

# Mental health problems in people living with HIV/AIDS in the CoVID19 era and beyond

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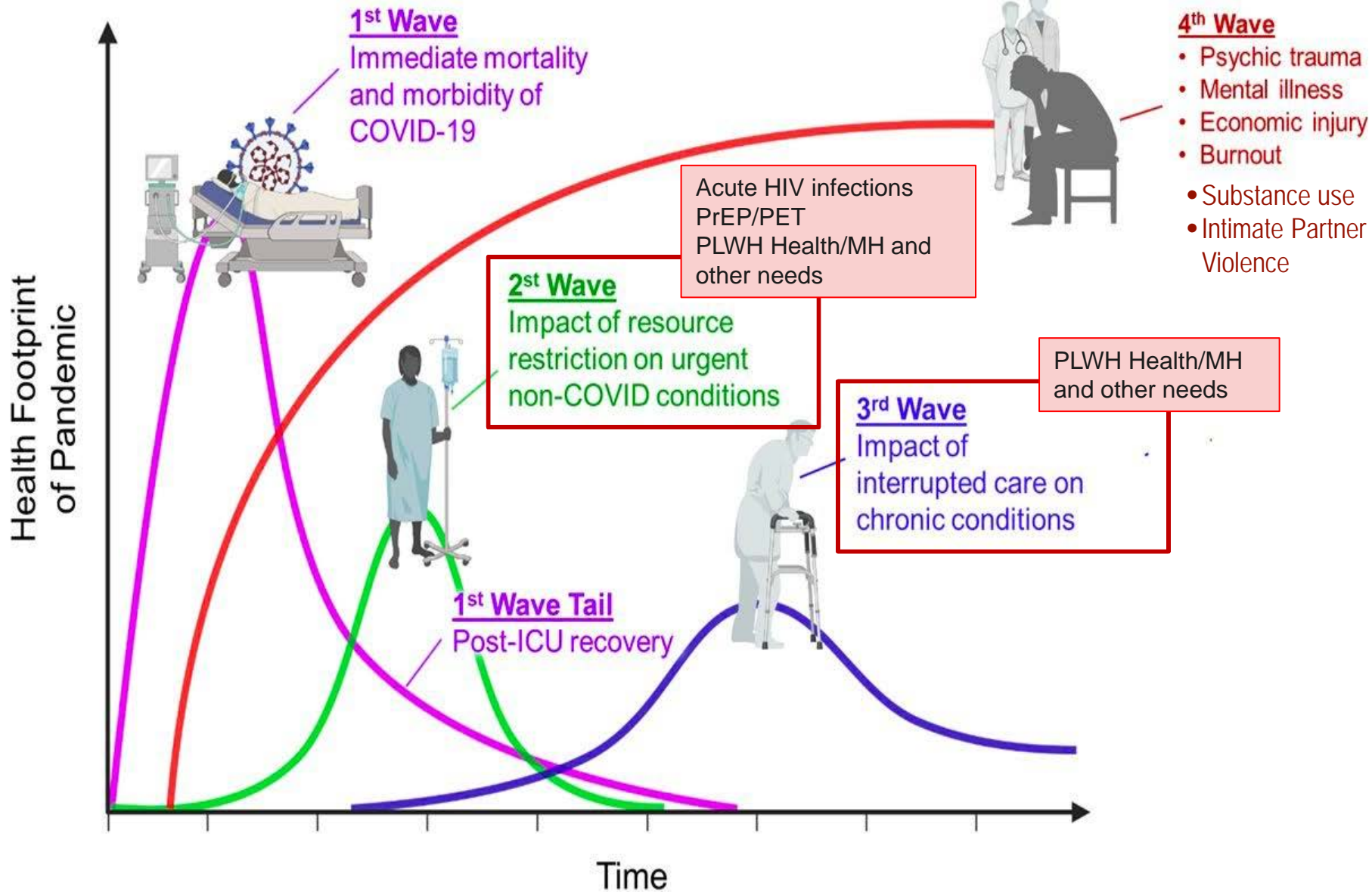
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No conflicts to report

**Both for patients  
and providers**



# HIV and SARS-CoV-2: *Intersecting Epidemics with Many Unknowns*

- Are PLWH disproportionately affected?
- The risk of COVID-19 in people with and without HIV appears similar but data are sometimes contradictory.
- PLWH bear a disproportionate burden of alcohol/drug use, mental health disorders, and other structural vulnerabilities, which may increase their risk of COVID-19.
- Forthcoming studies on the risk of COVID-19 to PLWH:
  - What is the excess burden of disease among PLWH?
  - Is there an excess risk of COVID-19 among PLWH due to biological effects of HIV?
  - How physical distancing restrictions impact HIV and secondary health outcomes?
  - Is telemedicine enough?



# **CALLS FOR ACTION!**

# The Burden of COVID-19 in People Living with HIV: A Syndemic Perspective

- COVID-19 creates another health burden for PLWH who face multiple morbidities and may be at heightened risk for severe physical health illnesses from COVID19.
- Our abilities to address these morbidities in PLWH must be considered alongside the socially-produced burdens that both place this population at risk for COVID-19 and heighten the likelihood of adverse outcomes.
- These burdens can affect the physical, emotional, and social well-being of PLWH and interfere with the delivery of effective healthcare and access to HIV treatment.
- Health programming services are required

## During COVID-19 - PLWH in China

- Prior to the COVID-19 outbreak, PLWH in China were already affected by high levels of HIV stigma, psychological distress (depression, anxiety), and suboptimal adherence.
- COVID-19 is exacerbating it all!

Sun et al., AIDS and Behavior 2020

## Psychological impact of COVID-19 on PLHIV

- Disruption in the continuity of care for PLHIV; increased social isolation; psychological stress of living through a pandemic; food insecurity; increased societal stigma could worsen: mental health outcomes, adherence and health outcomes

Ridgway et al., AIDS and Behavior 2020

## COVID-19: Increased Risk to the Mental Health and Safety of Women Living with HIV in South Africa

- Previous trauma; another infection to fear; access to care
- Interpersonal Violence and Sexual Trauma
- A Coherent Response is Needed

Joska J et al., AIDS and Behavior 2020

## Potential Influences of the COVID-19 Pandemic on Drug Use

- PLWH with substance use disorder (SUD) are particularly vulnerable to harmful health consequences of the global COVID-19 pandemic:
  - exacerbate substance misuse
  - poor management of HIV
- Optimal support for PLWH and SUD is critical during COVID-19 - as drug-related and HIV antiretroviral therapy (ART) non-adherence risks such as overdose, unsafe sexual behaviors, and transmission of infectious diseases may unfold.

Hochstatter et al., *AIDS and Behavior*. 2020

## COVID-19 Policies can Perpetuate Violence Against Transgender Communities in Peru

- In efforts to contain COVID-19, the Peruvian Government enacted a policy to restrict the mobility of its citizens based on gender. (How ridiculous!) - policing of these laws has been particularly brutal among the Peruvian transgender community
- President Vizcarra apologized... not enough! Perez-Brumer et al., *AIDS & Beh* 2020



# DATA!

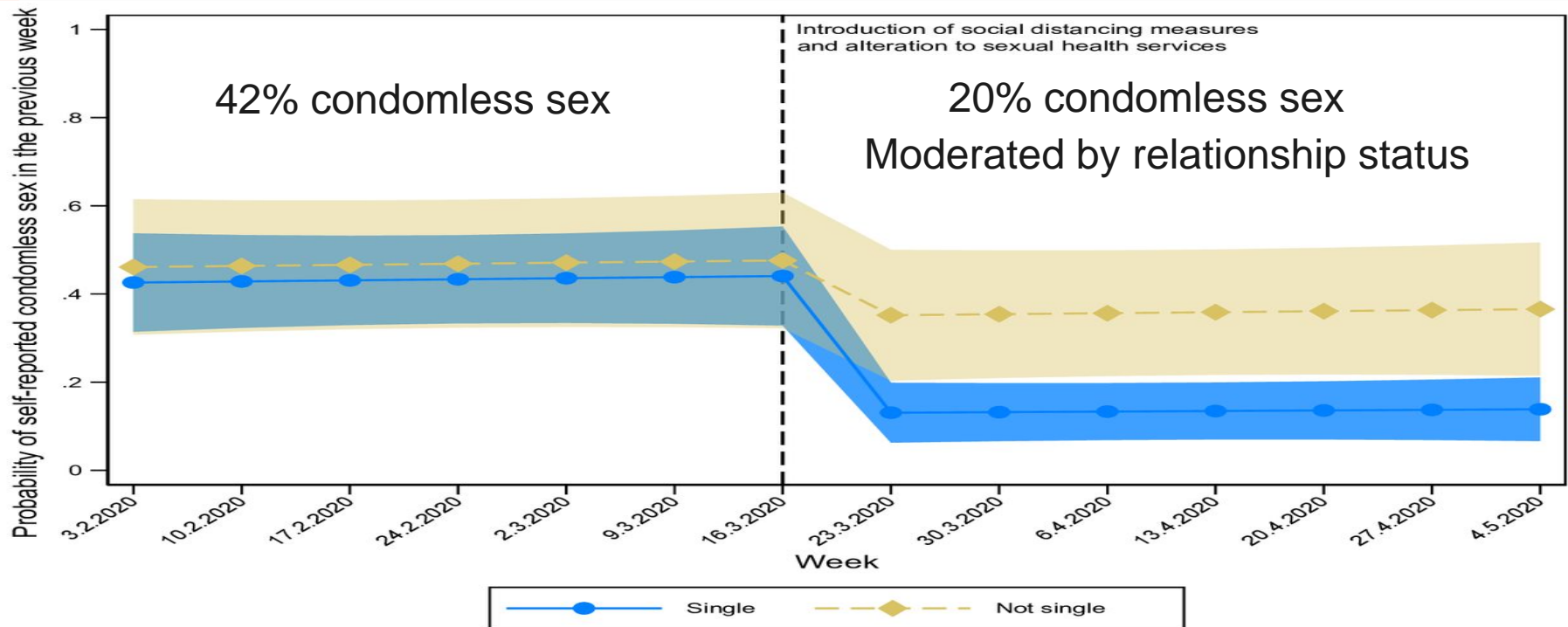


# Perceived Severity of COVID-19 vs HIV Infection among Men Who Have Sex With Men

- Sample of U.S. gay, bisexual, and other men who have sex with men
- The "Love and Sex in the Time of COVID-19" online survey 4-5/2020.
- Recruited through paid banner advertisements on social networking platforms – N = 696.
- Greater seriousness for HIV infection (mean 46.67, range 17-65) than for COVID-19 infection (mean 38.81, range 13-62).
- Anxiety, loss of sleep, and impact on employment were similar
- Aged over 25 and those who perceived higher prevalence of COVID-19 in the US or their state were more likely to report COVID-19 as more severe than HIV.
- There is a need to develop nuanced public health messages for MSMs that convey the ongoing simultaneous health threats of both HIV and COVID-19.

# Impact of COVID-19 on reported **sexual behavior** of HIV pre-exposure prophylaxis users in Wales

- Ecological momentary assessment of PrEP use and sexual behaviors
- National sexual health clinics - 56 participants, 697 person-weeks
- Weekly data on condomless sex - 03/02/2020 and 10/05/2020.
- Social distancing began 16/03/2020.



# COVID-19 Pandemic among Sexual Minority Populations in Brazil

- Online survey among Brazilian MSM and transgender/non-binary
- 3486 respondents: great majority were cismen (98%); aged 32 years (27-40), 44% non-white, 36% low schooling and 38% low income.
- Most of participants reported **HIV negative/unknown status (77%)**.
- **Participants on-PrEP**: > condomless anal sex than those off-PrEP.
  - Yet, 24% off-PrEP were at substantial HIV-risk.
- **PrEP/ART** continuation reported by most, despite refill impediments.
- **Transgender/non-binary** reported **more mental health** problems and **challenges to access** health care.
- Social and racial disparities were associated with unattainability or maintaining social distancing.

# COVID-19 Vulnerability of Transgender Women With and Without HIV Infection (Eastern and Southern U.S.)

- American Cohort to Study HIV Acquisition Among Transgender Women (Atlanta, Baltimore, Boston, Miami, New York City, DC) N=1020
- Poverty, unemployment, food insecurity, homelessness, and sex work.
- Transgender women with HIV (n=273) were older, more likely to be Black, had lower educational attainment, and were more likely to experience material hardship.
- **Mental and behavioral health symptoms were common**
  - **Did not differ by HIV status.**
- Barriers to healthcare included mistreatment, uncomfortable providers, and past negative experiences, material hardships, cost/transportation.
- However, most reported access to material/social support – **resilience.**
- Transgender-led organizations' response to this crisis serve as an important model for effective community-led interventions.

# Impacts of COVID-19: Global Sample of Cisgender MSM

- A cross-sectional survey with a global sample of gay men and other MSM (n= 2732; 17% HIV+) from April/2020 to May/2020
- Economic consequences
- **Interruptions** in HIV prevention/testing and treatment services
  - Greater among PLWH, racial/ethnic minorities, immigrants, sex workers, and socioeconomically disadvantaged groups.
- **Mental health outcomes**
  - 887 participants (35%) screened positive for depression,
  - 856 participants (34%) screened positive for anxiety.
    - **Did not differ by HIV status**
    - Higher rates among those who lost of employment

# COVID-19-related stress on mental health among PLWH in Argentina

- PLWH in Buenos Aires Metropolitan Area and urban regions of Argentina - private clinic electronic database online survey
- 1336 PLWH aged 18-82 - Significant findings:
  - Impact of economic disruption on mental health and loneliness
  - Buffered by resilience, greater among women
  - Less than excellent adherence to medication (33%), disruption to mental health services (11%), and disruption to substance abuse treatment (1.3%) during lockdown.
- The impact of COVID-stress and lockdown on emotional distress **appeared mitigated by resilience coping strategies**
- Results highlight PLWH's capacity to adhere to treatment in challenging circumstances and the importance of developing resilience skills for better coping with stress and adversity.

# Increased risk of COVID-19 infection and mortality in people with mental disorders: analysis from electronic health records in the United States

QuanQiu Wang<sup>1</sup>, Rong Xu<sup>1</sup>, Nora D. Volkow<sup>2</sup>

<sup>1</sup>Center for Artificial Intelligence in Drug Discovery, School of Medicine, Case Western Reserve University, Cleveland, OH, USA; <sup>2</sup>National Institute on Drug Abuse, National Institutes of Health, Bethesda, MD, USA

## Sample:

COVID-19 adults = 15,120 adults

COVID-19 and MD = 3,430 adults

Nation-wide database of EMR in the US

(**NOT HIV RELATED DATA**)

POPULATION	DEATH RATE	
COVID-19 adults	5.7%	African Americans 6.2% > Caucasians 3.7%* Men 6.6% > Women 3.4%*
COVID-19 + <b>mental disorder</b>	8.5%*	African Americans = Caucasians Men 12.5% > Women 6.7%*
COVID-19 no mental disorder	4.7%	
COVID-19 + <b>depression</b>	8.2%*	African Americans = Caucasians Men 13.9% > Women 6.4%*
Mental disorder (no COVID-19)	1.4%	
POPULATION	HOSPITALIZATION RATE	
COVID-19 adults	20.8%	African Americans 27.3% > Caucasians 12.7%* Men 21.6% > women 16.5%*
COVID-19 + <b>mental disorder</b>	27.4%*	African Americans 33.6% > Caucasians 24.8%* Men 36.5% > Women 23.5%*
COVID-19 no mental disorder	18.6%	
COVID-19 + <b>depression</b>	26.0%*	African Americans 32.7% > Caucasians 23.3%* Men 33.3% > Women 23.6%*
Mental disorder (no COVID-19)	13.8%	

(\* p<0.001)

# Conclusions

- MH/SUD tend to be higher among those vulnerable to HIV compared to other populations (pre-HIV)
- Continue to be high once living with HIV
- Structural issues both pre-HIV and once infected are always a challenge – stigma, resources, access – which have worsened during COVID-19
  - Depending where, there may be better access to health/mental health services once HIV tested and already linked to care?
- RESILIANCE skills!
- We can help!



# WHAT CAN WE DO?

Providers need to be prepared to keep their services and clients functioning.

The changes may help improve services beyond CoVID19

# Concerns during CoVID19 for PLWH?

- Steady supply of meds?
- Regularly scheduled labs?
- Acute physical symptoms getting addressed?
- Acute mental health/substance use symptoms getting addressed?
- Changes in how routine non-urgent care gets delivered?

# How might COVID-19 affect providers?

- **Same**, and on the frontline, increased risk of infection
  - Fear that **our family** members could become infected
  - **Stigma towards us** – we may be a vector of infection
  - **Community members turn to us**, and we don't necessarily know the answers to all their questions
  - We can't help our co-workers either because we're too **overwhelmed**
  - No time to deal with our own circumstances but expected to set aside **our own distress** and help our clients
  - We are trained to act strong, and no one wants to admit we may be **struggling**
  - In a crisis it **feels important** to help and be useful
- (My workshop next week will focus more on this – tune in!)*

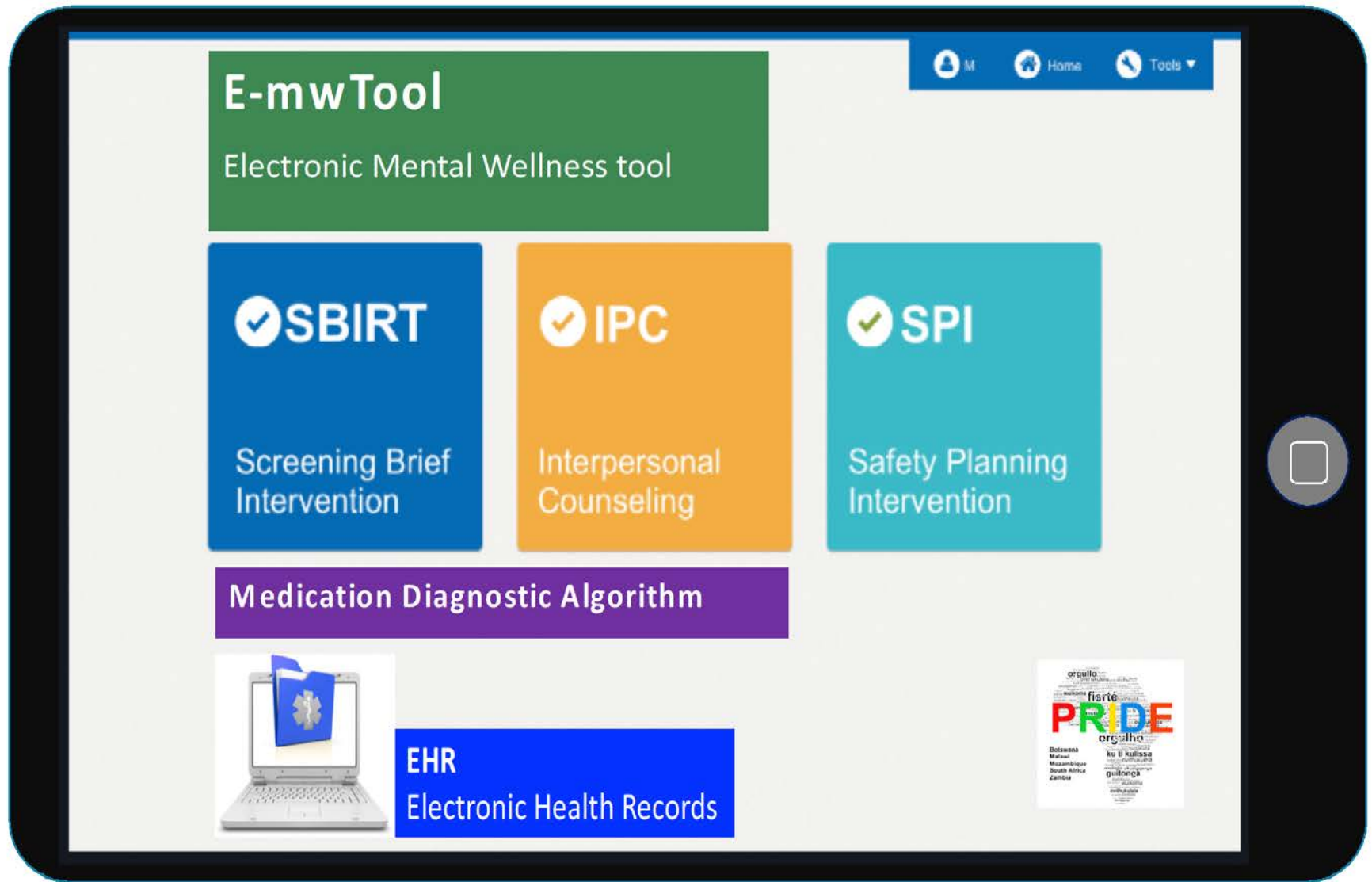
} ZOOM

# How can I help patients in distress during the COVID-19 crisis?

- Dealing with distress is part of the ordinary process of evaluating, engaging and retaining patients in care.
- The ordinary skills humans possess go a long way in providing comfort and support.
- Provide/identify/refer to programs that address the social determinants of health (e.g. food insecurity, homelessness, domestic violence, etc.)

*(My workshop next week will focus more on this – tune in!)*

Figure 2. PRIDE digital tools for assessment and treatment of all disorders



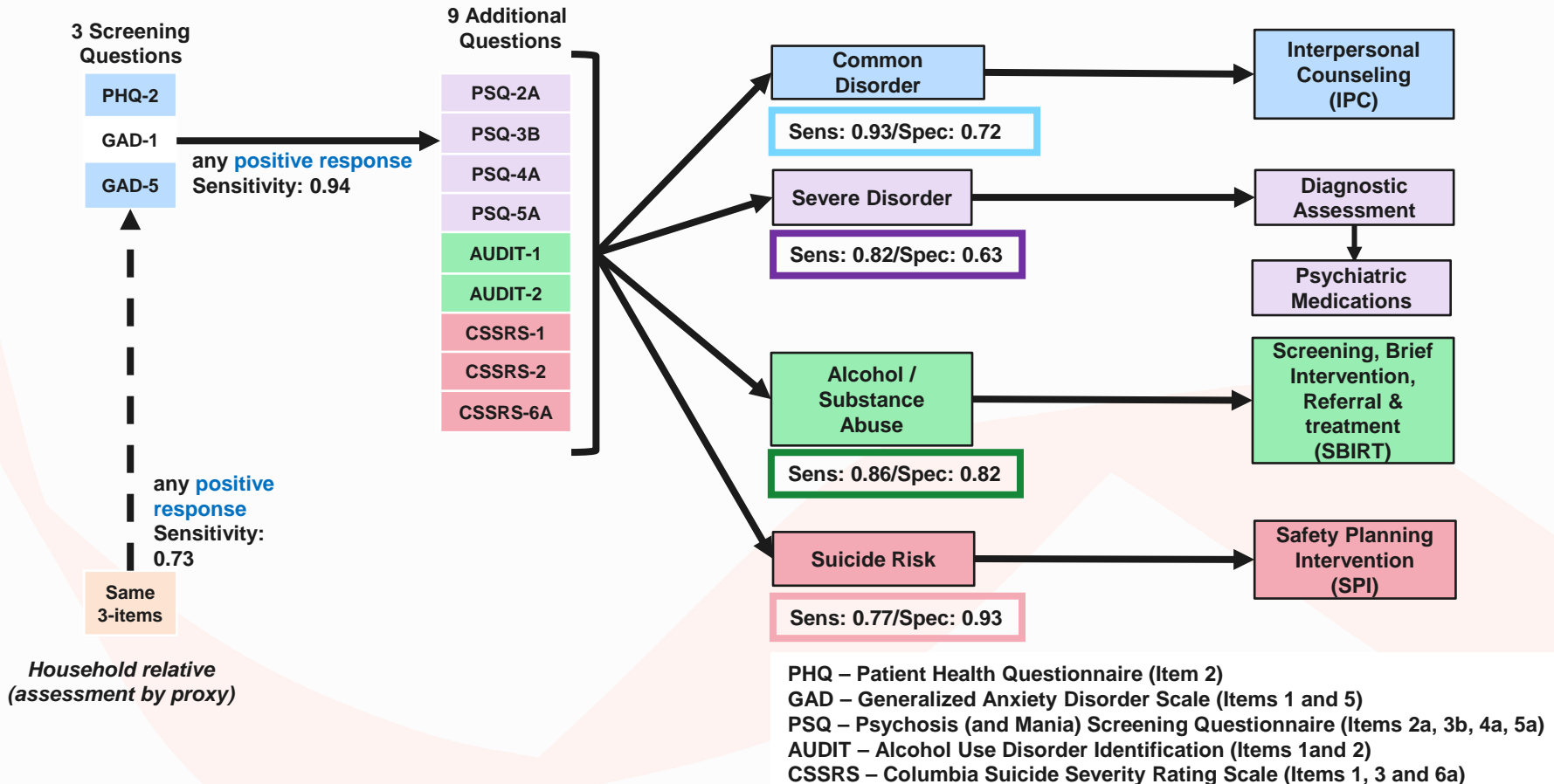
U19MH113203 ; Wainberg & Oquendo

# The Electronic Mental Wellness Tool (E-mwTool)

## CASE IDENTIFICATION

## DIAGNOSTIC CATEGORIES

## EVIDENCE-BASED TREATMENT



**Table. 12-item mwTool performance by HIV status in the validation sample.**

Performance by HIV Status	Sensitivity (95% CI)		Specificity (95% CI)	
HIV Status	HIV+	HIV-	HIV+	HIV-
<b>Any Disorder<sup>a</sup></b>	<i>0.88</i> <i>(0.74, 0.96)</i>	<i>0.96</i> <i>(0.91, 0.98)</i>	0.38 (0.26, 0.51)	0.33 (0.26, 0.39)
<b>Severe Mental Disorder</b>	0.76 (0.55, 0.91)	0.84 (0.72, 0.93)	<i>0.62</i> <i>(0.50, 0.73)</i>	0.63 (0.58, 0.69)
<b>Common Mental Disorder</b>	0.97 (0.84, 1.00)	0.95 (0.89, 0.98)	<i>0.73</i> <i>(0.61, 0.83)</i>	0.68 (0.62, 0.74)
<b>Substance Use Disorder</b>	1.00 (0.16, 1.00)	0.85 (0.66, 0.96)	<i>0.84</i> <i>(0.76, 0.91)</i>	0.81 (0.77, 0.85)
<b>Suicide Risk</b>	0.57 (0.18, 0.90)	0.82 (0.63, 0.94)	<i>0.94</i> <i>(0.87, 0.98)</i>	0.93 (0.90, 0.96)

<sup>a</sup> Calculated based on responses to the initial three items only.

On a typical day when you drink, how many drinks do you have?

Beer (5% alcohol)	Wine (12% alcohol)	Spirits (40% alcohol)	Local Distilled Drinks (60% alcohol)
<input type="text" value="1"/> CANS <input type="text" value="2"/> BOTTLES	<input type="text" value="1"/> GLASSES <input type="text" value="1"/> BOTTLES	<input type="text" value="1"/> SHOTS	<input type="text" value="1"/>

**Calculate Drink Total 15**

### Frequency of Drinking

SESSION 1 4x per week

SESSION 2 2x per week

SESSION 3 2x per week

### Frequency of Marijuana Use

SESSION 1 5x per week

SESSION 2 3x per week

**SBIRT**

Screening Brief Intervention

### ALCOHOL RISK

**Assessment Recommended**

Alcohol consumption greatly exceeds health limits  
Experiencing frequent and/or recent immediate consequences of drinking  
Experiencing very frequent symptoms of addiction to alcohol

### DRUG RISK

**Assessment Recommended**

Using drugs very frequently  
Experiencing frequent and/or recent immediate consequences of drug use  
Experiencing very frequent symptoms of addiction to drugs

[BI Dashboard](#)

### Medical/Physical Harms

- HEAD AND NECK +
- BREASTS +
- STOMACH +
- BLOOD PRESSURE +
- BRAIN +
- HEART +
- ORGANS +
- IMMUNE SYSTEM +





### GIVE THE SICK ROLE

When people feel distressed, they often feel that they cannot do the things that they usually do, or that they don't do things as well as they normally do. What has it been like to you?



## Interpersonal Counseling

### CONDUCT THE INTERPERSONAL INVENTORY

## Who are the important people in your life?

Person	Role in your life	[IF TRAUMA] How has this relationship changed following [Trauma]?
1. test IPC	Spouse	
<input type="radio"/> Is connected to my distress <input type="radio"/> Support me when i am distressed		
2.	Choose a role	
<input type="radio"/> Is connected to my distress <input type="radio"/> Support me when i am distressed		
3.	Choose a role	
<input type="radio"/> Is connected to my distress <input type="radio"/> Support me when i am distressed		
	Choose a role	
<input type="radio"/> Is connected to my distress <input type="radio"/> Support me when i am distressed		

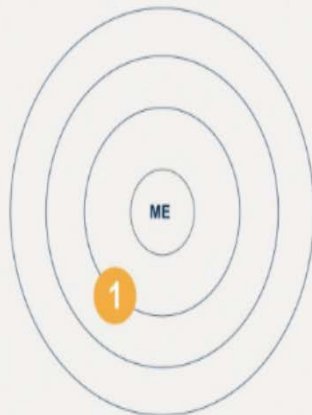
NEXT >

### CONDUCT THE INTERPERSONAL INVENTORY

## How close are these people to you?

Drag people to the circles to tell us how close they are to you.

- 1. Dale Poole
- 2. Myra Poole
- 3. Louis Allison
- 4. Irene Watts
- 5. Other



BACK <

NEXT >

## Select the interpersonal problem area



GRIEF



DISPUTES



LIFE TRANSITIONS



LONELINESS

NEXT >

1  
QUESTION

In the past month have you wished you were dead or wished you could go to sleep and not wake up?

No  Yes ✓

NEXT

2  
QUESTION

In the past month, have you actually had any thoughts of killing yourself?

No  Yes ✓

NEXT

3  
QUESTION

In the past month, have you been thinking about how you might do this?

No  Yes ✓

NEXT

4  
QUESTION

In the past month, have you had these thoughts and had some intention of acting on them?

No  Yes



5  
QUESTION

In the past month, have you started to work out or worked out to kill yourself? Do you intend to carry out this plan?

No  Yes

6A  
QUESTION

Have you done anything, started to do anything, or prepared to do anything to end your life?

No  Yes

6B  
QUESTION

Was this within the past year?

No  Yes ✓

NEXT

6C  
QUESTION

Was this within the past three months?

No  Yes ✓

NEXT

← BACK

No Answer

← BACK

No Answer

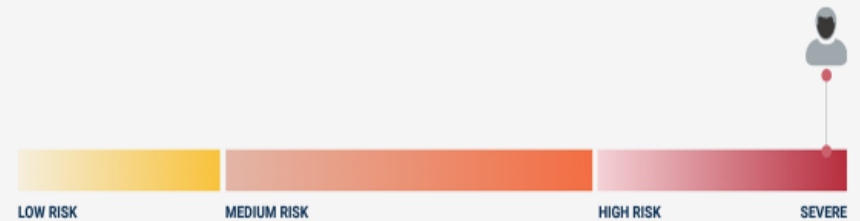
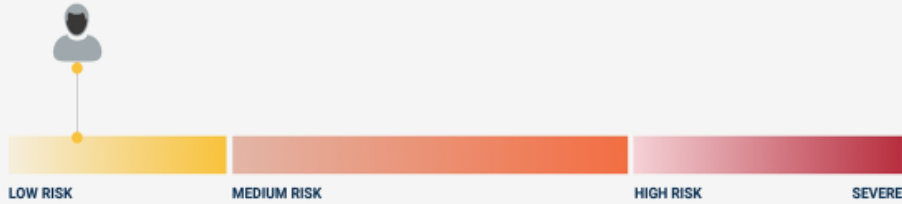
# Suicide Risk Level- Low Risk

# Suicide Risk Level- Severe Risk



## Suicide Risk Level Results

## Suicide Risk Level Results



### PROVIDE PSYCHOEDUCATION AND DESCRIBE WHEN TO SEEK HELP

You are not the only person to have thoughts of suicide. You shared that you currently don't have a plan or intent to kill yourself.

Is that correct?

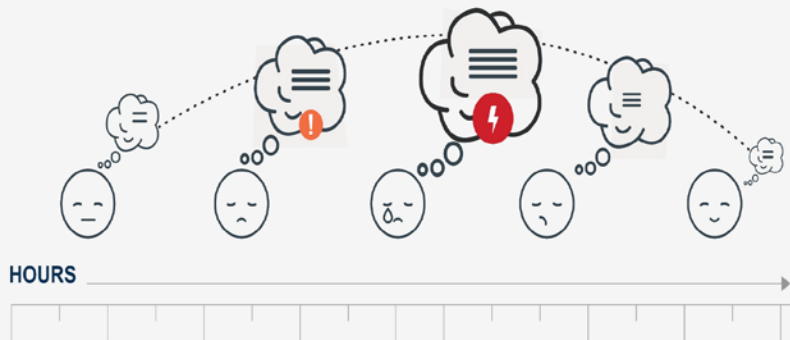
## Emergency Response Screen



### Start Rescue Protocol

### PROVIDE PSYCHOEDUCATION

## How suicidal thoughts/feelings change with time



1 STEP

### WARNING SIGNS

Signs that I am in crisis and that the safety plan should be used?



#### THOUGHTS OR EMOTIONS

- 2 item selected
- Feeling hopeless
- Feeling empty
- Feeling lonely and alone
- Feeling that you failed
- Feeling guilty or ashamed
- Feeling useless / has no purpose
- OTHER
- Choose thought(s) or emotion(s)



#### PHYSICAL SIGNS

1 item selected



#### OTHER SIGNS

Enter other signs

BACK

NEXT

BACK

NEXT

### INTRODUCING

## The Safety Plan

1 STEP

Warning Signs

4 STEP

Family Members or Friends Who May Offer Help

2 STEP

Internal Coping Strategies

5 STEP

Professionals that can help

3 STEP

People and Social Settings that Provide Distraction

6 STEP

Making the Environment Safe

6A STEP

### MAKING THE ENVIRONMENT SAFE

The methods I have thought about using



Rat Acids



Toxins



Hanging



Taking Pills



Weapon



Immolation



Jumping



Drowning

BACK

NEXT

BACK

NEXT

# COVID-19 Supplement - *STEPmWell*

## Bringing the Electronic Mental Wellness Tool to NYC

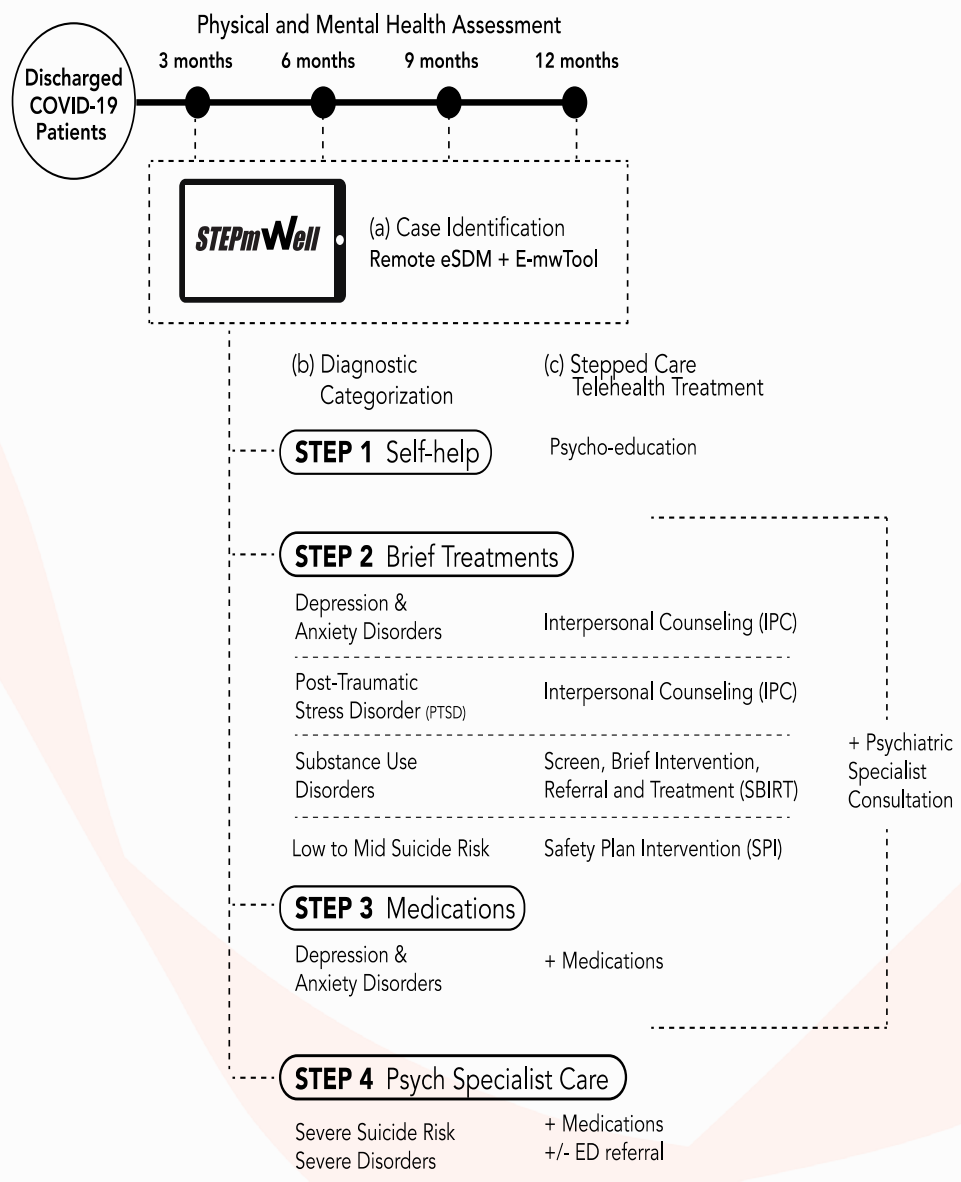
### Specific Aims:

**Aim 1** To *understand MH outcomes among COVID survivors (N=1,000) and their families across time.*

**Aim 2** To *develop and pilot test the Telemedicine-Electronic Mental Wellness Stepped-Care Model (STEPmWell) by combining:*

- Telemedicine
- Electronic shared decision-making tool for patient preference (eSDM; R01HS025198, Moise), and
- EmwTool for assessment and treatment (U19MH113203, Wainberg/Oquendo)

**STEPmWell - Telehealth Mental Health and Substance Use Services**



1. IPC, SBIRT, and SPI will be delivered individually for four weeks **via telehealth using Apps**.
2. After the last session, patients will be reassessed to determine further treatment need.
3. Those whose assessment shows full or partial remission will be reassessed in a month.
4. If the findings from the initial assessment determines the presence of both common mental and substance use disorders, the EBT to be administered first will be based on severity and/or patient-choice.
5. Those who screen positive for another disorder, will be offered treatment for the second condition (sequential treatment).
6. Those who do not improve during the first treatment, will be referred for Step 3 or 4, according to the severity.
7. Patients initially referred for Step 3 (medication management by PCP), will be able to access Step 2 treatments once stabilized (combined treatment).

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Gracias por su atención

Thank you for your attention

Qs & As

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