

Title:

Telemedicine Counseling Intervention for Rural HIV Patients With Comorbid Depression, Anxiety, and Substance Use Issues

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Session Title:

PrEP Protocol for Urgent Care, STI, and Telemedicine and Peer Support in Mental Health

Keywords:

HIV/AIDS, mental health and telemedicine

References:

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Abstract Summary:

This presentation will discuss an intervention for PLWH with mental health and substance use issues, using: (1) peer education/support and (2) mental health and substance abuse group counseling via telemedicine/videoconferencing; among PLWH to support and improve medication adherence and retention in HIV care among PLWH.

Content Outline:

Presentation Objectives: This presentation will discuss:

1. Background statistics on and Screening for mental health and substance use issues in PLWH.
2. Development and testing of a multi-level program for PLWH with mental health and/or substance use issues, using: (1) peer education and support and (2) mental health and

- substance abuse group counseling via telemedicine videoconferencing; among PLWH to support and improve medication adherence and retention in HIV care among PLWH.
3. How telemedicine can also be used in HIV prevention counseling, including counseling for pre-exposure prophylaxis (PrEP).

Topic Selection:

PrEP Protocol for Urgent Care, STI, and Telemedicine and Peer Support in Mental Health (25363)

Abstract Text:

Purpose: People living with HIV (PLWH) are more likely than those in the general population to experience depression, anxiety, and substance abuse and are less likely to access treatment, which has negative implications for HIV transmission and engagement of PLWH in the HIV care continuum. PLWH in rural areas may experience additional barriers to accessing care. The purpose of this longitudinal pilot study is to develop and evaluate a multi-level program, using telemedicine and peer support to improve mental health, substance abuse, and HIV treatment adherence and outcomes among PLWH in rural Alabama.

Methods: This was a mixed method study. Phase 1 included development of a peer leadership development program and focus groups with 16 PLWH with substance abuse and mental health issues residing in rural Alabama. 22 participants have completed phase 2, to date, which is the intervention phase (ongoing).

Results: Phase 1: 16 PLWH participated. The average age was 42.4 ± 1.3 years. The most common mental health/substance use issues identified were depression, anxiety, alcohol abuse and marijuana dependency. Common focus group themes included *barriers to medication adherence*, *benefits of peer leadership*, *benefits of telemedicine*, *benefits of group therapy*, *protective and resilience factors* (social support, health behaviors, religion/spirituality), *poly-stigma* (of being Black, gay, HIV-positive and living in the rural south), and *transportation as a barrier to HIV care*. Majority of participants rated the program as good/excellent (82.8%, n=16) and as having good/excellent (77.3%) acceptability and majority were satisfied with the session frequency, format and content. All reported substance use. Phase 2: A total of 22 participants participated in the study. A total of 22 PLWH participated in the study. Scores for HIV knowledge (13.6 ± 4.0 vs 14.47 ± 2.34), alcohol use (6.0 ± 7.4 vs 3.5 vs 5.6), substance use (1.0 ± 2.2 vs $.81 \pm 1.25$) and depression (9.2 vs 7.1) improved from baseline to post-intervention. *Drug Use:* Of those who responded, the majority reported using alcohol (68.2%, n=15), half reported marijuana use (54.5%, n=12), few reported “cocaine or crack” use (13.6%, n=3), almost half used cigarettes (45.5%, n=10). However, most participants reported low risk for alcoholism as assessed by the AUDIT (N=16, 72.7%). Of those who responded to the PHQ (N=16, 72.7%), most indicated minimal or mild levels of depression (N=11, 68.9%). Overall, participants reported a relatively high degree of HIV knowledge, as assessed by the 18-item HIV knowledge questionnaire (M=15.1, SD=2.3), with most participants answering at least 75% of questions correctly (N=18, 81.8%), and many answering around 95% or higher correctly

(N=9, 41%). Changes: Scores for HIV knowledge (13.6 ± 4.0 vs 14.47 ± 2.34), alcohol use (6.0 ± 7.4 vs 3.5 vs 5.6), substance use (1.0 ± 2.2 vs $.81 \pm 1.25$) and depression (9.2 vs 7.1) improved from baseline to post-intervention.

Conclusion: Interventions which better address co-existing HIV/AIDS and substance abuse and/or mental illness are needed, particularly in rural settings, such as in the Deep South. PLWH with mental health and substance issues in rural settings are receptive to telemedicine after education and report better scores after the intervention. Telemedicine can also be used in HIV prevention counseling, including counseling for pre-exposure prophylaxis (PrEP).