VIRTUAL
2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Tackling Behavioral Health Comorbidities with the WHO Pyramid of Mental Health Services

Presenters: Daria Boccher-Lattimore

Marianna Breytman

Francine Cournos

Adam Thompson

Karen McKinnon

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Tackling Behavioral Health Comorbidities with the WHO Pyramid of Mental Health Services.

Daria Boccher-Lattimore

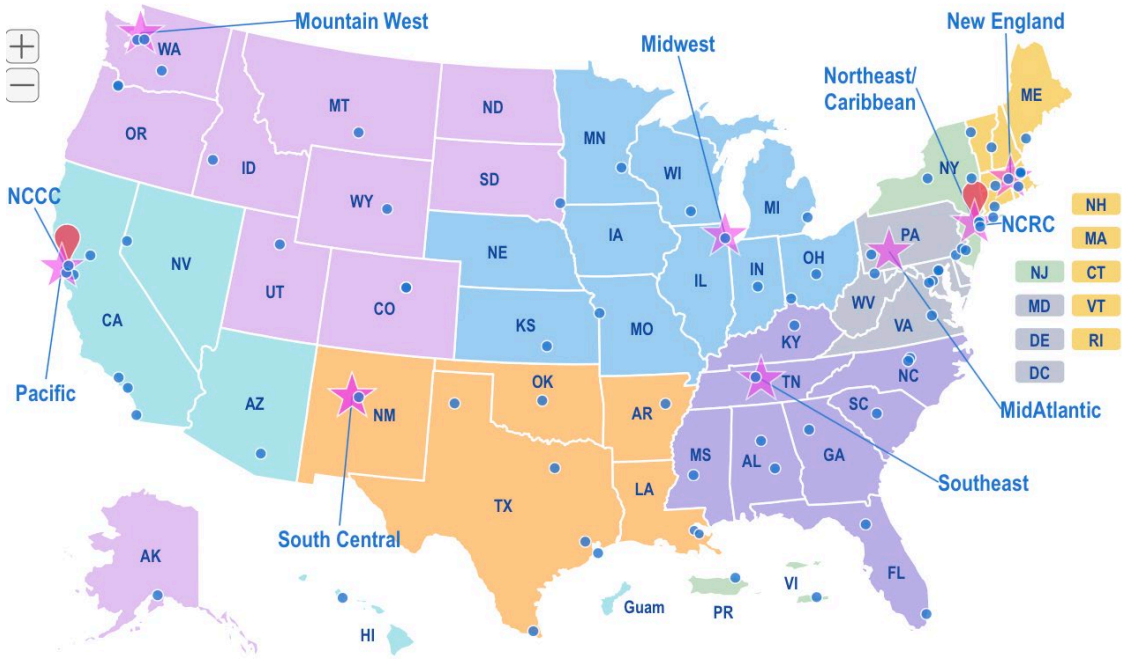
Why focus on behavioral health in the context of HIV prevention and care?

- Significant gaps along HIV care continuum
- Mental health problems and disorders influence every step
- People at risk for – and those living with HIV - have significantly higher rates of mental health symptoms and disorders
- If we do not address behavioral health, unlikely to achieve “90-90-90” goals or end the HIV epidemic
- The human right to health means that everyone has the right to the highest attainable standard of physical AND **mental health**

AETC Program

AETC AIDS Education & Training Center Program
Northeast/Caribbean

- Funded by USDHHS Health Resources & Service Administration
- USDHHS Region II--New York, New Jersey, Puerto Rico, US Virgin Islands
- 10% of US Population
- 18% of PLH in US



Delphi Survey

- To discover key informant consensus on needs with highest urgency to address
- Key informants: persons with expertise and interest in HIV workforce in NECA region
- Round 1 Survey: Open-ended questions
  - Please list 5-10 important current **challenges in workforce/system capacity** to provide HIV care
  - Please list 5-10 specific **HIV-related needs** that are important to address through **training and technical assistance**
- Round 2: Items from Round 1 rated
- Round 3: Top-rated items from Round 2 ranked
- 15 top-rated items for each question were ranked for urgency of addressing the challenge/need

Delphi Survey Results
Question 1:

Highest Priority Challenges in Workforce/System Capacity

1. **Retaining and re-engaging patients in care system**
2. **Mental health and substance abuse service integration**
3. Implementing practice transformation, team-based care
4. Health literacy, communication
5. HIV stigma
6. Data for decision-making, "data to care"
7. Integration of prevention and care
8. Primary care and specialist roles and collaboration
9. Diversity of providers
10. PrEP implementation

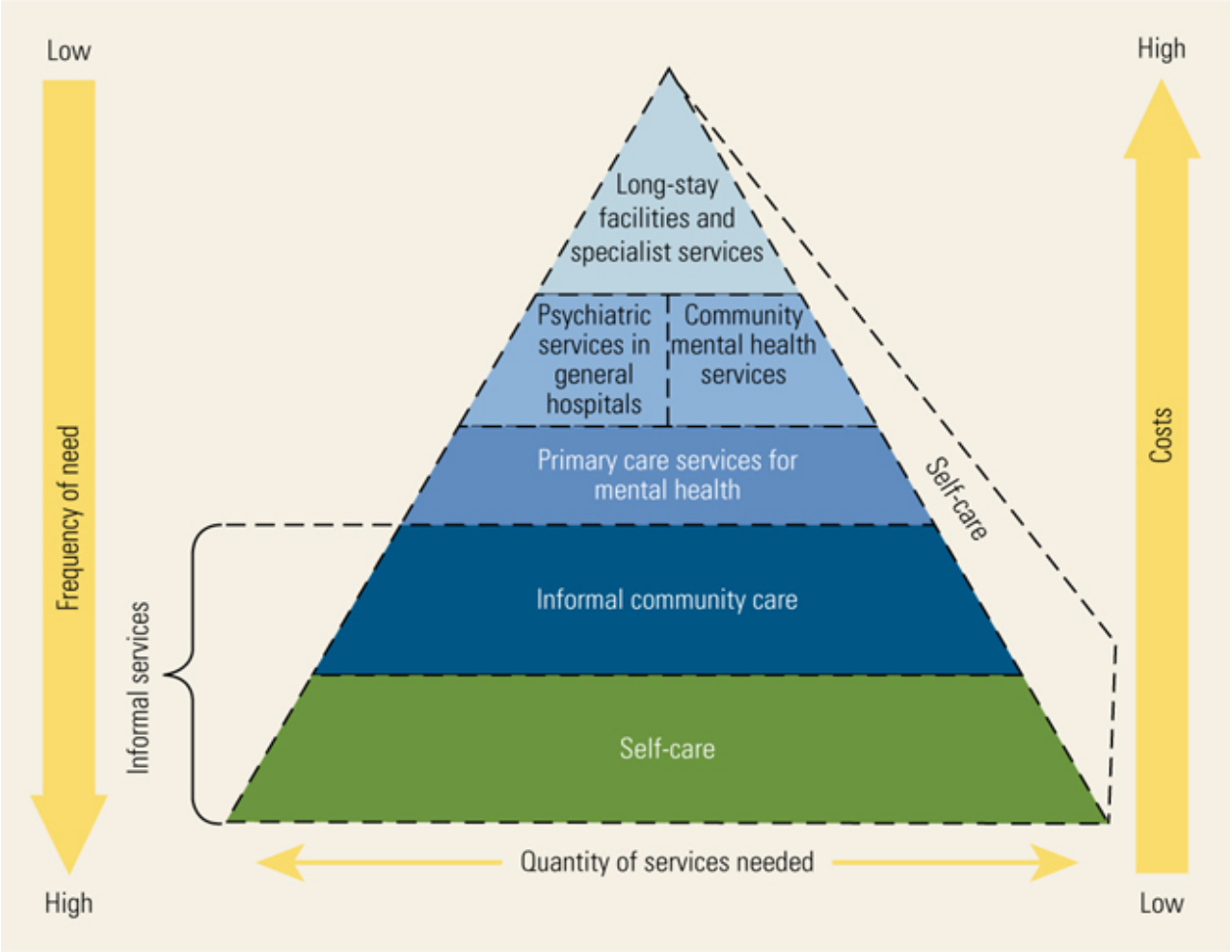
Delphi Survey Results Question 2:

Highest Urgency Needs for Training and TA

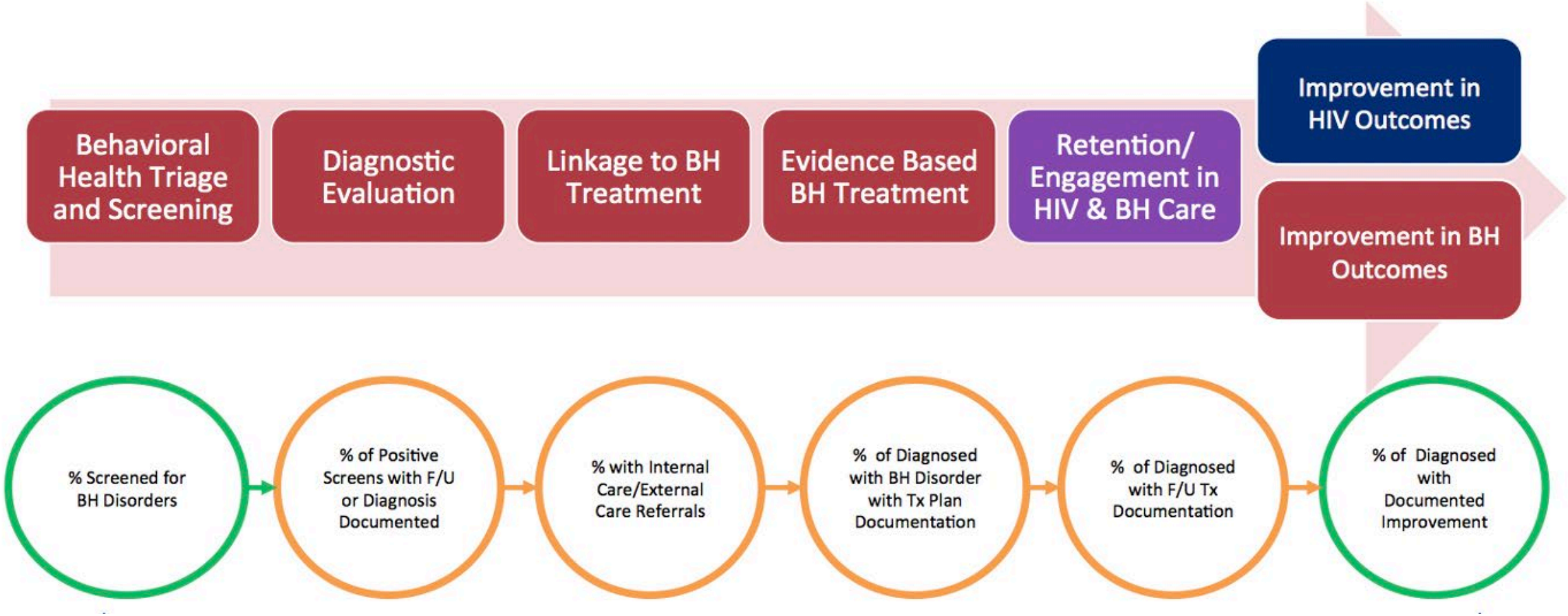
1. **HIV and mental health**
2. Care coordination/case management/care planning
3. Black MSM
4. Medication adherence and adherence counseling
5. Retention in care
6. Viral suppression
7. HIV pre-exposure prophylaxis (PrEP)
8. Linkage to care
9. Implementation and integration of HIV testing as standard of care
10. HIV stigma

The World Health Organization (WHO) Pyramid of Mental Health--- *Informing Training Strategies*

COLUMBIA UNIVERSITY HIV BEHAVIORAL HEALTH



Combined Continuum Of Care



COVID-19- NECA Region

	Cases	Deaths
New Jersey	175,298	15,541
New York	401,706	29,592
Puerto Rico	10,010	167
USVI	206	6
US	3,291,000	132,398

Responding to Urgent Needs

AETC AIDS Education & Training Center Program Northeast/Caribbean

HIV & Behavioral Health: A Role for Everyone

Francine Cournos, MD
Co-Principal Investigator, Northeast/Caribbean AIDS Education & Training Center

Professor of Clinical Psychiatry (in Epidemiology), Columbia University

ALBANY MEDICAL CENTER

AETC AIDS Education & Training Center Program Northeast/Caribbean

Loss and Grief During the COVID-19 Pandemic

Francine Cournos, MD
Jameela Yusuff, MD, MPH
Jonathan Fernández – Jiménez, PSY.D.

AETC AIDS Education & Training Center Program Northeast/Caribbean

Coming back to work and COVID-19: Considerations in Dental Practice

Sam Wakim, DMD, MPH
Francine Cournos, MD
Karen McKinnon, MA

NEW YORK STATE DEPARTMENT OF HEALTH AIDS Institute

AETC AIDS Education & Training Center Program Northeast/Caribbean

Best Practices in Telehealth

Mary Zelazny
Chief Executive Officer
Finger Lakes Community Health

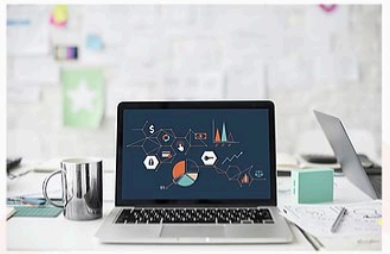
Sirene Garcia
Chief Innovation Officer
Finger Lakes Community Health

ALBANY MEDICAL CENTER

AETC AIDS Education & Training Center Program Northeast/Caribbean

Using Zoom as a Virtual Workspace

Marianna Breytman
Educational Technologist



March- June 2020
NECA AETC COVID-19 trainings

- **46 training/capacity building events**
- **2,679 trainees in all territories and states and in our region.**

- *Addressing Mental Health Needs during the COVID-19*
- *PrEP Following Up During COVID-19*
- *COVID-19 and Behavioral Health: Interventions that Don't Require Behavioral Health Training*
- *Coming back to work and COVID-19: considerations in dental practice*
- *Stigma, COVID-19 and Confidentiality*
- *Authentic and Intentional Engagement During the COVID-19 Pandemic: Motivational Interviewing*
- *Worker Self-Care During COVID – 19*
- *End of Life Decisions During the COVID-19 Pandemic*
- *Managing Loss & Grief During the COVID-19 Pandemic*

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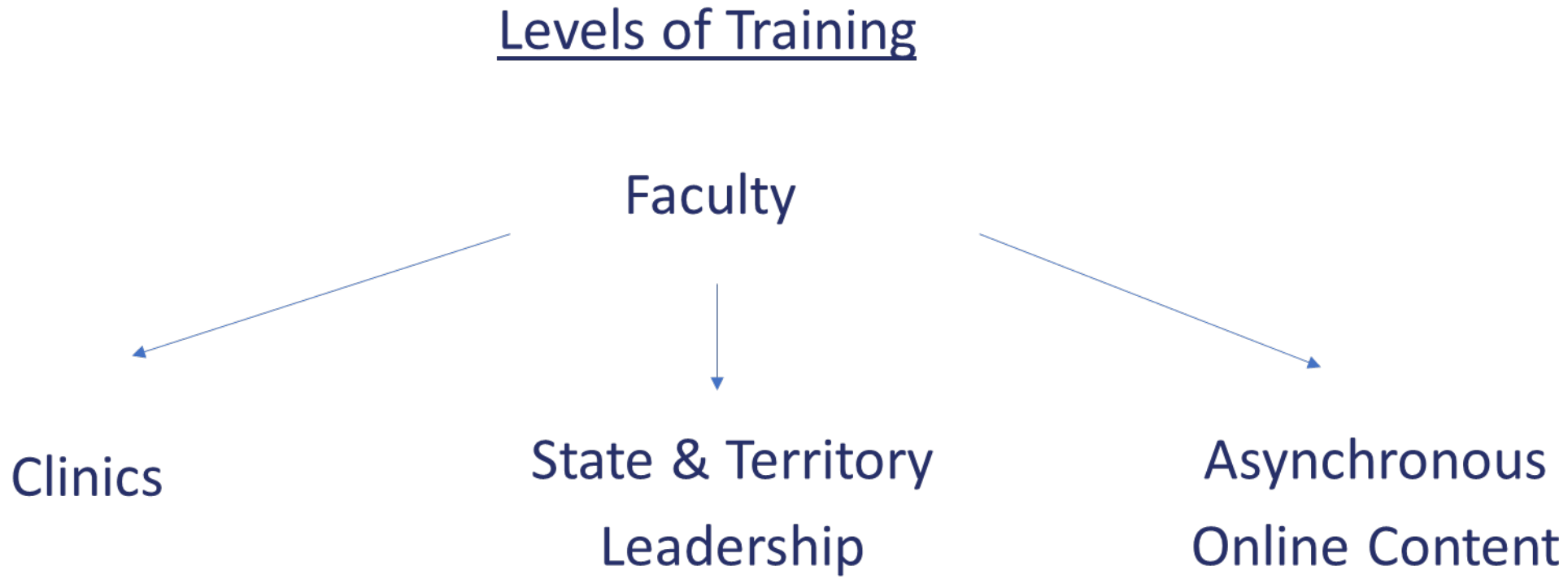
Tackling Behavioral Health Comorbidities with the WHO Pyramid of Mental Health Services (2)

Marianna Breytman

COVID 19 – Going Virtual

- Building NECA AETC's capacity to do virtual trainings on the Zoom platform



COVID 19 – Going Virtual (2)

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- Zoom training topics included:

Hosts

Registration

Security

Group Work

Attendance

Managing Participant Audio & Video

Polling

Training Speakers

Settings Configuration

Scheduling & Starting Meetings

Co-hosting

Recording

Participants

Set-up Basics

Audio

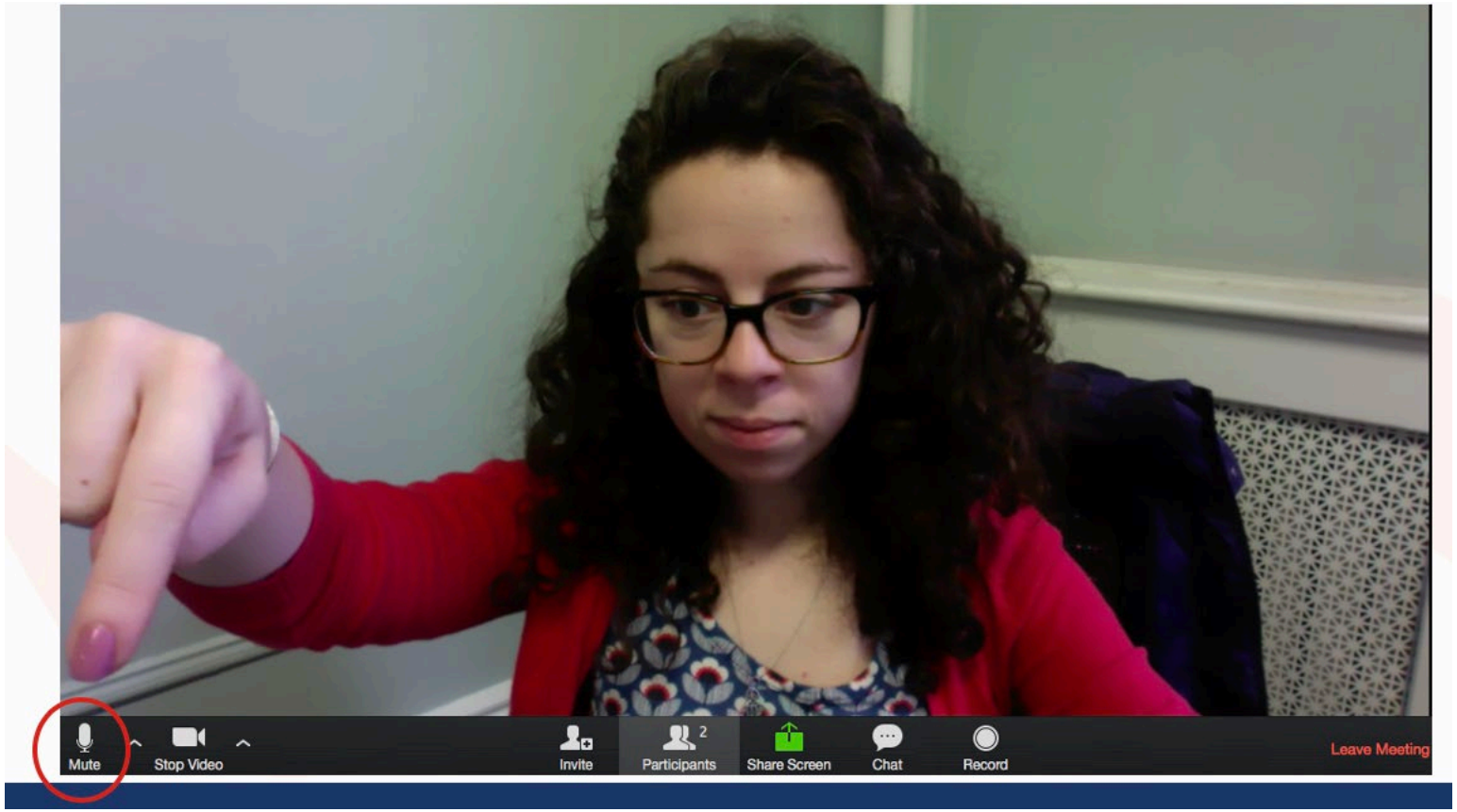
Video

Screen Sharing

Providing Feedback

COVID 19 – Going Virtual (3)

- Making trainings interactive and engaging

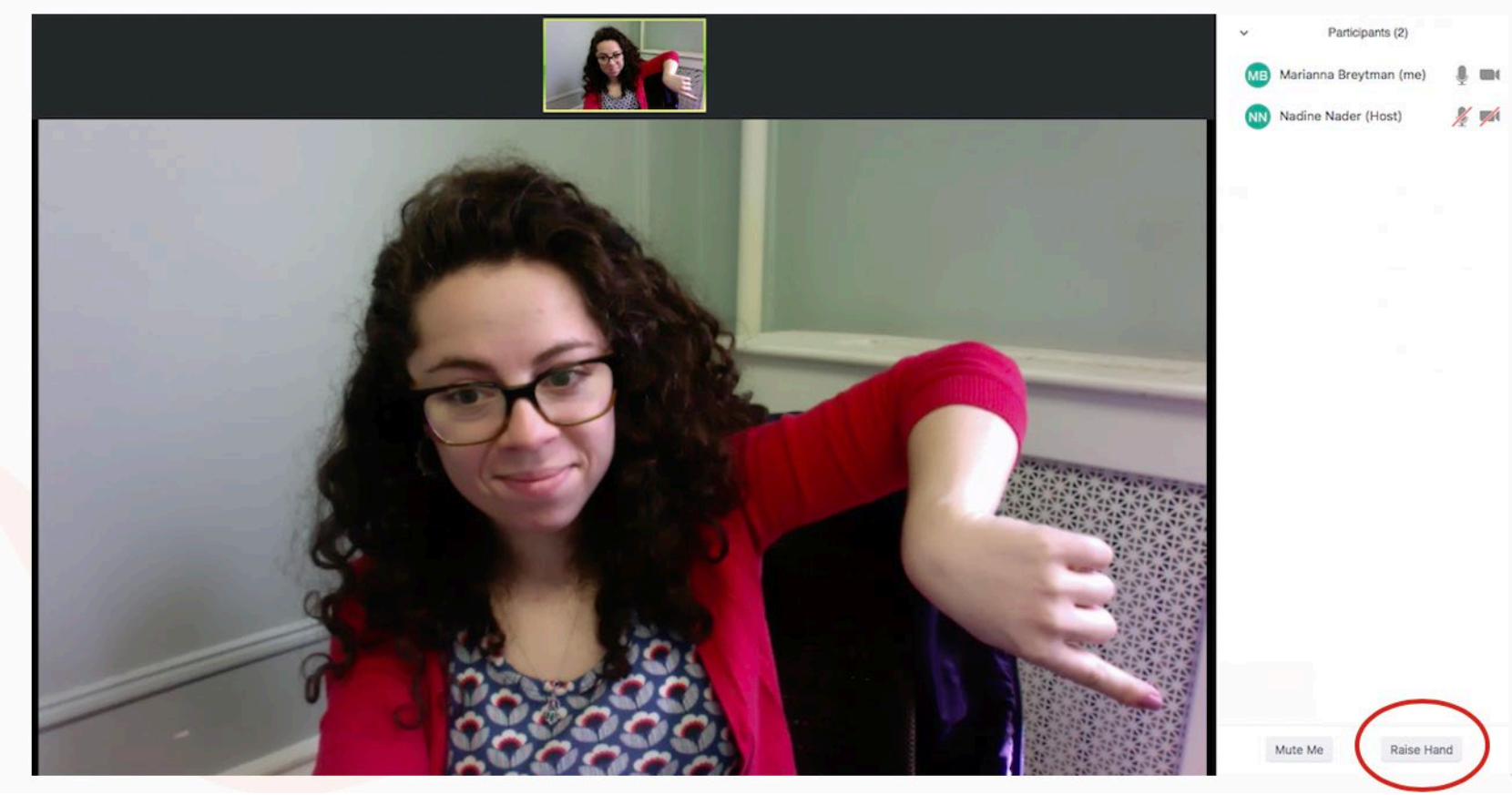


COVID 19 – Going Virtual (4)

- Making trainings interactive and engaging

COVID 19 – Going Virtual (5)

- Making trainings interactive and engaging



COVID 19 – Going Virtual (6)

- Increased our capacity for virtual and online learning

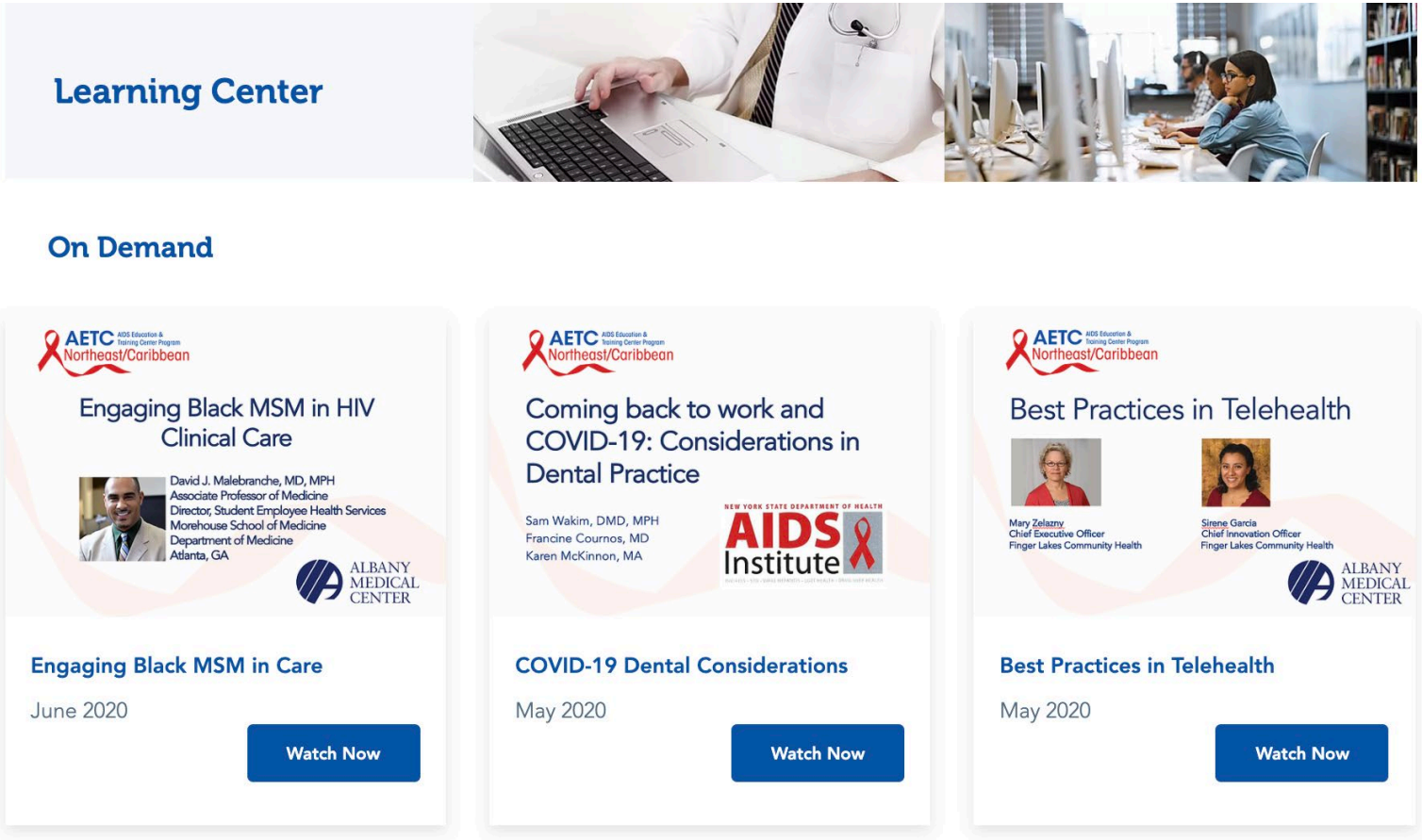
- InterProfessional Education at the University of Puerto Rico
  - Two sessions
  - 200+ attendees
  - 18 Breakout Rooms
  - Panel discussions
  - Student presentations

COVID 19 – Going Virtual (7)

- In addition to live trainings, we also created a digital **Learning Center**

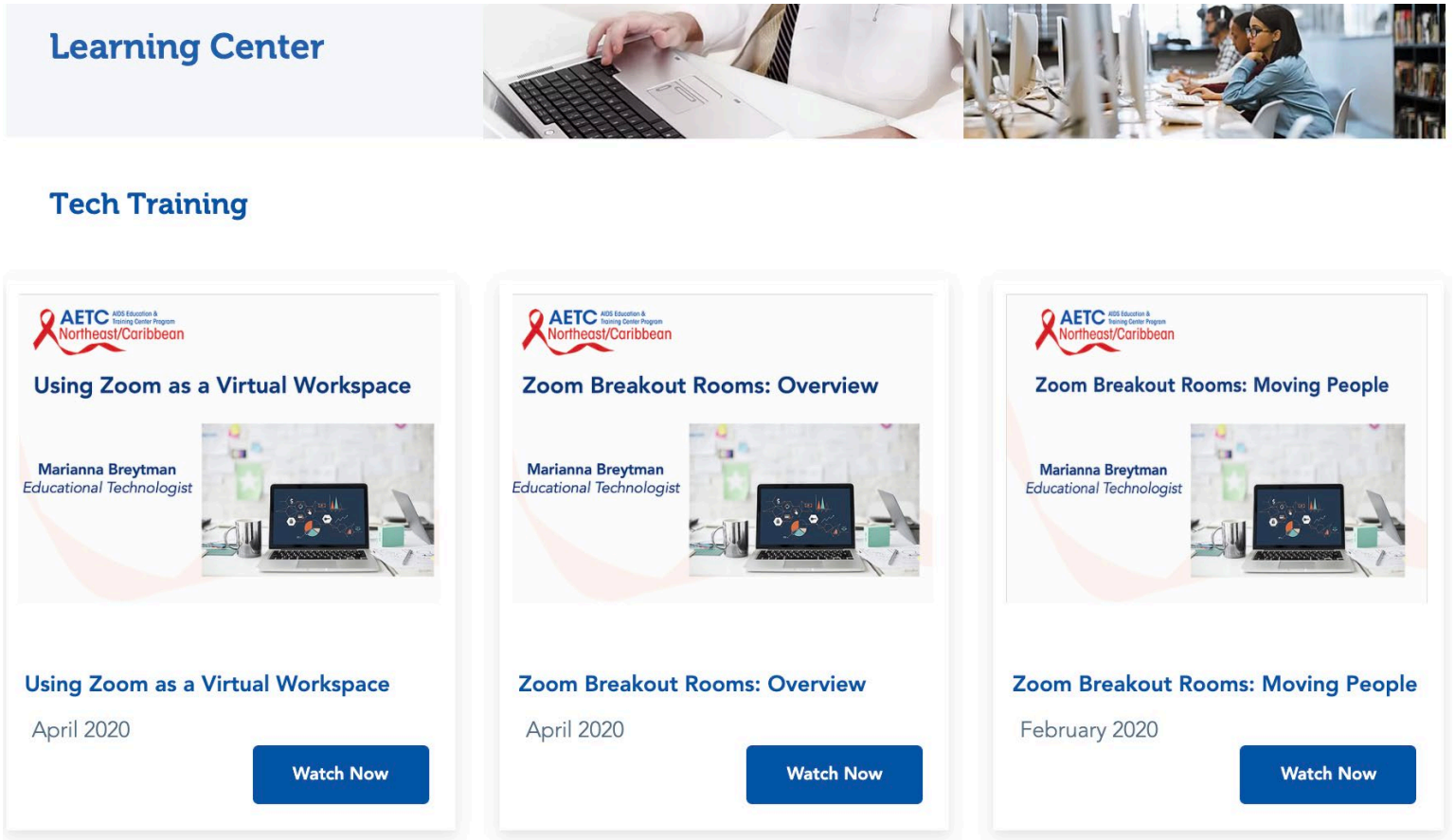
COVID 19 – Going Virtual (8)

- **On-Demand Trainings**



COVID 19 – Going Virtual (9)

- **Technology Training**



COVID 19 – Going Virtual (10)

- **Lessons Learned**
  - Interactive trainings improve learning
  - Aside from showing what to do, it's important to show what NOT to do
  - Emphasize role assignments
  - Make sure users are familiar with Zoom's capabilities
  - Practice is essential for new users (especially those that are tech-averse)

VIRTUAL 2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Tackling Behavioral Health Comorbidities with the WHO Pyramid of Mental Health Services (1)

Francine Cournos

The Brain and the Body Are One

- The brain controls life's essential involuntary bodily functions, such as breathing and heart rate.
- The brain tells the body what voluntary physical actions it must take to survive, such as eating or running away.
- The body provides continuous feedback to the brain, such as my stomach is full or my muscles are tired.
- The brain and the body are a single system.

(Strong) Emotions Are Expressions of Brain/Body Integration

- A gut feeling
- A lump in my throat
- A knot in my stomach
- My heart skipped a beat
- Chills ran down my spine
- It took my breath away
- I had a sinking feeling
- It made my blood boil
- I was frozen in place
- Feeling faint; fainting

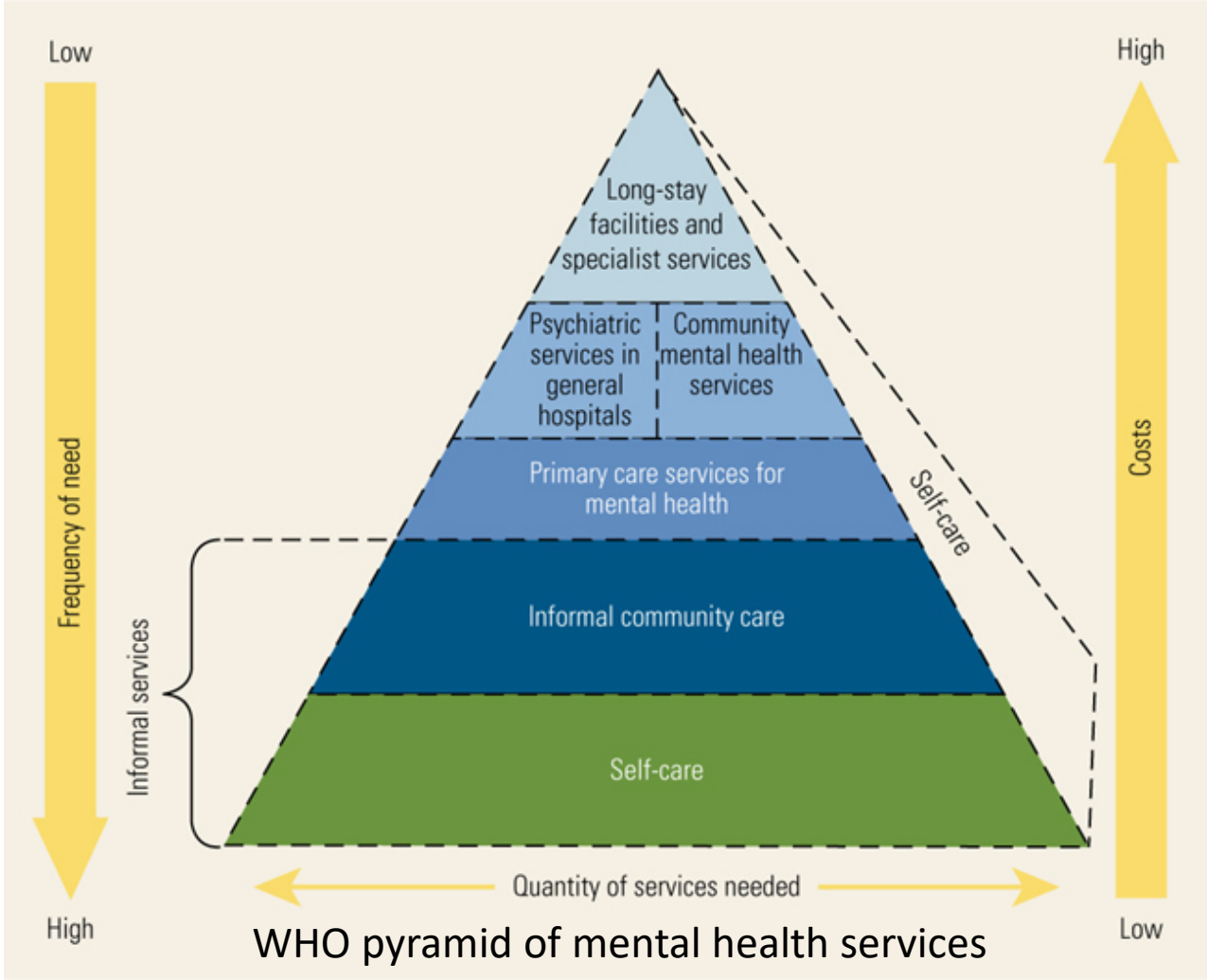
Physical and mental health problems are intertwined

- Yet, even though the brain and the body form an integrated system, the care for them exists in siloes.
- This reflects the stigma of mental illness pervading health care provider education as well as health care systems.
- Lack of training on clinical approaches to unusual behavior, and the fear that accompanies this lack of training, are used to construct an artificial separation between the brain and the body.
- Health care providers often believe taking care of people with mental illness is not their job.

The World Health Organization (WHO) Pyramid of Mental Health Services

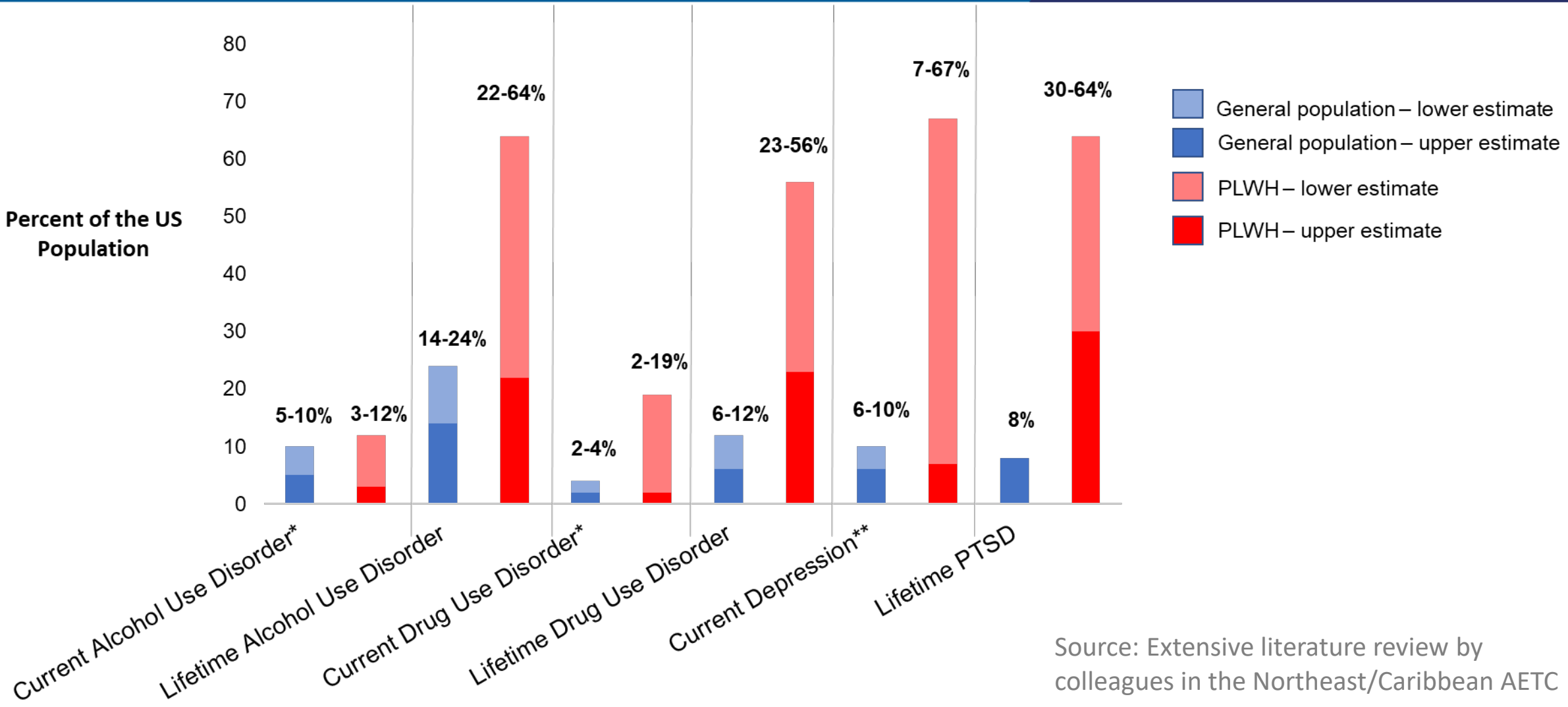
But the WHO pyramid shows that addressing mental distress and mental illness is a whole system endeavor in which everyone has a role. Referral to a mental health provider is never the sole solution. Ordinary human skills allow everyone to play a role:

- All health care providers
- Families of patients
- Communities
- Patients themselves



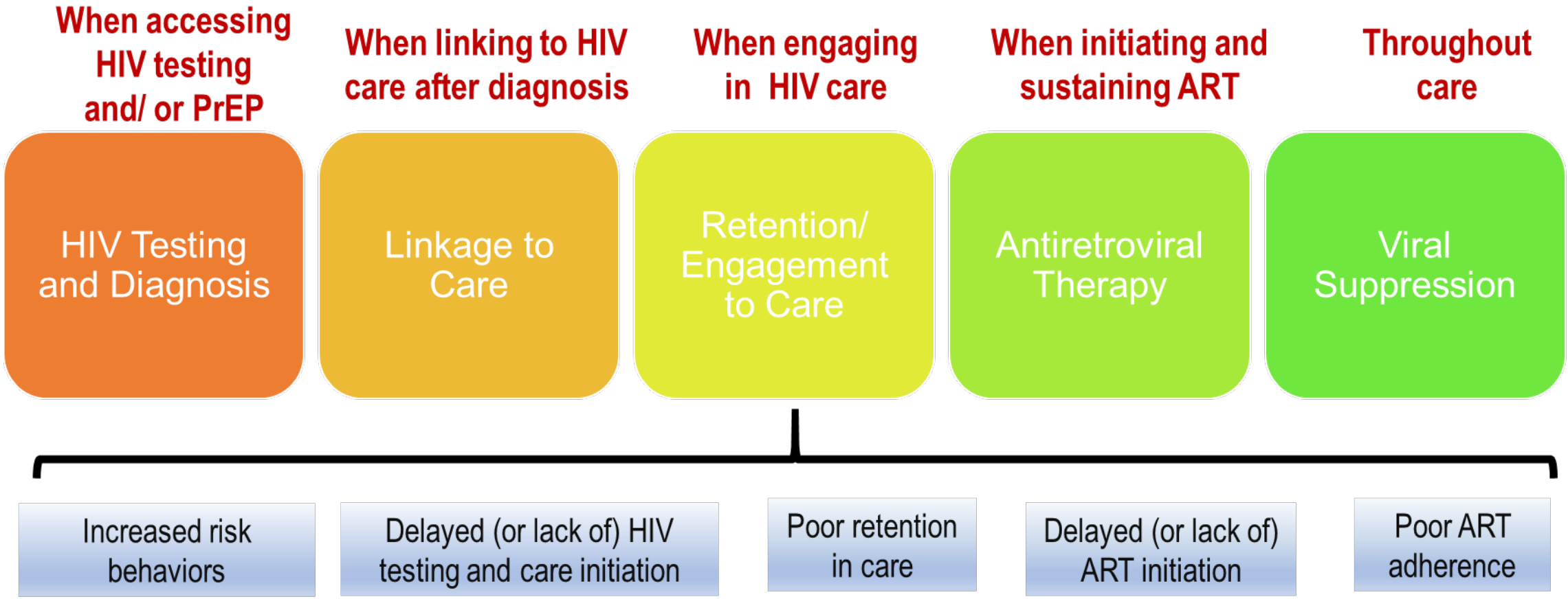
WHO pyramid of mental health services

People with HIV have higher rates of psychiatric disorders than the general US population



Source: Extensive literature review by colleagues in the Northeast/Caribbean AETC

Psychiatric disorders impact the entire HIV care continuum : Screening and intervention are needed



Bemelmans M et al, J Int AIDS Soc, 2016; Gonzalez JS et al, JAIDS 2011; Uthman et al, Curr HIV/AIDS Rep, 2014; Mayston et al, AIDS, 2012; Krumme et al, J Epidemiol Community Health, 2014; Musisi et al, Int J STD AIDS, 2014; Antelman et al, JAIDS, 2007; Remien et al, AIDS and Behavior, 2007

Approaching the mental health treatment gap

- 67% of people with a behavioral health disorder do not get behavioral health treatment
- 30-50% of people referred from primary care to an outpatient behavioral health clinic don't make the first appointment
- Two-thirds of primary care physicians (N=6,660) reported not being able to access outpatient behavioral health for their patients
- While improving the behavioral health care system is essential, current limitations underscore the importance of accessing other levels of care.

Kessler et al., NEJM. 2005;352:515-23; Hoge et al., JAMA. 2006;95:1023-1032; Cunningham, Health Affairs. 2009; Demyttenaere K et al, JAMA, 2004; Wainberg et al, Current Psychiatry Reports, 2017

Why do we need all the levels of the WHO pyramid of mental health services?

- **Many people** have behavioral health problems that are mild and **don't meet the criteria for a psychiatric diagnosis**
- Non-specialized supports at lower levels of the WHO pyramid improve quality of life and may prevent people from progressing to a psychiatric diagnosis

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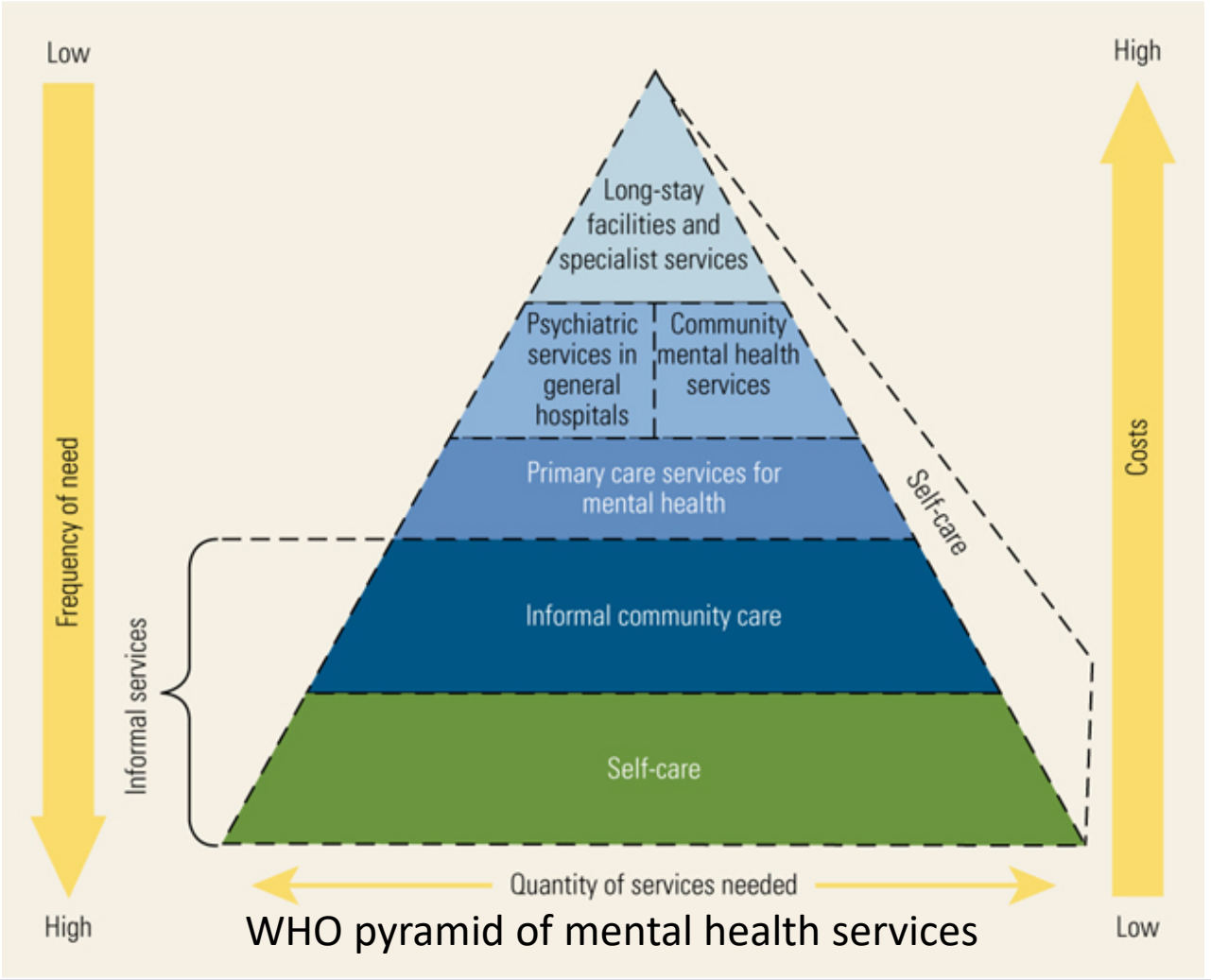
- **Behavioral health disorders** are often **chronic and cyclical**
- Recovery and wellness requires support at every level of the pyramid
- No patient can stay well without self-management



WHO pyramid of mental health services

COVID-19 distress has brought the WHO pyramid into the spotlight

Signs of distress during the COVID-19 pandemic

- Feelings of numbness, disbelief, anxiety or fear
- Changes in appetite, energy, and activity levels
- Difficulty concentrating
- Difficulty sleeping or nightmares and upsetting thoughts and images
- Physical reactions, such as headaches, body pain, stomach problems, and skin rashes
- Anger or short temper
- Increased use of alcohol, tobacco, or other drugs

CDC https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html

Health care providers without mental health training are playing a major role in the COVID-19 pandemic

- Providers checking in on clients by virtual means has been very comforting and meaningful to patients
- Clients and health care providers alike need to follow similar guidelines to stay well in the COVID-19 pandemic:
  - Implementing current COVID-19 precautions
  - Accepting that some anxiety about COVID-19 is normal
  - Seeking social support from household members and/or through virtual means
  - Creating and maintaining a regular routine
  - Getting enough sleep, preferably with set times for going to sleep and waking up

When it comes to behavioral health needs during the COVID-19 pandemic, we're all in this together

- Review COVID-19 guidelines with your patients and for yourself:
  - Maintaining nutrition, preferably with healthy food
  - Engaging in pleasurable at-home activities, such as listening to music, exercising, meditating, engaging in spiritual practices, etc.
  - Engaging in productive at-home activities, such as cleaning a closet, learning a new skill, etc.
  - Focusing attention on things for which we're grateful
  - Having the psychological space to process and grieve losses
  - Avoiding activities that cause distress, including excessive exposure to the news
  - Avoiding excessive use of alcohol, drugs, tobacco and caffeinated beverages

To best utilize specialized behavioral health providers, distinguish between mental distress and mental disorders

Mental Distress

Can occur in response to any adversity, including the COVID-19 pandemic.

Often does not meet criteria for a psychiatric diagnosis or require specialized mental health interventions.

Often responds well to supportive strategies and positive lifestyle changes.

Mental Disorders

Usually cause either persistent severe subjective distress and/or functional impairment.

Meets recognized diagnostic criteria (ICD, DSM).

Calls for evidenced informed mental health interventions such as medication and psychotherapy.

Screening for mental disorders helps to distinguish distress from disorder

Screening Calculators & Tools:
The HIV National Curriculum: www.aidsetc.org/nhc

Mental Disorders Screening
Anxiety: GAD-2
Anxiety: GAD-7
Dementia: IHDS
Depression: PHQ-2
Depression: PHQ-9
PTSD: PC-PTSD-5

Substance Use Screening
Alcohol: AUDIT-C
Alcohol: CAGE
CAGE-AID
Drug Abuse: DAST-10
Drug Abuse: TICS
Opioid: Risk Tool

Puerto Rico provides an example of cumulative trauma and loss and also of the NECA AETC distress response

- Hurricane Maria: September, 2017
  - Worst humanitarian crisis in the modern history of PR
  - 4,645 deaths
  - $90 billion in damages
  - 95% power grid destroyed (2-7 Months without power)
  - No cellular communication
  - Suicide rates spiked (ASSMCA, 2018)
  - Anxiety arose in the context of surviving day to day
  - By 2018, almost 130,000 people had left the island (4% population)
  - Most property insurance did not cover damages and governmental sources of support were limited

Still further trauma and loss preceded COVID-19 in Puerto Rico

- New Year's Earthquakes, 2020
  - Magnitude 6.4 (January 7, 2020)
  - Power outage for one week
  - Almost 9,000 refugees
  - Trauma re-experienced

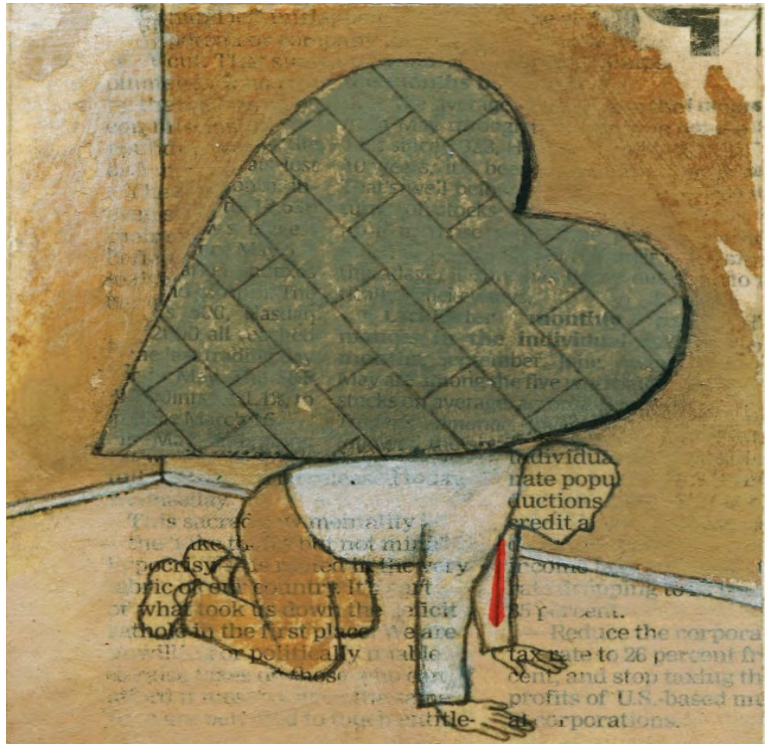
Courtesy of Jonathan Fernandez-Jimenez, Psy.D

Responses to COVID-19 in Puerto Rico

- On March 13, Puerto Rico closed all public schools due to COVID-19; other academic institutions switched to remote education
- Puerto Rico also imposed checking people's temperature at all ports of entry
- Stay-at-home orders and social distancing guidelines were in place in Puerto Rico from March 15 to June 29
- People could only go out to purchase essential items or obtain essential services from 5:00 AM to 9:00 PM. Non-essential businesses were required to close
- "Distanciamiento social" its not the way of life for Puertorriqueños
- Official data about COVID-19 is confusing
- Trust in official responses is low.

The NECA AETC response to compassion fatigue among health care workers in Puerto Rico after the devastating hurricanes

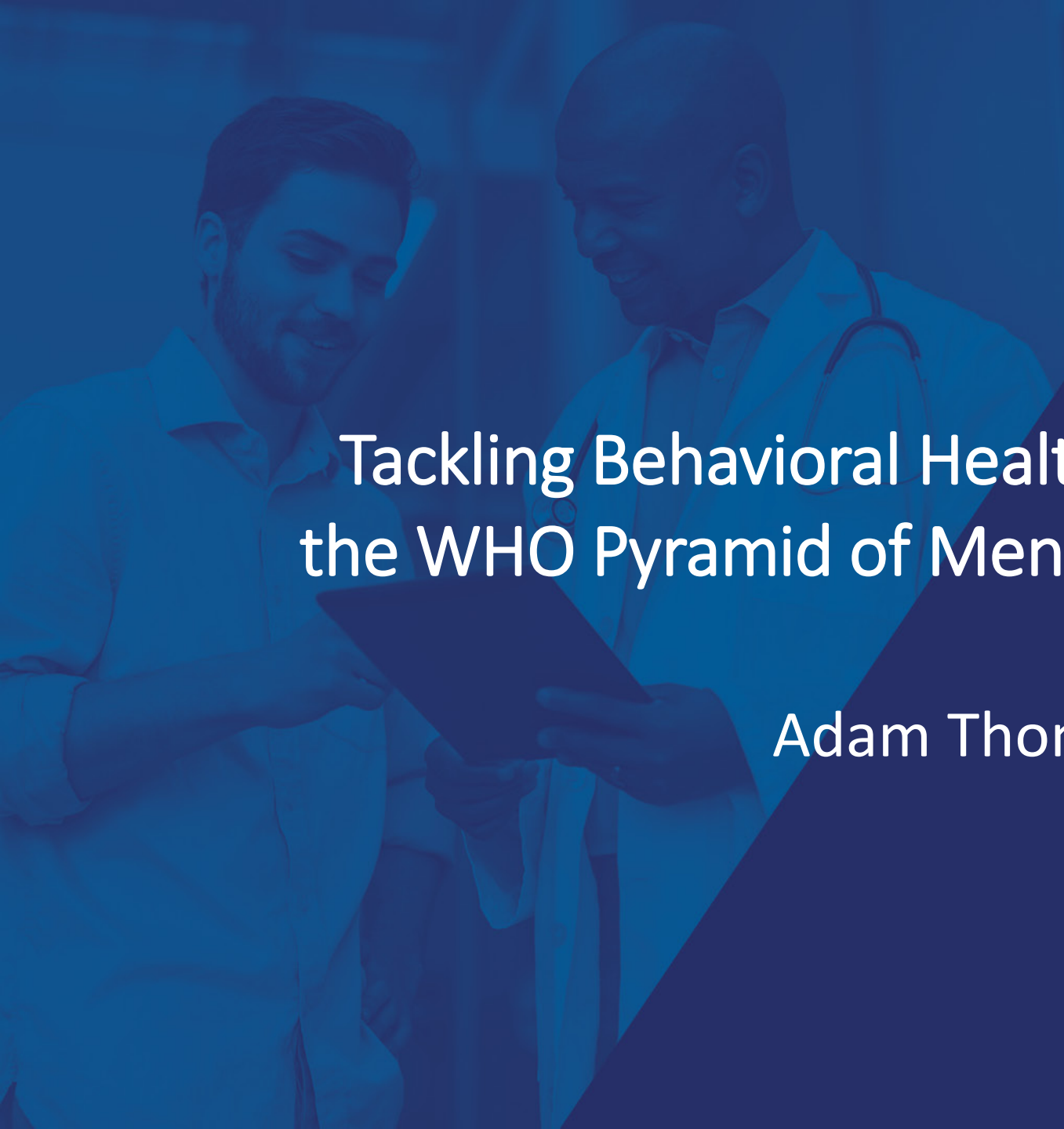
- Compassion fatigue is not a mental health disorder.
- State of physical, emotional, and mental **exhaustion**
- Response to prolonged stressful work situations
- Depersonalization
- Hopelessness



Freudenberger, 1974; Pompilli et al., 2010

AETC in Action: Puerto Rico video

Puerto Rico Video



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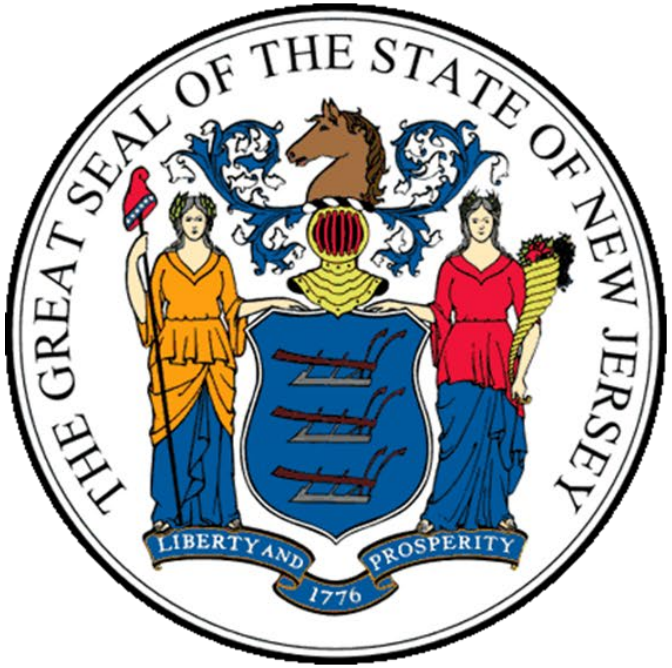
Tackling Behavioral Health Comorbidities with the WHO Pyramid of Mental Health Services (3)

Adam Thompson

Institutions of Government, Medicine, and Education



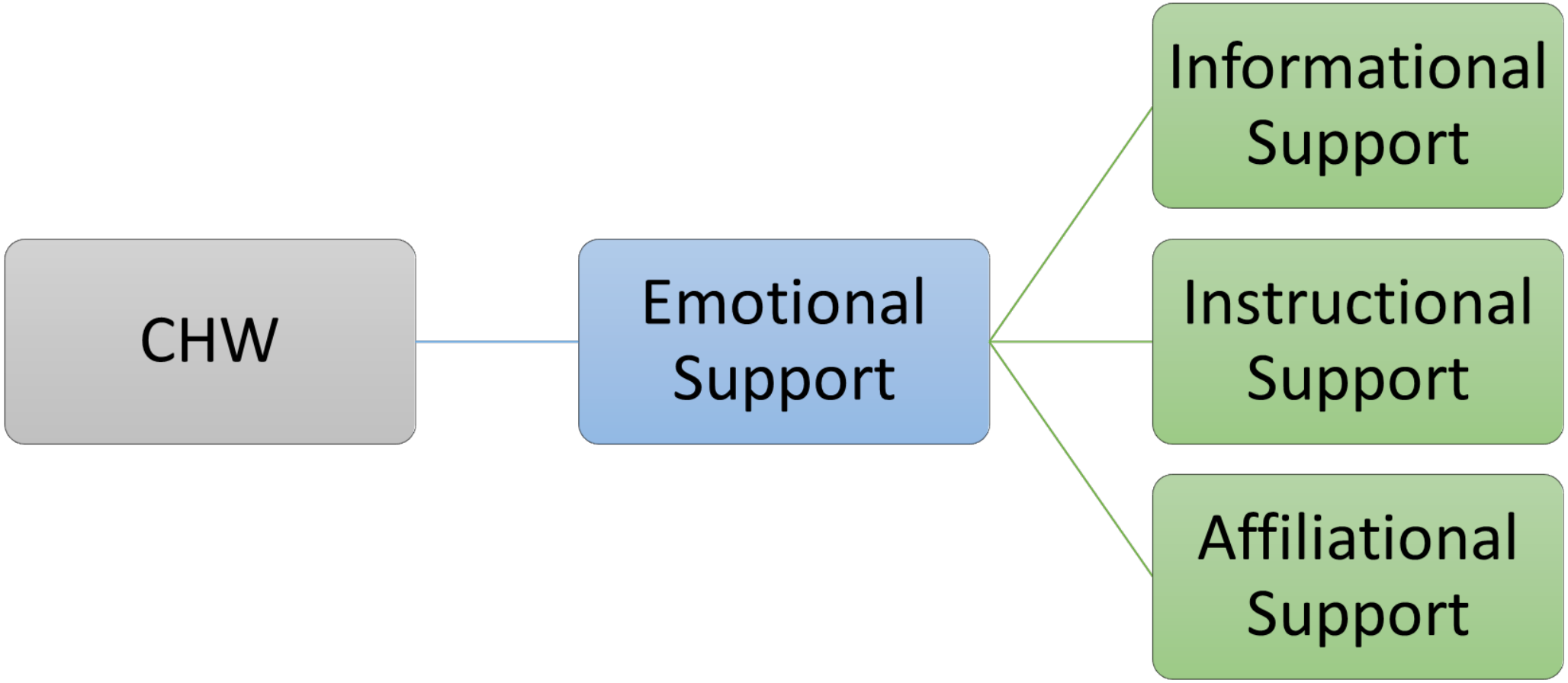
History of the NJ CHW Program

- New Jersey Department of Health (NJ DOH) approached the AIDS Education and Training Center (AETC) about developing a model of peer support in New Jersey
- The AETC researched models of peer support that had evidence supporting improved suppression and/or retention in Ryan White HIV/AIDS Programs
- The AETC using materials from RWHAP SPNS projects adapted a model of Community Health Work for New Jersey RWHAPs.
- The AETC partnered with the HIV Prevention Community Planning Support and Development Initiative (CPSDI) to develop programmatic supports and provide training and technical assistance.

Community Health Worker

A **Community Health Worker** (CHW) is a frontline **public health** worker who is a **trusted member** of and/or has an unusually close understanding of the community served.

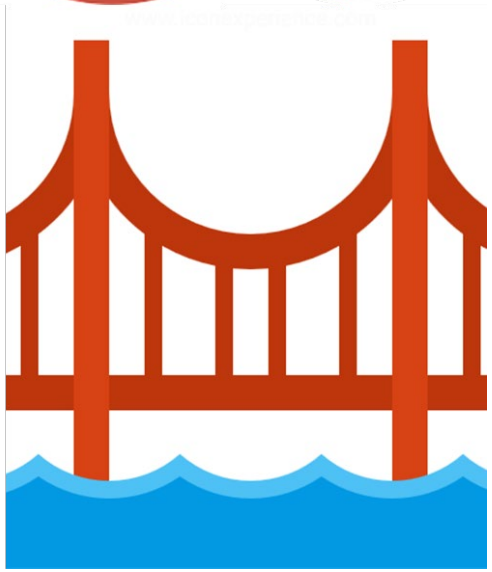
CHW Roles



Health & Disability Working Group, Boston University School of Public Health. (2014). PREParing Peers for Success: Peer core competency training. Retrieved from http://www.hdwg.org/prep/curricula

Cultural Brokers

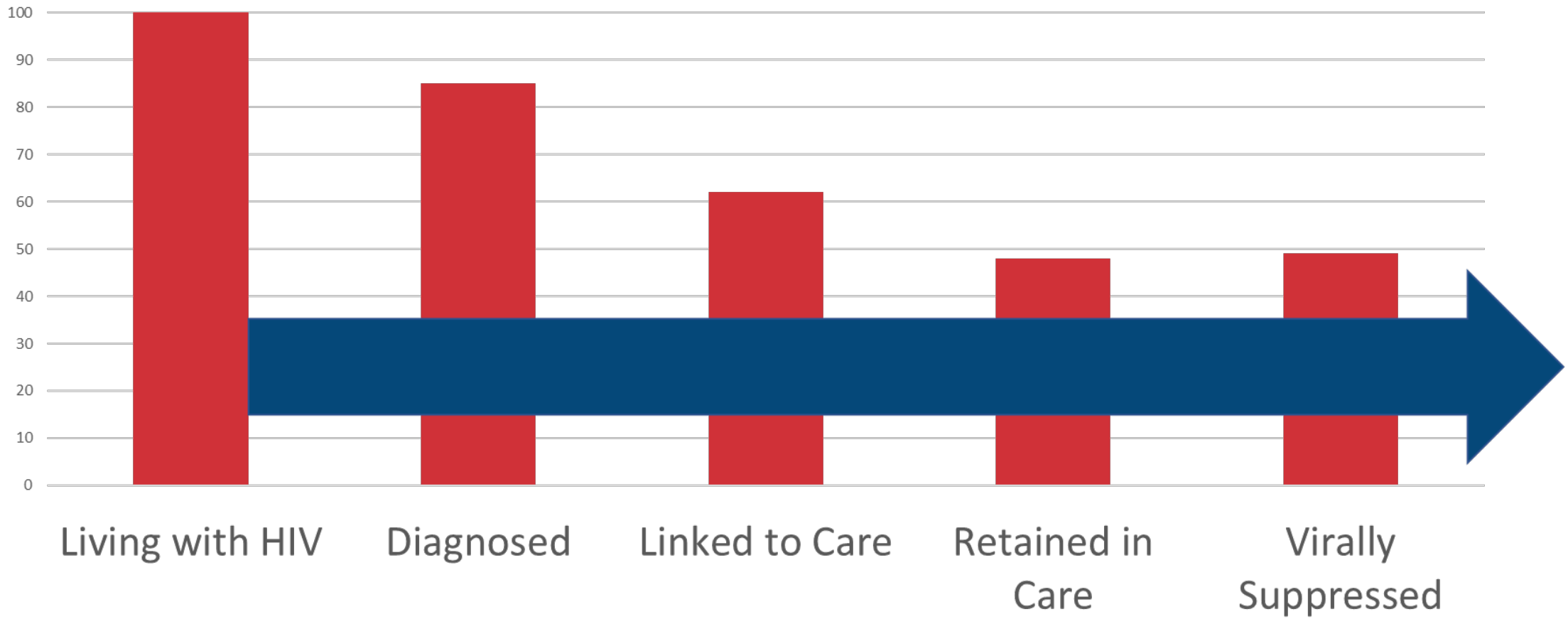
- CHW is the person who is in both clinical and community-based networks.
- This allows for:
  - Culturally-responsive services
  - Better communication between all providers and client
  - Better and faster access to needed resources through relationships CHWs have built with providers
  - Timely follow-up for all services
  - Providing a bridge when barriers first develop



Community Health Work

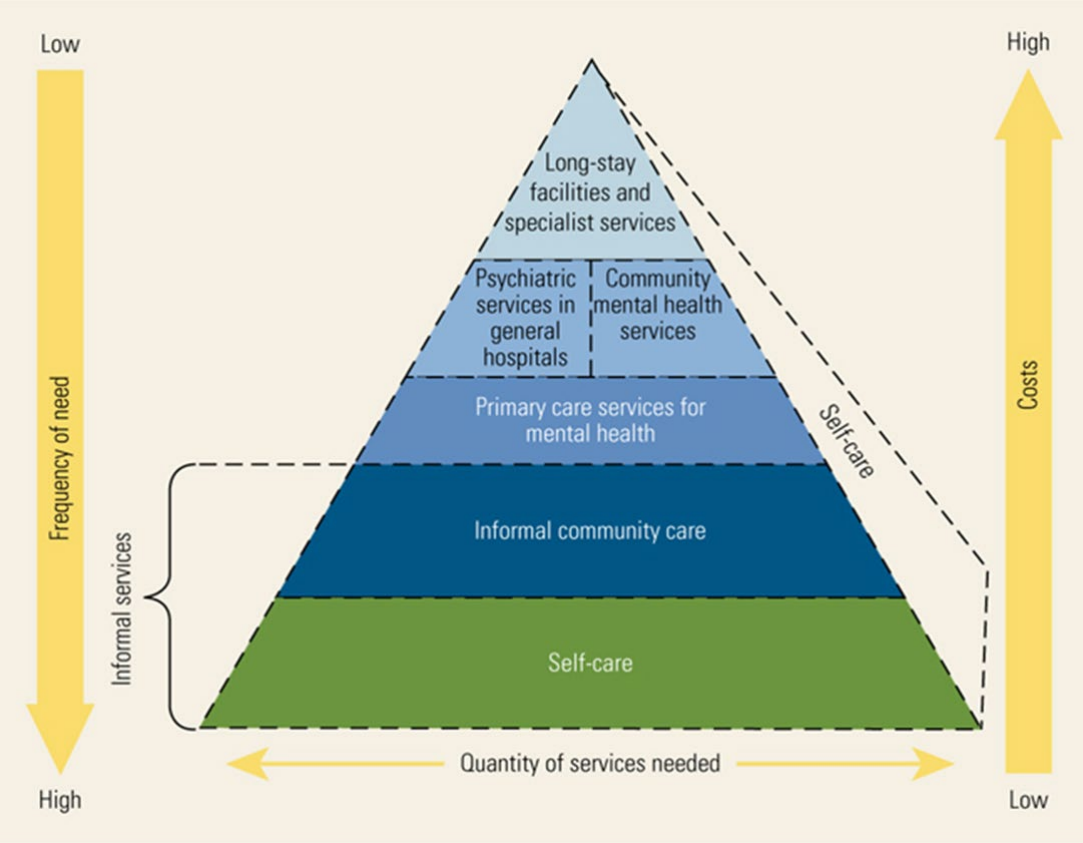
- Shared Lived Experience
  - Emotional Support
  - Social Networking for Resources
- Formal Integration into Care Teams
  - Documentation in EMR/EHR
  - Case Finding and Re-Engagement
  - Adherence Support
  - Visit Accompaniment

CHWs Along the Continuum



The WHO Pyramid

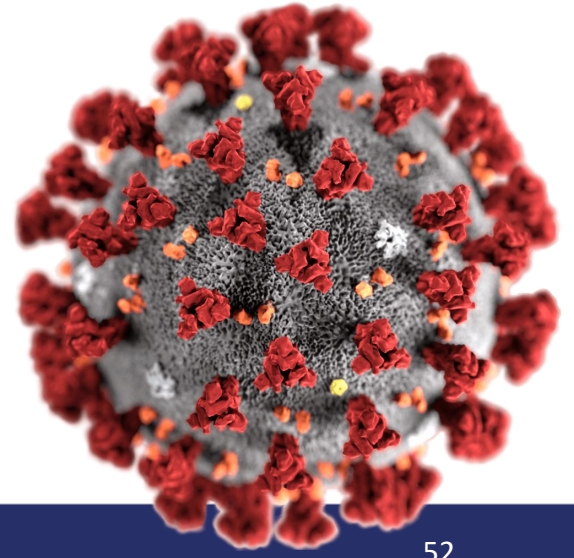
- CHWs can support the development of self-care practices and provide informal community care
- CHWs co-located or collaborating with health care providers can be involved in the provision of primary care services as well
- CHWs can support any person on the pyramid through emotional support



WHO pyramid of mental health services

CHWs in the Pandemic

- CHWs have been and continue to be critical in the response to COVID-19
- Using the CERC Framework, CHWs worked to dispel myths in the community and provide wellness check-ins
- Leveraging behavioral health treatment data some agencies targeted CHW services directly to those with behavioral health disorders (anxiety, depression)
- CHWs, like all of us, are experiencing the pandemic and can leverage their experience to inform and enhance services



The Gift of Time

CHWs can bring patients and clients a witness to their experiences that is not forced into a revenue cycle.

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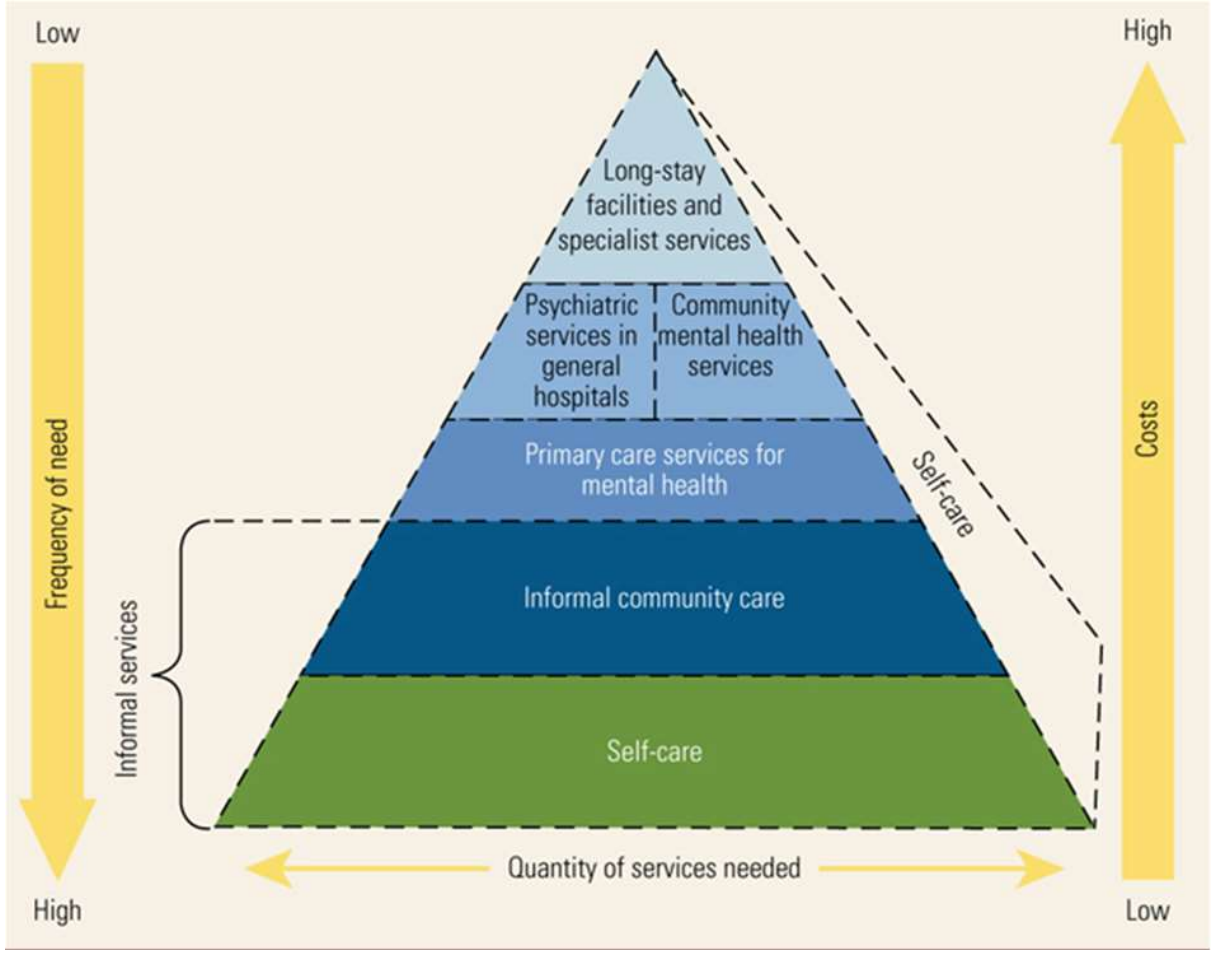
Tackling Behavioral Health Comorbidities with the WHO Pyramid of Mental Health Services (4)

Karen McKinnon

HIV and Serious Mental Illness: Where's the Care?

- People with schizophrenia, schizoaffective disorder, bipolar disorder, major depression with psychotic features have rates of HIV that are **4-10 times higher** than those in the general population.
- The intensity of mental health services needed tends to be in the upper levels of the WHO pyramid.
- HIV care provision within those high-intensity mental health care settings is spotty at best.



WHO pyramid of mental health services

SMI and HIV

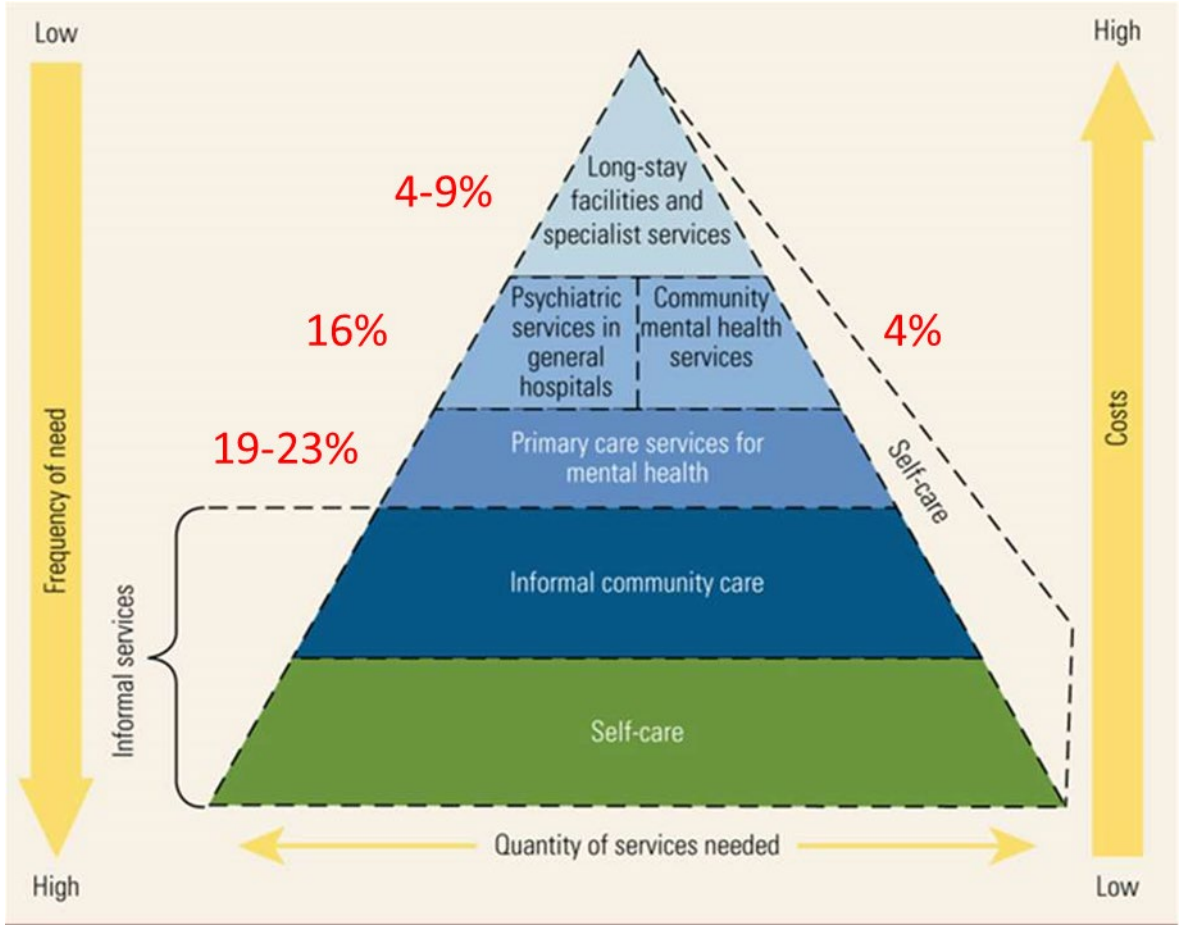
Rates of HIV among People with SMI

(Cournos, McKinnon, Wainberg, 2017)

- Range is 4-23%

Rates of HIV testing

- 11% to 89% (Senn & Carey, 2009)
- 6.7% (Mangurian et al., 2017)



WHO pyramid of mental health services

NYSOMH Licensed/Operated Outpatient Programs 2017

- 434 licensed/operated outpatient programs identified by New York State Office of Mental Health
- Emails with Qualtrics survey link sent to Clinical Directors of all sites in 2017
- 154 (36%) respondents after 3 emails

HIV Testing

• Offered on-site	35%
• Not offered/no procedure in place	20%

How many of your clients get tested for HIV anywhere (past year)

• None	5%
• Any	30%
• Unable to estimate this information	37%

2017 Survey: ART

154 respondents to survey of HIV-related services in 434 NYSOMH licensed/operated outpatient programs

How many of your HIV-positive clients are on ART?

- None 6%
- Less than half 13%
- More than half 31%
- Unable to estimate this information 50%

2017 Survey: PrEP

154 respondents to survey of HIV-related services in 434 NYSOMH licensed/operated outpatient programs

Extent to which your program utilizes NYS PrEP guidelines?

- Not familiar with them 45%
- Heard of them but haven't reviewed 15%
- Reviewed but haven't used them 3%
- Use them infrequently in practice 15%
- Use them regularly in practice 23%

} 63%

Recommendations

Needs Assessment

- Incorporate questions about this population into existing service utilization and unmet needs reports.
- Mine administrative claims to understand scope of met/unmet service needs.
  - Medicaid billing claims to quantify and detect care gaps for people with SMI

Service Integration

- Psychosis should be added to the screening protocols of RW-funded programs.
- Integrated Tx plans accessible by all providers
  - medication prescriptions, ART adherence, and viral load

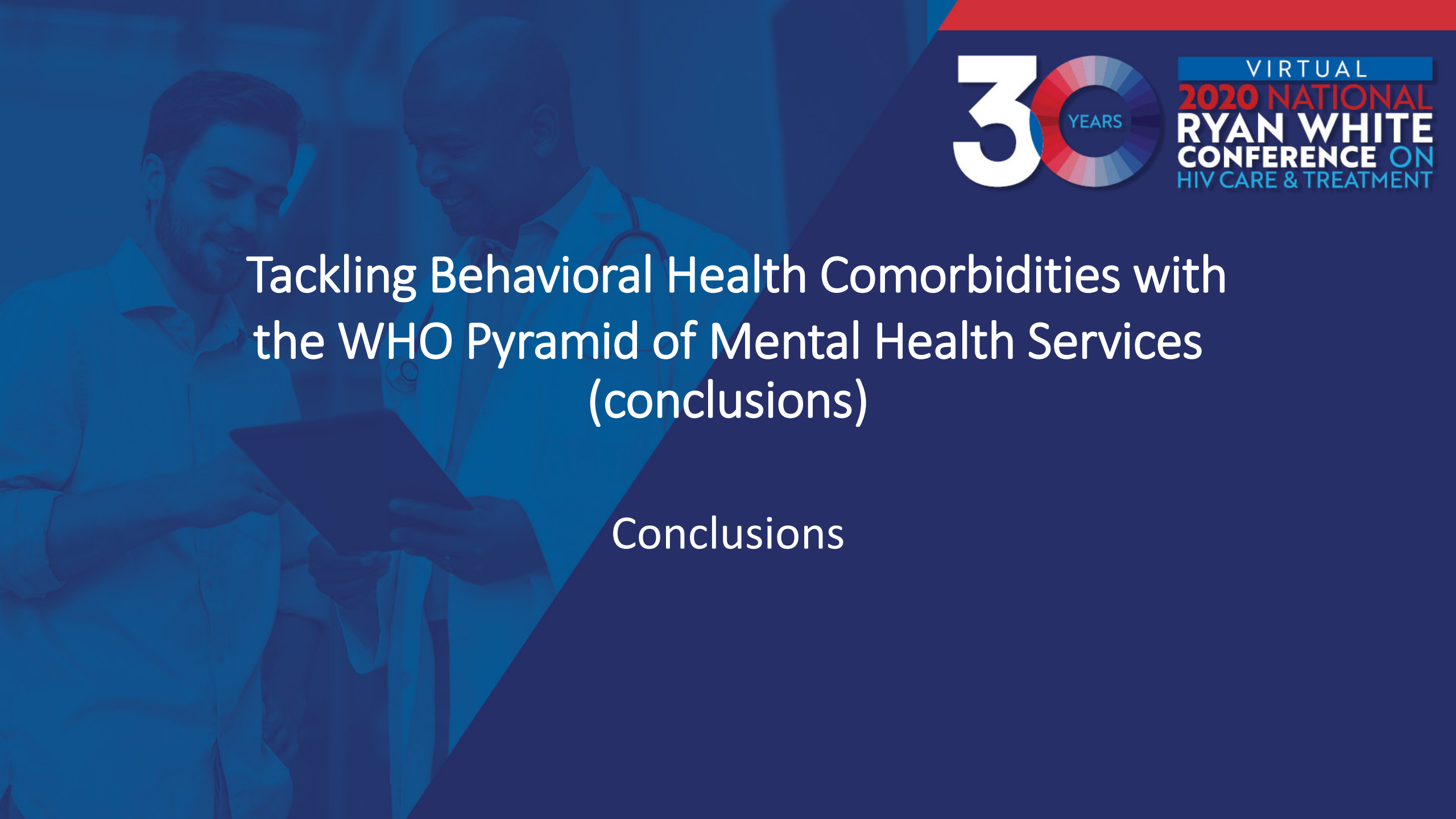
Recommendations (2)

HIV Testing

- Psychiatric inpatient units/hospitals should follow the same HIV testing guidelines as other hospitals.
- Outpatient mental health programs require an annual medical assessment; this must include opt-out HIV testing.
- All people with SMI newly diagnosed with HIV should be provided with medical follow-up within 1 week of diagnosis.

HIV Medications/PrEP

- Mandate PrEP (and PEP) education and training for all inpatient and outpatient mental health sites (all staff and clients).
- Programs should be able to assess the need for PrEP/PEP and make timely and effective referrals.



VIRTUAL 2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Tackling Behavioral Health Comorbidities with the WHO Pyramid of Mental Health Services (conclusions)

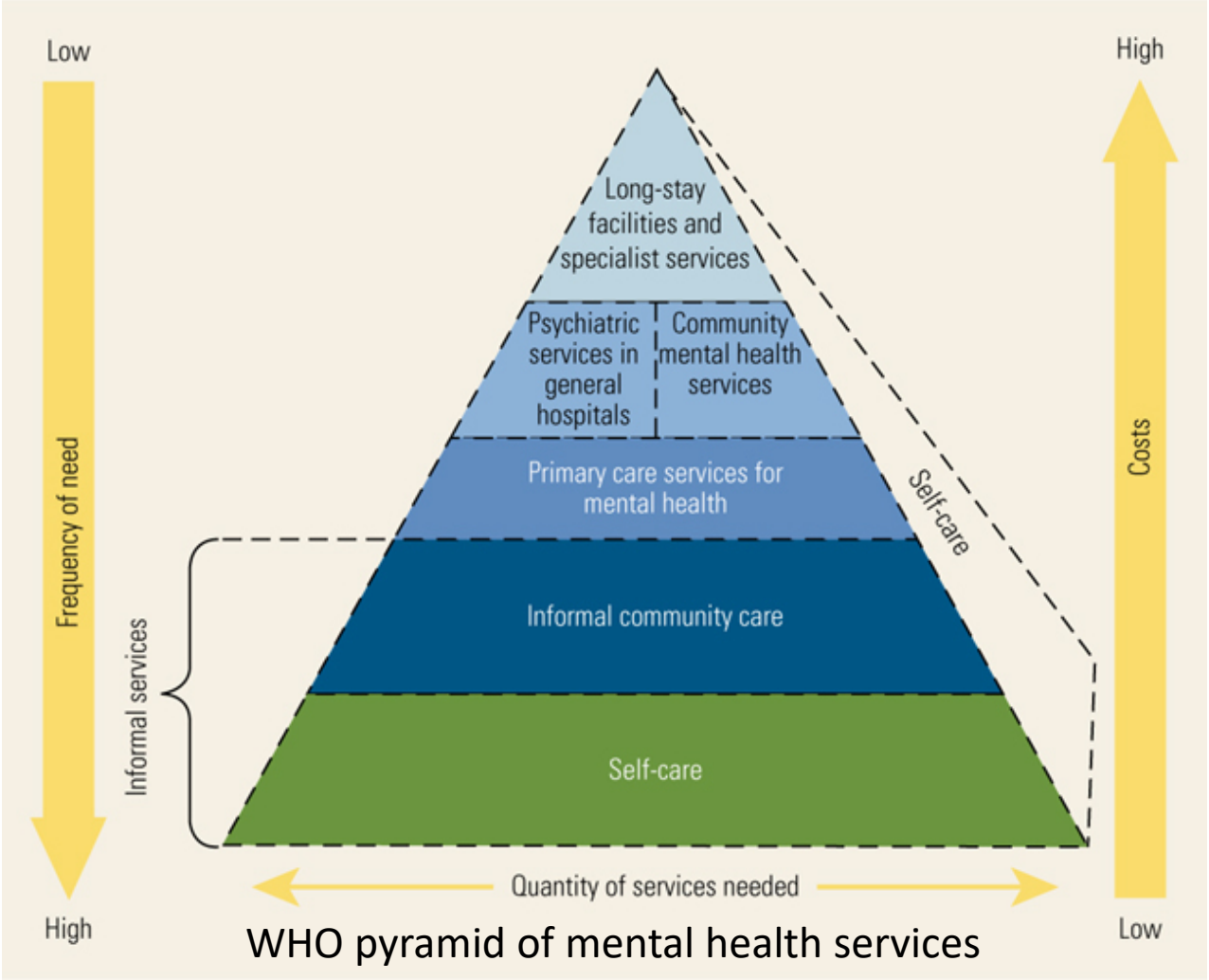
Conclusions

AETC lessons learned about providing behavioral health care

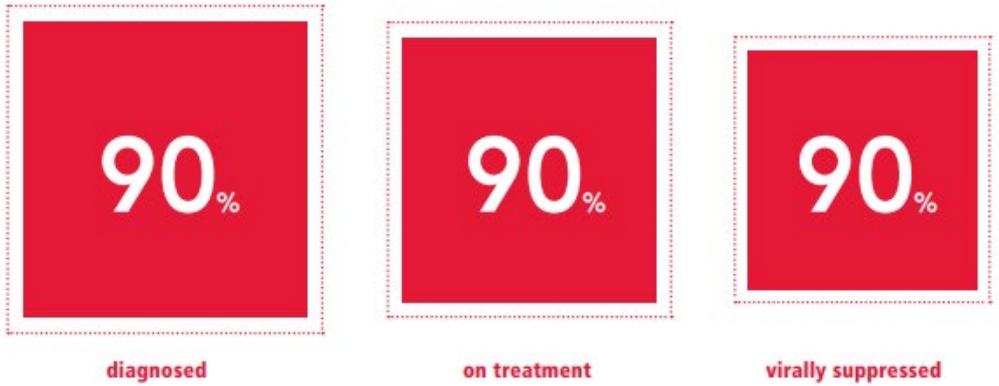
- Structural issues need to be addressed to affect practice change
- Practice change cannot be achieved without commitment
- Knowledge is necessary but not sufficient to tackle BH comorbidities:
  - Professional and continuing education along the entire WHO pyramid of BH services
  - Interprofessional education
  - Peer education and buy in
- Skill building is a part of adult learning
- Mentoring is needed to support implementation
- We need to do more to meet the combined BH and HIV needs of people with serious mental illness

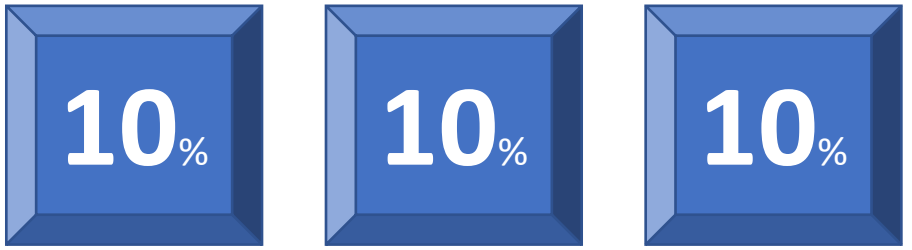
Lessons learned about behavioral health during the COVID-19 pandemic

- We’re all in distress--patients and health care workers alike
- We are living out the WHO pyramid of mental health services right here in the US
- Never have self-care and informal community care been more vital
- We are seeing task shifting in primary HIV care as increasing numbers of providers take on counseling roles with patients



WHO pyramid of mental health services





EHE will NOT be achieved without addressing Behavioral Health

Behavioral Health Integration cannot be achieved without addressing workforce and systems issues

Neither will be achieved without prioritization

Audience Discussion