

# Mental Health and HIV/AIDS/HCV

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# Translating Psychiatry to Frontline Work Practice

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# Objective

At the end of the presentation you will have an understanding of the basic assessments of mental health problems and disorders; effective approaches and supports.

# Topics

- Review of specific mental health problems
- Outcomes for involvement
- Assessments
- Approach
- Support
- Resources

# Outcomes for involvement

- Developing a level of trust, relationship with the individual
- Goal for adherence to treatment
- Improved health status – quality of life
- Balance of respectful guidance

# Awareness with Knowledge

- Mental Illness as a cofactor for HIV
- The co-occurrence of HIV and mental illness
  - Treatment related
  - Effect on CNS

How will I know if it is mental illness or due to the medications or the HIV....

Keep to what is happening for the person  
– consider safety, comfort (vs. distress), support and linking them with what resource is best at the time

# Knowledge

## Adjustment Disorders

- Inability to problem solve or set realistic goals for future
- Maladaptive reaction to an identifiable stressor shows as anxiety, depression, conduct disturbance, inability to function work
- Can be with impulse control issue – for example, kleptomania,

# Knowledge

## Anxiety Disorders

- Predisposing factors, past experiences, existing conditions
- Real or perceived threat to body or self concept
- Feelings of loss of control over situation to somatic symptoms ( palpitations, dizziness, chest pain)
- Quality of the response: mild/moderate, severe, panic

# Knowledge

## Mood Disorders

### Depression

- On a continuum
- Alterations are
  - Affective
  - Behavioral
  - Cognitive
  - Physiological

# Knowledge

## Mood Disorders

### Bipolar

- Hypomania
- Acute mania
- Alterations in
  - Mood
  - Cognition and perception
  - Activity and behavior

# Knowledge

## Psychotic Disorders

- Severe mental condition in which there is disorganization of the personality, deterioration in social functioning and loss of contact with or distortion of reality
- There may be evidence hallucinations and delusional thinking.
- E.g., schizophrenia, schizoaffective, delusional disorder

# Knowledge

- Described as positive or negative symptoms (usually have mixture of both) – always a continuum of severity
- Positive symptoms reflect an excess or distortion of normal functioning. These are hallucinations, delusions, disorganized thinking or speech, disorganized behavior
- Negative symptoms reflect a diminish or loss of normal functions. These include affective flattening, poverty of speech, avolition, apathy, anhedonia, social isolation

# Knowledge

Risks of the symptomology:

- Inability to trust
- Violence – self directed or other directed
- Self neglect (self care)
- Ineffective health maintenance related to disordered thinking or delusion
- Impaired home management

# Knowledge

## Substance Use

- CNS depressants  
sedatives, hypnotics, anti-anxiolytics, e.g. barbituates, benzodiazepines  
can compound the depressant effects
- CNS Stimulants  
caffeine, nicotine, cocaine, amphetamines  
restlessness, agitation, euphoria, paranoia
- Opioid  
both sedative and analgesic effect  
initial euphoria then apathy; impaired judgment

# Knowledge

## Cognitive Disorders

### Delirium

- Usually has abrupt onset with a rapid deterioration of cognition,
  - includes inability to attend, extremely distractible, repeated reminders to focus, disorganized thinking (rambling, irrelevant, pressured), disorientation to time and place, recent memory impairment, misperceptions of environment, disturbance wake-sleep cycle (hyper vigilance to hyper somnolence), agitation to stupor, emotional lability (euphoria to irritability )
- Usually brief and person recovers once underlying cause treated
- Age and other factors can influence rate of symptom resolution,

# Knowledge

## Cognitive Disorders

### Dementia

HIV/AIDS related

Different than dementia (Alzheimer)

Poor concentration, mental slowing, short term memory problems

# Assessment

- Observation
- Monitoring
- Critical Thinking

# Assessment

- Sleeping
- Eating
- Appearance
- Mood
- Somatic complaints
- Concentration
- Thoughts
- Hallucinations, delusions
- Insight
- Judgment

# Assessment

## Suicide Assessment

SAD PERSONS SCALE\* – represent 10 areas of assessment

Sex

Age

Depression

Previous Attempt

Ethanol abuse

Rational Thinking Loss

Social Support Lacking

Organized Plan

No Spouse

Sickness

\*Patterson WM, Dohn HH, et al. *Evaluation of suicidal patients The SAD PERSONS Scale*, Psychosomatics, 1983

# Assessment

## Thought Disorder Assessment

- Form of thought: amount, rate to thinking, continuity of ideas, disturbance in language
- Thought content: delusions
- Perception: hallucinations, derealization, depersonalization
- Include assessment for risk to others, and or self. Risk includes self neglect.

# Assessment

## Judgment, Insight and Competency

- Impaired judgment – lacking in ability to think abstractly; implication for safe decision making.
- Impaired insight – lacking in awareness of situation or illness.
- Incompetent to give direction; ongoing inability to manage affairs, including health care decisions.
- Resource: Office of Public Guardian and Trustee  
[www.trustee.bc.ca](http://www.trustee.bc.ca)

# Assessment

## Cognitive Disorder – AIDS Complex Dementia

MoCA Montreal Cognitive Assessment is a screening test designed to assist in detection of mild cognitive impairment

3MS Modified Mini Mental Status tests broad variety of cognitive functions.

# Approach

- What is best at the time?
  - Making it about the person not our own anxieties
- Understanding your role
  - What can I do?
  - Who else do I need to support the decisions?

# Approach

- Taking the time
- Active listening, observation
- Genuineness
- Respect
- Empathy
- Safety
- Cues, prompts, notes, blister packed medications
  
- Consideration of:
  - Self determination
  - Strengths
  - Grief, loss, pain

# Support

## For the individual

- Physician
- Family, friends
- 'Support' groups

## For the worker

- Physician
- Other care givers
- External resources

# Mental Health Resources

[www.health.gov.bc.ca](http://www.health.gov.bc.ca) Health Link BC

[www.cmha.ca](http://www.cmha.ca) Canadian Mental Health Association

[www.bcass.org](http://www.bcass.org) BC Schizophrenia Society

[www.mcf.bc.ca/suicide\\_prevention/at\\_a\\_glance.htm](http://www.mcf.bc.ca/suicide_prevention/at_a_glance.htm)

Simon Fraser University cooperative health information

[www.bcmhas.ca](http://www.bcmhas.ca) BC Mental Health and Addiction Services

# Education Resources

University of the North [www.unbc.ca](http://www.unbc.ca)  
Certificate in Mental Health and Addictions  
Available via video conference

Vancouver Career College [www.vcc.bc.ca](http://www.vcc.bc.ca)  
Health specialty program – medication course

Camosun College [www.vccollege.ca](http://www.vccollege.ca)  
Basics for Medications \*New Format\* caregivers  
Certificate Program

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