



Integration of Psychology Services in HIV Primary Care Increases Access to Mental Health Treatment

Leah E. Squires, Ph.D., Kathryn S. Ziemer, M.A., Tracela White, Ph.D., Melissa Turner, MSW., Linda Allen, MSW., Debra Benator, MD

Washington DC Veteran's Affairs Medical Center

Background

- In 2012, over 50% of veterans seen for treatment at the Washington DCVAMC ID Clinic had a documented previous mental health diagnosis.
- Prior to September 2012, DCVAMC ID patients requiring mental health treatment were referred to specialty clinics.
- Integration of mental health assessment and treatment within HIV primary care may increase linkage to treatment and impact patient outcomes.
- The Washington DC VAMC's Infectious Diseases Clinic's multidisciplinary staff has included a psychology fellow since September 2012 in order to increase access to psychology treatments.
- The psychology fellow provides assessment and triage to specialty clinics; brief problem-focused treatment; and facilitates behavioral health groups for clinic patients.

Project Aim

The aim of this program evaluation project was to assess the impact of integrated psychology services on patient utilization of psychology services

Method

- Reviewed the HIV clinical case registry
 - Service use: *individual or group psychotherapy stop codes*
 - Three time periods compared:
 1. Pre-integration (9/2006-9/2008),
 2. Partial integration(9/2009-9/2012),
 3. Full integration (9/2012-9/2013).
- CPRS chart review
 - Demographic data
 - Clinic utilization
 - Selected medical co-morbidities (HCV, Chronic Pain, Diabetes)

Results

Psychology Service Utilization

- A total of 218 patients accessed psychological services during the initial year of full integration, representing a 59% increase compared to the average of the three years of partial integration and a 137% increase compared to the average of the two years prior to integration (Figure 1).
- 54.2 % (n=118) attended one or more session with the ID Psychology Fellow, the next most utilized clinic was the Substance Use Rehabilitation Program 21.1% (n=46) (Table 1)

Patients Accessing Psychological Services by Level of Integration

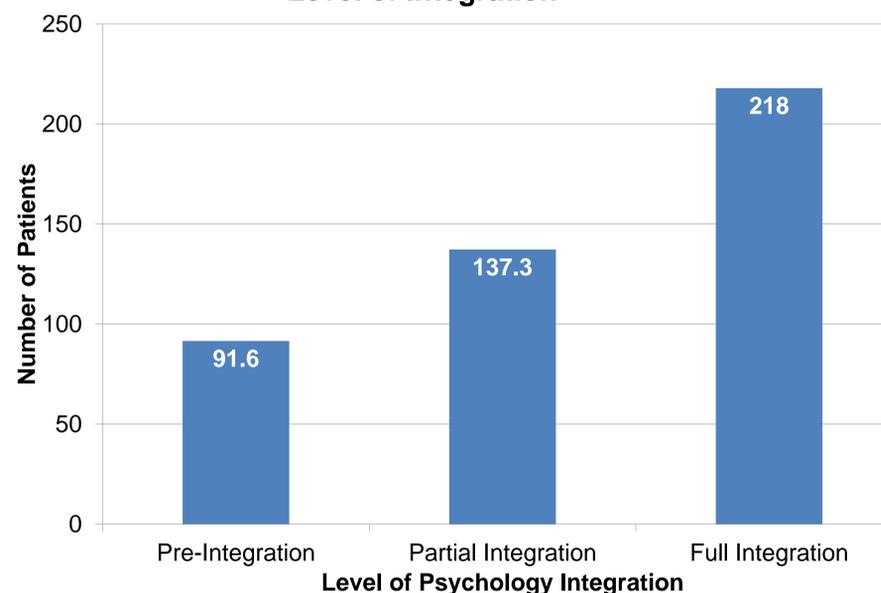


Table 1: Clinics accessed by HIV+ veterans 9/2012-9/2013

Clinic	N (%)
ID Psychology	118 (54.2%)
SARP	46 (21.1%)
Mental Health Clinic	17 (7.8%)
Trauma Services	15 (6.8%)
Health Psychology	10 (4.5%)
PRRC	10 (4.5%)
Inpatient	9 (4.1%)
Other Clinics*	16 (7.3%)

SARP: Substance Abuse and Rehabilitation Program; PRRC: Psychosocial Rehabilitation and Recovery Program
 * Other clinics : Polytrauma, Health Improvement Program, Pain Psychology, Neuropsychology, Mental Health Intensive Case Management; Community Based Outpatient Clinic, Community Living Center, and Primary Care Behavioral Health

ID Psychology Clinic Utilization & Patient Characteristics

- Of 125 patients referred to treatment, 94% (n=118) attended one or more sessions with the ID Psychology Fellow.
- The average age of referred patients was 52 years, 90% were male, majority were African American/Black.
- 31% of referred patients had co-morbid Hepatitis C; nearly half (48%) had a documented chronic pain condition; 16% had either Diabetes or Chronic Kidney Disease.
- Average number of sessions attended was 4
- The most common reason for referral was symptoms of depression (33% of referrals).
- The majority of veterans received individual therapy

Discussion

- Embedding psychology within the DCVAMC ID clinic dramatically increased patient utilization of psychology services, possibly by reducing both HIV related stigma as well as mental health stigma.
- The ID Psychology Fellow provided services to over half of clinic patients who engaged in psychological treatment.
- Many of the veterans served by the ID Psychology Fellow had medical co-morbidities in addition to HIV.
- Providing group treatment for depression among veterans with HIV may be warranted given the high rate of patients referred for depressive symptoms.
- Plans are underway to examine the impact of integrated mental health services on patients' HIV outcomes.

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