

## MENTAL HEALTH SCREENING

### A Quick Reference Guide for HIV Primary Care Clinicians

People with HIV are more likely to experience mental health symptoms than those in the general population.<sup>1</sup> Depression, anxiety, post-traumatic stress disorder (PTSD), and cognitive impairment are among the most common disorders. Risk for suicide or violence may be present. Any sudden change in cognitive function, consciousness, or behavior should prompt immediate assessment for delirium caused by an acute medical complication.

The complexity of mental health diagnosis and treatment in the setting of HIV often requires a collaborative approach between primary care and mental health providers.\*

\* Mental health providers include psychiatrists, psychologists, clinical social workers, and psychiatric nurse practitioners.

## MENTAL HEALTH SCREENING<sup>a</sup>

### All HIV-infected patients should receive baseline and ongoing assessment of the following:

- **Mental health disorders:**
  - ✓ *Depression (every visit)*
  - ✓ *Anxiety (at least annually)*
  - ✓ *Post-traumatic stress disorder (at least annually)*
- **Cognitive function (at least annually)**
- **Sleep habits and appetite (every visit)**
- **Psychosocial status (at least annually)**
- **Suicidal/violent ideation (every visit)**
- **Alcohol and substance use (at least annually)<sup>b</sup>**

<sup>a</sup>For most patients, mental health screening requires approximately 10-20 minutes.

<sup>b</sup>At-risk drug and alcohol users should be screened more frequently to identify escalation of present levels of use or harmful consequences from use.

The tools and treatment guidelines cited throughout this reference card can be found at [www.hivguidelines.org](http://www.hivguidelines.org).

## ASSESSMENT FOR DEPRESSION, ANXIETY, AND PTSD

A brief screening tool, such as the PHQ-2, may be used for routine depression screening. For annual mental health screening, an answer of “yes” to any one of the following questions from the SAMISS questionnaire<sup>2</sup> should prompt further evaluation by a member of the healthcare team and, if necessary, referral to a mental health provider. For the PHQ-2 and other screening tools, see *Mental Health Screening Tools*, available at [www.hivguidelines.org](http://www.hivguidelines.org).

### Questions to Identify Depression

- In the past year, were you ever on medication or antidepressants for depression or nerve problems?
- In the past year, was there ever a time when you felt sad, blue, or depressed for more than 2 weeks in a row?
- In the past year, was there ever a time lasting more than 2 weeks when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

### Questions to Identify Anxiety

- In the past year, did you ever have a period lasting more than 1 month when most of the time you felt worried and anxious?
- In the past year, did you have a spell or an attack when all of a sudden you felt frightened, anxious, or very uneasy when most people would not be afraid or anxious?
- In the past year, did you ever have a spell or an attack when for no reason your heart suddenly started to race, you felt faint, or you couldn't catch your breath?

### Questions to Identify Post-Traumatic Stress Disorder

- During your lifetime, as a child, or adult, have you experienced or witnessed traumatic event(s) that involved harm to yourself or to others?
  - ✓ If “yes”: *In the past year, have you been troubled by flashbacks, nightmares, or thoughts of the trauma?*
- In the past 3 months, have you experienced any event(s) or received information that was so upsetting it affected how you cope with everyday life?

### Questions to Identify Mania

- In the past year, when not high or intoxicated, did you ever feel extremely energetic or irritable and more talkative than usual?

Questions have been reprinted by permission of Wolters Kluwer Health. Pence BW, et al. Validation of a brief screening instrument for substance abuse and mental illness in HIV-positive patients. *J Acquir Immune Defic Syndr* 2005;40:434-444.

## ASSESSMENT OF COGNITIVE FUNCTION

The International HIV Dementia Scale is a validated brief screening instrument that can be administered by non-neurologists and may detect early motor and cognitive slowing.<sup>3</sup> Also see *Cognitive Disorders and HIV/AIDS*, available at [www.hivguidelines.org](http://www.hivguidelines.org).

### Cognitive Function Screening Tools: International HIV Dementia Scale (IHDS)

Memory-Registration – Give 4 words to recall (dog, hat, bean, red) – 1 second to say each. Then ask the patient all 4 words after you have said them. Repeat the words if the patient does not recall them all immediately. Tell the patient you will ask for recall of the words again a bit later.

1. **Motor Speed:** Have the patient tap the first two fingers of the non-dominant hand as widely and as quickly as possible.

- ✓ *Score:* 4 = 15 in 5 seconds
- 3 = 11-14 in 5 seconds
- 2 = 7-10 in 5 seconds
- 1 = 3-6 in 5 seconds
- 0 = 0-2 in 5 seconds

2. **Psychomotor Speed:** Have the patient perform the following movements with the non-dominant hand as quickly as possible:

- 1) Clench hand in fist on flat surface.
- 2) Put hand flat on surface with palm down.
- 3) Put perpendicular to flat surface on the side of the 5th digit. Demonstrate and have the patient perform twice for practice.

- ✓ *Score:* 4 = 4 sequences in 10 seconds
- 3 = 3 sequences in 10 seconds
- 2 = 2 sequences in 10 seconds
- 1 = 1 sequence in 10 seconds
- 0 = unable to perform

3. **Memory-Recall:** Ask the patient to recall the 4 words. For words not recalled, prompt with a semantic clue as follows: animal (dog); piece of clothing (hat); vegetable (bean); color (red).

- ✓ *Score:* Give 1 point for each word spontaneously recalled
- Give 0.5 point for each correct answer after prompting
- Maximum – 4 points

**Total International HIV Dementia Scale Score:** This is the sum of the scores on items 1-3. The maximum possible score is 12. Patients with a score of ≤10 should be evaluated further for possible dementia.

Reprinted by permission of Wolters Kluwer Health. Sacktor NC, Wong M, Nakasujja N, et al. The International HIV Dementia Scale: A new rapid screening test for HIV dementia. *AIDS* 2005;19:1367-1374.

## ASSESSMENT OF SLEEP AND APPETITE

Insomnia occurs frequently in HIV-infected patients and during all stages of HIV disease,<sup>4</sup> and weight loss is a strong predictor of HIV disease progression.<sup>5</sup> Go to [www.hivguidelines.org](http://www.hivguidelines.org) for resources including:

- HIV and Mental Health Guidelines *Somatic Symptoms*
- *Insomnia Screening and Treatment Quick Reference Guide*
- *Mental Health Screening Tools*

## SUBSTANCE USE SCREENING

A positive screen with any one of the following tools indicates the need for additional evaluation. Many more tools are available. For additional information, see *Screening and Ongoing Assessment for Substance Use* (available at [www.hivguidelines.org](http://www.hivguidelines.org)).

### Single Alcohol Screening Question

**How many times in the past year have you had x or more drinks in 1 day?** where x = 4 for women and x = 5 for men, and one or more heavy drinking days in the past year is considered a positive screen

Reprinted from the National Institute on Alcohol Abuse and Alcoholism. *Helping Patients Who Drink Too Much: A Clinician's Guide*, 2005. Available at: [http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians\\_guide.htm](http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm)

### The Two-Item Conjoint Screen (TICS)

1. In the last year, have you ever drunk or used drugs more than you meant to?
2. Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?

≥1 **positive may be suggestive of a problem**

Reproduced by permission of the American Board of Family Medicine. Brown RL, Leonard T, Saunders LA, et al. A two-item conjoint screen for alcohol and other drug problems. *J Am Board Fam Pract* 2001;14:95-106. Copyright © 2001, JABFM Online by American Board of Family Medicine.

### CAGE-AID (CAGE-Adapted to Include Drugs)

- (1) Have you ever felt the need to **cut** down on your use of alcohol or drugs?
- (1) Has anyone **annoyed** you by criticizing your use of alcohol or drugs?
- (1) Have you ever felt **guilty** because of something you've done while drinking or using drugs?
- (1) Have you ever taken a drink or used drugs to steady your nerves or get over a hangover (**eye-opener**)?

**A total of ≥2 may be suggestive of a problem**

Reproduced by permission of the Wisconsin Medical Society; cited from Brown RL, Rounds LA. Conjoint screening questionnaires for alcohol and other drug abuse: Criterion validity in primary care practice. *Wisconsin Medical Journal* 1995;94:135-140.

## SCREENING FOR AND MANAGEMENT OF ACUTE SUICIDAL OR VIOLENT IDEATION OR BEHAVIOR

Has the patient had thoughts of self-harm or harm to others since the last clinical visit or, if the patient is new to care, within the last 60 days?\*

YES

NO

Stop

### Acute Danger?

- Specific current plan and means to carry it out

NO

YES

Escort to emergency department or call 911 for immediate psychiatric evaluation

YES

### Is any one of the following present?

- Intoxication or withdrawal from alcohol or other substances
- Acute change in mental status
- Current severe psychiatric symptoms, including psychosis, agitation, hopelessness, or depressive symptoms
- History of near-fatal suicide attempt or violence

NO

- Initiate open, nonjudgmental dialogue with patient
- Discuss factors that would prevent acting on suicidal/violent thoughts and provide an emergency 24-hour hotline or a provider to call
- Consult with/refer to a mental health provider
- Assess social support and consider involving patient's family and friends, with patient's permission

\*The following questions may be used as part of an assessment for suicidal ideation and violent behavior:

- Questions for suicidal ideation<sup>6</sup>:** *Since your last visit [or in the last 2 months]:*
  - Have you wished you were dead, or wished you could go to sleep and not wake up?
  - Have you had actual thoughts of killing yourself?
- Questions for violent behavior:** *Since your last visit [or in the last 2 months]:*
  - Have you lost your temper to the point where you would hurt someone?
  - Have you hit or slapped someone? ...What about grabbing and shaking?

For additional information, see *Suicidality and Violence in Patients with HIV/AIDS* (available at [www.hivguidelines.org](http://www.hivguidelines.org))

## MENTAL HEALTH REFERRAL

### Refer to a mental health provider when a patient presents with:

- Risk for violence to self or others (see algorithm on previous panel)
- Psychosis, including delusions, hallucinations, flight of ideas, disordered thinking
- Poor response or relapse of psychiatric symptoms while receiving medication/treatment
- Active substance abuse or relapse to substance use with mental health disorder\*

Successful mental health referral involves communication between medical and mental health providers, as well as patient education.

\*Refer to a program for dually diagnosed patients.

## HIV-RELATED TRIGGERS OF MENTAL DISTRESS

Clinicians should be aware of triggers that can cause mental distress, such as:

- Learning of HIV status and disclosure to sex partners, family, and friends
- Physical illness, diagnosis of an STI, introduction of ART medications, AIDS diagnosis
- Hospitalization (particularly first hospitalization)
- Life changes (death of a significant other, end of relationship, job loss)
- Necessity of making end-of-life permanency-planning decisions

## ELEMENTS OF A PSYCHOSOCIAL ASSESSMENT

The following assessment may help determine the need for additional support:

- Stability of housing,\* employment, government assistance, and level of education
- Support network and safety:
  - Does the patient have contact with family and friends? ...Are they aware of the patient's HIV status?
  - Does the patient have a partner?...Is the patient afraid of his/her partner or someone else close?
- Legal issues, including end-of-life arrangements

\*Contact information, housing, and support network should be closely monitored for patients with unstable living situations.

## PRESCRIBING CONSIDERATIONS

Use of full prescribing information, knowledge of drug-drug interactions, and patient education are important components of effective psychopharmacologic treatment. Consultation with a psychiatrist experienced in HIV treatment may be warranted. Consultation for providers in New York State can be obtained at:

- Columbia University HIV Mental Health Training Project:** HIV Mental Health Warmline 1-212-543-5413

## ADDITIONAL RESOURCES

- New York State Department of Health AIDS Institute**  
[www.hivguidelines.org](http://www.hivguidelines.org)
- New York State Office of Mental Health**  
1-800-597-8481 | TTD 1-800-597-9810 | [www.omh.ny.gov](http://www.omh.ny.gov)
- New York State Substance Abuse Hotline**  
1-800-522-5353 | [www.oasas.ny.gov](http://www.oasas.ny.gov)  
*Provides information and referral for substance abuse problems throughout New York State*
- LifeNet**  
1-800-LifeNet (1-800-543-3638)  
[www.mhaofnyc.org/programs--services/lifenet.aspx](http://www.mhaofnyc.org/programs--services/lifenet.aspx)  
*Crisis management, information, and referral network in New York City for mental health and substance use problems. Clinically staffed 24 hours/7 days a week.*
- New York City Department of Health and Mental Hygiene HIV/AIDS Hotline**  
1-800-TALK-HIV (1-800-825-5448) | [www.nyc.gov/html/doh/home.html](http://www.nyc.gov/html/doh/home.html)  
Monday - Saturday, 9 am - 9 pm
- Columbia University HIV Mental Health Training Project**  
1-212-543-5413 (for New York State providers; calls returned within 48 hours)  
[www.columbia.edu/cu/hivmentalhealthtraining/warmline.html](http://www.columbia.edu/cu/hivmentalhealthtraining/warmline.html)
- National Institute of Mental Health**  
[www.nimh.nih.gov](http://www.nimh.nih.gov)
- World Health Organization Department of Mental Health and Substance Use**  
[www.who.int/mental\\_health](http://www.who.int/mental_health) | [www.who.int/substance\\_abuse](http://www.who.int/substance_abuse)

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