

Original Research Reports

Factors Influencing the Delivery of HIV-Related Services to Severely Mentally Ill Individuals: The Provider's Perspective

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Background: Individuals with severe mental illnesses (SMI) are disproportionately vulnerable to HIV infection but are not consistently engaged in HIV-related services. **Objective:** To understand factors influencing implementation of HIV-related services to individuals with SMI, we conducted a series of focus groups with multidisciplinary clinicians and staff serving individuals with SMI in outpatient, emergency, acute inpatient, and chronic inpatient levels of care. **Method:** Six focus groups with 30 participants were conducted, audiotaped, and transcribed. Our qualitative analysis drew on Grounded Theory. Using NVivo Version 9, coding was conducted by the first and senior authors; interrater reliability was verified by running Coding Comparison queries. **Results:** The providers' narratives highlighted (1) patient-related factors,

(2) stigma, and (3) administrative factors as themes particularly relevant to the delivery of HIV-related services to individuals with SMI. The reported relevance of these factors ranged across levels of care, from creating multiple barriers in the outpatient care to relatively seamless and effective delivery of full continuum of HIV-related services in the chronic inpatient environment, where adequate structural support is provided. **Conclusion:** Providers' narratives suggest that effective delivery of HIV-related services for individuals with SMI requires sustained structural support that is coordinated across levels of psychiatric care and tailored to individual patient's needs. The narratives also suggest that such support is currently not available.

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INTRODUCTION

Most adults with severe mental illnesses (SMI) are sexually active, and some evidence suggests that they might be highly vulnerable to HIV infection.^{1–3} With advancement of effective antiretroviral therapy (ART), HIV testing, early diagnosis, and linkage with care, the life expectancy of asymptomatic HIV-infected (HIV+) individuals is approaching that of the general population.⁴ Yet, the reported lifetime prevalence of HIV testing among individuals with SMI ranges from 11%–89%,³ and there is a lack of evidence-based strategies to engage them in HIV testing and care.⁵ This renders individuals with SMI

and comorbid HIV infection disproportionately vulnerable to late HIV diagnosis, undertreatment, and related morbidity and mortality.⁶

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The revised Centers for Disease Control and Prevention guidelines recommend HIV screening for patients in all health care settings, on an opt-out basis, and annual screening for persons who are at a high risk for HIV infection.⁷ Although individuals with SMI should be routinely screened for HIV, a recent literature review identified a lack of evidence base that would inform innovative strategies to optimize their psychiatric, behavioral, and medical outcomes.⁵ To develop such an evidence base, it is important to understand the factors that influence effective implementation of HIV-related services to this highly vulnerable population. With that objective in mind, we conducted focus groups with clinical providers caring for individuals with SMI in Washington, DC. We explored the providers' experiences, attitudes, and beliefs about providing HIV-related services to individuals with SMI.

MATERIALS AND METHODS

"Factors influencing provider decision to implement HIV-related services in DC psychiatric facilities" was a qualitative study that aimed to identify key provider attitudes, beliefs, and experiences regarding factors influencing the delivery of HIV-related services in facilities caring for individuals with SMI. The Institutional Review Board of American University approved the study protocol. Written informed consent was obtained from each study participant before enrollment. Data were de-identified once merged into the study database.

Participant Recruitment

With approval from the DC Department of Behavioral Health and DC HIV/AIDS, Hepatitis, STD and TB Administration, we contacted organizations serving individuals with SMI in DC; and solicited voluntary participation from their providers and staff.

Focus Groups

The 90-minute focus groups enquired about the overall context of care and treatment needs of individuals with SMI, including the profile and life context, the current protocols for linkage with HIV care, the perceived gaps in providing HIV-related

services, and the individual and structural factors that influence provision of HIV-related services. The focus groups were facilitated by a sociologist experienced in conducting focus groups.

Participants were informed that interviews would be audiorecorded before providing consent. Recordings were transcribed, pseudonyms were used in place of actual names, and other identifying features were removed.

Qualitative Data Analysis and Interpretation

Our qualitative analysis drew on Grounded Theory, which allows including both *a priori* codes and codes generated iteratively; using NVivo Version 9 (QSR International Pty Ltd.).⁸ Six analytic strategies were used as identified by Miles and Huberman: (1) coding data from transcripts to identify emerging themes; (2) recording reflections; (3) sorting and sifting through data to identify similar phrases, relationships, patterns, themes, and common sequences; (4) seeking commonalities and differences; (5) elaborating on a small set of generalizations; and (6) confronting these generalizations with a formalized body of knowledge.⁹ Coding was conducted by the first author and the senior author; inter-rater reliability was verified by running Coding Comparison queries on NVivo 9.

RESULTS

Focus Group Participants

Six focus groups were conducted with 30 participants: 9 registered nurses, 6 physicians (3 infectious disease specialists and 3 psychiatrists), 6 clinical supervisors, 2 case managers, 2 nurse practitioners, 2 social workers, 1 program specialist, 1 project director, and 1 pharmacist. Although the participants were interviewed in the clinical venues where they currently practice, they had practiced at other levels of care in their carriers and were encouraged to share those experiences as well.

Participant Facilities

The participants were currently practicing in 8 community-based agencies, clinics, and health centers that serve individuals with SMI or provide mental health assessments, medication, counseling, and community

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