

Clinical supervision and HIV primary mental health care: Lessons learnt from a working model

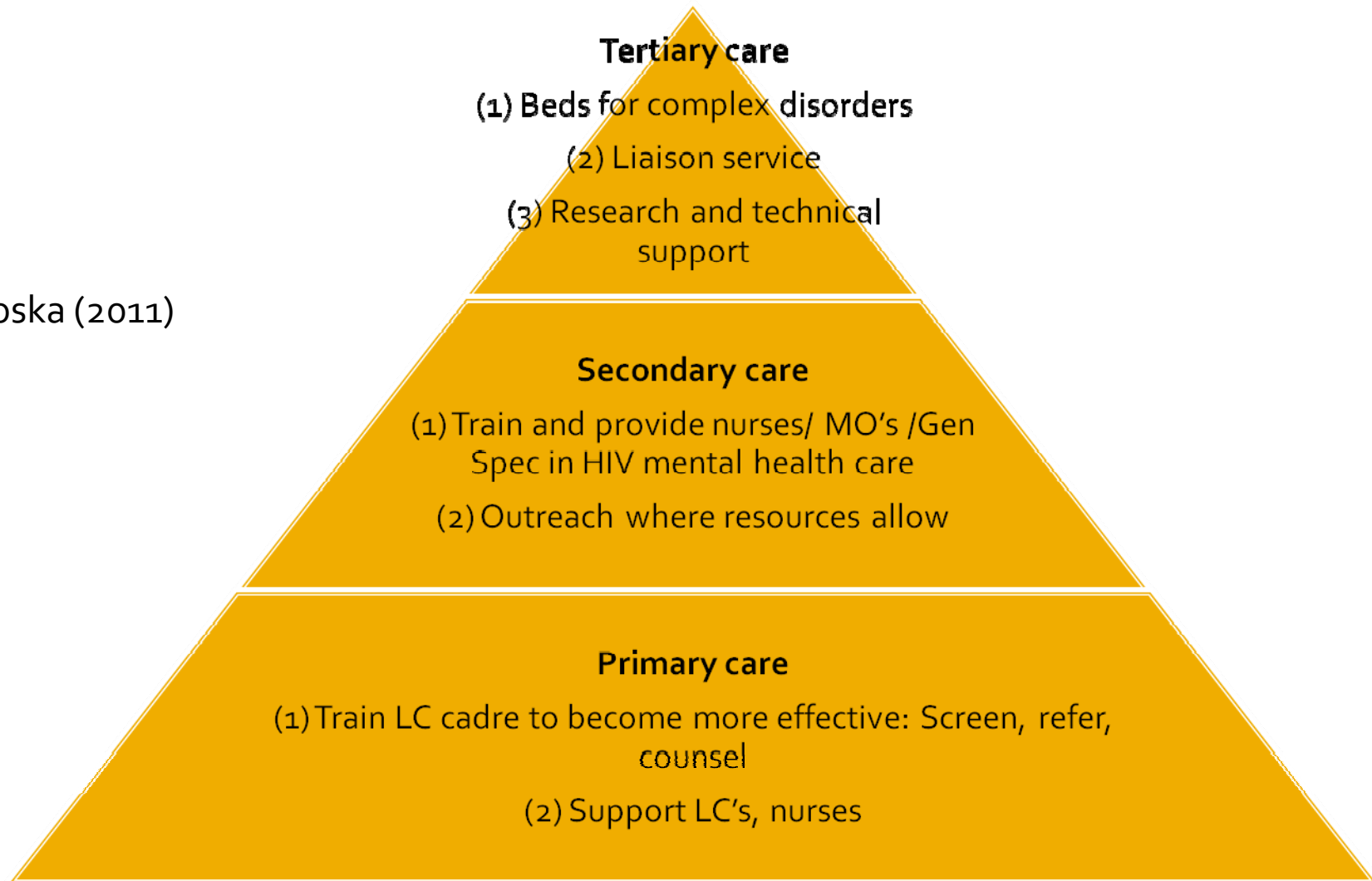


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Introduction

Joska (2011)



Introduction

- Introduction
- Loss to follow-up
- Burnout
- A Cape Town example
- Basic tips



Loss to follow up

“....patient was referred to X clinic but there is not record of them having attended”



Loss to follow up



- Keeping track of patients has been difficult for a variety of programmes
- Transport is a major contributing factor for not coming for follow-up appointments (Rosen et al., 2007)
- Decentralisation into the community reduces patient costs (Boyles et al., 2011).
- Need for community services to improve to prevent readmission (Behr et al., 2002) .
- Solomon et al. (1984) call for tailored after-care as opposed to just general clinic follow-up.
 - HIV positive patients have very specific concerns



Loss to follow up



- Attrition rate approximately 60% (Rosen et. al, 2007).
- Of this loss to follow-up (as opposed to death or moving to new clinics) is approx. 56%.



Loss to follow up



- Inpatients started on ARVs are less likely to be retained in the system (Boyles et al., 2011)
 - Less preparation and counselling,
 - those who test due to illness less likely to be adherent
 - Depression is higher amongst people with symptomatic HIV.



Loss to follow up



- Depression and HIV are an especially toxic combination.
 - Services for these people are both vitally important but lacking.
 - revolving door phenomenon(Petersen & Lund, 2011).
- Community resources are under resourced.
 - Consequences for human resources.



Loss to follow up



- At least 10 studies have revealed gaps in psychosocial rehabilitation (Petersen & Lund, 2011).
- Whilst there has been an improvement in psychotropic prescribing, there is a lack of psychosocial interventions (Petersen & Lund, 2011).



Loss to follow up



■ Task-shifting

- Continued need for supervision
- Can't all be supervised at tertiary level
- Specialists still needed in the field (Patel et al., 2010)
- Psychometrics and assessments has to be done by psychologist (Petersen , 2007)
- This is especially needed in the area of HIV.
- Nursing staff cannot care for all the physical and mental health needs (Petersen, 2007).



Loss to follow up



- Task-shifting (continued)

- Without supervisory frameworks and clear referral paths, waiting lists tend to grow, not diminish.
- This has led to burnout of professionals involved.



Loss to follow up



- 0.23 psychologists per 100 000 employed by Dept. Health (Lund et al., 2007).
- Majority of psychologists serve 23% of population



Loss to follow up



- In 2003 community service year introduced for clinical psychologists
- Some have been placed directly in ARV sites
- Without the proper support they do not stay
- Pillay and Kramers (2003) note that 22% of their trainees had left the country.



Burnout

“ Human resources are the most critical asset in mental health service provision”.

- Thornicroft et al. (2010)



Burnout



- 59% needed to set up referral network (Pillay & Harvey, 2006)
- 62% involved in training staff members
- Most sought out and paid for supervision (Pillay & Harvey, 2006)
 - Recommended that larger mental health complexes brought into supervisory structures.
 - “ Ethical imperative”



Burnout



- Working in HIV has unique difficulties (Bor & Scher, 1992)
 - Stigma
 - Denial
 - Loss



Burnout



- Common reactions are
 - Fear of the unknown
 - Contagion
 - Helplessness
 - Denial
 - Irritability
 - Grief
 - Nightmares
- Dealing with people who are young and healthy.

Rigel, 2001



Burnout



- Colf and Rothman (2009) reported from a study of 818 nurses in South Africa that
 - depletion of emotional resources
 - depersonalisation by nurses
- were associated with stress due to
 - job demands and
 - lack of organisational support.



Burnout → Supervision



- Those with less clinical supervision are more likely to express “cold negative attitudes” toward patients (Edwards et al, 2006).
- SA HIV clinicians separate themselves from their patients when burnt out (Dong et al., 2007).
- If supervision is effective it can
 - lower the risk of burnout.
 - Effect staff turnover rates (Knudsen et al, 2008).
- Can affect patient-provider relationship, which effects adherence. (Neves et al. 2010; Martini et al. 2002; Malta et. al., 2005; Remien et al. 2007).



Burnout → Supervision



- Rigel (2001) emphasises a relational model, not just teaching and management.
- Not a top-down approach.
- Reciprocal engagement.
- Several existential issues that arise in the context of dying.
- Views on death, sex and illness.



Burnout → Supervision



- Help health provider recognise their own issues with patients.
- Help with unique ethical issues that arise when working with HIV positive patients.
- Help with practical steps such as referral networks.
- Reduce stress
- Increase competence and curiosity



A Cape Town example



A Cape Town example



- Three community service posts that are designed to provide services across Cape Town and surrounds.
- Each psychologist spends four days visiting a different clinic every day.
- 13 clinics served
- Approx. 72 patients are seen every week.
- 2 Hour MDT meetings everyday: Required to liaise with clinic doctors and nurses and adherence counsellors.
- Fifth day is reserved for admin, meetings and supervision.



A Cape Town example



- They are required to see a range of HIV and TB patients, ranging from
 - children with cognitive problems,
 - substance use disorders,
 - common mental disorders,
- assessing for psychosis.
- They are also required to provide more intense adherence related therapies.
 - Some patients are diagnosed with personality disorders
 - self-sabotage is common
 - standard adherence strategies may not not apply.



A Cape Town example



- They are required to see a range of HIV and TB patients, ranging from
 - psychiatric emergencies
 - Social work problems: Lack food surety; domestic violence
 - “a name”
 - Inappropriate referrals

- DR TB cases require masks: Difficult for the therapeutic space



A Cape Town example



- These psychologists meet with in a group format.
- Two hours of supervision once every two weeks.
- It is also one of the only opportunities in which they can meet each other
- The supervision format happens at the same time every second week with minimal interruptions.
- Ad-hoc telephonic supervision takes place between these sessions when required.



A Cape Town example



- Supervision sessions are unstructured and are supervisee-led.
- They volunteer clinical material and it is discussed in a free flowing manner.
- Discussion amongst the supervisees is encouraged.
- At times, more didactic approach and impart certain information usually pertaining to HIV and mental health.
- Issues discussed range from
 - diagnostic issues,
 - therapeutic and formulation issues,
 - ethical issues and
 - practical issues.



A Cape Town example



- Some of the cases that patients have contain all of the above and are the kinds of cases that are discussed at length in a multi-disciplinary team.
- Have to make these decisions, relatively inexperienced, “on the front lines”.



A Cape Town example



Adherence
education

Diagnostic
issue

Woman on second line has been referred to psychologist because she is not adherent. She has a history of alternating between low mood and then becoming "energised" acting impulsively and admits to engaging in risky behaviour. She currently is living with her new boyfriend but has not disclosed her status. She is engaging in unprotected sex. She is distrustful of the psychologist but has agreed to come for a second session.

Ethical issue

Therapeutic
issue



A Cape Town example



- Very little literature on supervision models internationally (Milne et al., 2008) and locally (some exceptions are Kleintjies and Swartz, 1996).
- Very little in terms of the specific context of HIV primary mental health care.
- The basic premise of this is based on Patrick Casement's notion of the internal supervisor.
 - As people hold their patients emotionally they themselves are held emotionally.
 - Prevents burnout .
 - As clinicians sit with their patients they begin to hear their colleagues.
- A range of techniques used within this framework (CBT, Psychodynamic).



A Cape Town example



- It is not:
 - Psychotherapy
 - Management
 - “Getting together to moan”

- It is
 - Collaborative
 - Undirected
 - “Secure base”
 - An opportunity to manage referrals



A Cape Town example



Benefits

Avoidance of burnout
Clear link between primary and tertiary
Potential for tracking of patients

Problems encountered:

Follow-up still a problem
Infrastructural issues



Basic tips

- Consistency
- Accountability
- Establish working alliance: Contract
- Evidence based
- Be clear on supervisors and supervisees expectations
- Identify competencies supervisee must attain
- Monitor work
- Provide feedback
- Encourage reflexivity and self-awareness



Adapted From Fallender and Shafranske, 2007

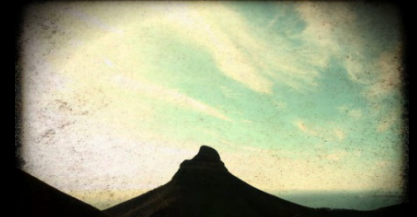
Acknowledgements



- Anova
- Community service psychologists
- Nuruneesa Lalkhen



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