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Structural barriers to ART adherence: Access to mental health services

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- Psychological or psychiatric problems are potential barriers to adherence to ART.
 - There are structural barriers to adherence in addition to individual-level barriers, e.g. poor clinic infrastructure, difficult access to mental health and substance abuse treatment.



Antiretroviral Treatment



- The mere provision of ART may be insufficient for patients to make gains in terms of health status.
- Close to 95% adherence is required for adequate viral suppression.
- Two levels of adherence:
 - clinic attendance (adherence to care)
 - pill-taking (medication adherence)



Poor adherence can result in:



- Increased viral load; decreased CD4 count.
- More rapid disease progression.
- Increased number of opportunistic infections.
- Slower recovery time.
- Decreased QOL for patients and families.
- Increased mortality, and effect on families and economy
- Wastage of resources: consultations, drugs, etc.
- Worker absenteeism – due to illness.
- Development of drug-resistant strains of HIV.



What is adherence?



- Dose adherence - number and proportion of doses taken.
- Schedule adherence - adherence to doses taken on time.
- Dietary adherence - doses taken correctly with food.
- Adherence to care - attendance of clinic appointments.



Non-adherence



- Not taking the medication at all.
- Taking the medication at the wrong time.
- Taking the wrong doses.
- Prematurely terminating treatment.
- Self-adjusting doses to modulate side effects.
- Not filling prescriptions.
- Not attending clinic appointments.





What is meant by structural barriers?



Structural factors are the social, economic, institutional, political, and cultural domains that collectively make up the social structures that to a greater or lesser extent influence behavior.

Shriver, Everett & Morin (2000). AIDS.



What are some structural barriers?



- We interviewed patients (n=10), nurses (n=3), and doctors (n=3), patient advocates (n=10) at a major public hospital in the Overberg area.



What are some structural barriers?



- Stigma-related barriers
- Relationships with clinic staff
- Transport difficulties
- Patient waiting times
- Food insecurity
- Migration
- Lack of privacy during counselling sessions
- Poor access to mental health and substance abuse treatment.
- Language barriers



- Nurse: “And some may not even say, or to be able to comfortably say what their problem is, there is just no privacy. It’s just people from here to here. And then there are sometimes two patients seen at the same time...”
- Patient advocate: “There are not enough rooms to see the counsellor in private. So that it is very uncomfortable for them...”



If psychosocial or psychiatric problems are individual-level barriers to adherence, then the lack of clinic infrastructure to address and resolve such problems can be thought of as a structural barrier.



PA: “Then he will go off on a drinking binge, and he would say he doesn’t want to take his ARVs when he has been drinking, so that is probably not a good idea, and then he won’t take them for five, six days when he is drinking, and then he will start drinking them again...”



- Patient: “I also drank, I drank and forgot about my medication, I didn’t worry (about my medications)”.



- Patient advocate: “I know about... (some) patients are still struggling with drinking, going to the point where they don’t want to put them on ARVs, because they are struggling with alcohol...”
- Doctor: “. . .even if the patients want to stop, there aren’t particular programs.”



- Patient advocate: ... we don't have the resources where you can actually send the people, but you can't even send them... how will you get them there? So, it's a problem that it seems that there's no solution.



- If substance abuse is an individual-level barrier to ART adherence, then poor access to substance abuse programmes can be thought of as a structural barrier to adherence.

Coetzee, Kagee, & Vermeulen (2010). *AIDS Care*.



- Most of the HCWs stated they only had a limited Xhosa vocabulary.
- They thus found it difficult to understand patients' needs.



- Doctor: “you don’t get the nuances or the complicated stories, especially the psychosocial issues that get lost completely. So I think a lot of things are lost in translation.”



- Without effective communication between patient and provider, clinicians are unable to identify and understand the psychosocial concerns that patients face.



- Insufficient translation services or multilingual medical personnel -- structural barrier to effective health care services and therefore to adherence.

Kagee & Delport (2010). J. of Health Psych.



How do ART users experience the services they receive?



- Sample of 289 ART users recruited at clinics in Overberg area.
- Administered a scale to assess the salience of structural barriers constructed on the basis of the qualitative data and administered to a larger sample.



I do not attend my clinic appointments because there is no privacy at the clinic when I meet with the nurse.



	N = 291
Some of the time	27.1%
Most of the time	6.2%
Always	18.6%
Combined	51.9%



I do not attend my clinic appointments because the nurses do not speak my language



	N = 291
Some of the time	22.0%
Most of the time	8.9%
Always	15.1%
Combined	46.0%



I need substance abuse treatment but do not have access to it.



	N = 291
Some of the time	14.8%
Most of the time	4.1%
Always	4.8%
Combined	23.7%



I need mental health treatment but do not have access to it.



	N=291
Some of the time	18.6%
Most of the time	5.8%
Always	5.2%
Combined	29.6%



What about mental health problems?



- Freeman et al (2008): Studied 900 PLWH using the CIDI and found 43.7% to have a diagnosable mental disorder.
- Major depression: 11.1%
- Mild depression: 29.9%
- Alcohol abuse: 12.4%
- GAD: 0.4%
- PTSD: 0.7%
- PTSD (event HIV): 4.2%
- Intermittent explosive disorder: 3.9%



- Kagee & Martin (2009) studied 85 patients diagnosed with HIV within the year preceding data collection.
- HSCL: - 25 item scale used to assess global psychological functioning, mainly symptoms of anxiety and depression.
- BDI - 21-item self-report instrument used to measure symptoms of depression.



% scoring above cut-point of HSCL

	N	%
Scored below 44	40	47.1
Scored above 44	47	52.9

% scoring in each BDI category (symptoms of depression)

	N	%
Normal (0-9)	32	37.60
Mild to moderate (10-18)	21	24.70
Moderate to severe (19-29)	17	20.00
Severe (30 and above)	15	17.60

Kagee & Martin, AIDS Care, 2009



- More than half the sample scored in the clinically significant range on the HSCL.
- Close to 4 out of every 10 patients scored in or above the moderately depressed range on the BDI.
- These data are in keeping with similar studies among HIV-positive samples, e.g. Antelman et al, 2007; Kaharuza et al 2006).



Are mental disorders related to poor adherence?



- Nel studied 101 (83 = female, 18 = male) ART users.
- Administered the Beck Depression Inventory, Beck Anxiety Inventory, PTSD Symptom Scale, Alcohol Use Disorders Identification Test (AUDIT), and the Drug Use Disorders Identification Test (DUDIT).
- Adherence assessed by viral load and a visual analogue scale assessing self-reported adherence.



Are mental disorders related to poor adherence?



- Patients reporting non-perfect adherence to ART were approximately 3 times (OR = 2.731, CI = 1.094 – 6.815) more likely to report moderate to severe symptoms of depression.

Nel (2011). Unpublished masters thesis.



Depression



BDI-II	N=101
Moderate range	22.3%
Severe range	18.1%
Combined	40.4%



Anxiety



BAI	N=101
Moderate range	20.7%
Severe range	8.0%
Combined	28.7%



- Symptom picture of MDD: low motivation, poor concentration, sleep disturbance, psychomotor retardation, fatigue, loss of energy, feelings of worthlessness.
- Depressed patients are unlikely to have adequate motivation and self-efficacy to attend clinic appointments and take medication regularly.



- Comorbidity of SA with other psychiatric disorders.
- Patients who are regularly intoxicated usually have impairments in memory, concentration, and physical coordination which are necessary for the preparatory behaviours associated with adherence, e.g. obtaining pills, keeping pills with them, remembering to take pills on time, remembering correct doses.



- Intoxicated patients may have negative encounters with HCW's, who may feel that the patient is inappropriately compromising the gains derived from treatment.
- Social circles of substance users often consists of other substance users where adherence support is seldom obtained.



- Mental health problems are potentially significant among ART users.
- Mental health problems pose potential barriers to ART adherence.
- Limited access to mental health treatment is a structural barrier to ART adherence.



- What are the implications for integrating accessible mental health services with ART care at local clinics?
- With limited availability of qualified mental health professionals, can lay counsellors be trained to provide evidence-based mental health interventions?
- Can mental health interventions result in greater adherence among ART users?



Acknowledgements



- Bronwyne Coetzee
- Jani Nothling
- Tracey Delpont
- Nadia Vermeulen
- Adriaan Nel
- Dr. Katrin Stuve, Infectious Diseases Clinic, Helderberg Hospital
- Phillippi Trust
- Nursing staff at Infectious Diseases Clinic, Helderberg Hospital
- Western Cape Department of Health
- Medical Research Council