

UNDERSTANDING MENTAL ILLNESS & HIV/AIDS

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Presentation Objectives

- Understand common mental health disorders among HIV infected and their symptoms
- Discuss the relationship between mental illness and HIV
- Clarify your role as a provider of PLWA
- Identify screening tools for MH
- Discuss options for treatment

What is mental illness?

- Mental illnesses are **medical conditions** that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning.
 - Not related to a person's character—brain based disorder!
 - Fall on a continuum of severity
 - Affects 1 in 5 families in America
 - Most likely to strike in adolescence and young adulthood
 - Untreated mental illness costs over 100 billion dollars a year in lost wages, disability, incarceration, substance abuse, etc.

Diagnosis of Mental Illness

The DSM uses a multi-axial system to diagnose/code mental illnesses

- Axis I: clinical disorders, including major mental disorders, as well as developmental and learning disorders
 - Depression, anxiety, phobias, schizophrenia, ADHD, Autism
- Axis II: underlying pervasive or personality conditions, as well as mental retardation
 - Narcissistic PD, Borderline PD, Histrionic PD, etc.
- Axis III: acute medical conditions and physical disorders
 - Brain injury, dementia

The most common disorders among PLWA and their symptoms

- Study of HIV patients in Baltimore, MD (N=250) showing up for 1st appt:
 - 54% Axis I (not including SA)
 - 20% major depression
 - 18% cognitive impairment
 - 74% substance abuse disorder
 - 26% personality disorder

The most common disorders among PLWA and their symptoms

- Clinical Depression
 - Affects approximately 20% of patients
 - Increases transmission risk and complicates tx
 - Poor appetite
 - Insomnia/hypersomnia
 - Low energy/fatigue
 - Low self-esteem
 - Poor concentration
 - Feelings of hopelessness

The most common disorders among PLWA and their symptoms

■ Anxiety Disorders

- Approximately 20% of patients
- More common in those w/ limited social support
 - Restlessness
 - Easily fatigued
 - Excessive worry
 - Irritability
 - Sleep disturbance
 - Physiological manifestations

The most common disorders among PLWA and their symptoms

● Personality Disorders

- Patterns that affect experience, behavior, & relationships
- Most common among HIV-infected are borderline and antisocial disorder
- Behaviors just don't make sense...
 - Demanding, entitled
 - Complaining
 - Irrational
 - Perceive relationships to be closer than appropriate
 - Extreme anger when things don't go their way

The most common disorders among PLWA and their symptoms

- AIDS related dementia/Cognitive disorder
 - HIV affects the brain & CNS
 - Memory loss, slurred speech, loss of physical abilities, etc.
 - Contributes to depression, mood disorders, & apathy
 - May refuse to take medications

Substance Abuse—Key Points

- Mentally ill patients are likely to self-medicate
- SA creates biochemical instability
- Symptoms of addiction mimic disease symptoms
 - Withdrawals (e.g. tremors, weight loss, sweats, panic)
 - Affects mood & behavior
- HIV diagnosis can sometimes be the “bottom”

Mental Illness → HIV infection?

Having a mental illness is a major barrier to preventive behavior

- May impair one's judgment and/or self-esteem
 - More likely to engage in risky activity
 - Chaotic lifestyle
 - Substance dependency/sex work
 - Less likely to negotiate safety
- May make one more vulnerable to victimization
 - Women
 - MR/DD

Case Example

Wendy: 51 y.o. female

Paranoid Schizophrenic, homeless

Diagnosed w/ HIV in 2001—most likely transmission through prostitution or victimization

Refuses to stay at clinic for treatment—last visit was in 2007



HIV infection → Mental Illness

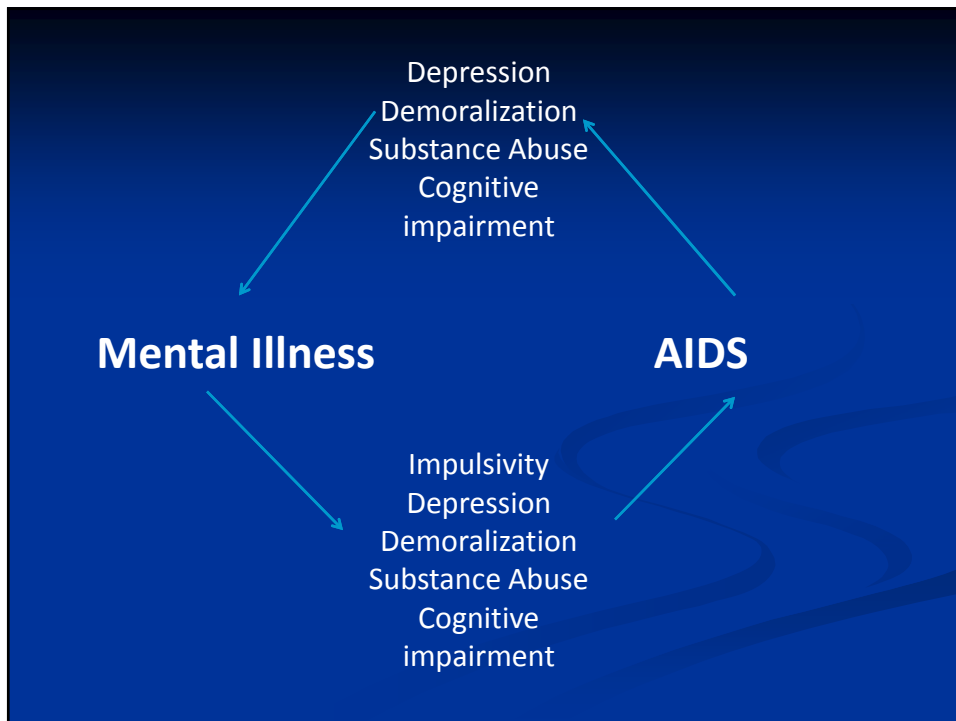
- Depression
- Anxiety
- AIDS Dementia/CNS Opportunistic Infections
 - Forgetfulness
 - Confusion
 - Slurred speech
 - Muscle weakness
 - Clumsiness

Things that can exacerbate mental illness/substance abuse

- Diagnosis
- Disclosure
- Hospitalization
- Grief/Loss
- New Medication
- End of life decision making
- Lifestyle changes

Case Example

Terry: 37 y.o. male
 h/o panic disorder
 fear of medications
 loss of sleep
 isolation



Mental Health Disorders in the Clinic

- Mental health disorders make our patients feel disorganized and hopeless
- MH disorders make medical (and dental!) treatment more difficult
- MH treatment is expensive, time consuming, and difficult to access
- Care is fragmented
- IMPACTS ADHERENCE

Treatment Adherence and MH

Barriers to adherence:

- Active substance abuse –consistent predictor of poor adherence
- Fluctuations in cognitive function
- Pessimism, apathy, poor coping styles
- Depression & Anxiety

Treatment Adherence and MH

Predictors of adherence:

- Social support
- Confidence
- Beliefs & knowledge about medication
- Trust in provider/relationships with provider
- Regimen that “fits” with daily activities

Goals for treatment

- Stabilize mental health
- Detox from substance abuse
- Improve quality of life
- Feel better—live better—live longer!
- Decrease transmission of HIV

Working with someone who has mental illness and HIV

- You are privy to information that many people don't have
- How you respond to your patient will impact social experience of the illness
- Less likely to disclose mental illness and/or substance abuse because of stigma

How do I ask about mental health and substance abuse?

- Ensure confidentiality
- Eliminate stigma
 - *"I ask all of my patients..."*
- Express concern
 - *"I am concerned about you because you missed your last appointment. Is there anything that I can help you with?"*
- Screen--don't diagnose
 - Only a licensed mental health professional can make a diagnosis.
 - Familiarize yourself with reliable screening tools

Screening tools

- Mental Health
 - Patient Health Questionnaire (PHQ-9)
 - General Health Questionnaire

- Substance Abuse
 - Most common tool is the CAGE:
 - Have you ever tried to cut-down?
 - Have you become annoyed when others ask about your using?
 - Have you ever had guilt over your substance use?
 - Do you need an eye-opener?

Resources for dual-diagnosed

- Primary Care
- Psychiatric Care (Medicaid)
- Community Mental Health Centers
- Ryan White Programs Part B
 - Care Coordination Program

Questions? Comments? Concerns?



Thank You!

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