

Women, HIV and Mental Health and Implications for **PREVENTION and CARE**

Webinar Session - Women, Health and HIV
AIDS Alliance for Children, Youth and Families
June 10, 2011 - 1:00 pm – 2:30 pm.

Presenter:

Edna Davis-Brown, MPH - Program Director
American Psychological Association (APA)
Behavioral and Social Science Volunteer (BSSV) Program



Behavioral & Social Science Volunteer (BSSV) Program

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Today's presentation will include...

- BSSV Program: A Brief Overview
- Epidemiology: HIV and Women
- HIV and Mental Health: Scope of the Problem
- Psycho-Social Factors and Access to Care for Women w/HIV
- Implications for HIV Prevention and Care
- References and Resources





BSSV Program: A Brief Overview



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The BSSV Program

Funded by the Centers for Disease Control and Prevention (CDC) as a Capacity Building Assistance (CBA) provider

- CBA/TA services focus on strengthening organizational capacity for science-based HIV prevention
- Administered by APA's Office on AIDS
- Volunteers and Staff provide tailored TA to CDC-funded CBOs



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The BSSV Program works by....

Recruiting behavioral and social scientists as volunteers.

Linking BSSVs with **directly** and **indirectly** CDC funded CBOs that request CBA services.



Providing CBA services and training on science-based approaches to HIV prevention planning, implementation and evaluation.



Who are the BSSVs ?

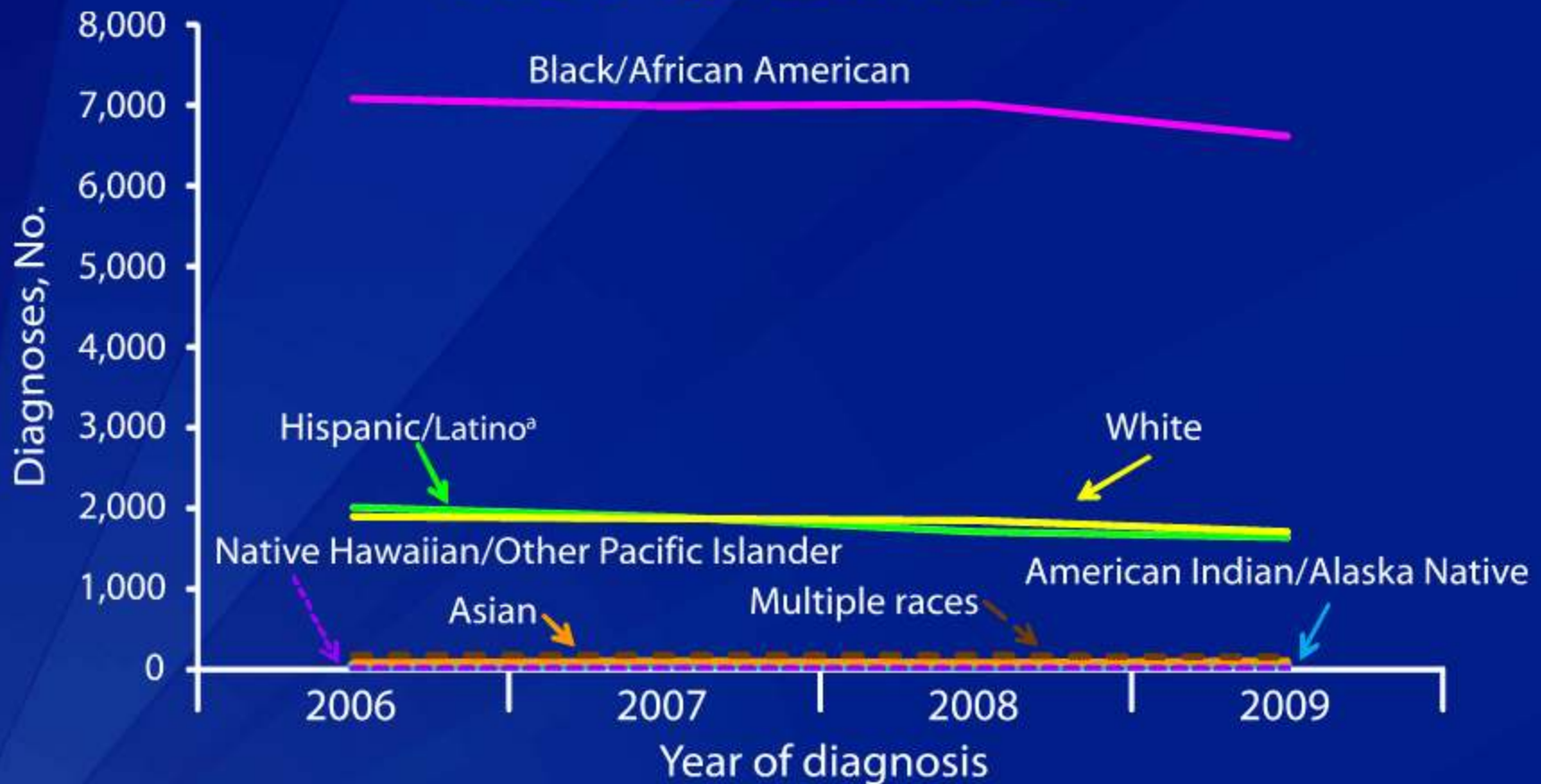
- ◆ Psychologists, sociologists, anthropologists, public health scientists, etc.
- ◆ Knowledgeable in areas relevant to CBOs
- ◆ Experts who know the science of HIV prevention and how to apply it
- ◆ Committed to HIV prevention
- ◆ Interested in getting involved in their community
- ◆ Willing to learn from their community



Women and HIV: A Snapshot



Diagnoses of HIV Infection among Adult and Adolescent Females, by Race/Ethnicity, 2006–2009—40 States and 5 U.S. Dependent Areas



Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.

^aHispanics/Latinos can be of any race.



Diagnoses of HIV Infection among Adult and Adolescent Females, by Race/Ethnicity, 2009—40 States

Race/ethnicity	No.	Rate
American Indian/Alaska Native	51	6.6
Asian	103	3.4
Black/African American	6,627	47.8
Hispanic/Latino ^a	1,352	11.9
Native Hawaiian/Other Pacific Islander	8	13.3
White	1,699	2.4
Multiple races	132	13.4
Total	9,973	9.8

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting. Rates are per 100,000 population.

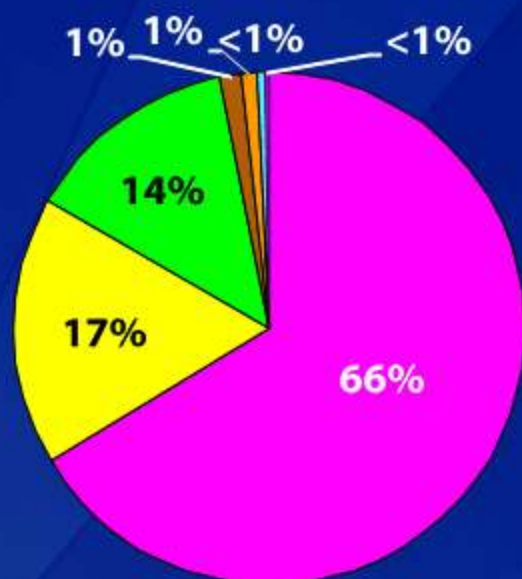
^aHispanics/Latinos can be of any race.



Diagnoses of HIV Infection and Population among Adult and Adolescent Females, by Race/Ethnicity, 2009—40 States

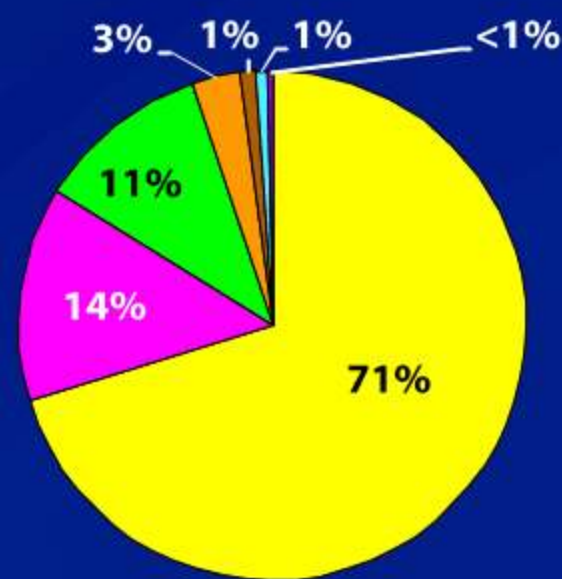
Diagnoses of HIV Infection

N=9,973



Female Population, 40 States

N=102,041,789



■ American Indian/Alaska Native
■ Asian
■ Black/African American

■ Hispanic/Latino^a
■ Native Hawaiian/Other Pacific Islander
■ White

■ Multiple races

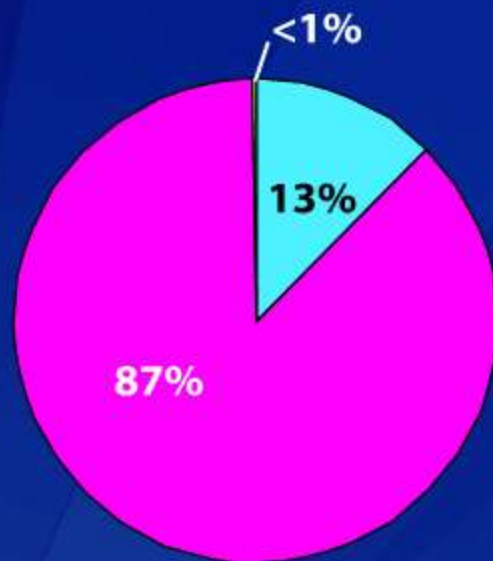
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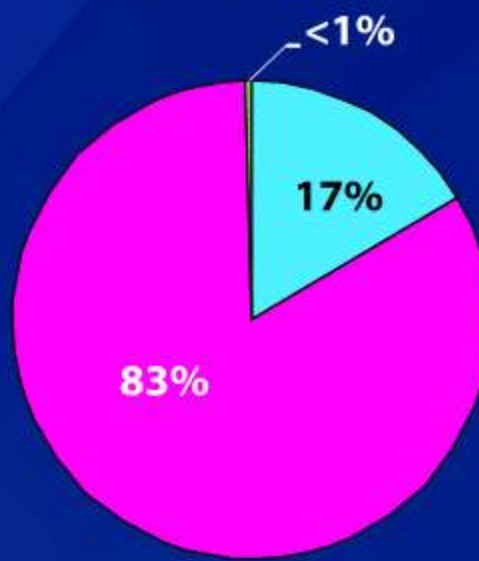


Diagnoses of HIV Infection among Adult and Adolescent Females, by Race/Ethnicity and Transmission Category, 2009—40 States and 5 U.S. Dependent Areas

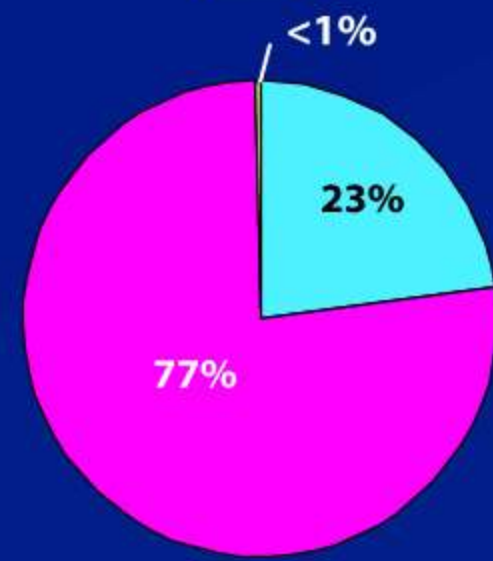
Black/African American
N=6,632






Hispanic/Latino^a
N=1,625



White
N=1,700



 Injection drug use
 Heterosexual contact^b
 Other^c

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays and missing risk-factor information, but not for incomplete reporting.

^a Hispanics/Latinos can be of any race.

^b Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

^c Includes blood transfusion, perinatal exposure, and risk factor not reported or not identified.



In Summary....

- Fastest growing HIV infected population
- AA and Hispanic women disproportionately affected
- Rates for AA women are
 - ✓ 23 times higher than White women
 - ✓ 4 times higher than Hispanics
- Heterosexual contact – leading risk exposure (38%)
- IDU risk exposure (29%)



Access to Care and Testing

Women with HIV are ...

- ✓ Less likely to receive combination therapy
- ✓ More likely to postpone care but also less likely to ever access care
- ✓ Experience higher rates of hospitalization
- ✓ More likely to be covered by Medicaid
- ✓ Less likely to be privately insured
- ✓ HIV Testing (last 12 mths) - AA (41%) and Latino (26%)

Source: HIV/AIDS Policy Factsheet, Kaiser Family Foundation, November 2010



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HIV and Mental Health



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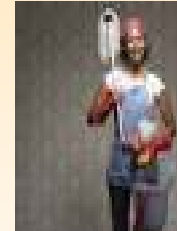
Scope of the Problem

- **HIV Cost & Services Utilization (HCSUS) Study** - Bing & colleagues (2001) examined MH and SA in a probability sample of adults receiving HIV care.
- Identified those who screened positive for MH or SA in the past 12 months.
 - ✓ Nearly 50% screened positive for MH disorder.
 - ✓ Nearly 40% reported illicit drug use other than marijuana.
 - ✓ More than 12% screened positive for drug dependence.



Psychosocial Factors and Access to Care

- Caretaking roles/responsibilities
- Unaware of sex partner risks
- Delayed health seeking behaviors
- Unemployment and SES



Women and Mental Health

- Depression – most commonly occurring
- History of trauma
- Increased symptoms of mental health disorders
- PTSD
- High levels of anxiety
- Conditions usually “co-exist”

Source: Trauma, Mental Health, Distrust and Stigma Among HIV Positive Persons: Implications for Effective Care, Psychosomatic Medicine, : 70:531-538 (2008)



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Women and Mental Health

- Less likely to fully engage/interact with their children
- May become more absentee and lacking adequate support systems
- Often less willing to disclose their status with family members, etc.

Source: Trauma, Mental Health, Distrust and Stigma Among HIV Positive Persons: Implications for Effective Care, Psychosomatic Medicine, : 70:531-538 (2008)



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So *WHY* Does This Matter?

- Increased HIV risk behaviors.
- Inadequate engagement of health care services.
- Poor adherence to treatment regimens.
- Negative impact on quality of life.
- Negative impact on relationships with children
- Intervention and treatment programs are unlikely to work unless these problems are addressed.



Screening and Referral Sounds Simple Enough...

Clients' self-perception of mental health needs is *the most significant* predictor of accessing care.

- People don't want to be labeled as "crazy" so they under report symptoms.
- In a recent study, less than half of PLWHA who had poor mental health functioning received treatment.
- Three out of four answer "no" to questions about mental health problems, or a history of problems.



“I could not put my family through another painful event...It would kill my mama...HIV was bad enough.. Now I had mental problems...I felt horrible all the time...Ms. Alfonso, she asked the right questions....getting treated for my depression changed my life”.

28 year old Hispanic woman, South Florida



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Integrative Triage Model

- Screening
 - Leads to more in-depth assessment and intervention
- Brief Intervention
 - Raise awareness & motivate client to acknowledge issues
- Brief Treatment
 - Psychoeducational, self-management & skills-building interventions for less serious clients
- Referral
 - For those with more serious problems



Mental Health Referrals: Steps to Reduce Structural Barriers

- Develop and maintain referral resource guide.
- Nurture strong working relationships with the agencies providing the services.
- Identify key contacts from these agencies.
- Have formal written agreements to outline the roles and responsibilities of each agency.
- Track referrals made and completed.
- Identify and address barriers to successful referrals initially and on ongoing basis.



Implications for Prevention and Care

Integration of Mental Health Services

- Increased access and availability
- Use of appropriate MH and SA screening tools
- Use of brief interventions
- More training and TA support
- Innovative approaches to address issues of stigma/mistrust in the medical community



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Implications for Prevention and Care

Interventions – Key Considerations

- ✓ Tailored to meet the specific needs of women and culturally appropriate (e.g., SISTA)
- ✓ Address stressors, trauma, and stigma
- ✓ Address effective condom use
- ✓ Includes support systems and addresses spirituality
- ✓ Target individual, community and policy levels
- ✓ Create safe and supportive environments

www.effectiveinterventions.org



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More Than Your Typical HIV Prevention Intervention

- Typical
 - Prevention goals
 - Risk behaviors related to sex
 - Risk behaviors related to substance use
- CLEAR has everything in typical column **PLUS**:
 - Substance use
 - Disclosure
 - Adherence
 - Relationships with health care providers
 - Stigma
 - Emotional regulation
 - Coping with stressors
 - Problem-solving
 - Communication & assertiveness



Resources and Tools

- Substance Abuse and Mental Illness Symptoms Screener (SAMISS)
 - A 16-question instrument developed from existing reliable and valid scales.
- Client Diagnostic Questionnaire (CDQ)
 - Designed specifically to assess depression, anxiety, PTSD & substance abuse
- CDC Evidence-Based Interventions (e.g., SISTA, CLEAR, SIHLE, etc.)
 - Visit www.effectiveinterventions.org
- More information tools and resources are available at:
<http://www.apa.org/pi/aids/programs/bssv/integration.aspx>



Q & A will take place after the presentations via the chat function or verbally on the phone



THANK YOU!

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