Enhanced Patient Navigation for HIV-Positive Women of Color

Patient Navigation Intervention
HIV and Mental Health
Causes

Biological Causes

- Biochemical Disturbances
- Genetics
- Infections- can cause brain damage
- Brain defects or injury
- Prenatal damage
- Poor nutrition, exposure to toxins
Causes

Psychological Causes

– Severe psychological trauma suffered as a child, such as emotional, physical or sexual abuse
– An important early loss, such as the loss of a parent
– Neglect
– Poor ability to relate to others
Causes Continued

Environmental Factors

– Death or divorce
– A dysfunctional family life
– Living in poverty
– Feelings of inadequacy, low self-esteem, anxiety, anger or loneliness
– Changing jobs or schools
– Social or cultural expectations (For example, a society that associates beauty with thinness can be a factor in the development of eating disorders.)
– Substance abuse by the person or the person's parents
Factors associated with poor engagement
Re-engagement in care
Retention in Care

- Lifetime traumatic events
- Depression
- Poor coping
- Limited social support
- Stress
- Uninsured status
- Intimate partner violence (?)
- Younger age
- Higher baseline CD4

- Substance abuse
- Missed visits
- Higher baseline CD4
- Older age
- African American race
- Higher baseline viral load

Adapted from Ulett et al. 2009
Stress can be related to

- Academic/School
- Homesickness
- Peer relationships
- Family
- Identity
- Work
- Illness
Stigmization

• 35% of people with diagnosable disorders seek treatment

• The single most common barrier to seeking treatment is Shame
Types of Mental Illness

- Mood Disorders
- Anxiety Disorders
- Psychotic Disorders
- Personality Disorders
- Impulse Control and Addictive Disorders
- Eating Disorders/Body Image
- Other (Adjustment Disorders, Dissociative Disorders, Factitious Disorders, Sexual and Gender Disorders, Mental Retardation)
Anxiety Disorders

- Panic Disorder
- Obsessive Compulsive Disorder
- Post Traumatic Stress Disorder
- Social Anxiety Disorder
- Specific Phobias
- Generalized Anxiety Disorder
• Anxiety disorders affect about 19 million adult Americans.
• Most anxiety disorders begin in childhood, adolescence and early adulthood.
• They occur slightly more often in women than in men, and occur with equal frequency in Caucasians, blacks and Hispanics.

How Common Are Anxiety Disorders?
- Situational/Adjustment
- Bereavement
- Seasonal
- Clinical Depression
- Psychotic Depression
- Bipolar (Manic-Depressive Illness)
- Dysthymia
- Post-Partum Depression

Types of Depression
Seasonal depression, called seasonal affective disorder (SAD), is a depression that occurs each year at the same time, usually starting in fall or winter and ending in spring or early summer. It is more than just "the winter blues" or "cabin fever."

Symptoms of winter SAD may include the seasonal occurrence of:

- Fatigue
  - Increased need for sleep
  - Decreased levels of energy
  - Weight gain
  - Increase in appetite
  - Difficulty concentrating
  - Increased desire to be alone
• Chronic depression, is a less severe form of depression but the depression symptoms linger for a long period of time, perhaps years. Those who suffer from dysthymia are usually able to function normally, but seem consistently unhappy.

• Symptoms of Chronic depression include:
  – Difficulty sleeping
  – Loss of interest or the ability to enjoy oneself
  – Excessive feelings of guilt or worthlessness
  – Loss of energy or fatigue
  – Difficulty concentrating, thinking or making decisions
  – Changes in appetite
  – Thoughts of death or suicide
Clinical Depression

• An illness, not a weakness
• Serious disturbances in work, social, and physical functioning including suicidal thought
• Not relieved by circumstances
• May last for months or years untreated
• Persistent and intense mood change
Clinical Depression
Who and When

• 1.5 million young adults in US each year
• Fewer than half seek treatment
• 1 of 4 women and 1 of 10 men develop depression during their lifetime
• Often begins in early adult years
• Family history, substance abuse, and stress increase risk
• Extreme sadness, guilt, shame
• Decreased concentration, poor academic performance or work performance
• Decreased interest/enjoyment in daily activities
• Increased irritability, arguments
• Change in sleep, appetite, energy
• Social withdrawal
• Hopelessness, helplessness, suicidal thought
Clinical Depression Treatment

• Anti-Depressant medications (effective, improved safety & tolerability, not habit forming)
• Psychotherapy (individual, group, cognitive behavioral, self-help)
• Day treatment, hospitalization
• Exercise, sleep hygiene, light therapy, ECT
Stress & HIV

Stress is your body's response to change. We all experience stress sometimes. For some people, psychological stress occurs before public speaking. For others, stress may occur as a result of a busy lifestyle. What causes stress for you may not be stressful for someone else. But when is stress helpful and when can it be harmful?
Stress & HIV

Does stress help or harm?

Stress is a normal psychological and physical reaction to the demands of life. Sometimes stress is helpful - it can encourage you to meet a deadline or get things done. But long-term stress can increase the risk of diseases like depression, heart disease and a variety of other problems. When you're unable to cope well with the stress in your life, your mind and body may pay the price.
Stress & HIV

The natural stress response

Your body reacts to stress in a way originally meant to protect you against perceived threats from predators and aggressors. The "fight-or-flight response" is a natural alarm system. During a moment or period of stress, the hypothalamus gland sends nerve and hormonal signals to the adrenal glands (located above your kidneys). Then, the adrenal glands release a surge of hormones, including adrenaline and cortisol, into the body to provoke action. The stress response also communicates with regions of your brain that control mood, motivation and fear.
References

- [http://www.samhsa.gov/hiv-aids-viral-hepatitis](http://www.samhsa.gov/hiv-aids-viral-hepatitis)
- [http://www.samhsa.gov/medication-assisted-treatment/treatment/common-comorbidities](http://www.samhsa.gov/medication-assisted-treatment/treatment/common-comorbidities)
- Cruess et al. BIOL PSYCHIATRY D.G. 2003;54:307–316
- Tegger et al. AIDS PATIENT CARE and STDs 2008; Volume 22, Number 3.
- A topical approach to Life Span Development, John W Santrock
This toolkit is a guide to support PN’s in educating and supporting clients of HIV services.
WEBINAR TRAINING SESSION

Enhanced Patient Navigation for HIV-Positive Women of Color

Patient Navigation Intervention

Educational Session: Mental Health & HIV
Before We Start

• I am not a mental health provider
• I will be providing you some basic information on HIV and Mental Health.
• I am here to listen and if you are having any concerns about your mental health or wellbeing.
• I can refer you to professional who can help you find a way to get additional support or help to address your needs.
HIV & Mental Health

Depression can be associated with non-adherence to HIV care, and treatment of depression can improve the health of people with HIV.
HIV & Mental Health Stigma

Women living with HIV/AIDS have to deal with many challenges. They may face stigma from other people, a lack of support, unemployment, low income, low self-esteem, sexual assault, and depression.

Many HIV+ women are caregivers to others, which also have a lot of stress. HIV+ women caregiving involves a great commitment of time and energy, and can be an emotional roller coaster. It can be hard to focus on your own health and needs.
Depression

- People living with HIV are more likely to have depression, anxiety, and other mental illnesses.
- They may suffer from post-traumatic stress disorder.
- Some may even have thoughts of suicide.
- It is important to address any of these mental health problems to ensure your overall health.
Depression

• HIV does not directly cause depression. But depression is twice as common in women with HIV as in the general public.

• Depression is a separate medical issue that needs to be treated. Research shows that depression can speed up HIV's progression to AIDS.

• Diagnosing depression can be hard in someone with HIV. Some HIV symptoms and side effects of HIV drugs are the same as those of depression.
Many persons diagnosed with HIV report significant stress, which can weaken the immune system.

Stress is unique and personal to each of us. When stress does occur, it is important to recognize and deal with it.

Learn how to keep stress in check and protect your health by better organizing your life and controlling your emotions.
DIFFERENT TYPES OF STRESS EXIST, EACH WITH ITS OWN CHARACTERISTICS, DURATION, AND APPROACHES.

Let's take a look at each one

• Acute stress - Acute stress is the most common form of stress.

• Episodic acute stress - Episodic acute stress is characterized by frequent experiences of acute stress caused by self-created pressure or worry.

• Chronic stress - Chronic stress is the constant stress of pressures and demands experienced day after day, year after year.
**TIPS FOR DEALING WITH STRESS, ANXIETY, OR DEPRESSION**

- Talk to a trusted friend, family member, or religious leader.
- Exercise (has been found to be as effective as medication in treating depression) Volunteer or help others.
- Limit alcohol and caffeine, which can aggravate anxiety and stress.
- Build in a breath practice, learn relaxation techniques to help remind yourself to refocus (ask your provider for techniques that might help).
- Pray, meditate, and/or connect with your spirituality.
- Participate in creative projects such as arts and crafts, hobbies, or gardening.
- Attend a support group or community gathering.
WHEN YOU'RE FEELING ANXIOUS OR STRESSED, THESE STRATEGIES WILL HELP YOU COPE:

- Accept that you cannot control everything. Put your stress in perspective: Is it really as bad as you think?

- Learn what triggers your anxiety. Is it work, family, school, or something else you can identify? Write in a journal when you’re feeling stressed or anxious, and look for a pattern.

- Welcome humor. A good laugh goes a long way.
• Recovery from depression takes time.
• Stress is not required
• Depression and stress can be treated *(talk with you health provider)*
• Not everyone responds to treatment in the same way.

*Today persons living with HIV does not have to suffer from depression and can manage stress. Tell someone how you feel.*
References

• http://www.samhsa.gov/hiv-aids-viral-hepatitis
• http://www.samhsa.gov/medication-assisted-treatment/treatment/common-comorbidities
• Cruess et al. BIOL PSYCHIATRY D.G. 2003;54:307–316
• Tegger et al. AIDS PATIENT CARE and STDs 2008; Volume 22, Number 3.
• Angelino A & Treisman G. Clinical Infectious Diseases 2001; 33:847–56.
• http://www.webmd.com/mental-health/mental-health-types-illness
• A topical approach to Life Span Development, John W Santrock
• https://www.adaa.org/tips-manage-anxiety-and-stress
• http://www.hiv.va.gov/patient/daily/mental/stress.asp