Improving Mental Health Service Access Among Patients with HIV and Depression at an Underserved Urban Centered Health Clinic

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Introduction

- Human Immunodeficiency Virus (HIV) has claimed approximately 40.1 million lives worldwide, with ongoing transmission in all countries across the globe.[1] In New York City alone, 103,900 New Yorkers were living with diagnosed HIV at the end of 2021.[2]
- Depression is among the most important psychiatric comorbidity of HIV as it is the most common neuropsychiatric complication in HIV-infected patients and may occur at all phases of infection.[3]
- Some studies show that adherence to depression treatment such as selective serotonin reuptake inhibitors can lead to greater adherence to highly active antiretroviral therapy.[4]
- Greater time with depression was associated in a dose-response fashion with higher risk of missing appointments for HIV primary care, higher risk of detectable viral load, and higher rates of mortality. It is reasoned that decreasing duration of depressive episodes can benefit HIV related outcomes.[5]
- The complex relationship between depression and HIV warrants further exploration and presents a challenge to patient care and clinical outcomes in these populations. Physicians must be able to address the psychiatric and medical care of their patients effectively, given the psychosocial stressors associated with living with HIV.[6]
- Access to mental health services must be improved and barriers to care must be addressed in order to improve the overall health outcomes of this population.

Objectives

- The objectives of this Quality Improvement Initiative was to:
  - Assess the access to mental health services of patients living with HIV at the Center for Comprehensive Health Practice (CCHP) in East Harlem, New York and to identify barriers to such mental health services.
  - Increase referrals and linkage to care such as psychiatric services and/or mental health counseling for patients by 25%.

Methods

- Retrospective chart review via eClinicalWorks electronic medical records were completed of patients from the CCHP who are over the age of 18 and living with HIV.
- Determine if eligible patients had a completed depression screening (either Patient Health Questionnaire, PHQ-2 or PHQ-9) from February 1, 2024 to February 1, 2025.
- Patients who did not have a completed depression screening were flagged and reasons why they did not have a completed screening were identified (such as already in treatment, declined treatment or other reasons).
- For patients with a positive depression screen, status of referrals and linkage to care were ascertained to determine if patients were referred to psychiatric services and/or mental health counseling.

Results

- A total of 56 patients over the age of 18 and living with HIV at CCHP were eligible for this study.
- However, only 45 patients were included, as 11 of 56 patients had a primary care provider listed outside of CCHP, therefore these patients did not get their comprehensive medical exam at CCHP.
- 44.4% of patients did not have a valid, documented depression screen from February 1, 2024 to February 1, 2025.
- There was only one positive depression screen out of 25 patients who had a valid, documented screen during this time frame.
  - This led to a referral to psychiatric care and behavioral health counseling at CCHP.
- 9 patients were already receiving psychiatric care for other psychiatric comorbidities unrelated to depression. 4 patients received referrals but were not in treatment.

Figure 1: Demographics
Sex: 24 Male / 21 Female
Age Range: 28 – 72 Years Old
Race: - Black or African American: 27% - Latino or Hispanic: 40% - Other: 33%

FIGURE 2: VALID AND DOCUMENTED DEPRESSION SCREEN

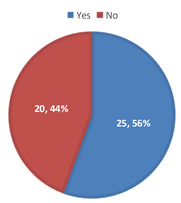


FIGURE 3: PSYCHIATRIC CARE AT CCHP

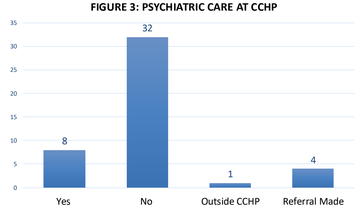


FIGURE 4: BEHAVIORAL HEALTH COUNSELING AT CCHP

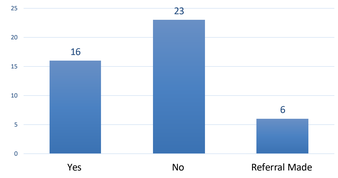


FIGURE 5: PSYCHIATRIC COMORBIDITIES (BESIDES DEPRESSION)

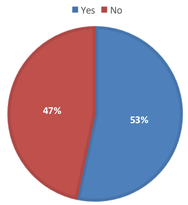
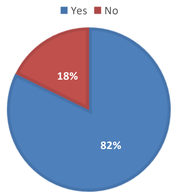


FIGURE 6: MEDICAL COMORBIDITIES



Discussion and Conclusion

- 44.4% of patients did not have an up-to-date comprehensive medical exam during the specified time frame, and therefore did not have an updated depression screen.
- About half of the patients are receiving or were referred to behavioral health counseling. However, the exact reason for referral to behavioral health counseling was not specified, so unsure if counseling addresses specific mental health concerns such as depression.
- Over 80% of patients have medical comorbidities including but not limited to diabetes, hypertension, and COPD.
  - As such, these may explain the barriers to accessing psychiatric care or mental health services, as patients may be focused on addressing medical concerns over mental health concerns.
- Solutions to improve access to mental health services: ensure patients have scheduled yearly comprehensive medical exam, proper documentation of PHQ-2 and PHQ-9, and understanding explicit reasons as to why patients were referred for behavior health counseling.
- Study limitations include limited generalizability given the small sample size and its completion at one urban community health center. Larger studies in diverse populations should be repeated.
- Future projects include: Addressing mental health related stigma and promoting mental health education in individuals living with HIV.

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