

Adolescent HIV Care and Treatment

Module 6:

Adolescents, HIV, and Mental Illness



Module 6 Learning Objectives

After completing this module, participants will be able to:

- Identify their own beliefs and attitudes about mental illness and ALHIV
- Define and list basic categories of mental illness
- Describe why ALHIV need access to mental health services
- Discuss the role of primary health workers in providing basic mental health services to ALHIV

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Module 6 Learning Objectives (Continued)

- Recognize when an adolescent client may have a mental illness, determine the need for follow-up care, and provide appropriate referrals for mental health services
- Apply screening tools for depression and substance use disorders with adolescent clients
- Provide basic management during mental health emergencies
- Describe how to support clients taking psychotropic medications, including understanding basic interactions between ARVs and psychotropic medications

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Session 6.1

Importance of Mental Health Services for ALHIV

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Session 6.1 Objectives

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Exercise 1

Values Clarification: Large group discussion

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Exercise 1: Large Group Discussion

- **Remember:** There are no right or wrong ways to complete these sentences— it is fine to say the first thing that comes to your mind.



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Exercise 1: Debriefing

- *What did we learn?*
- **Key points:**
 - Our values and beliefs can have a profound effect on how mental health illness is defined and experienced — and the type of mental health care that is (or is not) provided.
 - People with mental illness are often stigmatized, discriminated against, and excluded from family, school, social activities, and health care services.
 - Health workers can combat this stigma and discrimination by setting an example and treating people with mental illness respectfully, helping to recognize when clients (or caregivers) may have a mental illness, and providing them with support, referrals, and follow-up care.

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Brainstorming

- *What is mental health?*
- *What is mental illness?*
- *How do mental illnesses differ from psychosocial problems?*
- *What causes mental illness?*



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Overview of Mental Illness

- **Mental health** refers to a state of psychosocial well being and, for people with mental illness, the adoption of adequate strategies to overcome the debilitating effects of their illness.
- States of mental health and mental illness fall into a broad spectrum.
- **Mental illness** (or mental disorder) is characterized by the presence of one or both of the following *over time*:
 - Persistent and severe subjective distress (or discomfort)
 - Moderate or severe impairment in functioning (not being able to “get through” day-to-day activities)

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Overview of Mental Illness (Continued)

- *Temporary* states of severe distress and reduced functioning, often in response to stressful life events, are not considered mental illness.
- Mental health problems that do not meet the threshold for mental illness can be addressed through general counseling (see Module 4), psychosocial support (see Module 5), and support to live positively with HIV (see Module 9).
- Although the exact cause of most mental illnesses is not known, it is becoming clear through research that many are caused by a combination of factors.

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Difficulties Defining Mental Illness

- The line between ordinary variation and distress, and the presence of a mental illness, is somewhat arbitrary.
- People vary in their personalities, social and intellectual abilities, emotional expression, and coping skills, resulting in a wide range of what is considered “normal.”
- Adolescents are going through enormous biological and psychological changes, often resulting in normal mood or behavior fluctuations.
- The problem of defining mental illness is further complicated by the lack of objective biological tests to make diagnoses.
- Definitions of mental illness are constantly being further refined.

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Brainstorming

- *What are the most common mental illnesses among adolescent clients?*
- *What are some local terms used in your community for these conditions/illnesses?*



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Basic Categories of Mental Illness Seen in Adolescents

- Mental illness is a broad term that covers many different disorders — many of which can emerge in late childhood and early adolescence.
- ALHIV are susceptible to a number of mental illnesses, which can be broadly classified into the following categories:
 - Depression
 - Alcohol and substance use disorders
 - Anxiety disorders
 - Behavioral disorders
 - Severe mental illness

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Basic Categories of Mental Illness Seen in Adolescents (Continued)

- These disorders vary in severity and can create barriers to the adolescent achieving self-protection and the expected degree of independence.
- Mental illness can also interfere with an adolescent's HIV care, including retention, adherence, positive living, and positive prevention.

Suicide is the most severe consequence of mental illness. While severe depression is most commonly associated with suicide, other mental illnesses may also increase an adolescent's risk of suicide.

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Discussion Question

- *Why is addressing mental health and mental illness important to the care of ALHIV?*



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Importance of Mental Health Services for ALHIV

Recognizing possible mental illness and providing/referring ALHIV for mental health services is important because:

- Primary mental illnesses usually begin in childhood, adolescence, or early adult life.
- Compared to their HIV-negative peers, ALHIV have an increased risk for mental illness.
- **A person's mental health significantly influences his or her adherence to HIV care and treatment.**
- Mental health status influences the course of HIV disease in various ways.

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Importance of Mental Health Services for ALHIV (Continued)

- Mental illness can make it more difficult for an adolescent to engage in positive living and positive prevention.
- The presence of one mental illness predisposes a person to the onset of other mental disorders.
- People who experience mental health problems are more likely to abuse drugs or alcohol and to engage in risky sexual behaviors.
- Untreated mental illness can disrupt adolescent development by interfering with the ability to work, attend school, and form social relationships.
- Untreated mental illness can result in suicide.

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Discussion Question

- *What are some of the challenges of providing mental health services to adolescents in your setting?*



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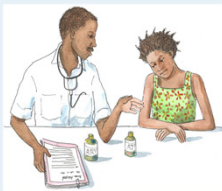
Providing Mental Health Services to Adolescents: Challenges

- An insufficient number of mental health specialists to provide services, training, and supervision
- The limited information on the prevalence of mental health disorders in African countries
- A lack of validated and context-appropriate screening tools
- The few treatment options available in most settings
- The very limited data available on the treatment of psychiatric disorders in ALHIV
- The high levels of social stigma and discrimination faced by people with mental illness

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Brainstorming in Pairs

- *What can health workers do to improve the mental health services available to adolescents?*
- *What can health facilities do to improve the mental health services available to clients?*



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Providing Mental Health Services to Adolescents: Solutions

Health workers can:

- Recognize that ALHIV are at risk for mental illness and know the array of mental illnesses that are seen in adolescents.
- Include mental health as a part of routine care (conduct regular psychosocial assessments, assess a client's mental health needs, check in with caregivers about changes they have observed).
- Use clinical skills and observation during routine visits to identify possible signs of mental illness.
- Know the signs of mental illness and how to refer clients for further assessment and care.
- Use simple mental health screening tools.

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Providing Mental Health Services to Adolescents: Solutions (Continued)

Health workers can:

- Distinguish urgent mental illness from less pressing mental health concerns.
- Provide appropriate mental health referrals and follow-up care and support.
- Consider the impact of mental illness on an adolescents' HIV care, including adherence.
- Respect and listen to clients' and caregivers' beliefs about the origin and treatment of mental illness.
- Discourage the use of alcohol and drugs among adolescent clients.

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Providing Mental Health Services to Adolescents: Solutions (Continued)

Health facilities can:

- Establish routine approaches and standard internal procedures for mental health screening, referrals, and treatment.
 - Map available mental health services in health facilities and in the community and create a referral network.
 - Develop and implement standard procedures for mental health screening, referrals, and treatment.
- Identify a mental health point person on the multidisciplinary HIV team and support in-service training on mental health.
- Ensure a multidisciplinary team approach to the care of clients with mental illness.
- Ensure that mental health is discussed as a routine part of HIV care in multidisciplinary team meetings and case conferences.

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Questions or comments on
this session?

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Session 6.2

Identifying Possible Mental Illness and Providing Basic Mental Health Support to ALHIV

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Session 6.2 Objectives

After completing this session, participants will be able to:

- Recognize when an adolescent client may have a mental illness, determine the need for follow-up care, and provide appropriate referrals for mental health services
- Apply screening tools for depression and substance use disorders with adolescent clients
- Provide basic management during mental health emergencies
- Describe how to support clients taking psychotropic medications, including understanding basic interactions between ARVs and psychotropic medications

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Introduction

- ALHIV may enter the care setting with a variety of mental health and psychosocial issues.
- Adolescents may also develop mental illness or mental health problems as they develop and age — and these problems or issues may change over time.
- One of the health worker's important tasks is to determine clients' most significant problems — the problems requiring immediate attention.

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Discussion Questions

- *What are some things that health workers can observe about clients during routine visits that may help identify a mental illness?*
- *How can health workers use the client's past and present history to help identify a possible mental illness?*
- *How could routine psychosocial assessments (which we discussed in Module 5) help identify possible mental health problems?*



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Remember:

Diagnosing a specific mental illness can be difficult and requires specialized training.

However, **all health workers should know the signs that a serious mental illness may be present and know how to refer adolescents for further assessment and care.**

- See Appendix 6A: *Tips for Health Workers on Identifying Possible Mental Illness.*

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Recognizing Possible Signs of Mental Illness During Routine Clinic Visits

Use a client's recent and past history:

- **Recent history**
 - Client may self-report symptoms
 - Client's family members, other adults, or peers may express concerns
 - Health worker may notice changes over time, such as:
 - A dramatic change in behavior and/or psychosocial functioning
 - The client has been saying things that do not seem plausible
- **Somatic symptoms**
 - Client may report physical symptoms, such as: fatigue, headaches/migraines, abdominal pain/gastrointestinal problems, backaches, difficulty breathing, changes in appetite and weight, changes in sleep patterns, and chest pains.

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Recognizing Possible Signs of Mental Illness During Routine Clinic Visits (Continued)

History (continued):

- **Review the client's clinical and ART history**
 - HIV history, recent changes in disease status, ART regimen and changes – could these be contributing to mental health changes?
 - While rare, some ARVs, such as efavirenz, can have neuropsychological side effects – consider drug changes
- **Past History**
 - Client (or caregiver) may report past events, such as:
 - Past psychiatric hospitalization
 - Past use of psychotropic medication
 - History of severe behavioral disturbances
 - History of mental illness in the family
 - History of school failure

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Recognizing Possible Signs of Mental Illness During Routine Clinic Visits (Continued)

Make observations during routine visits (and ask caregivers' about their observations):

- **Appearance and presentation** (Hygiene, grooming, appears frightened, alcohol on breath, no eye contact)
- **Attitude and behavior** (Restless, uncooperative, making threats, unable to speak, unusual behavior)
- **Mood and emotions** (Looks or seems frightened, sad, angry)
- **Speech, thinking, and perception** (Speaking fast, slowly, loudly, quietly; saying things that do not make sense or are unlikely to be true; reports hallucinations)
- **Level of alertness and orientation** (Having trouble staying alert or attentive, drowsy, confused)
- **Social and intellectual skills** (Does not have verbal, behavioral, or social skills expected of someone this age; behaves like a younger child)

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Recognizing Possible Signs of Mental Illness During Routine Clinic Visits (Continued)

If the history and observations reveal possible problems:

- Ask a few simple follow-up questions that are specific to the problems reported or observed, such as:
 - *What is making you cry?*
 - *You look frightened today – did something scare you?*
 - *What are you feeling angry about?*
 - *You are usually so nicely dressed – is something wrong?*
 - *Have you noticed how quickly you are speaking?*
- Review the client's clinical and ART history.
 - HIV history, recent changes in disease status, ART regimen and changes – could these be contributing to mental health changes/problems?

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Recognizing Possible Signs of Mental Illness During Routine Clinic Visits (Continued)

- **Delirium is a serious *medical* (i.e., not psychological) condition that can present with signs of mental illness, such as delusions, hallucinations, and agitation.**
- Prior to concluding that an adolescent has a primary mental illness, first assess whether the adolescent has delirium and is in urgent need of medical care.
- However, delirium is not common among adolescents.

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Recognizing Possible Signs of Mental Illness During Routine Clinic Visits (Continued)

Conduct regular psychosocial assessments:

- Conduct a psychosocial assessment when an adolescent enrolls in care and annually thereafter – and when there is a significant change in the client's situation (see Module 5).
- See the Psychosocial Assessment Tool in *Appendix 5A*.
- Psychosocial assessment findings can reveal things about the client's: mood, mood changes, coping, daily habits, alcohol and drug use, and support systems.
- Psychosocial assessments can help identify areas for additional follow-up and support and possible signs of mental health problems that require further assessment.

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Remember:

The way mental illnesses present in clients varies from culture to culture and person to person. There are also differences in younger versus older adolescents. For example:

- It is common for younger children to manifest mental health issues through acting out behaviors or by complaining about stomach pain or other unexplained somatic problems.
- Older adolescents may demonstrate more pronounced difficulties with schoolwork, truancy, running away from home, and substance abuse. Mental illness can interfere with their sense of well being and ability to do daily activities.

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Exercise 2

Mental Illness in ALHIV: Small group work and peer teaching

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Small Group Work and Peer Teaching

- In your small groups, prepare to teach your fellow participants about your assigned category of mental illness
 - Categories: Depression, alcohol and substance use disorders, anxiety disorders, behavioral disorders, severe mental illness.
 - Use Tables 6.1 – 6.5 and the screening tools in *Appendices 6B, 6C, and 6D* of your Participant Manual.
 - Avoid lecturing and use flip chart, markers, etc. as needed.
- You will have 15 minutes to prepare a 5-minute presentation on your assigned category of mental illness including:
 - Basic information about the mental illness (definition, local terms, etc.)
 - Possible signs and symptoms
 - What the health worker should do
 - Screening tools that health workers can use to get more information

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Depression

- See Table 6.1.
 - Basic information
 - Possible signs and symptoms
 - What the health worker should do
 - Screening tools that health workers can use to get more information (see *Appendix 6B*)

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Alcohol and Substance Use Disorders

- See Table 6.2.
 - Basic information
 - Possible signs and symptoms
 - What the health worker should do
 - Screening tools that health workers can use to get more information (see *Appendices 6C and 6D*)



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Anxiety Disorders

- See Table 6.3.
 - Basic information
 - Possible signs and symptoms
 - What the health worker should do

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Behavioral Disorders

- See Table 6.4.
 - Basic information
 - Possible signs and symptoms
 - What the health worker should do



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Severe Mental Illness

- See Table 6.5.
 - Basic information
 - Possible signs and symptoms
 - What the health worker should do

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Exercise 2: Debriefing

- *What did we learn?*
- **Key points:**
 - All health workers should know the basic categories of mental illness and should be alert to their signs and symptoms.
 - They should also know the steps to take if a client exhibits these signs and symptoms, including referrals and managing emergencies.
 - A number of simple screening tools are available to assist health workers in gaining more information about their clients.
 - Multidisciplinary teams should work closely with mental health specialists to improve mental health services for adolescents and to make them a routine part of HIV care.

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Discussion Questions

- *Have you ever witnessed a psychiatric emergency? What happened?*
- *Have you ever helped manage a client who was violent? Very agitated? Suicidal? Please describe (without using the client's name or identifying information).*
- *What do you think are the key steps health workers should take in a psychiatric emergency?*

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Managing Psychiatric Emergencies

- Sometimes an adolescent may present in a violent or agitated way, making it necessary to provide immediate management.
- Each health facility should develop standard operating procedures on the management of psychiatric emergencies, should train all health workers on these procedures, and should ensure that they are implemented.

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Managing Psychiatric Emergencies

(Continued)

How to manage a client who is violent or very agitated

- **Calm and protect:**
 - Protect the client from harming him- or herself, you, or others.
 - Ensure that you are in a quiet area where there is no audience.
 - Use space to protect yourself.
 - Get help from other colleagues, security, or family members.
 - Approach the client in a calm and confident manner.
 - Speak in a calm and reassuring way.
 - Be non-confrontational, non-judgmental, and deflect criticism.
 - Keep your own emotions in check.
 - Be aware of potential weapons and remove unsafe objects.
 - Consider sedation with diazepam or haloperidol.

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Managing Psychiatric Emergencies

(Continued)

A note on restraining patients:

- In some places, it is currently or was previously customary practice to restrain violent or agitated patients, such as by using hand and feet restraints.
- The global community recognizes such extreme restraint as both cruel and unnecessary.
- Health workers should not restrain patients in this way unless it is absolutely necessary to protect the patient.

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Managing Psychiatric Emergencies

(Continued)

How to manage a suicidal or self-harm client

- Evaluate whether the person has attempted a medically serious act of self-harm or suicide.
 - Ask about past self-harm attempts.
 - Look for signs of poisoning, intoxication, and self-injury.
 - Medically treat as necessary with the advice of a mental health expert.
 - Closely monitor the person to prevent further self-harm
 - Do not leave the person alone or unsupervised.
- Evaluate whether there is an imminent risk of self-harm or suicide.
 - Ask about current thoughts or plans to commit suicide or self-harm.
 - Look for signs of severe emotional distress, hopelessness, agitation, uncommunicative behavior, or social isolation.

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Managing Psychiatric Emergencies

(Continued)

How to manage a suicidal or self-harm client

- **If risk of suicide or self-harm is imminent:**
 - Remove access to means of self-harm.
 - Create a secure and supportive environment and ensure that the person is not left alone.
 - Transfer the client to a psychiatric hospital, with accompaniment by a family member or other reliable escort, including, if available, a health worker.

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Discussion Questions

- *What are psychotropic medications? What are some examples of psychotropic medications that you have heard of?*
- *What have you heard about interactions between psychotropic medications and ARVs?*
- *How can health workers support clients taking psychotropic medications (which would be prescribed by a mental health specialist)?*



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Psychotropic Medications and ARVs

Psychotropic medications are any medication capable of affecting a person's mind, emotions, and behavior.

- Health workers should learn the basics about interactions between psychotropic medications and ARVs.
 - Most ARVs are **not** affected by psychotropic medications.
 - One important exception: **carbamazepine** (used to treat seizures and mania) which can lower levels of certain ARVs.
 - It is more common that ARVs change the levels of psychotropic medications. In general, most psychotropic medications can be used, but follow this rule: “start low and go slow.”

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Psychotropic Medications and ARVs

(Continued)

- Psychotropic medications – including anti-depressants - can have side effects and require careful monitoring.
- Any behavioral changes in a client require further assessment for possible medical problems.
- If medication for mental illness is prescribed, it should be combined with counseling and psychotherapy.
- Adherence to ART and any other medication regimens is important — assess each client's adherence to ALL prescribed medications at every visit.
- It is especially important to use a multidisciplinary team approach for the care of ALHIV with mental illness.

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Exercise 3

Mental Health Case Studies: Large group discussion

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Exercise 3: Case Study 1

M___ is an 18-year-old client who was recently diagnosed with HIV. M___ missed his last appointment 2 weeks ago, but has come to the clinic today. He tells you that he is too busy with "life" to come to the clinic and he appears shaky and nervous. You conduct a psychosocial assessment, during which you learn that M___ recently got fired from his job and spends most nights getting drunk with his friends to "forget about everything."

- What are the main mental health concerns for this client? Is there an emergency situation?
- What additional information would you want to know about the client (mental health status, HIV care, adherence, positive prevention, etc.)? Are there any tools you would use to gather more information?
- How would you proceed with this client in your facility (what would you do, what referrals would you make, etc.)?

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Exercise 3: Case Study 2

N___ is 16 years old. She has been on ART and has been coming to the clinic for many years. As a child, she maintained good grades in school and was described by her grandmother as being helpful around the house. Recently, however, N___'s relationship with her family has deteriorated. She is not eating or sleeping regularly, she goes through periods of extreme anger followed by periods of complete withdrawal, and she has run away from home to live with her boyfriend twice in the past year. N___ says, "life is not worth living if I can't be with my boyfriend." Her grandmother is very concerned that N___ is going to do something to hurt herself.

- What are the main mental health concerns for this client? Is there an emergency situation?
- What additional information would you want to know about the client (mental health status, HIV care, adherence, positive prevention, etc.)? Are there any tools you would use to gather more information?
- How would you proceed with this client in your facility (what would you do, what referrals would you make, etc.)?

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Exercise 3: Case Study 3

P___ is a 14-year-old boy with HIV. He and his aunt arrive at the clinic for a routine checkup. P___'s aunt tells you that she is worried about her nephew because he often seems to get agitated and "jumpy." He does not want to go to school or play with his friends like he used to. He also has "episodes," usually at night or right before he is supposed to leave for school in the morning, where he has trouble breathing and sweats. P___ was living with his mother until she died two years ago.

- What are the main mental health concerns for this client? Is there an emergency situation?
- What additional information would you want to know about the client (mental health status, HIV care, adherence, positive prevention, etc.)? Are there any tools you would use to gather more information?
- How would you proceed with this client in your facility (what would you do, what referrals would you make, etc.)?

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Exercise 3: Case Study 4

B___ is 13 years old and comes for a routine visit with her mother. When you do a clinical checkup with B___, you notice that she is having trouble paying attention, that she is suspicious when you ask her questions, and that her clothes and hair are unkempt (which is unusual). At one point, she mentions "a voice" that is telling her to do bad things that she doesn't want to do and then she starts crying. You then meet with B___'s mother, who tells you that B___ has "turned into a different person" during the last few months. She cannot focus at school, she seems suspicious when anyone wants to talk with her, she hides her medications, she does not care about her appearance any more, and her behavior in general just seems "off."

- What are the main mental health concerns for this client? Is there an emergency situation?
- What additional information would you want to know about the client (mental health status, HIV care, adherence, positive prevention, etc.)? Are there any tools you would use to gather more information?
- How would you proceed with this client in your facility (what would you do, what referrals would you make, etc.)?

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Exercise 3: Discussion Question

- How could existing processes and procedures where you work be improved to support the clients we discussed in these case studies?



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Exercise 3: Debriefing

- *What did we learn?*
- **Key points:**
 - Health workers should watch for major signs of psychological and social distress among their adolescent clients. These may be attributed to the normal changes of adolescence or may indicate a possible mental illness.
 - All health workers can identify signs of possible mental illness; assess the severity of the signs and symptoms and discuss them with the team; use simple screening tools; and provide support, referrals, and emergency management to clients when needed.
 - There are many challenges to providing mental health care in resource-limited settings, but there is also a lot we can offer to adolescent clients and caregivers, including ongoing support and referrals to mental health care.

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Questions or comments on this session?

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Module 6: Key Points

- People with mental illness are often stigmatized, discriminated against, and excluded. Health workers can set an example by treating people with mental illness respectfully.
- It is very important to include mental health services as part of comprehensive care for ALHIV.
- Mental illness is a broad term that covers many disorders characterized by persistent and severe subjective distress and/or moderate to severe impairment in functioning over time.
- Many mental illnesses may emerge during late childhood and adolescence.
- Adolescents are susceptible to a range of mental illnesses: depression; alcohol and substance use disorders; anxiety disorders; behavioral disorders; and severe mental illness.

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Module 6: Key Points (Continued)

- Mental illness can influence the course of HIV disease, impact adherence to care and treatment, increase the likelihood of drug and alcohol use, and lead to risky sexual behavior.
- Untreated mental illness can disrupt adolescent development and, in the most extreme cases, result in suicide.
- There are many things health workers and health facilities can do to establish routine approaches and standard procedures to recognize possible mental illness and provide basic care, referrals, and follow-up.
- There are many ways that health workers can recognize signs of a possible mental illness during routine clinic visits (recent and past history, observation, psychosocial assessments).

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Module 6: Key Points (Continued)

- Health workers should know the basic categories of mental illness, be alert to their signs and symptoms, and know the steps to take if a client exhibits them. Simple screening tools are available to assist health workers.
- If a client is behaving violently or is very agitated, the most important priorities are to calm and protect him or her.
- Clients who are suicidal, who have harmed themselves, or who have an intention of self-harm require **immediate emergency care**.
- Most ARVs are not affected by psychotropic medications. Exceptions include the use of carbamazepin, which can lower ARV levels.

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