2009

Mental Health and HIV/AIDS/HCV in BC

A Strategic Action Report

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EXECUTIVE SUMMARY

In January 2008, the Provincial Health Services Agency (PHSA) of BC retained a consultant to conduct a province-wide needs assessment on the mental health needs of people living with HIV/AIDS/HCV. It was a first step response to anecdotal evidence provided by community based organizations working with people who are living with HIV/AIDS/HCV. This initial data indicated that the mental health needs of people living with HIV/AIDS are being compromised by existing gaps and barriers and ineffective services across the whole continuum of mental health support systems. Moreover, knowledge about the scope and range of the mental health conditions was largely unknown on a provincial basis.

The needs assessment entitled Trap Doors: Revolving Doors: A Discussion Paper details the prevalence rates of mental health conditions of people living with HIV/AIDS/HCV (PWAs) accessing services from community-based AIDS organizations (ASOs). The report details the burden of care for ASOs and the frustration experienced by community workers at the enormous need for mental health supports and the lack of access to these services.

Current prevalence rates indicate that 1 in 5 Canadians experience a mental health disorder. Data gathered for this report indicates that 4 in 5 British Columbians living with HIV/AIDS/HCV and accessing services from an ASO experience a mental health disorder. This means that 80% of people living with HIV/AIDS/HCV and accessing ASOs are impacted by mental health conditions and illnesses at some point during their lifetime. These disorders encompass the entire range of mental illness and include depression, post traumatic stress disorder, substance misuse, bipolar disorder, psychosis, schizophrenia and so on. It is important to note that these conditions are frequently undiagnosed and untreated.

Despite the high prevalence rates of mental health conditions among persons living with HIV/AIDS/HCV, only 10.7% have been able to access formal mental health supports. This is in contrast to a 40% access estimate for those who have mental health conditions but are not living with HIV/AIDS/HCV. Thus mental health conditions affect people living with HIV/AIDS/HCV at 4 times the rate of the Canadian adult population and yet they access mental health support services at 1/4 of the rate of the “average Canadian”.

PHSA distributed Trap Doors: Revolving Doors: A Discussion Paper across the province to ASOs, BCMHAS and Public Health as a means to initiate further dialogue. In September 2008, a small strategic group was assembled to discuss establishing a provincial working group that could identify strategic action items that could be addressed in the short-term and to outline the potential for a sustainable framework to address mental health and HIV/AIDS/HCV at a community, regional and provincial level. This initial group identified potential participants and targeted invitations went out to selected members.

In November, 2008 the Provincial Working Group had its first in a series of meetings. The outcome of the working group was the development of the five following strategic priorities:

1. **To build the capacity of frontline workers in community based ASOs to provide mental health first aid to their clients/members**
2. **To increase the capacity of BC Mental Health and Addictions Services (BCMHAS) to provide mental health supports to PWAs and those at risk for HIV/HCV**
3. **Enhance knowledge exchange about mental health and HIV/AIDS/HCV**
4. **Target research activities toward expanding knowledge in key areas**
5. **Identifying and targeting resources toward identified priority actions**

The theme of the Provincial Working Group emerged as: *We need to develop a "together we can" approach between mental health service providers and ASOs focusing on collaborative solutions and better joint endeavors*.

This will involve developing a collective target population. This means forming real and sustainable partnerships between community, Public Health and BCMHAS. BCMHAS will need to see this identified population- that is, people who are living with HIV or at risk for contracting such- as a priority population. Not only will this serve in ensuring services are targeted where they are needed most, these services are an important, missing element in the management of the HIV epidemic.

In turn, BCMHAS can work with ASOs to help build their capacity to offer an expanded range of mental health supports though training and collaboration.

TRAP DOORS/REVOLVING DOORS SUMMARY FINDINGS

About the Study

Trap Doors/Revolving Doors: A Discussion Paper is a culmination of data collected from key informants across the province of British Columbia. Over 45 interviews and questionnaires were completed. Respondents included professionals working in community-based AIDS service organizations, as well as leaders from Public Health and Mental Health and Addictions Services (BCMHAS). Additional key informants were consulted to provide expert information on various aspects of the report.

A total of 15 interviews and 8 questionnaires were collected from community based organizations from a distribution list of 53. BCMHAS contributed a total of 8 responses and Public health contributed 7 responses. 8 additional interviews were conducted with experts in the field including physicians, policy developers, national mental health leaders, and champions of current promising treatment models.

In the absence of surveillance and epidemiological data measuring the mental health needs and experiences of people living with HIV/AIDS/HCV, this study explores emerging and chronic issues from the perspective of rural and urban community experiences across the province.

The Findings

The community climate in each region is distressed. Resoundingly, informants spoke to the increasing stress levels and disenfranchisement of community members who are living with HIVAIDS/HCV and those at risk. The concerns were similarly expressed in rural communities as well as large urban centres. Issues of homelessness, poverty, addictions and increasing numbers of people living with mental health conditions figure prominently across the province. In addition, the populations impacted by HIV and HCV are diversifying and increasing in numbers.

Not only are the numbers of people living with HIV/AIDS/HCV increasing, so is the complexity of the health and mental health issues.

People are showing up for care with diseases rarely seen outside of third and fourth world countries and, in some areas, are dying at the same rate. Increasing substance use, particularly the rise in amphetamine-based drugs, has clearly contributed to the increasing levels of the untreated psychosis and other conditions identified. Furthermore, the mental health needs of long-term survivors of HIV/AIDS are largely misunderstood or unknown.

In addition, the burden of care related to mental health issues experienced by communities, has continued to escalate since the closures of the mental institutions in BC in 1992. A central problem is that the policy to return institutionalized people to their communities was not accompanied with an adequate plan or resources necessary to assure a sustainable transition.

These increasing pressures mean an increase in the need for resources, a need that has not been adequately met or addressed. Resources continue to be cut back at the same time that organizations are required to respond to external pressures to expand mandates and services.

Prevalence Rates of Mental Health Conditions

	Average Canadian	Living with HIV//AIDS/HCV
Experienced Mental Health Condition	**20%**	**77%**[1]
Able to Access Mental Health Support	**40%**	**10.7%**

Current prevalence rates indicate that 1 in 5 Canadians experience a mental health disorder during their lifetime. Data gathered for this report indicates that 4 in 5 British Columbians living with HIV/AIDS/HCV experience a mental health disorder. This means that 80% of people living with HIV/AIDS/HCV and accessing ASOs are impacted by mental health conditions and illnesses at some point during their lifetime. These disorders encompass the entire range of mental illness and include

[1] Living with HIV/AIDS/HCV and accessing services of an ASO

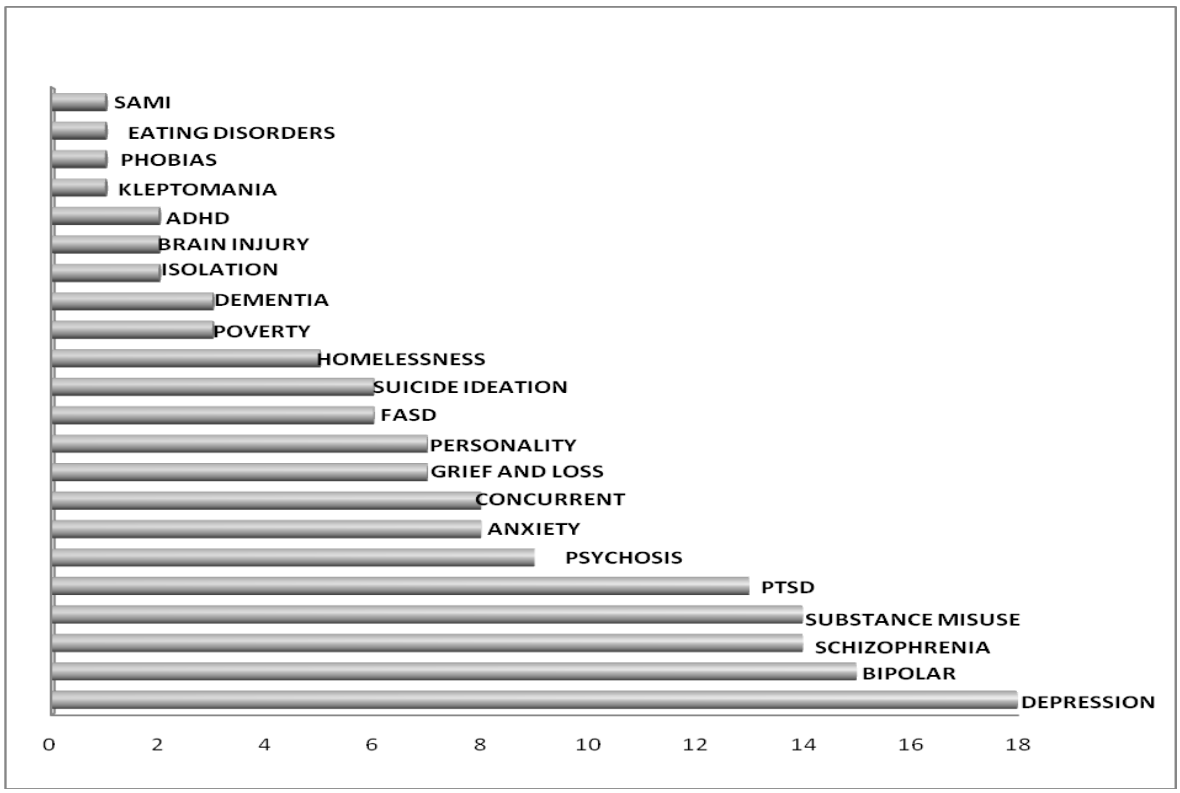
depression, post traumatic stress disorder, substance misuse, bipolar disorder, psychosis, schizophrenia and so on. It is important to note that these conditions are frequently undiagnosed and untreated. It is also important to note that over 70% of organizations polled stated that 80% or more of their clients experienced a mental health disorder. Thus, these estimates are the norm for the majority of organizations.

Despite the high prevalence rates of mental health conditions among persons living with HIV/AIDS/HCV, only 10.7% have been able to access formal mental health supports. This is in contrast to a 40% access estimate for those who have mental health conditions but are not living with HIV/AIDS/HCV. Thus mental health conditions affect people living with HIV/AIDS/HCV at 4 times the rate of the Canadian adult population and yet they access mental health support services at 1/4 of the rate of the "average Canadian".

Mental health disorders place people at increased risk for contracting HIV/AIDS/HCV, and there is an additional level of increased risk of infecting others. The literature provides evidence that mental health disorders negatively impact the health outcomes for persons living with HIV/AIDS/HCV. Failure to provide mental health treatment options has compelling implications for individual case management and for the overall management of the HIV and HCV epidemics.

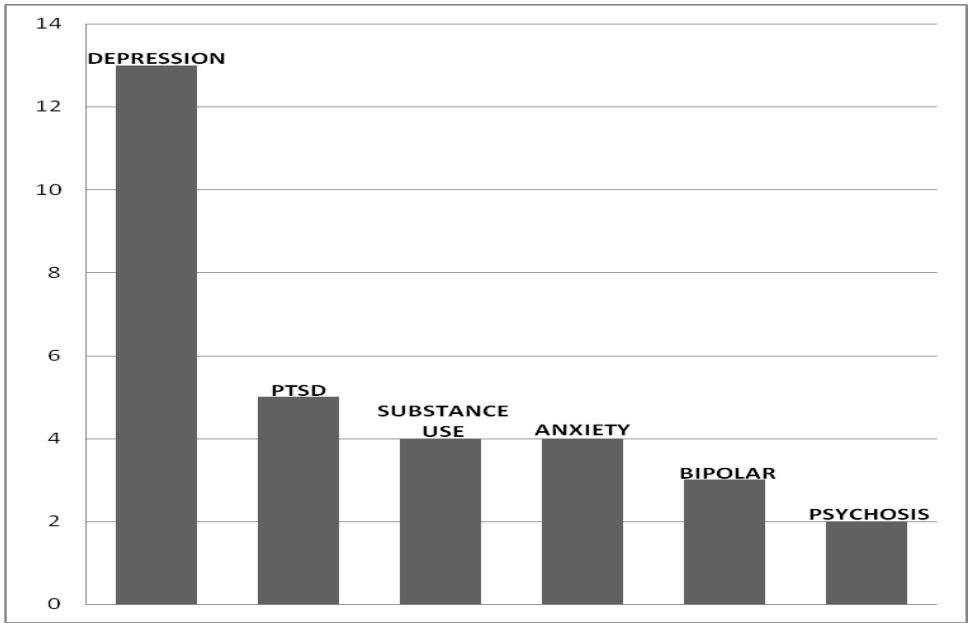
RANGE OF MENTAL HEALTH ISSUES

In BC, people living with HIV/AIDS/HCV experience the full range of mood disorders to schizophrenia and dementia. The severity of the disorders can be mild to debilitating. This takes into account that people can have schizophrenia that is controlled to depression that is uncontrolled and debilitating. The following figure represents the range of disorders identified.



FREQUENCY

Data was also collected to further determine the most frequently occurring mental health disorders within the population of people living with HIV/AIDS/HCV.



In both measurements, depression was identified as the most frequently occurring mental health condition affecting people living with HIV/AIDS/HCV. The figure illustrates that post-traumatic stress disorder and substance misuse were also among the most common disorders experienced by people living with HIV/AIDS/HCV.

The mental health conditions that were identified along with depression as having the most impact on people living with HIV/AIDS/HCV were bipolar disorder and schizophrenia – although neither condition was the most frequent. This indicates schizophrenia and bipolar disorder do require significant attention although they are not among the three most common disorders.

THE RANGE OF MENTAL HEALTH SUPPORTS

According to the survey respondents, there are a variety of ways that people living with HIV/AIDS/HCV access support for mental health issues. These supports fall into 3 categories: personal, community and formal.

Personal Supports	Community and Population Supports	Formal Health Services
• Self • Family • Friends	• ASOs • Peer Supports and Organizations • Harm Reduction Facilities • Case Managers • Food Banks • Shelters • Crisis Line • Friendship Centres • Women's Centres • Brochures/ Posters	• Public Health • Doctors • Emergency/ Hospital • Crisis Response Team • Psychiatrist • Interdisciplinary Teams • Nurse • Addiction Outreach • Mental Health Teams • CAM[2]

[2] Complementary and Alternative Medicine

MENTAL HEALTH AND HIV/AIDS/HCV WORKING GROUP

BACKGROUND:

After the release of Trap Doors/Revolving Doors: A Discussion Paper to stakeholders in the province, a small strategic group was convened to establish the parameters and participants for a province-wide, time-limited working group. Targeted invitations were sent to identified members including the Provincial Health Services Authority, Public Health, BC Mental Health and Addictions Services and representatives from community-based HIV/AIDS/HCV organizations.

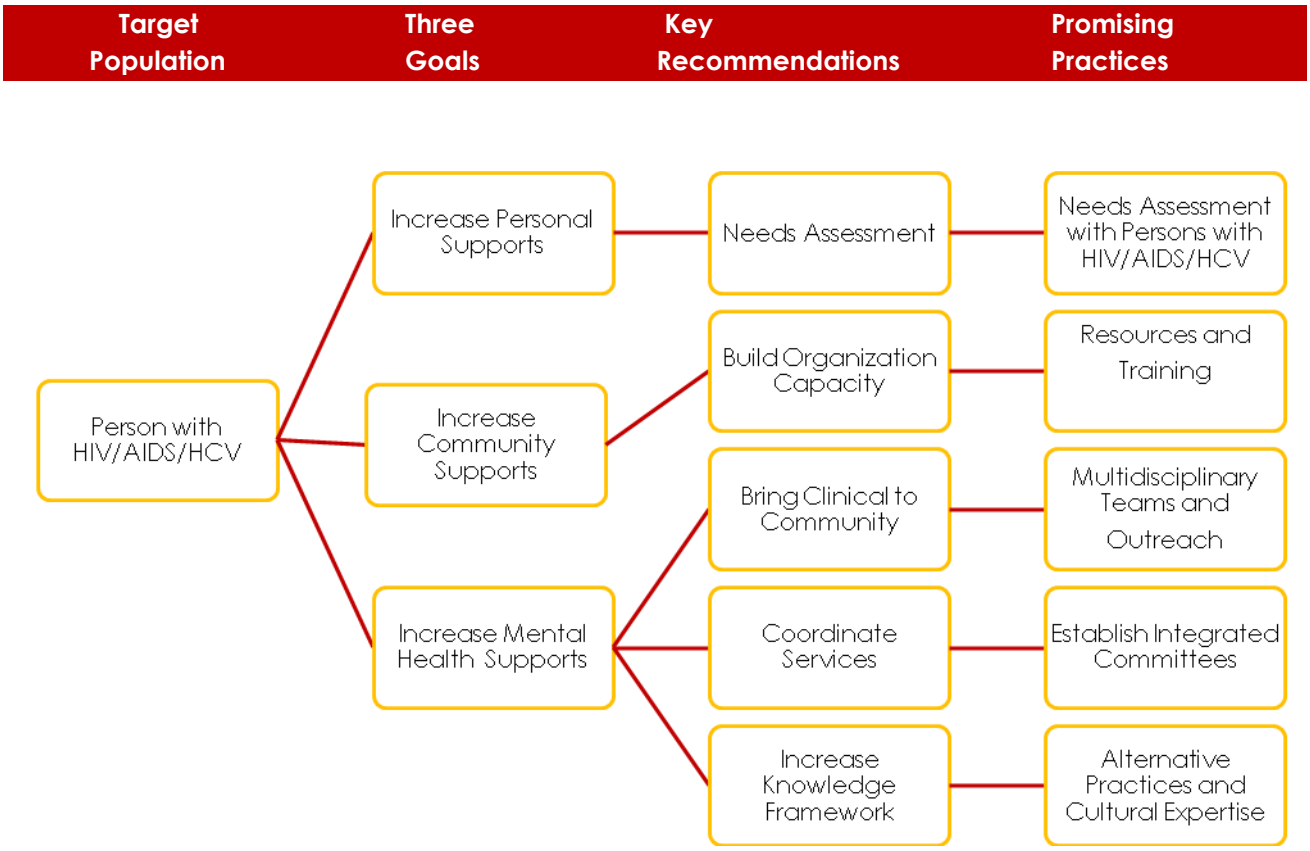
The intent of the Provincial Working Group was to provide a forum to review the findings of Trap Doors: Revolving Doors: A Discussion Paper; to provide a provincial multidisciplinary platform to discuss planning and coordinating initiatives related to mental health/addictions and HIV/AIDS/HCV; and to construct a strategic action plan to lead to a sustainable process for enhancing mental health/addictions supports to people living with HIV/AIDS/HCV in British Columbia.

The activities of the Provincial Working Group were facilitated by a project coordinator and the first meeting was held in November 2008 in Vancouver, BC (see Appendix 1 for a list of working group members). With limited time and resources, the Provincial Working Group focused its collective energy on identifying actionable activities. These targeted activities were constructed as such that organizations, communities and regions could begin to follow up by initiating meaningful and locally relevant actions.

Backed by the evidence provided in Trap Doors: Revolving Doors: A Discussion Paper and by the support of the Provincial Working Group, opportunities for policy change and resource support is enhanced.

Through discussion the Provincial Working Group validated the findings in the report and began a process of analyzing the recommendations outlined in the report. These recommendations are summarized as:

TRAP DOOR RECOMMENDATIONS



The working group reviewed the recommendations that were identified in the report and targeted 5 key categories: Practice, Knowledge Exchange, Research and Resources. Drawing from the report as well as from personal/professional knowledge of the climate (including barriers and opportunities), the Provincial Working Group developed the Mental Health and HIV/AIDS/HCV Strategic Priority Action Plan.

The Strategic Priority Action Plan remains focused on the key strategic goals to increase personal, community and mental health supports for persons living with HIV/ADIS/HCV.

PRIORITY ACTION # 1: TO BUILD THE CAPACITY OF FRONTLINE WORKERS IN COMMUNITY-BASED ASOS TO PROVIDE MENTAL HEALTH FIRST-AID TO THEIR CLIENTS/MEMBERS

As noted in Trap Doors/Revolving Doors, ASOs indentified that 77% of the PWAs accessing their services experience a mental health condition at some point during the time of receiving services. Of these, only 10.7 % were known to have been able to access mental health support. Community based organizations, particularly ASOs, can play an integral role in providing increased mental supports to people living with HIV/AIDS/HIV.

The Provincial Working Group recommended that increasing the capacity of frontline workers is the first priority. This is also consistent with the recommendations from the respondents in Trap Doors: Revolving Doors: A Discussion Paper.

ACTIONS:

1.1. **Provide training opportunities to front-line workers in ASOs and other community supports to provide limited mental health "first aid". Training to include**:

a) How to Identify mental health issues/problems
b) How to "triage" to appropriate supports (in conjunction with Priority Action #2)
c) How to provide limited brief interventions

STEPS:

1. Identify successful training models, content and delivery models for front-line workers (e.g. Addictionary[3], BCPWA's Mental Health First Aid, Casey House's Mental Health Training for frontline workers, Ontario AIDS Network for on-line training for HIV and Depression[4]).

[3] Addictionary is practical guide developed by Aspect, BC on how to deal with substance abuse in the workplace and school environments.

[4] http://elearning.ontarioaidsnetwork.on.ca

2. Develop training manual. Sections could include:
    a) Roots of the issues
    b) Best practices: drawn from existing resources including practitioners and web-based resources such as the Clinical Guidelines for HIV and Mental Health as developed by the HIV Clinical Resource Centre at John Hopkins: http://www.hivguidelines.org
    c) Simple assessment tools (e.g. Becks Inventory)
    d) Include personal stories/case studies

3. Identify existing training opportunities whereby frontline staff could attend training (e.g. conferences, skills building events).

4. Deliver training and identify how to/ who will provide post training support.

5. Establish ongoing partnerships with Mental Health and Addictions Services to provide cross training and supports.

DESIRED OUTCOME:

To increase the mental health supports to people accessing services from ASOs.

DESCRIPTION:

There is untapped potential for developing therapeutic interventions at the community level where they are needed. Mental illness is still so stigmatized that many people including PWAs and frontline workers are slightly mystified by it. The intent of the training is to demystify mental health issues and provide ASOs and other community providers with a key set of skills for immediate support. These workers are doing this work already, so the training would increase their skill set and validate the work many are currently doing.

Interventions could be delivered in partnerships between ASOs, Public Health and BCMHAS. If community capacity were increased, to identify

and provide limited support around Mental Health and Addictions, it would be helpful while PWAs wait to enter formal mental health care with trained mental health professionals. It is clearly identified that more mental health professionals are needed as the Mental Health and Addictions Services are overwhelmed and running at full or above capacity.

The key informants in Trap Doors identified the kinds of training they need to increase the capacity within their organizations to assist in meeting the current demands:

- Basic 101 mental health
- Population specific issues
- Depression
- Suicide
- Good practices
- Changing face of HIV
- Long term survivor issues
- Risk assessment tools
- Concurrent disorders
- Current mental health trends
- Safe boundaries
- Treatment complications
- Chronic disease management
- Neurological and cognitive impacts of infection
- Mental health and HCV
- What to do when caseload is full
- Counselling vs. Support

The respondents also stated that the training would be most effective if developed and delivered in a variety of formats:

- On line training
- Workshops
- Electronic info
- Info articles
- Skills building
- Conferences

Ultimately, the aim of this work would lead to a model or framework for best practices for PWAs experiencing mental illness and / or addictions.

PRIORITY ACTION # 2: TO INCREASE THE CAPACITY OF BC MENTAL HEALTH AND ADDICTIONS SERVICES TO PROVIDE MENTAL HEALTH SUPPORTS TO PWAS AND THOSE AT RISK FOR HIV/HCV

BC Mental Health and Addictions Services is an agency of the Provincial Health Services Authority providing a range of tertiary mental health services to people across BC. In addition to providing some direct services, BCMHAS's mandate includes taking a provincial leadership role by working with an extensive network of community partners as a support and resource to service providers throughout BC. The direct service providers are managed by the regional Health Authorities who determine what services are provided in the region.

Currently, the Province is developing a 10 year plan to address mental health and substance use. In addition, an Aboriginal Mental Health and Addictions Plan is being developed. There are very real opportunities for the development and implementation of strategic actions to address the lack of services available to many PWAs, as the systemic barriers described by the respondents in Trap Doors, are similarly experienced by other marginalized populations in the province. At the same time, very specific targeted information and training about HIV/AIDS/HCV provided to mental health care professionals is needed to ensure appropriate mental health care for PWAs.

Resourcing professional mental health supports, including training, is complex, challenging and dependent on funding streams from the Ministry and will take time. Two approaches need to occur simultaneously: a top down and a bottom up. That is, addressing BCMHAS from a policy and leadership perspective and from a practitioner perspective.

ACTIONS:

2.1. Building on existing partnerships and allies, including those established though BCMHAS's participation in the Trap Doors: Revolving Doors: A Discussion Paper research and subsequent participation on the Provincial Working Group, continue to advocate for a redesign of programs and services offered by BCMHAS to reflect a practice model based on community feedback and other evidence describing effective mental health supports a in community-based setting. This needs to include the full implementation of a harm reduction approach/practice.

STEPS:

PHSA will lead this action which begins by acknowledging that Public Health, BCMHAS and the HIV/AIDS divisions has a collective target population. This means forming real and sustainable partnerships between community, Public Health and BCMHAS. BCMHAS will need to see this identified population- that is, people who are living with HIV or at risk for contracting such- as a priority population. Not only will this serve in ensuring services are targeted where they are needed most, these services are an important, missing element in the management of the HIV epidemic.

a. Advocate for the full expression of community based, low barrier services reflected in the 10 year plan to address mental health and addictions services in BC

b. Explore/develop initiatives to draw out potential interested care providers who will champion and cultivate HIV/AIDS/HCV and mental health education from a systems to practitioner scope. Ideally this would include exploring how professionals with specialized knowledge in this arena could broadly share their expertise amongst their colleagues

ACTIONS:

2.2. Building on existing partnerships and allies, including those established though BCMHAS's participation in the Trap Doors: Revolving Doors: A Discussion Paper research and subsequent Provincial Working Group, use Trap Doors: Revolving Doors: A Discussion Paper as a launching pad for educating mental health care professionals around some of the specific issues faced by people living with HIV/AIDS/HCV.

STEPS:

1. To develop a one page information bulletin about mental health and HIV/AIDS/HCV for mental health and addictions workers.

2. Develop training modules specific to mental health and HIV/AIDS/HCV that can be delivered to mental health care professionals.

    a. Interview mental health care professionals with specialized HIV/AIDS/HCV knowledge and practice and identify what mental health care professionals need to know
    b. Identify the knowledge needs of mental health care professionals (i.e. focus group(s), survey)

3. Identify opportunities for implementation of training (i.e. conferences, skills building, web based learning opportunities).
4. Implement training

DESIRED OUTCOME:

To increase mental health supports to PWAs and those at risk for HIV/HCV.

DISCUSSION:

Respondents in Trap Doors: Revolving Doors: A Discussion Paper identified a myriad of challenges for their clients in accessing mental health supports from BCMHAS.

1. **Limited services access/inaccessible**
    - Clinical setting often inappropriate
    - Referral process unknown or inappropriate
    - Lack of access to specialized psychiatric services

2. **Fragmented Service delivery**
    - Services fragmented across agencies
    - Fragmented/inconsistent harm reduction philosophy
    - Policy and practice obstacles
    - Lack of coordinated services including patient review for continuity of care
    - Lack of sustained and integrated case management for people in active addictions
    - Lack of continuity of professionals to provide services over time

3. **Isolation from community**
    - Services need to be available to clients where they are at: in community
    - Slow to respond to needs in community
    - Need more access points to services
    - Little community consultation
    - Newly designed services often don't meet the community needs
    - Work environment stressful, inconsistent and unhealthy

4. **Narrow knowledge framework**
    - Institutional legacy- end result psychiatry
    - Does not reflect other knowledge systems such as aboriginal and or an holistic concept of MH and or healing
    - Reliance on nursing/psychology: brief therapy/behaviour oriented approaches
    - Focus on symptoms/ not underlying issues
    - Heavy reliance on pharmacology (not addressing underlying needs)
    - Lack of mental health promotion
    - Lack of continuum of care
    - Lack of culturally appropriate services

Given the scope of barriers that currently exist, it is incumbent to work toward small changes that over time will result in better access for PWAs. The Provincial Working Group acknowledged the importance of determining actionable items to improve individual client access and success with the system, as well as activities to improve the overall system. At the same time, there are services that are working and can be increased:

1. Advocate for changes to BCMHAS that will improve/provide:
    - targeted outreach services
    - mental health therapists located within multidisciplinary teams
    - provide access to a continuum of mental health supports, not just chronically or severely ill
2. Increase access to clinical services. This includes:
    - clarifying referral language and criteria
    - communicating with community about the full range of supports available

PRIORITY ACTION # 3: ENHANCE KNOWLEDGE EXCHANGE ABOUT MENTAL HEALTH AND HIV/AIDS/HCV

Enhanced opportunities for knowledge exchange through information sharing and collaborative problem-solving between PHSA agencies (HIV/AIDS/HCV Division and BCMHAS) and community ASOs can enhance and influence research, health service delivery, education and health policy. Effective knowledge exchange processes involve ongoing interactions, linkages and partnerships between these stakeholders. This mutual learning occurs through the process of planning, producing, disseminating, applying, evaluating and revising existing or new research and leading practices resulting in evidence-informed decision making for improved health service delivery and population health outcomes.

A consistent and coherent method for exploring and enhancing mutual research interests and knowledge exchange needs to be established with regard to mental health and HIV/AIDS/HCV.

Currently, there is no maintained data base or central registry describing our current knowledge and practices. Without an established resource centre, HIV and mental health work in the province is regionally and jurisdictionally fragmented. Attention needs to be applied to providing a seamless continuum of mental health support from mental health promotion to treatment options for those with seriously complex health realities. We need to establish a 'together we can' approach between health service providers and ASOs, focusing on joined up solutions and better joint working.

ACTIONS:

3.1. To develop a knowledge exchange framework for the future dissemination of knowledge, practice and research related to mental health and HIV/AIDS/HCV.

3.2. Building on momentum initiated by Provincial Working Group, enhance partnerships and interdisciplinary committees at the regional and provincial level.

3.3. BC Centre for Excellence will develop a data base and begin tracking mental health and HIV/AIDS/HCV information and research forming data base.

3.4. Further dissemination strategies will be examined to distribute Trap Doors: Revolving Doors: A Discussion Paper as well as summary findings (including this report). This will include academic article publications, conference presentations and ensuring that reports are available on PHSA's website.

DESIRED OUTCOME:

To expand and exchange knowledge so that barriers to accessing mental health services for PHAs are further understood leading to a reduction of those barriers and to better mental health outcomes.

DESCRIPTION:

The Provincial Health Services Agency initiated a process with engage in knowledge exchange by initiating the needs assessment, Trap Doors: Revolving Doors: A Discussion Paper. The following formation of the Provincial Working Group provided a platform for further discussion, to validate the findings of the report and to develop strategic actionable items that stakeholders could initiate. In addition, the Provincial Working Group is one platform from which strategic application and advocating for further resources can be applied.

Thus, the work completed so far represents the beginning achievement of this priority action. In Trap Doors, the respondents noted the following ways knowledge exchange is needed:

1. Dialogue with Mental Health Workers including:
    - Referral Criteria
    - Dispel Myths
    - Learn What Each Other Does
    - Harm Reduction Education and Practices

2. Access to a current resource list which describes mental health resources and access criteria
3. Knowledge About Mental Illness and HIV/AIDS/HCV including:
    - Models of Practice
    - HIV Meds
    - Complementary and Alternative Therapies

Building on existing evidence of what is working to address the mental health needs of people living with HIV/AIDS/HCV is an important component of transforming our understanding of mental illness. In Trap Doors: Revolving Doors: A Discussion Paper, key informants identified the gaps, strengths and opportunities within existing services. These experts pointed to promising practices that are currently working and described priority actions and key recommendations to guide future work in each of the service delivery areas.

As we embark on increasing our knowledge exchange opportunities, we will be better able to meet the needs of PWAs and we will be transforming our understanding of mental illness. Increasing our knowledge framework means addressing the unique needs within populations including the cultural needs. Enhanced work in the area of cultural safety for Aboriginal people is a necessary forerunner of knowledge exchange.

PRIORITY ACTION # 4: TARGET RESEARCH ACTIVITIES TOWARD EXPANDING KNOWLEDGE IN KEY AREAS

Trap Doors: Revolving Doors: A Discussion Paper presents the findings related to the prevalence of mental health issues amongst PWAs in BC who are accessing services from ASOs. Specifically, the report describes the burden of care for ASOs as they manage the increasing needs and demands on their organizations. Additional research is needed- primarily in the areas of PWAs' experiences **who do not access** ASOs as well as research on appropriate treatment and support options for PWAs. Some research suggests that some PWAs do not access support services such as ASOs until they are in a positive state of health. Overall, we know very little about the needs and mental health concerns of PWAs not accessing these support services. The Working Group acknowledges that there are important research opportunities here and the Priority Action # 4 attempts to address some of these knowledge concerns. This Priority Action also describes potential opportunities to partner with existing research projects to gain more knowledge for the sector.

We also know very little about the supports networks for PWAs, including social and familial supports. Personal support systems can undergo a radical shift and decline as one adjusts to living with HIV/AIDS/HCV. Loss of family, friends and health can occur simultaneously and this can coincide with loss of income and housing. The resultant effect on mental health is evidenced by high rates of mental health conditions. There are, however, many of these questions that remain unanswered need to be provided by PWAs

ACTIONS:

4.1. To partner with existing research projects and encourage exploration of mental health issues among PWAs.

STEPS:

1. Dialogue with community-based organizations and the CBR Research Facilitator in BC to explore potential ways to merge mental health and HIV/AIDS/HCV questions with current and future research projects. This includes gathering related data for dissemination through knowledge exchange frameworks outlined in priority action #4.

   Example: An upcoming CBR research project examines what PWAs need from ASOs. Specific questions related to mental health can be incorporated.

4.2. Encourage the uptake of new research projects specifically addressing PWAs mental health needs and/ or successful models of practice.

Example: a demonstration project involving ASOs from different regions whereby a comparison could be drawn between 3 different models of practice. Utilizing an action research methodology, existing practical knowledge could be translated into tools to develop and pilot in these locations. An expanded toolkit could be developed leading to an enhanced mental health and HIV/AIDS/HCV training.

4.3 Conduct an archaeological project-i.e. an enhanced literature review – combing existing research studies for mental health and HIV/AIDS/HCV information.

4.4. Ensure that BC Centre for Disease Control and the BC Centre for Excellence to begin gathering data and statistics on mental health/illness prevalence for PWAs- including those newly affected.

DESIRED OUTCOME:

To increase knowledge related to mental health conditions and HIV/AIDS/HCV in terms of prevalence and best practices regarding treatment options.

DESCRIPTION:

Mental health is a core component of health in general and health outcomes. Increasing our understanding of mental health issues for PWAs will help to establish an evidence based foundation for increased mental health supports for PWAs. In addition, this research could help us more fully understand underlying mental health conditions that may lead to HIV/HCV infection- and thus increase our ability to implement more mental health promotion activities as one arm of the strategy to prevent HIV/AIDS/HCV.

PRIORITY ACTION # 5: IDENTIFYING AND TARGETING RESOURCES TOWARD IDENTIFIED PRIORITY ACTIONS

Clearly, mental health and HIV/AIDS/HCV is under-resourced. Maintaining the momentum of the work to date will help ensure that resources can be identified and targeted toward securing better access to mental health care and support for PWAs. While this Priority Action aims to identify and target resources, the Provincial Working Group attempted to identify priority actions that could be initiated immediately and that did not require an immediate infusion of resources. That being said, we also know that asking ASOs to do more without targeted resources will only increase the burden of care that currently exists. Thus targeted resources are a necessary component of any strategy to fulfill the potential of these priority items.

ACTIONS:

5.1. PHSA to identify seed money to continue the mental health and HIV/AIDS/HCV initiative. In addition, advocate to Regional Public Health leaders and BCMHAS to contribute to seed funds. Depending on level of funding available, next determine how best to apply funding to advance the Priority Actions.

STEPS:

1. Identify total funding available for 2009-2010.
2. Provincial Working Group to determine how best to apply funds. Options include:
    a) Establish a Request for Proposals and send to interested organizations to pursue a Priority Action.
    b) Hire contractor/ consultant to work on activity (i.e. developing training).
    c) Use existing funds to leverage more funds to hire a person designated to move activities forward. This could involve developing a research proposal for next funding stream that focuses on knowledge transfer, curriculum development, training, and

developing best practices. If successful, the research funds could continue to support the priority actions by building these into the proposal.

DESIRED OUTCOME:

To best apply limited targeted funds to leverage more funds to complete priority actions.

DESCRIPTION:

The Provincial Working Group has fulfilled its current mandate; however, there may be a continued need for ongoing strategic dialogue to provide direction on an as needed basis.

APPENDIX 1

PROVINCIAL WORKING GROUP MEMBERS

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