

# Integrating Mental Health and Substance Abuse with HIV/AIDS Prevention

## Presenters:

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**Behavioral & Social Science Volunteer (BSSV) Program**

*Translating HIV prevention science into culturally relevant practice*

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# In Memoriam: A Trail Blazer in HIV/AIDS

*Dedicated to the late Dr. John R. Anderson*



*“I have had the pleasure of working with so many of you over the years. Without doubt, our work together has impacted the lives of those effected and affected by HIV/AIDS. Moreover, I believe we have had a hand in reducing transmission by educating people about the pandemic. There is much more work to be done. Thank you for your continuing support of the BSSV Program, and for your spirit and strength in the fight against HIV” .....Dr. John R. Anderson*



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# Today's Session

- Review of Objectives
- Overview of the BSSV Program
- Setting the Context – High Impact Prevention and Mental Health, Substance Abuse and HIV Prevention
- A Preview of Integration Training Module
- Upcoming Training Dates
- Requesting CBA Support
- Q&A



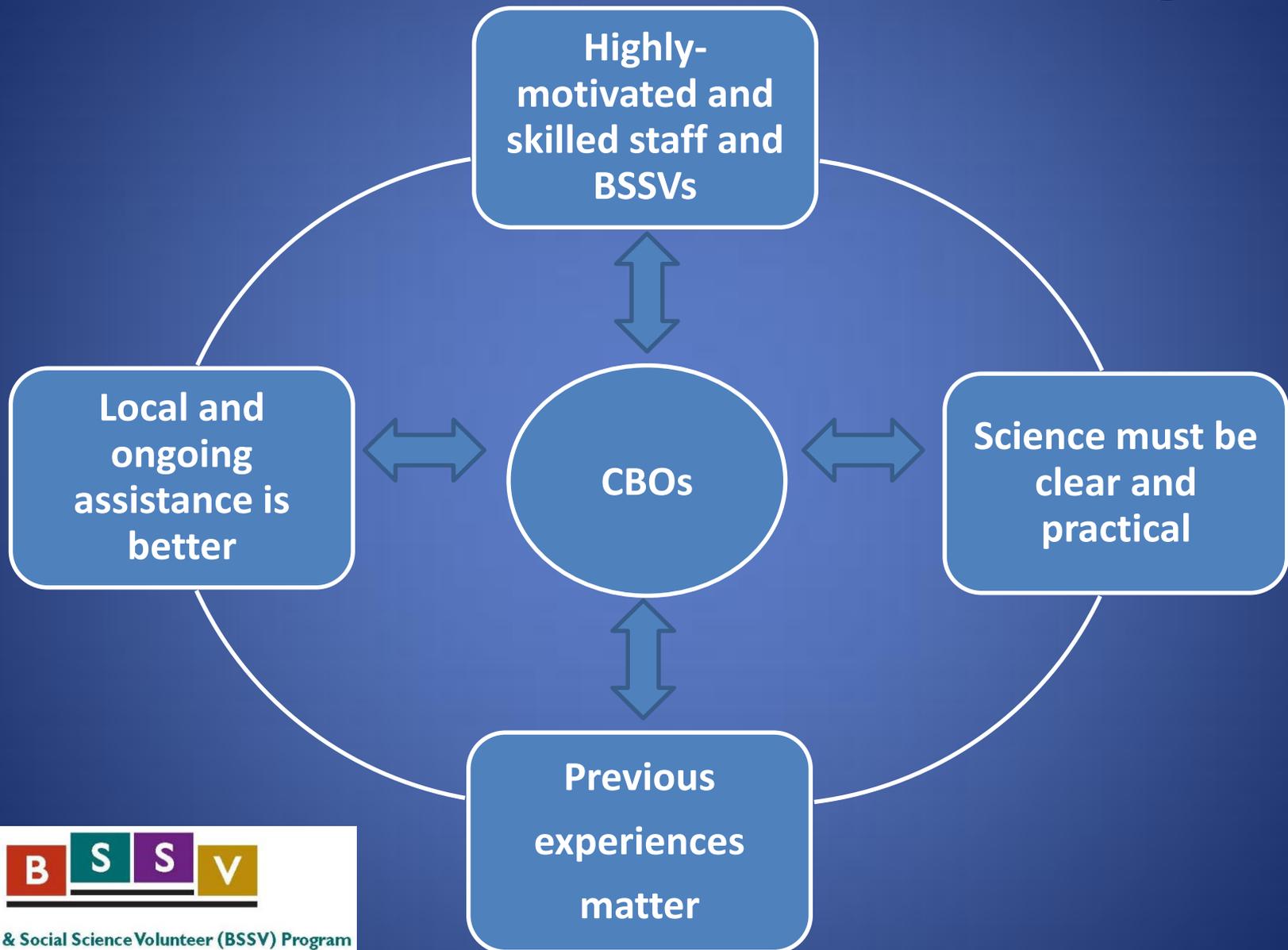
# Session Objectives

At the end of this presentation, participants should be able to:

- Describe in general how HIV Integrated Care connects with HIP (High Impact Prevention)
- Discuss the impact of MH and SA disorders on delivering efficient HIV Prevention services
- Describe the key components of HIV Integrated Care training (Module 1)
- Recognize the critical flow patterns in a triage protocol for integrating MH, SU, and HIV Prevention
- Explain how to access CBA support for HIV Integrated Care for their agency



# Fundamental Principles of the BSSV Program

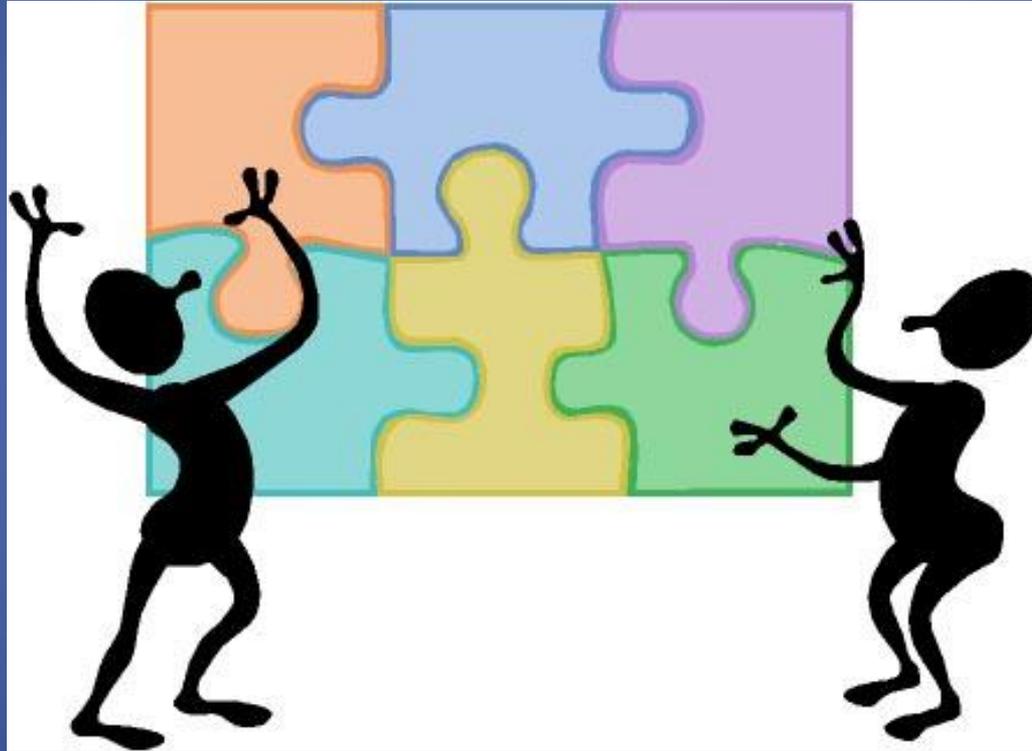


# Who are the BSSVs ?

- ◆ Multidisciplinary (Psychology, public health, sociology)
- ◆ Knowledgeable in areas relevant to CBOs
- ◆ Experts applying HIV prevention science
- ◆ Committed to HIV prevention
- ◆ Getting involved in their community
- ◆ Open to learning from their community



# Setting the Context: Integration



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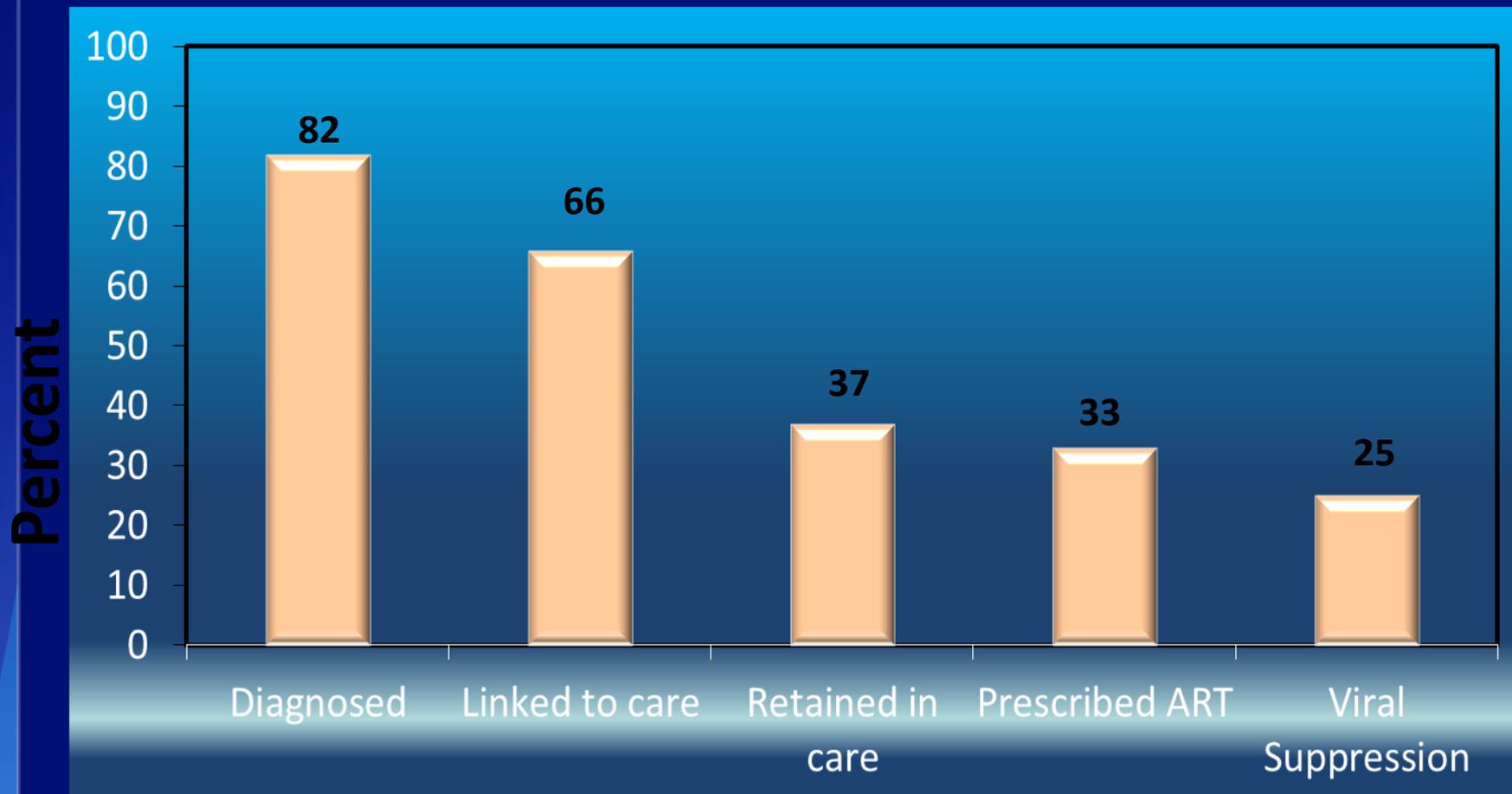
# CDC's Overall Prevention Strategy

## *Treatment is Prevention....*

- ✓ Identify/Screen
- ✓ Test
- ✓ Engage in care
- ✓ Adhere to treatment
- ✓ Retain in care
- ✓ Treat co-occurring mental health and substance abuse disorders



# Persons with HIV Engaged in Selected Stages of the Continuum of Care, United States



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Hall et al. XIX International AIDS Conference, 2012  
ART, Antiretroviral therapy

# Why Does This Matter?

- Increased HIV risk behaviors
- Less likely to get tested
- Less engagement and retention in care
- Poorer adherence to treatment and PrEP
- Less engagement and retention in HIV prevention programs by those at highest risk



How does this track  
with your organization  
or your experience as a  
provider?



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# Integration of Mental Health, Substance Abuse and HIV Training

....A Preview....



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# Module 1:

## Training Objectives

- ✓ Describe the incidence of mental illness and HIV/AIDS as co-occurring diseases
- ✓ Describe a triage protocol for how to integrate MH & SA screening, brief intervention & referral to treatment into the client intake process
- ✓ Describe how to introduce and administer the SAMISS screening tool & deliver screening results
- ✓ Describe the 5 step brief intervention process
- ✓ Identify strategies for developing & sustaining MH & SU treatment referral sources



# What Is Mental Health?

- **Mental Health**
  - Degree one feels positive and enthusiastic about life and includes the capacity to:
    - Manage one's feelings and related behaviors
    - Realistically assess one's limitations
    - Develop autonomy
    - Cope effectively with stress
- **Mental Health Problems or Illness**
  - Conditions that affect thinking, emotions and behavior of varying degrees and duration



# What Is Substance Use?

- **Substance Use**
  - Experimental or occasional consumption of alcohol and drugs
- **Substance Use Problems or Disorders**
  - When the use of alcohol and/or legal or illegal drugs encompasses a range of severity levels from problem use to dependence and addiction



# Integrated Services & Care

- Organizing and blending interrelated health issues, activities and prevention strategies to facilitate comprehensive service delivery.(CDC)
- **Screening, Brief Intervention and Referral to Treatment (SBIRT) (SAMHSA)**
  - An evidence based approach to identify clients who use substances at levels that put their health at risk



# Consumer Feedback

- *“Because I can’t get all my providers to talk to each other, it’s getting difficult to remain compliant with all my meds due to all the side effects”*
- *“You could get tossed to and fro throughout the system and nothing is accomplished”*



# Co-occurring Disorders



- Incidence
- Interconnection
- Impact on relapse



# Incidence of Mental Health Conditions in HIV + People

## Comparisons of Persons Screening Positive by Condition

CONDITION	HCSUS <sup>1</sup> (N=2864)	NHSDA <sup>2</sup> (N=22,181)
Major Depression	36.0%	7.6%
Anxiety Disorder	15.8%	2.1%
Panic Attack	10.5%	2.5%
Drug Usage	50.1%	10.3%

<sup>1</sup>HCSUS: HIV Cost and Services Utilization Study

<sup>2</sup>NHSDA: National Household Survey on Drug Abuse

Bing, E.G., et al (2001). Psychiatric disorders and drug use among HIV-infected adults in the United States. *Arch Gen Psych*, 58, 721-728.



# Group Questions



1. Discuss early childhood messages from your family, community and cultures about people with mental health conditions and alcohol and drug use problems.
2. How does your program provide a safe and welcoming environment for at risk & HIV positive clients with mental health and substance use issues?
3. What more could your program do to reduce stigma for HIV clients with co-occurring disorders?



# Consumer Comments: Stigma and Getting Treatment

- *“The reactions we can get from some of our friends and relatives about getting mental health services can be brutal.”*
- *“Don’t want to be labeled ‘crazy’ so they don’t want nobody to know they’re in mental health care.”*

Consumer Advisory Boards, Atlanta and Los Angeles



# Integrated Care Triage Model

## Screening

- ✓ Rapidly identifies potential mental health & substance use issues

## Brief Intervention

- ✓ Builds awareness of problems & motivates clients to change behaviors that put their health at risk

## Enhanced Support Services

- ✓ Provides more intensive case management, individual peer support and/or coping skills group interventions

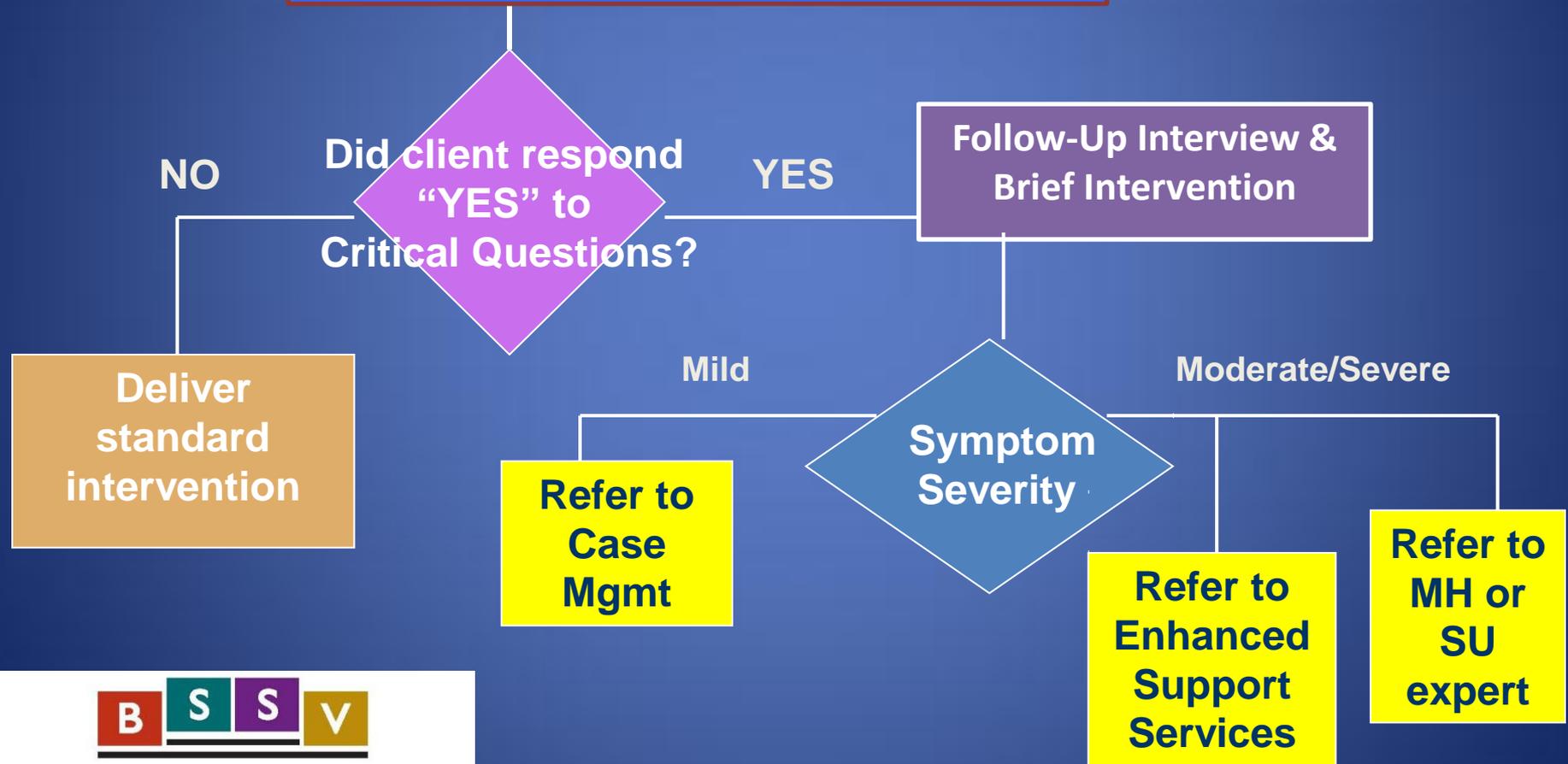
## Referral to Treatment

- ✓ For those with more severe mental health symptoms and substance use problems



# Triage Protocol for HIV/AIDS Programs

Intake process - includes simple screening questions about mental health & substance use warning signs



# Screening vs. Assessment

## Screening

- Identifies potential issues that may require treatment
- Indicates a need for further assessment by a specialist
- **NOT** a diagnostic assessment

## Assessment

- Diagnoses a specific condition or illness
- Conducted by a specialist who can then develop a treatment plan



# SAMISS

- A 16-question survey developed from existing reliable and valid instruments; can be administered by any staff discipline
- Easily administered 10-minute screen for both MH symptoms and SU problems
- Developed specifically for people with HIV— avoids symptoms of HIV disease that could be mistaken for symptoms of mental illness
- Available in Spanish

More information at:

<http://www.apa.org/bssv>



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# Mental Health and Substance Abuse Problems Continuum



# Consumer Feedback

- *“Someone finally explained how my mental health issues were connected to my HIV diagnosis and how they affected my HIV.”*
- *“My therapist here really cares. He listens to me, allows me to talk about my present day issues so I can deal with what’s happening now”*
- *“Personally for me, getting help for my mental health problems has been a stress reliever, a new chapter in my life where I am able to talk about things that are bothering me that I’ve held in for years, and I have learned how to cope with them, to help make life better for me. I feel free that I am able to release those burdens and I have moved past them.”*

*Consumer Advisory Boards, Atlanta and Los Angeles*



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# Training Dates & Locations

Date	Location	Registration Status
October 16-18, 2012	Oakland, CA	*CLOSED*
November 13-15, 2012	Washington, DC	*CLOSED*
November 27-29, 2012	Los Angeles, CA	*OPEN*
December 4-6, 2012	Dallas, TX	*OPEN*
January 15-17, 2013	Philadelphia, PA	Forthcoming
April 17-19, 2013	Chicago, IL	Forthcoming

**NOTE: Trainings are free. Agency is responsible for staff transportation, lodging and meals.**



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# Action Planning

- What are some initial steps you will take to address clients' MH & SA issues as a result of today's presentation?
- What additional CBA support might your agency need?

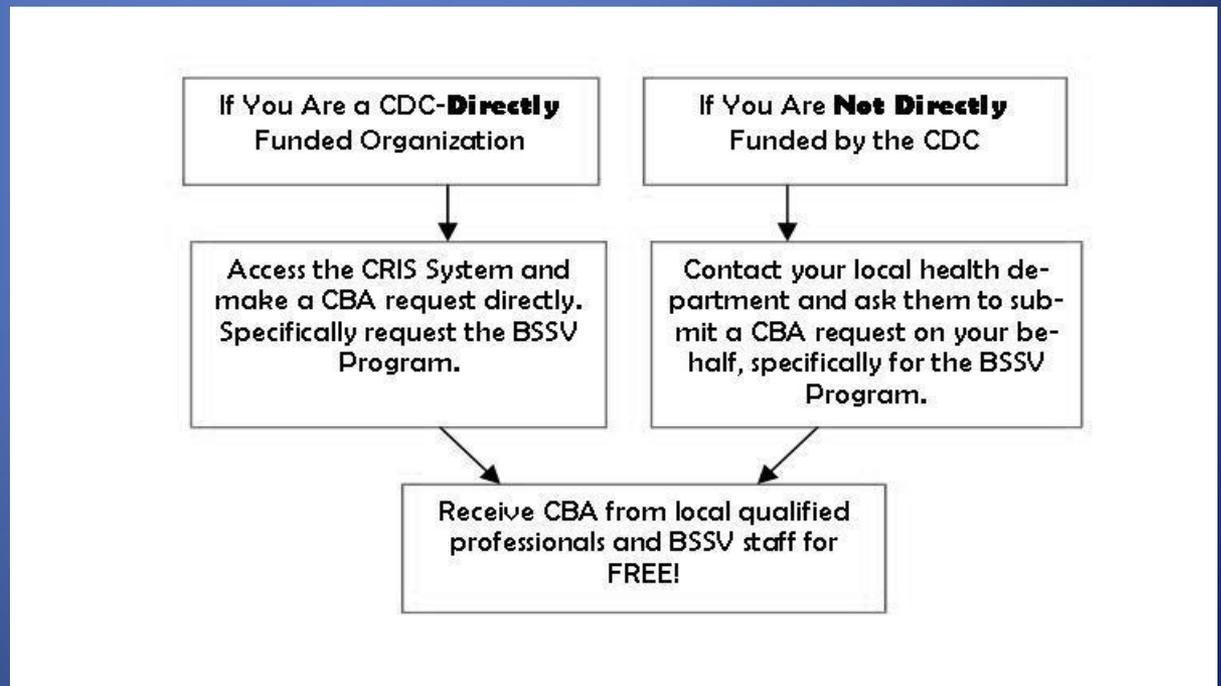


# How to Make A CBA Request

**Step 1:** Visit <http://www.cdc.gov/hiv/topics/cba/> to learn more about CDC's Capacity Building Assistance Program

**Step 2:** Identify the specific type(s) of CBA your CBO needs

**Step 3:** Submit your request for CBA to the CDC





# QUESTIONS???



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## For More Information:

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