

Trap Doors: Revolving Doors  
A Mental Health and HIV/AIDS Needs Assessment

Summary Report:  
*Highlights and Recommendations for Action*

British Columbia  
2008

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## ABOUT THE STUDY

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Trap Doors/Revolving Doors: A Mental Health and HIV/AIDS Needs Assessment 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, this study explores emerging and chronic issues from the perspective of rural and urban community experiences across the province.

## THE FINDINGS

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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 HIV/AIDS/HCV or 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. The mental health needs of long-term survivors of HIV/AIDS are largely misunderstood or unknown.

In addition, the stresses related to mental health experienced by communities have 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**

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	<b>Average Canadian</b>	<b>Living with HIV//AIDS/HCV</b>
<b>Experienced Mental Health Condition</b>	<b>20%</b>	<b>77%</b>
<b>Able to Access Mental Health Support</b>	<b>40%</b>	<b>10.7%</b>

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 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. 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.

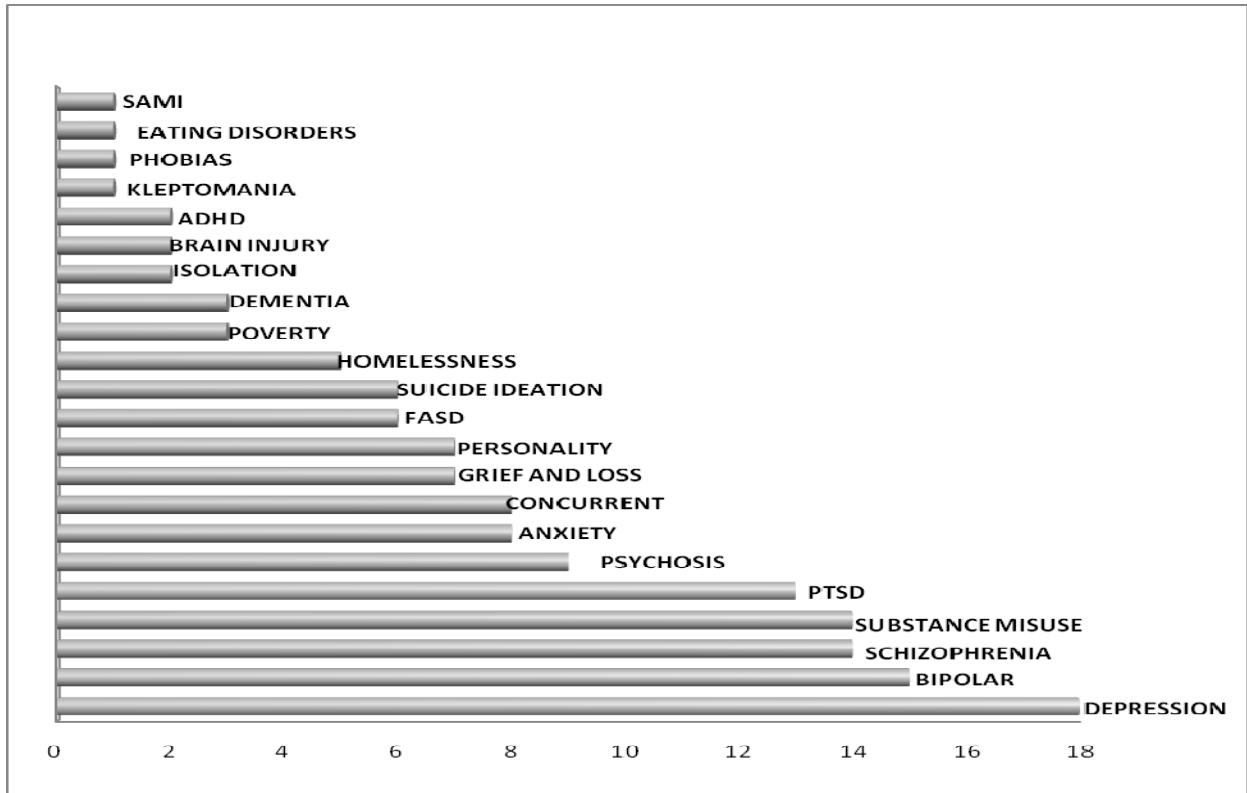
Despite the high prevalence rates of mental health conditions among persons living with HIV/AIDS/HCV, only 10.7% have been able to access formal mental health supports. This is in contrast to a 40% access estimate for those who have mental health conditions but are not living with HIV/AIDS/HCV. Thus 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**

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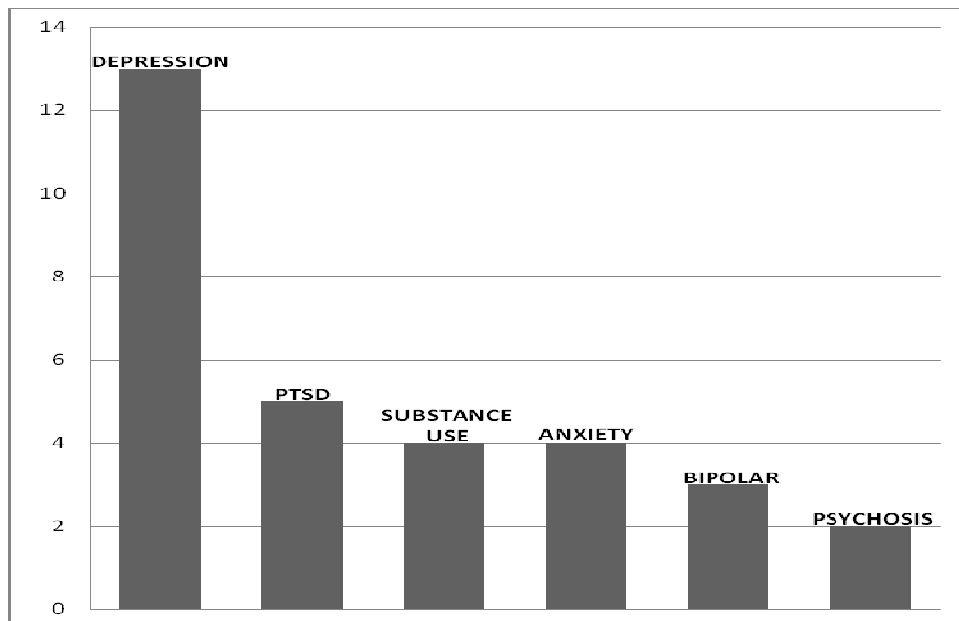
In BC, people living with HIV/AIDS/HCV experience the full range of mood disorders to schizophrenia and dementia. The severity of the disorders can be mild to debilitating. This takes into account that people can have schizophrenia that is controlled to depression that is uncontrolled and debilitating.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



## FREQUENCY

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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
<ul style="list-style-type: none"> <li>• Self</li> <li>• Family</li> <li>• Friends</li> </ul>	<ul style="list-style-type: none"> <li>• ASO's</li> <li>• Peer Supports and Organizations</li> <li>• Harm Reduction Facilities</li> <li>• Case Managers</li> <li>• Food Banks</li> <li>• Shelters</li> <li>• Crisis Line</li> <li>• Friendship Centres</li> <li>• Women's Centres</li> <li>• Brochures/ Posters</li> </ul>	<ul style="list-style-type: none"> <li>• Public Health</li> <li>• Doctors</li> <li>• Emergency/ Hospital</li> <li>• Crisis Response Team</li> <li>• Psychiatrist</li> <li>• Interdisciplinary Teams</li> <li>• Nurse</li> <li>• Addiction Outreach</li> <li>• Mental Health Teams</li> <li>• CAM<sup>1</sup></li> </ul>

<sup>1</sup> Complementary and Alternative Medicine

## SYSTEMIC ISSUES AT COMMUNITY ASO LEVEL

The key informants identified what they need to increase the capacity within their organizations to assist in meeting the current demands. Those needs are summarized in the following table:

WHAT	CONTENT	HOW
Training	<ul style="list-style-type: none"> <li>• Basic 101 Mental Health</li> <li>• Population Specific Issues</li> <li>• Depression</li> <li>• Suicide</li> <li>• Good Practices</li> <li>• Changing face of HIV</li> <li>• Long Term Survivor Issues</li> <li>• Risk Assessment Tools</li> <li>• Concurrent Disorders</li> <li>• Current Mental Health Trends</li> <li>• Safe Boundaries</li> <li>• Treatment Complications</li> <li>• Chronic Disease Management</li> <li>• Neurological and Cognitive Impacts of Infection</li> <li>• Mental Health and HCV and HBV</li> <li>• What to do When Caseload is Full</li> <li>• Counselling vs. Support</li> </ul>	On Line Training  Workshops  Electronic Info  Info Articles  Skills Building  Conferences
Resources	<ul style="list-style-type: none"> <li>• To Increase Staff Compliment to Safe Levels</li> <li>• To Provide Training Opportunities</li> <li>• To Support Health and Wellness of Staff</li> </ul>	Federal/ Provincial Funding
Dialogue with Mental Health Workers	<ul style="list-style-type: none"> <li>• Referral Criteria</li> <li>• Dispel Myths</li> <li>• Learn What Each Other Does</li> <li>• Harm Reduction Education and Practices</li> </ul>	Meetings Forums Teleconferences
Resource List	<ul style="list-style-type: none"> <li>• Mental Health Resources and Access Criteria</li> </ul>	Research
Knowledge About Mental Illness and HIV/AIDS/HCV	<ul style="list-style-type: none"> <li>• Models of Practice</li> <li>• HIV Meds</li> <li>• Complementary and Alternative Therapies</li> </ul>	Literature Review
Access to Information	<ul style="list-style-type: none"> <li>• Knowledge Exchange- feeding knowledge up and down stream</li> </ul>	Link With Other Models
Models of Practice	<ul style="list-style-type: none"> <li>• Spectrum of mental health and substance use issues</li> </ul>	To Develop

# SYSTEMIC BARRIERS WITHIN MENTAL HEALTH AND ADDICTIONS SERVICES

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## 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

# **BUILDING A FOUNDATION FOR INCREASED MENTAL HEALTH SUPPORTS FOR PWA'S**

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Key informants also 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. Implementation of these recommendations will result in better service for the diverse populations living with mental health issues as well as HIV/AIDS/HCV.

## **GOAL ONE: INCREASING PERSONAL SUPPORTS**

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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 often coincide with a decrease in managing secure income and housing. The resultant effect on mental health is evidenced in high rates of mental health conditions. There are, however, many questions that need to be answered by people living with HIV/AIDS/HCV and a mental health condition.

### **Recommendation One: Needs Assessment**

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A level one needs assessment is needed to determine how to best increase supports in each key area of personal, community and formal .

## **GOAL TWO: INCREASING COMMUNITY SUPPORTS**

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### **Recommendation Two: Build Community Capacity**

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Community based organizations, particularly ASO's, can play an integral role in providing increased mental supports to people living with HIV/AIDS/HIV. As noted in the previous chapter, these organizations need resources and training in order to build this capacity.

## **GOAL THREE: INCREASING MENTAL HEALTH SUPPORTS**

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First, we need to develop a collective target population. This means forming real and sustainable partnerships between community, Public Health and Mental Health and Addictions Services. Mental Health and Addictions Services 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.

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### **Recommendation Three: Bring Clinical To Community**

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Real partnerships need to be formed with community organizations who are delivering services to people with mental health conditions. In partnership, Mental Health and Addictions will have the opportunity to redesign appropriate and responsive services to address the current realities. This partnership is also critical to assist communities to increase their capacity to deliver a range of mental health supports to people with mental health conditions.

There are important training opportunities for Mental Health and Addictions Services to deliver to community front line workers and other health care professionals. The community is asking for knowledge exchange. Many community experts and workers have the foundational knowledge and education to play a more active role in the provision of mental health supports, such as mental health screening and assessments.

There is untapped potential for developing therapeutic interventions at the community level where they are needed. Interventions could be delivered in partnerships between ASO's, Public Health and Mental Health and Addictions Services. If community capacity were increased, it may relieve some of the overwhelming need for Mental Health and Addictions Services.

This work is two-fold:

- 1) Redesign programs and services to reflect a practice model based on community and other evidence of what is currently effective in communities. This includes providing:
  - 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

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### **Recommendation Four: Coordinate Services**

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Develop integrated committees to design services and influence policy. Key informants spoke to the evidence and benefits of committees populated by a variety of disciplines and that Mental Health and Addiction's attendance was of great benefit. These committees extend knowledge amongst participants and help to deconstruct access barriers.

## Recommendation Five: Increase Knowledge Framework

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. As we embark on implementing the first four recommendations, we will be better able to meet the needs of people living with HIV/AIDS/HCV and we will be transforming our understanding of mental illness. Increasing knowledge framework means addressing the unique needs within populations including the cultural needs.

## SUMMARY KEY RECOMMENDATIONS

