Title:
Telemedicine Perceptions of Rural Patients With HIV and Mental Health Issues

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Session Title:
Scientific Posters Session 2

Keywords:
HIV/AIDS, mental health and telemedicine

References:


Abstract Summary:
This is a presentation of the perceptions of patients living with HIV/AIDS and mental health and/or substance use issues regarding barriers to care and the use of a telemedicine and peer support intervention to address these issues.

Learning Activity:

<p>| LEARNING OBJECTIVES | EXPANDED CONTENT OUTLINE |</p>
<table>
<thead>
<tr>
<th>Understand the prevalence of mental health and substance use issues in people living with HIV/AIDS.</th>
<th>Describe background on and the prevalence of depression, anxiety and substance use among people living with HIV/AIDS.</th>
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<tbody>
<tr>
<td>Discuss the impact of mental health and substance use issues on HIV treatment adherence.</td>
<td>A summary of previous studies identifying the link between HIV treatment adherence and mental health and substance issues.</td>
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<tr>
<td>Summarize findings regarding the perceptions of people living with HIV on telemedicine and therapy for depression and substance use.</td>
<td>We will present findings regarding the perceptions of people living with HIV on telemedicine and therapy for depression and substance use.</td>
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**Abstract Text:**

**BACKGROUND:** 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. Substance abuse and mental illness are major risk factors for HIV transmission and may challenge the engagement of PLWH in the HIV care continuum—which is critically needed to decrease HIV viral load (VL) and transmission. PLWH in rural areas may experience additional barriers to accessing care. PURPOSE: The purpose of this longitudinal 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: Phase I included development of a peer leadership development program and focus groups with 15 PLWH with substance abuse and mental health issues residing in rural Alabama. Phase II is the intervention phase (ongoing). RESULTS: All participants were Black and 73% (n=11) were male and 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. Many participants discussed the need for improved health care access in the Deep South and identified transportation as a barrier. The majority of participants in the focus groups had no prior knowledge of telemedicine. All participants expressed that the program offers convenience and accessibility and is a necessity in rural settings. Participants identified benefits, challenges, and solutions to address challenges. Foreseeable benefits included: improved rural health care, more efficient health care, easier access to care, reduced transportation, and no audio/video recording. Potential challenges included: lack of direct interaction, lack of security, being recorded or hacked, and having to rely on the provider in the room to relay information. Methods that the participants suggested for combating the aforementioned challenges included: offering security notes, reassurance, and accountability for privacy. CONCLUSIONS/IMPLICATIONS: 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.