Stakeholder Consultation: Results

**Suggested additions**

# Stakeholder Consultation: Results

Prioritise mental health  
and wellbeing

Person-centred  
care

Address inequalities and  
social injustice

Co-design and co-  
development of services

**Suggested additions**

Peer support

Referral pathways

Information/  
resources

Training

# Stakeholder Consultation: Results



## 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

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