Manual for Primary Healthcare Workers

Mental Health in HIV

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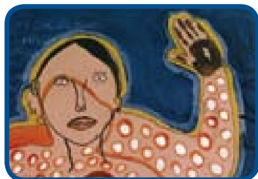
Contents

Introduction	**Mental illness in HIV**	**1**
Chapter 1	**Concept of BAD MOOD vs ILLNESS**	**5**
Chapter 2	**A word on confidentiality**	**9**
Chapter 3	**How do you assess a patient**	**11**
Chapter 4	**Depression**	**19**
Chapter 5	**Anxiety**	**25**
Chapter 6	**Psychosis**	**29**
Chapter 7	**Cognition**	**33**
Chapter 8	**Substances (Alcohol and Drugs)**	**35**
Chapter 9	**Maternal Mental Illness and HIV**	**37**
Chapter 10	**Mental Health Assessment**	**41**
Chapter 11	**Referral Process**	**43**
Appendix	**Resources**	**47**



The body maps in this manual were used with permission from the AIDS and Society Research Unit at UCT. The body mapping technique involves participants tracing the shape of their bodies, and adding information about bodily function, both to express themselves, and to develop a holistic understanding of HIV /AIDS.

This is a training manual for use in a primary healthcare setting. It is designed to provide the learner with basic skills in the assessment of mental health, as well as a basic knowledge of mental health problems in HIV. It provides guidance regarding pathways of referral, and a list of resources.

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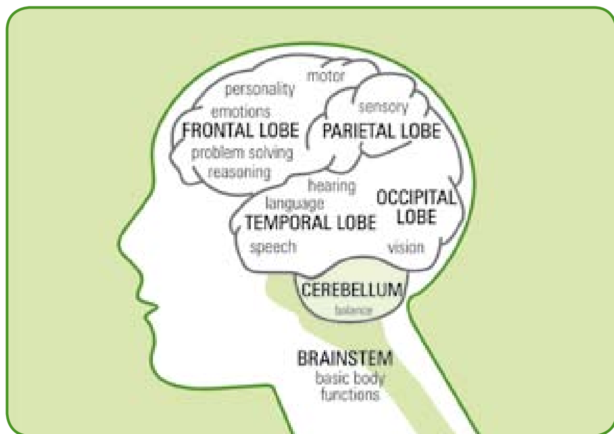
MENTAL ILLNESS IN HIV

Because HIV affects the brain, it has effects on mental health. Mood, emotions, thinking and behaviour can be affected.



The brain is the control centre for our bodies, and is where our emotions and thinking originate.

Mental Illness in HIV

- **More common** in HIV
- Mentally ill are **more likely to contract HIV**

Mental illness (problems or disorders) are more common in PLWHA (People living with HIV/AIDS).

These may be caused by stress (such as money, relationship problems or stigma), the direct effect of HIV on the brain, or medications that are taken for HIV or TB.

People with mental illness (with or without HIV) are more likely to engage in risky sex and the abuse of substances.

Their **ability to make good decisions** and choices is affected.

Mental Illness in HIV

- Increases **stigma**
- **Hinders access** to HIV clinics for HAART
- **Poor adherence**, hence viral resistance
- **Depression** impairs **immune reconstitution**

Stigma is a negative/bad thought that you or others may have about you if you have an illness (like HIV, or a mental illness).

People who have a mental illness may not know it, or may be ashamed to talk about it. This makes it difficult for them to ask for help and get treatment.

People with HIV who have a mental disorder often feel negative about themselves, or they may be confused, and therefore do not take treatment regularly (non-adherent). Depression can affect people's immunity as well and make them sick.

Neuropsychiatric disorders

More than 1 out of 5 have **depressive disorders**	**>20%**
1 out of 20 have **mania**: 5% in late HIV/AIDS	**5%**
1 out of 6 have **substance abuse** disorders	**>15%**
Anxiety disorders: common (PTSD 1 out of 6)	**15%**
1 out of 10 have **psychotic disorders**: > 10% in HAD (HIV-associated dementia)	**> 10%**
Up to 1 in 5 have **neurocognitive disorders**	**15-20%**
Antiretroviral induced disorders: 'at least ONE moderate or severe side effect in more than 1 out of 3 people who take Efavirenz' (35%)	**35%**

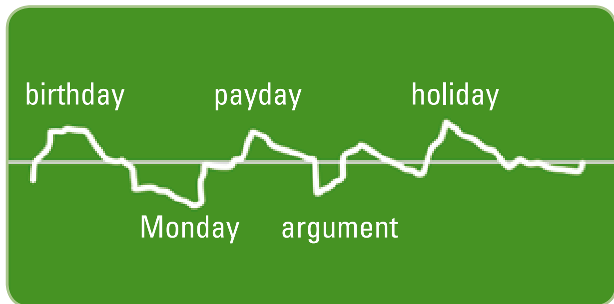
This table provides prevalence figures, i.e. what percentage of PLWHA will develop specific problems.

Depression, as can be seen, is the most common, followed by anxiety disorders, and substance use disorders.

Chapter 1

Concept of BAD MOOD vs ILLNESS

Babalwa Cekiso

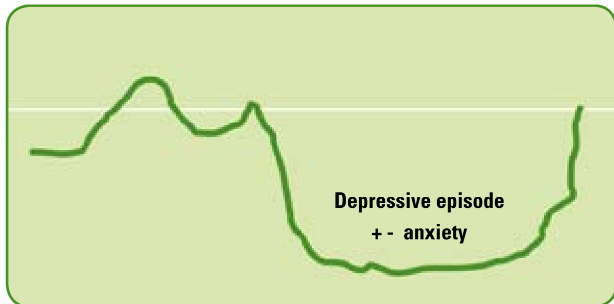


Normal

It is **usual** for any particular person to have changes in mood, within one day, and every few days, depending on the events, happenings, stresses, etc at the time.

You may be very happy on your birthday, and feel depressed/miserable on Mondays, for example.

Depression



With a **depressive disorder** (clinical depression), the mood **stays low for days to weeks**, is worse than usual, and **affects** the person's ability to do his/her **day-to-day activities**.

How does it affect your life?

- How many days does it last?
- Do you feel down all day?
- Can you do the housework?
- Can you take public transport?
- Can you talk to other people?
- Can you work?

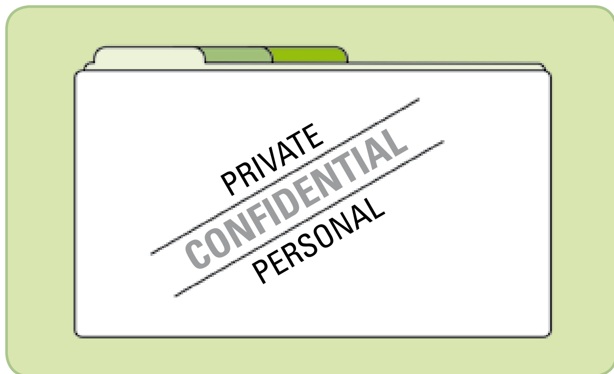
When trying to decide whether or not a person is experiencing a **clinical depression**, you need to ask how long the symptoms have been present and how the symptoms affect the person in various ways.

This gives you some idea about how significant the complaints are, and whether they will need help to get better.

Chapter 2

A word on Confidentiality

Bulelwa Nokwe



When you enquire about someone's mental health, you need to at all times take into consideration the importance of confidentiality.

You are in a privileged and unique position in which someone is telling you personal, private information, and you need to respect this by not sharing it with anyone, except another health professional, if this is needed for management of the case.

Chapter 3

How to assess the patient

Maria

How do we assess people?

- From others (from family/friends)
- Interview with patient

Interview with patient

In assessing a person's mental health, you are able to gather information from relatives or carers, and by observing the person during the interview, as well as asking specific questions.

What you are able to learn from watching the patient closely is often as important as the specific words.

General (pg 14)	Mood/Anxiety (pg 15)
Thought/ Psychosis (pg 16)	Cognitive (pg 17)

It is useful to think of any interview in which you are making an assessment of mental well-being, as consisting of gathering information in **4 different areas**.

General

- Is he/she clean and looking after him/herself?
- Does the person look worried, or sad?
- Agitated?
- Nervous?
- Suspicious?
- Hostile?

In your everyday lives, when talking with people, you are usually making assessments automatically eg you may notice how the person is dressed, whether or not he/she is looking after him/herself, whether he/she looks nervous, cross, irritated and so on.

When interviewing a patient, you need to pay particular attention to these overall "GENERAL" impressions, as they are able to provide important information as to the patient's well-being.

Mood

- How have you been feeling in yourself over the last week?
- Have you been feeling mostly normal, or sad, or happy, or worried?
- How do you feel today?
- How do you see the future?

The second important area you need to take note of in your interview is “MOOD”.

You ask how the patient has been feeling lately, and also notice whether or not the person’s body language seems to match what he/she is saying.

Thought

- Are there negative thoughts?
- Are there strange thoughts?
- Are there unusual fears? eg being followed, filmed, spied on?
- Are there feelings of having special powers?
- Are there strange experiences? eg hearing voices/seeing visions other people cannot hear or see?

Getting to know what kind of thoughts the patient spends his/her time thinking, provides a window into the mind.

Negative thoughts suggest depression.

On the other hand, thoughts may be jumbled up, or be about things which cannot be true, eg believing that he is an alien; or the person may have odd unusual experiences eg hearing voices that others cannot hear. These would indicate that the person is psychotic, or "out of touch with reality."

Cognition

- Does thinking seem slow?
- Is the person able to concentrate?
- Does the memory seem impaired?

Cognition refers to a person's ability to concentrate, to think clearly, quickly, and to be able to remember.

While in the ordinary interview, subtle problems may not be noticeable, it is useful to take note when these problems are obvious eg clear difficulties in paying attention, not being able to remember the question or other facts, and slow thinking.

Thobani Ncapai

Chapter 4

Depression

Symptoms of Depression

- Sadness
- Loss of interest/pleasure
- Disturbed sleep
- Disturbed appetite/change in weight
- Poor concentration
- Tiredness
- Guilty feelings
- Suicidal thoughts

This is a list of the symptoms of depression. Patients may have all these symptoms, or just have a few.

Even 1 or 2 symptoms, if severe, can cause distress and affect how well they function.

Depression may be:

MILD - MODERATE	SEVERE
a few symptoms	many symptoms
brief	longer-lasting
effect on activities is small	struggles to do things
	may think about dying
	may hear voices
	may stop eating or drinking

Treatment

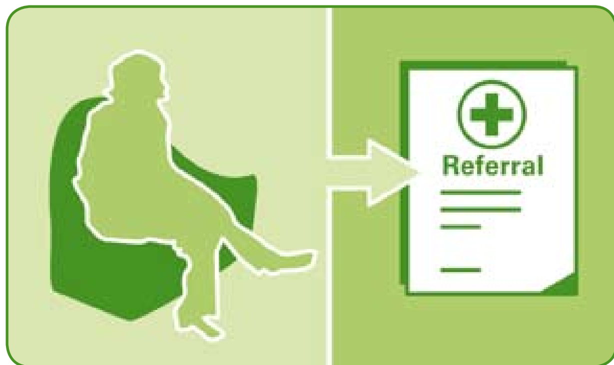
Mild to Moderate (at Primary Healthcare):

- Psychoeducation
- Counselling
- Lifestyle changes
- Addressing psychosocial stressors
- Possibly antidepressants

Depression, which is mild-moderate, can be managed at Community Clinics (primary healthcare level).

Patients are given information about their illness, about the importance of healthy living, and taught to identify symptoms, and prevent relapse.

When to refer?



- Symptoms are **severe**, ie **not eating or drinking; suicidal**
- Treatment at **primary care** has **not helped**
- The specific **problem is unclear**

The Suicidal Patient

- How do you feel?
- Do you feel that life is not worth living?
- Do you have thoughts now of wanting to kill yourself?
- Are you able to control/ignore these thoughts?
- If not, do you have plans, and what are they?
- Is there anything that would stop you?

These are examples of questions to ask to assess the risk of suicide.

When someone is found to be suicidal, it is **always necessary** to refer them to a mental health nurse or doctor.

Nondumiso Hlwele

CHAPTER 5

ANXIETY

What is Anxiety?

1. **Emotional state** – fear
2. **Physical feelings** (symptoms in the body)
   - Heart beats faster
   - Pins and needles in toes/fingers
   - Shortness of breath
   - Chest pain
   - Choking
   - Sweating
   - Nausea

Studies have shown that PLWHA often have difficulties with anxiety.

Anxiety is a normal human emotion, and when present in appropriate situations, is useful.

Anxiety has emotional aspects, and causes physical symptoms.

In situations of danger, anxiety helps us to effectively protect ourselves, or run away.

In Anxiey Disorders:

- There is no snake
- There is no hijacker

The anxiety makes it feel like a dangerous situation, but it is not.

Sometimes, however, people have this anxiety, or fear response, when there is no danger.

When this happens excessively, and frequently, and interferes with aspects of their lives, this is called an **anxiety disorder**.

Anxiety Disorders include:

- **Panic disorder**
- **Phobias** → fear of spiders
- **PTSD** → post-traumatic stress disorder
- **OCD** → obsessive compulsive disorder

In **panic disorder**, a person experiences recurrent attacks of overwhelming anxiety, for no apparent reason.

Phobias are excessive fears of specific objects, eg spiders, or situations eg flying.

PTSD occurs in some people after a life-threatening or traumatic event, and involves having distressing dreams or flashbacks of this event, and other symptoms eg nervousness, poor sleep, avoiding reminders of the event etc

OCD is a condition in which the patient experiences repetitive thoughts, or images, which are disturbing, and they are unable to control. They sometimes also have rituals or other repetitive actions that they are unable to stop themselves doing.

Chapter 6

Psychosis

Thozama Ndevu

What is Psychosis?

"out of touch with reality"

Disturbances in:

- **Behaviour** → disorganized
- **Speech** → disorganized
- **Beliefs** → false or unusual beliefs
- **Thinking** → not logical; disorganized
- **Perception** → voices or visions

Psychosis is a state of mind in which a person is said to be "out of touch with reality". It can be frightening, and involves interpretations of situations that are incorrect.

Psychotic people may have problems in speech, behaviour, beliefs or perceptions, or all of these.

Psychotic Disorders include:

- **Schizophrenia**
- **Substance-induced** → TIK
- **Illness-induced** → HIV

Schizophrenia is the most well-known illness in which the sufferer experiences psychotic states.

These come and go, and usually continue to do so throughout the person's life.

Drugs, TIK for example can cause psychotic states.

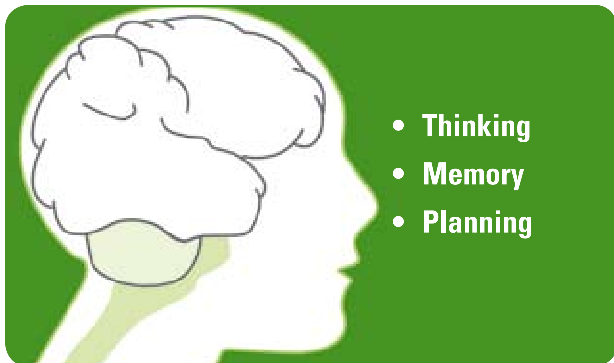
In addition, illnesses, such as HIV, can cause psychosis. It is for this reason that when an HIV+ person is psychotic, he/she needs to be investigated carefully by a doctor for physical causes, eg TB meningitis. These, if found, would need to be treated.

Nomonde Kundayi

Chapter 7

Cognition

Cognitive Problems



Cognition is our ability to think, remember, understand, and organize information. PLWHA are at risk of developing problems with these functions.

People with HIV Dementia have difficulty concentrating, remembering, and performing complex tasks. Sometimes they are slow to think and do things, or clumsy.

They usually struggle with everyday activities, like cooking, cleaning, or taking medication.

Ncedeka Mbune

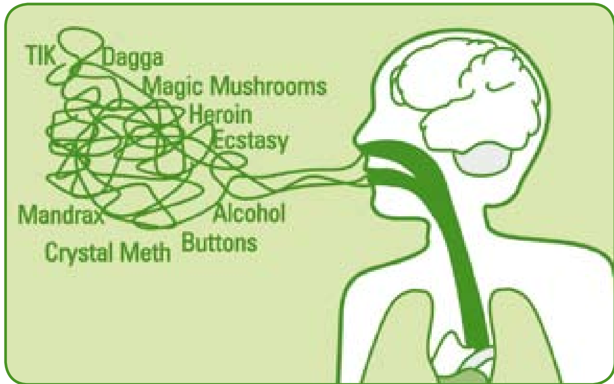
Substances

Alcohol

When people are drunk, or under the influence of drugs, they are **more likely to take risks** which put them at risk of contracting HIV, or spreading it.

When people are intoxicated, they often forget to take their antiretroviral medicine (ARV's), and this prevents them from becoming well.

Substance abuse



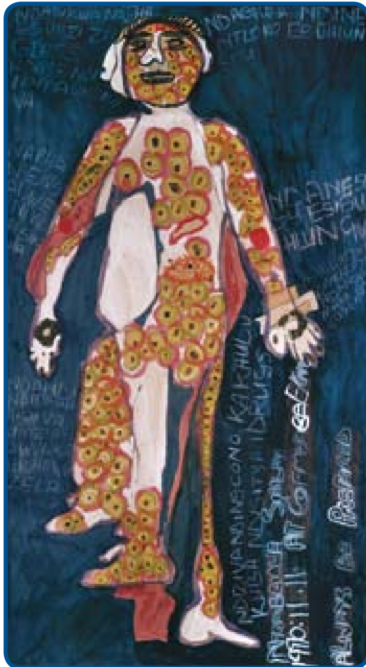
Also, alcohol, and drugs can damage your immune system, and damage the brain.

Abuse can lead to anxiety, depression, and psychosis.

Chapter 9

Maternal Mental Illness and HIV

Dr Simone Honikman



Ntombizodwa Somlayi

Mothers

- Mothers are **particularly vulnerable** to mental illness during and after pregnancy.
- Mental illness may affect how they use maternity services and HIV services.
- Mental health support and social support for mothers is vital for the general health of the whole family.

In pregnancy,

- women often learn their HIV status. They are then faced with the diagnosis as well as pregnancy that may be unwanted.
- if they disclose they are positive, they may be accused of being unfaithful, be beaten or thrown out of the home
- if HIV positive, they may feel anxious or guilty about transmitting the virus to their babies.
- they have to adjust to the Prevention of Mother to Child Transmission (PMTCT) programme or to taking HAART.

After pregnancy,

- women must make a difficult decision about infant feeding.
- if women chose to bottle feed, they risk friends and family becoming suspicious that they are HIV positive.
- women may feel very anxious that their babies may be HIV positive.

What you can do?

- If the mother has been feeling worried or low in mood for 2 weeks;

  or

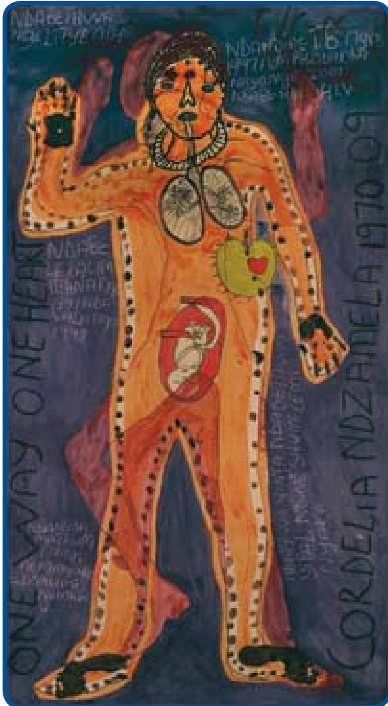
- If the mother is not able to relate to her baby

  → **Refer her to a mental health nurse.**

- Consider offering her some time with you where you discuss her feelings, without judgment. Instead of advice, help her look at her options and make her own best choices.

Chapter 10

Mental Health Assessment



Cordelia Ndzamela

Mental Health Assessment

Try to answer these questions in your summary:

1. What is/are the main problem(s)?

2. How long has it been present?

3. Does it affect their daily functioning?

4. Can this be managed at this clinic?

In psychiatry, we use the DSM Axis system. This helps us to summarize the case:

I Psychiatric disorders (list if more than 1)

II Personality

III Medical (physical) problems (list if more than 1)

IV Psychological and social problems

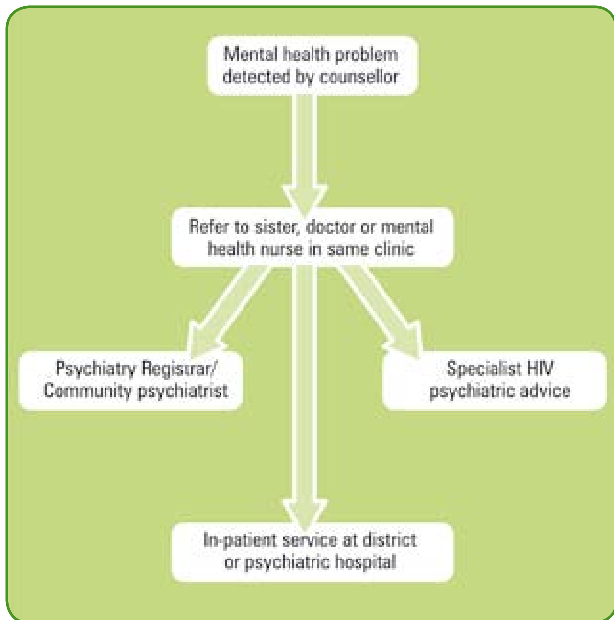
V How function is affected: mild/moderate or severe

Chapter 11

Referral Process

Victoria Ndyaluvana

Referral Process



If you identify mental health problems in a client, referral to a clinic sister or doctor is the next step.

The nurse or doctor may be comfortable, if he/she has enough experience in mental health, to make a diagnosis, assess severity and risk, and treat with medication, eg with antidepressants for depression.

Alternatively, the nurse/doctor may request a specialist mental health assessment, and book an appointment with local community mental health services (staffed by a mental health nurse and a Psychiatry Registrar.)

Specialist support, for complex mental health problems related to HIV, is provided at HIV Psychiatry clinics in some of the secondary hospitals in Cape Town.

If the problem needs urgent attention, the patient will need referral to a District Hospital, for assessment and possible admission.

Bongiwe

RESOURCES

General

- Cape Mental Health – Observatory .... (021) 447 9040
- South African Federation for Mental Health – Johannesburg .... (011) 781 1852
- South African Anxiety and Depression Group .... (011) 262 6392

HIV Services

- SA AIDS Helpline – telephonic counseling and information .... TollFree 0800 012 322
- Positive Lives – Christiaan Barnard Memorial Hospital .... (private) (021) 422 2312
- www.kidzpositive.org – several resources for HIV on Links page

Child Sevices

- Childline (children under 18) .... TollFree 0800 055 555
- Cape Town Child Welfare.... (021) 945 3111 • Jhb Child Welfare .... (011) 298 8500

Couple and Family Counselling

- FAMSA (Family and Marriage Society of SA) – Johannesburg........ (011) 975 7106
- FAMSA – Bellville .... (021) 946 4744
- FAMSA – Khayelitsha ...... (021) 361 9098 • FAMSA – Observatory ... (021) 447 7951

Domestic / Sexual Violence

- Saartjie Baartman Women's Centre – Athlone .... (021) 633 5287
- NICRO Women's Support Centre – National Office, Nelspruit .... (013) 755 3540
- NICRO – Cape Town .... (021) 422 1690 • NICRO – Bellville........ (021) 944 3980
- NICRO – Mitchell's Plain ..... (021) 397 6060 • NICRO – Atlantis .... (021) 572 9401
- NICRO – Soweto .... (011) 986 1027
- Rape Crisis – Cape Town .... (021) 447 9762 / 447 1467
- Rape Crisis – Athlone .... (021) 684 1180 • Rape Crisis – Khayelitsha .. (021) 361 9228
- POWA – Johannesburg .... (011) 642 4345
- Trauma Centre for Survivors of Violence and Torture – Cape Town......... (021) 465 7373
- Centre for the Study for Violence and Reconciliation (CSVR) – Johannesburg .. (011) 403 5650

Gay services

- Triangle Project (Gay Relationships) – Cape Town .... (021) 448 3812
- OUT – Pretoria .... (012) 430 3272
- Ivan Toms Mens' Health Centre (MSM – Health 4 Men Clinic) – Woodstock ... (021) 447 2858
- Simon Nkoli Centre for Mens' Health
  (MSM – Men who have sex with men) – Soweto .... (011) 989 9719

Alcohol and Drug Services

Western Cape

- SANCA (South African National Council on Alcoholism and Drug Dependence) – Cape Town ....(021) 945 4080
- Cape Town Drug Counseling Centre – Observatory ....(021) 447 8026
- Crescent Clinic – Kenilworth ....(private) (021) 762 7666
- Kenilworth Clinic – Kenilworth ....(private) (021) 763 4500
- Claro Clinic – N1 City ....(private) (021) 595 8504
- Harmony Clinic – Hout Bay ....(private) (021) 790 7779
- De Novo Rehabilitation Centre ....(021) 911 1138
- Stepping Stones Treatment Centre – Kommetjie ....(021) 783 4230
- TabaNkulu. .... (021) 785 4664
- Toevlug – Worcester ....(023) 342 1162
- RAMOT Treatment Centre – Parow East ....(021) 939 2033

Kwazulu Natal

- SANCA – Durban ....(031) 202 2241
- South Coast Recovery Centre – Ramsgate ....(039) 314 4777

Gauteng

- SANCA – Johannesburg .... (011) 726 4210
- Houghton House ....(011) 728 8050
- SHARP Treatment Centre ....(011) 728 8054

Eastern Cape

- SANCA – East London ...... (043) 722 1210

Limpopo

- SANCA ....(015) 295 3700

Free State

- Aurora Drug and Alcohol Centre – Bloemfontein ....(051) 447 4111

Mpumalanga

- Mpumalanga Alcohol and Drug Forum – Nelspruit ....(013) 766 3185

Self-help Groups

- Narcotics Anonymous 088 130 0327
- Alcoholics Anonymous – Cape Town ....(021) 418 0908
- Alcoholics Anonymous – Johannesburg ....(011) 683 9101
- Alcoholics Anonymous – Durban............(031) 301 4959
- Alcoholics Anonymous – Port Elizabeth ....(041) 452 7328
- CODA (Codependants Anonymous) ....(021) 763 4500
- Gambling Anonymous ....(021) 447 3999

Legal Aid South Africa

- Legal Aid – Cape Town ..... (021) 426 4126
- Legal Aid – Athlone .... (021) 697 5252
- Legal Aid – Malmesbury .... (022) 482 1784
- Legal Aid – Johannesburg .. (011) 870 1480
- Legal Aid – Port Elizabeth ... (041) 484 2724
- Legal Aid – Bellville .....(021) 948 3921
- Legal Aid – Stellenbosch (021) 882 9221
- Legal Aid – Mitchell's Plain .(021) 370 4242
- Legal Aid – Durban .....(031) 304 3290

Nomawethu Ngalimani