

Assessing the Impact of a Video-based Model to Engage an Urban Psychiatric Inpatient Cohort in the Process of HIV Testing and Education

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Background

- Individuals with mental illness have been shown to exhibit significantly higher HIV risk factors and higher rates of HIV infection than the general population.
- Knowledge, perceived risk levels for contracting HIV, and testing rates are also relatively low for this population.
- In the past, behavioral interventions in mental health cohorts have proven successful in increasing knowledge and intention to reduce short-term risk factors.
- Therefore, small group behavioral skills interventions can be an effective way to prevent short-term HIV infection and increase testing rates among this cohort.

Objectives

This study aimed to develop a new model to engage high risk patients in the process of HIV testing and education in an urban inpatient setting. Additionally, the study intended to assess HIV knowledge and risk perception of this high-risk population.

Methods

Study Design: A quality improvement project was conducted in the inpatient and partial hospitalization psychiatric ward from November 2015 to March 2017. A sample of patients deemed to have capacity to consent by a team of physicians and nurses were enrolled in the study. During weekly group sessions, patients completed a pre-video survey to determine baseline knowledge, risk factors, perceived risk, and test acceptability. A behavioral skills video developed by Project BRIEF was screened. After the video, a small group discussion was conducted and patients completed a post-video survey which included the same questions asked in the baseline survey.

Study Population and Setting: The psychiatric inpatient and partial hospitalization wards of North Central Bronx Hospital, an urban public teaching hospital in the Bronx, NY serving a primarily medically indigent minority population.

Inclusion Criteria: English-speaking, medically stable, aged 18+ years, and capable of giving informed and written consent as determined by their provider.

Exclusion Criteria: Patients incapable of giving informed and written consent as determined by their provider and patients who were not English speaking. In addition, patients already exposed to the video from previous group sessions were excluded.

Results

Table 1. Demographic Information (n=39)

Male	51.3%
Homeless in the past 6 months	20.5%

Psychiatric Diagnoses (n=39)

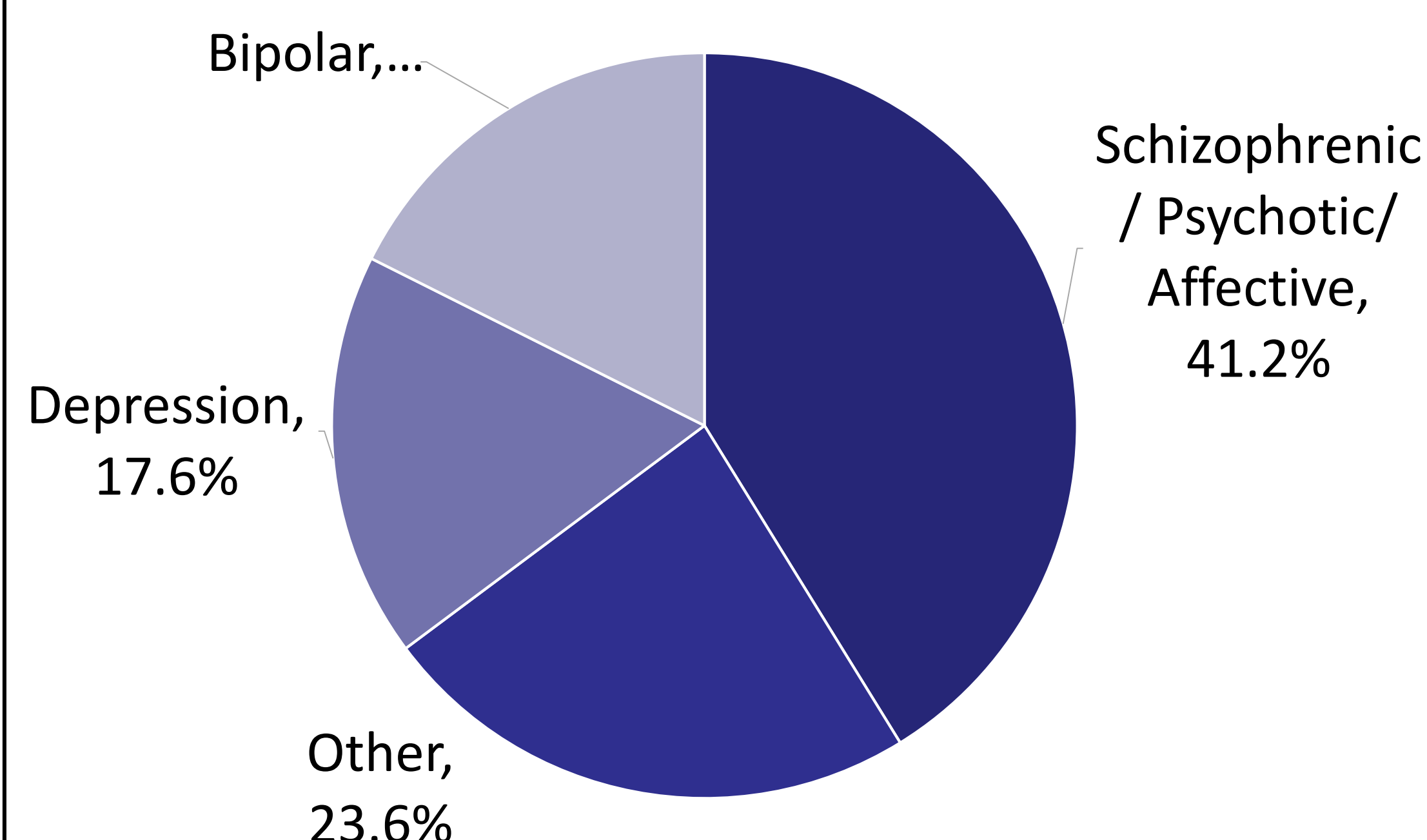
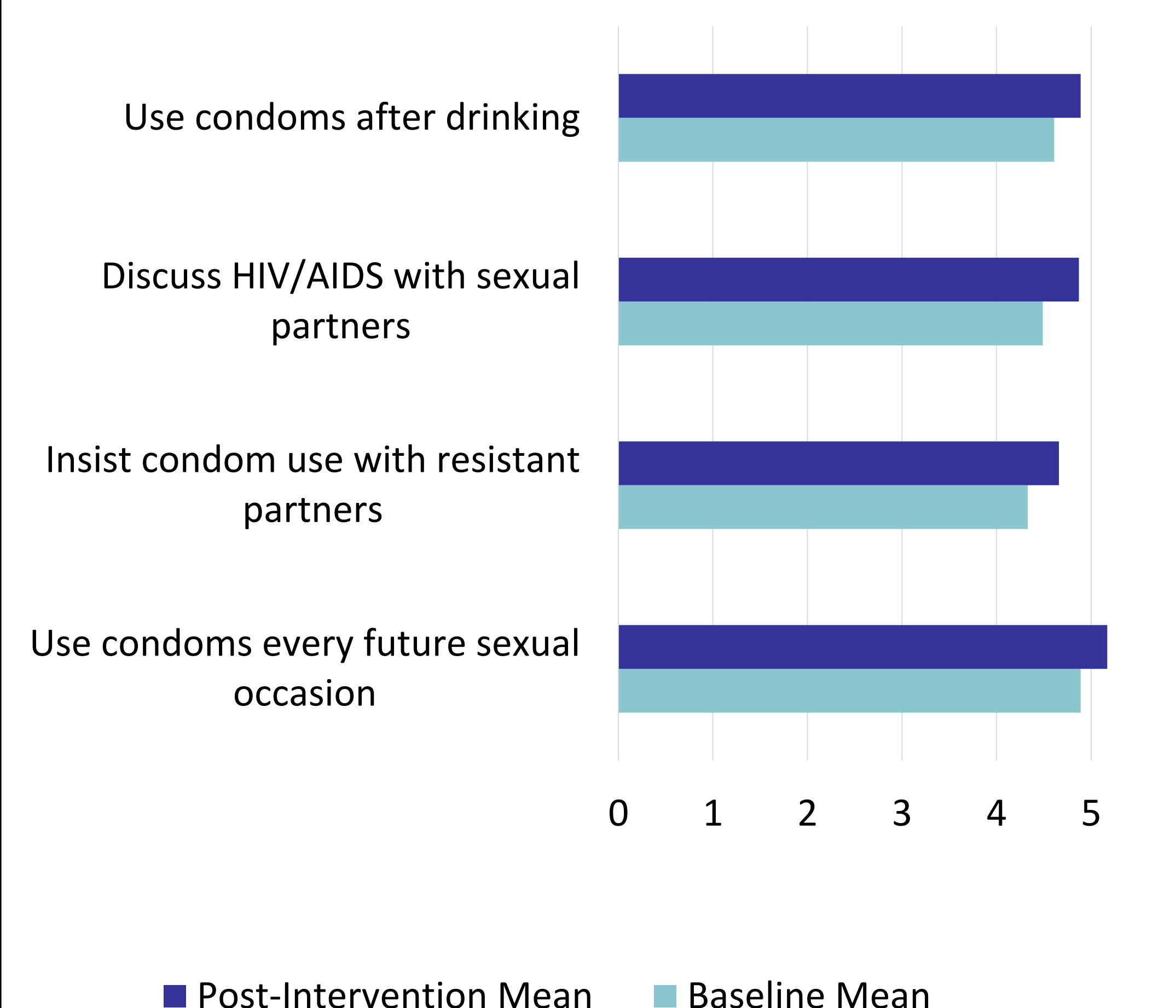


Table 2. Self Reported HIV Risk Factors (n=39)

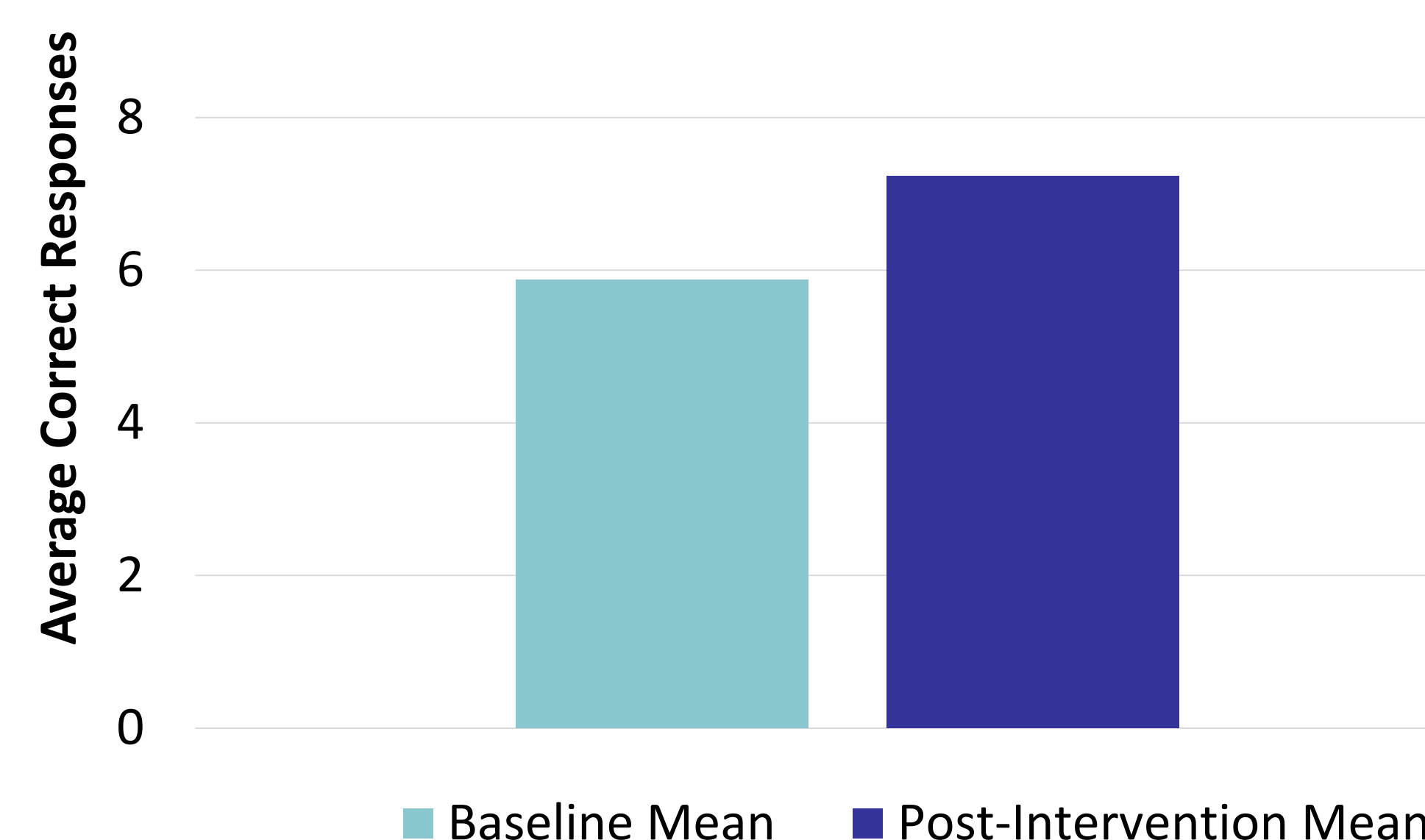
High-risk for acquiring HIV (as per CDC criterion)	
Multiple sex partners	30.2%
Injection drug use	18.9%
Past sexually transmitted disease	18.9%
Jail time served	18.4%
Blood transfusion received	10.8%
Sex exchanged for commodities	10.3%

Intention Survey Responses



*Intention Responses were on a scale ranging from 1, strongly disagree to 6, strongly agree

HIV Knowledge Related Questions Responses



Limitations

This study was conducted at an urban public hospital in the Bronx, NY that serves a low- to moderate-income, minority-dense patient population. It is possible that there could be significant differences in acceptability of the program among different demographic or socio-economic profiles. Additionally, the patient population was acutely ill, which can often cause difficulty in retaining new information. Thus, results could improve with a more stable cohort. Finally, the sample size is small, potentially affecting generalizability of results.

Conclusions

- A video-based HIV educational intervention, in conjunction with group sessions, can be implemented in a psychiatric unit setting to promote HIV testing and improve knowledge in a mentally ill cohort.
- Despite severe mental illness, the educational intervention along with group sessions improved HIV testing rates. HIV testing acceptability increased from a baseline of 47.2% to 56.8%.

Future Studies

- These preliminary findings support further continuation of the program to target a larger mentally ill audience. Future analysis should include a prospective evaluation of the model's ability to change behavior in the high-risk population. Additionally, the study can better assess knowledge retention by requesting patients to complete the post-video survey one week after completing the group session.

For Additional Information, Please Contact

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