

Panel 3: Increasing Mental Health Access for People with HIV and STDs

Panelists:

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HIV Prevalence & Indicators in South Carolina

HIV by Race/Ethnicity and Gender

Race/Ethnicity & Gender	SC Total Population		Total Persons Living With HIV/AIDS, 2020		Total HIV/AIDS Diagnosis, 2019-2020	
	No.	%	No.	%	No.	%
Black Males	655,720	13%	8,655	45%	736	51%
Black Females	752,244	14%	4,012	21%	185	13%
White Males	1,638,616	31%	3,797	20%	290	20%
White Females	1,723,318	33%	890	5%	66	5%
Hispanic Males	167,955	3%	845	4%	86	6%
Hispanic Females	152,106	3%	216	1%	15	1%

MUSC

2023 RSR

HIV: 44.0%

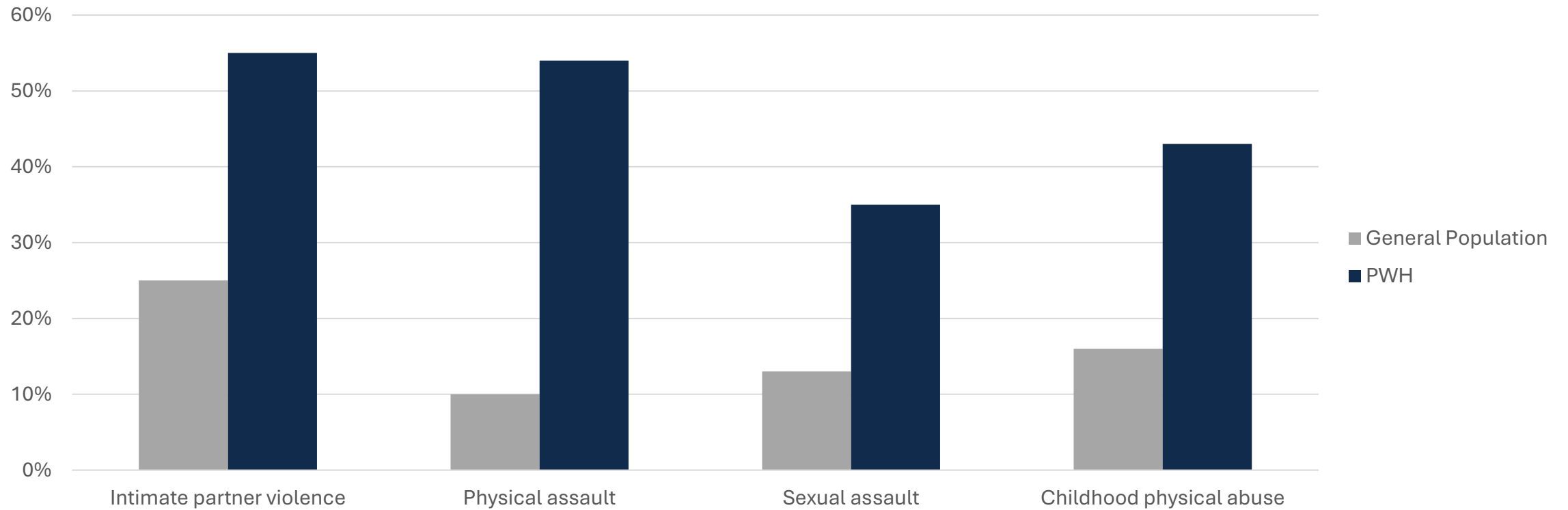
AIDS: 56.0%

MH Services: 25.1%

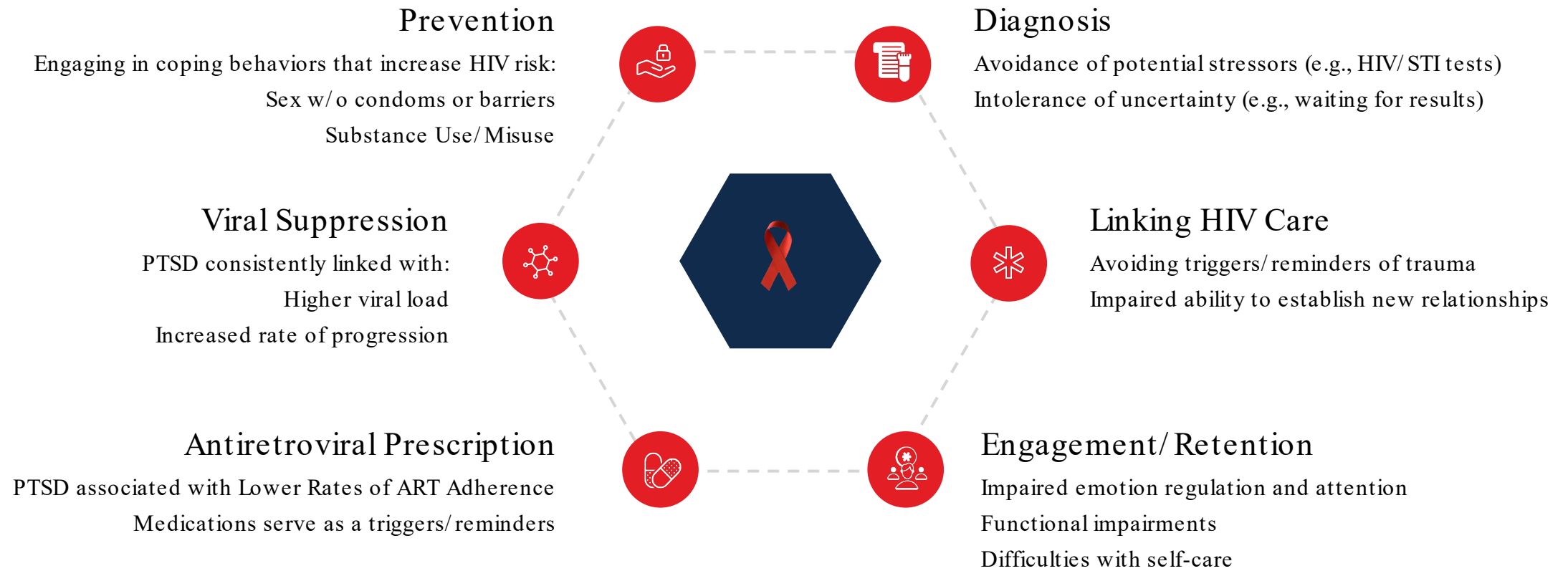
<100% Federal Poverty Level: 63.6%

Uninsured: 15.8%

Traumatic Events



PTSD Impacts: HIV Care Continuum



R.E.A.C.H. Program Structure

Research & Clinical Practice

- Evidence Based interventions
- Time-limited Trauma Focused treatments (5-20 sessions)
- Goal of symptom reduction

Building Integrated Care through Community Partnerships

- E.g., Charleston MUSC-ID, Roper Ryan White
- Memorandum of Understanding

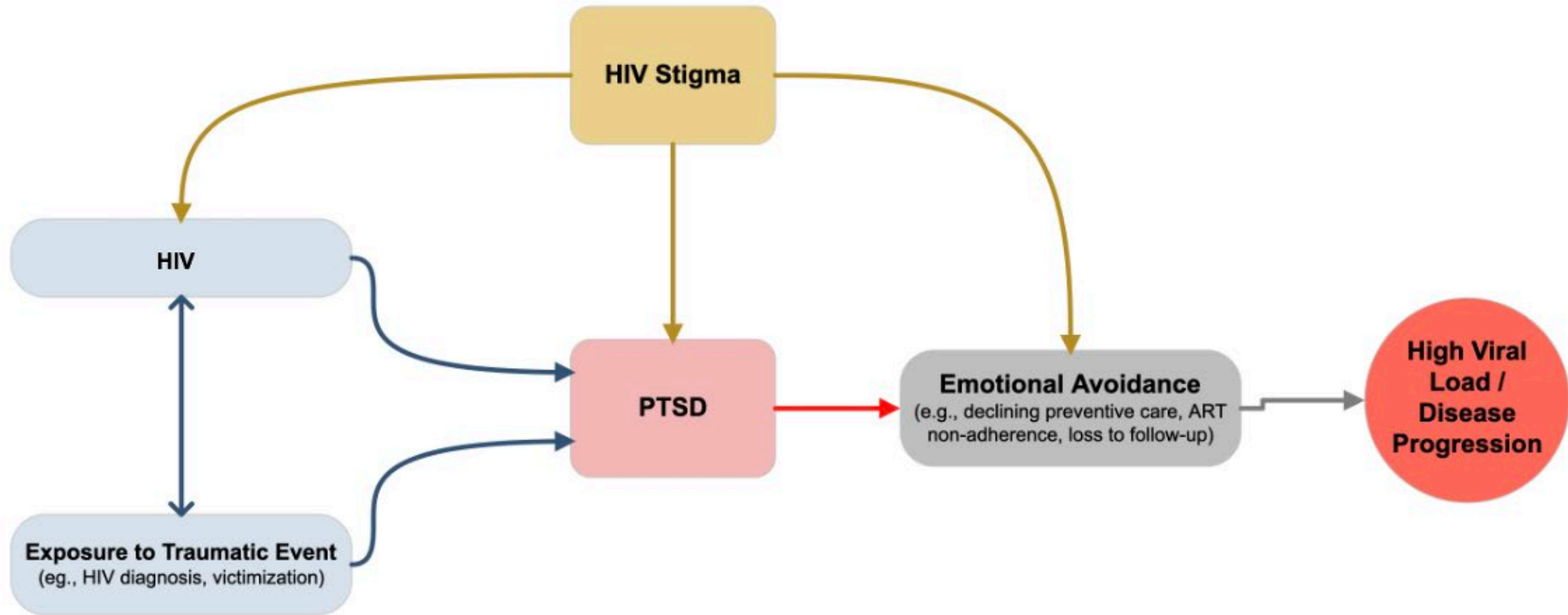
Clinic Features/Policies

- Patient-centered accommodations (e.g., No-cost, flexible hours, telehealth)
- Trauma-focused mental health services
- Culturally responsive care integrating stigma

Client Eligibility for REACH

- Traumatic experience with current trauma symptoms
- Comorbid mental health and substance use
- At risk for HIV
- Potential ineligibility if they need detox stabilization prior to trauma treatment

Intersection of PTSD & HIV



Adapted Treatment: CPT-L



ADHERENCE LIFE-STEPS



COGNITIVE PROCESSING
THERAPY (CPT)



DELIVERY
MODIFICATIONS

How do we
combat
stigma?



Combating Stigma I

Trauma Framework	Stigmatizing Experiences	Internalized HIV Stigma	Trauma-Informed Response	Empowering Perspective
SAFETY				
<p>Intrusive and intense fear/anxiety, Irritability</p> <p>Hypervigilance and Isolation</p>	<p>Intimate partner violence (IPV) upon disclosure of HIV status</p> <p>Mistreatment in the medical system both historically and personally</p>	<p>HIV will kill me no matter what I do, so there's no point in trying.</p> <p>I must stay alert because HIV makes me a risk to everyone.</p> <p>I am dangerous to others even if I am undetectable.</p> <p>The side-effects of the medications are worse than symptoms / The medications will be what kills me.</p>	<p>Improve Health Literacy: Use conversational terms for Tx & side-effect management</p> <p>Enhance Motivation: Reframe Tx adherence as a means of keeping others safe</p> <p>Mental Health Screening and Referral: Trauma/PTSD, Substance Use, Depression</p>	<p>Taking my medication regularly helps me protect myself and the people around me.</p> <p>In the past I have taken medication to feel better and stay safe. If I did it before, I can do it again.</p> <p>I can enjoy my time with others because no one can "catch" HIV just by being around me.</p>

Combating Stigma II

Trauma Framework	Stigmatizing Experiences	Internalized HIV Stigma	Trauma-Informed Response	Empowering Perspective
TRUST				
<p>Shame, Self-doubt, Isolation</p> <p>Mistrust (e.g., medical system)</p>	<p>Children being warned to stay away from PWH at social/family gatherings</p> <p>Trusted person telling others about PWH's status after being told in confidence</p>	<p>My doctor is exaggerating the severity of my diagnosis to overcharge my insurance.</p> <p>It's better to skip my dose than risk others finding out I have HIV.</p> <p>I can't trust anyone with my HIV diagnosis (they will tell others)</p> <p>I can't trust my own judgment because I should've known better / it's my own fault I have HIV</p>	<p>Culturally Informed, HIV Care: Adopt non-stigmatizing terms</p> <p>Validate concerns about the medical system (especially for PWH with marginalized identities)</p> <p>Visibly advocate for Pt rights and access to treatment</p>	<p>I have the right to a second opinion if I need clarity.</p> <p>I have the right to privacy—I can choose who/when I disclose my status.</p> <p>I can exercise my right to privacy and still take my medication because I don't owe any explanations about my medications.</p> <p>Disclosing comes with risk, but [person] has consistently acted discretely/ compassionately.</p>

Combating Stigma III

Trauma Framework	Stigmatizing Experiences	Internalized HIV Stigma	Trauma-Informed Response	Empowering Perspective
POWER &	CONTROL			
Avoidance of emotions, trauma cues/ Reminders Helplessness, passive or avoidant coping, alcohol and/or substance misuse	Concerns of forced outing of people with minoritized sexual orientation / gender identity Acquiring HIV due to coerced sex without barrier	I cannot manage my HIV treatment because it's too complicated for me. I don't have a choice; I must take my medication. If I accept the medications/ diagnosis, it will take over my life. I might as well give up on sobriety because HIV will kill me anyway.	Ongoing Consent: Explain and get ongoing consent/assent (e.g., "if you're ready, now I will...") MH Tools/Referrals: Universal IPV Screening, Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Substance Use; Motivational Interviewing; Decisional Balance.	If others have learned to manage their medications, I can learn too. I've learned complicated skills before. I choose to take my medication consistently to live a long life. HIV doesn't have to change my values; I can still build a life worth living.

Combating Stigma IV

Trauma Framework	Stigmatizing Experiences	Internalized HIV Stigma	Trauma-Informed Response	Empowering Perspective
ESTEEM				
Shame, Isolation Depression Self-destructive behavior	Misconception that only sexual, gender, and/or racial minority groups or those with low SES acquire HIV	<p>HIV is my punishment for my past choices and/or for being LGBTQ+</p> <p>I didn't plan to live this long with HIV, so nothing I do matters now</p> <p>Having HIV makes me dirty/damaged</p> <p>If I tell someone about my diagnosis, they will think I am dirty / judge me.</p>	<p>Improve Health Literacy: Discuss HIV myths and prevalence among patient's demographic groups</p> <p>Promote Empowering Perspective: Use guided questions to encourage reflection (e.g., "So, a child born with HIV is being punished for being alive?")</p>	<p>HIV is not a sign of moral failure; good people also acquire HIV.</p> <p>Every life experience has changed me in some way, but who I am at my core remains intact (e.g., I'm still a kind and caring person).</p>

Combating Stigma V

Trauma Framework	Stigmatizing Experiences	Internalized HIV Stigma	Trauma-Informed Response	Empowering Perspective
INTIMACY				
<p>Pervasive sense of disconnect, loneliness, emptiness</p> <p>Seeking comfort and connections externally (e.g., drugs, alcohol, sex without a barrier)</p>	<p>Exposure to stigmatizing beliefs by people in their social network</p> <p>Exposure to social stigma (e.g., biased media, legislation)</p>	<p>Because of my HIV, I will never have a normal sex life.</p> <p>No one will love me because I have HIV.</p> <p>I will be alone forever.</p> <p>I will never be a parent because I will infect my child and/or partner.</p> <p>I got HIV because I foolishly loved and/or trusted someone.</p>	<p>Provide Sexual Health Literacy: Treatment as Prevention (TasP) Undetectable = Untransmittable (U=U)</p> <p>Provide corrective information or statistics: (e.g., 57% of WWH report a romantic relationship)</p> <p>Grassroots Campaigns to disseminate information to local community in a way that resonates.</p>	<p>Although it may look different, I can have a fulfilling sex life.</p> <p>There are about 8 billion people in the world, it is unrealistic to think that not a single person will love me.</p> <p>I have options if being a parent is important to me (e.g., pre-/postnatal prevention, adoption)</p>

Future Directions

More education/visibility to help raise awareness of effect of PTSD on HIV care outcomes and available evidence-based mental health treatments that address the traumatic stress

Dissemination and Implementation projects that examine different strategies to help address barriers and facilitators to implementing trauma focused treatment can help effectively integrate more mental health services in the Ryan White clinic network.

A message of hope from our patients:

“[CPT-L] is very sensible. It’s pragmatic, it’s logical. I wish I had this a long time ago.”

“I felt increasingly as I participated that it was giving me some tools to live more – well, to be more whole.”

“I don’t see HIV as a threat to me as much as I once did.”

“Knowing that it’s not my fault. That you know, I’m HIV positive and still can be successful.”

[CPT-L] gave me the ability to sort that out in a way that I never had a handle on before. It’s not like I can discuss this much with anybody else.

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