Developing Primary Liaison Psychiatric Services for HIV/AIDS Patients in Community

Ahsan Ahsan, Retno Lestari
Department of Nursing, University of Brawijaya, Indonesia

ABSTRACT

In Indonesia, the number of HIV/AIDS patients has grown at significant level. HIV can be a source of major stress which can lead to changes in mental health, such as persistent sadness, feeling empty and anxiety. The ability of liaison officer could help patients reduce their psychiatric problems and at the same time it can greatly affect patients’ risks for transmission of HIV to others. This study aimed to analyze the effect of developing primary liaison psychiatric services for HIV/AIDS patients on the abilities of health care workers to provide treatments. This study used a quasi experimental design with one group pretest-posttest which included 64 health care workers aged between 20 and 50 years from the Community-Integrated Health Care in East Java. The inclusion criteria were nurses and physician in Community-Integrated Health Care. The respondents were assessed using the Abilities of Health Care Workers Checklist pre-treatment and post-treatment. The outcomes were analyzed using the Wilcoxon signed rank test. There was a significant increased in the abilities of health care workers to provide psychiatric services after treatment (p<0.05). The liaison psychiatric services were considered to be effective in increasing the abilities of health care workers in improving the treatment of HIV/AIDS.

Keyword: Community HIV/AIDS Liaison Psychiatric services

1. INTRODUCTION

In Indonesia, the number of Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) patients has grown at significant level. It is estimated that around 690,000 patients living with HIV/AIDS. Low treatment, lack of accurate health knowledge about HIV/AIDS and the attitude of society to understand their problems are the main reasons for the spread of HIV in Indonesia [1].

HIV can be a source of major stress which can lead to changes in mental health. Emotional problems are the most common mental disorders among HIV patients, such as depression, persistent sadness, feeling empty and anxiety. The prevalence of depression are doubled among HIV patients than other sexually trasmitther disease. Previous studies also explored that HIV affects cognitive functions and other mental disorders such as psychosis. They show more feelings of anger, guilt and have more suicidal thoughts [2],[3].

There have been explanations about the link between HIV and mental illness. Common factors which can be found are social predisposition factors such as social stigma, homelessness, poverty and substance misuse [4]. Social stigma is still the main reason why HIV patients are afraid to see health professionals to seek treatment. Studies showed that HIV/AIDS still thrive in our cultures because people fail to get help [5].
The ability of liaison officer in primary care could help patients reduce their psychiatric problems and at the same time can greatly affect patients' risks for transmission of HIV to others. In general, patients consult to health care workers in primary care planned to explain their feelings. However, commonly health care workers focus primarily on the physical symptoms and patients may express their distress indirectly. It happened as patients have difficulties to express directly. Therefore, building a good relationship between health professionals and patients is very important [6].

Liaison psychiatry services in primary care bridge the gap between mental and physical health. It was developed to provide a range of patient care, such as assessments, evaluation, outpatient consultations etc. The benefit of developing liaison psychiatric services is a collaborative effort between health professionals, patients and all system to work together to support mental health condition among HIV/AIDS patients [7].

Collaborative program facilitates mental health intervention to patients by managing HIV cases in collaboration with health professionals (physicians and nurses), and proved to be effective for the management of mental health issues in primary care [8]. In addition, primary liaison psychiatric services reduced mental illness up to 3 months, as well as increasing satisfaction and adherence to medication up to 12 months, particularly among depressed patients [9].

Therefore, this study aimed to analyze the effect of developing primary liaison psychiatric services for HIV/AIDS patients on the abilities of health care workers to provide treatments, both physical and mental health condition.

2. RESEARCH METHOD

The conceptual framework of this study explained in details in Figure 1. Liaison psychiatric services which based in primary care provided consultation, education, supervision, support and research. During consultation session, health care workers delivered mental health intervention as well as physical health [9]. Liaison services used a collaborative care, whereby all health professionals work together with nurses and doctors to discussed HIV cases.

This pilot study used a quasi experimental design with one group pretest-posttest to analyze the effect of developing primary liaison psychiatric services for HIV/AIDS patients on the abilities of health care workers to provide treatments among 64 health care workers in a Community-Integrated Health Care in East Java. To minimize the confounding factors, the researchers restricted respondents into several inclusion criteria: [1] nurses and physician in Community-Integrated Health Care, [2] have never had the program of liaison psychiatric services, [3] willing and able to participate in all sessions and [4] minimum of 3 years experience of handling HIV patients.

Purposive sampling used for recruiting respondents which consists of 6 physicians and 58 nurses from three community-integrated health center (Puskesmas) in East Java. The researchers asked health
professionals whether they agreed to participate in the study. Consent was signed by health professionals after each respondents had explanations about the study purpose.

Consent was signed after each participant had explanations about the study purpose. Ethical approval was gained from the Health Research Ethics Community, Faculty of Public Health Airlangga University, April 2016 (No: 153-KPK). Written approval from the site was also obtained. The respondents were assessed using instrument the Abilities of Health Care Workers Checklist pre-treatment and post-treatment. Scale used in the research was the confidence scale that the reliability coefficient alpha (α) = 0.9 so it can be said that the item is quite valid and reliable.

Data were collected between November 2016-March, 2017. This program was held in community-integrated health center (Puskesmas) which was located in East Java. There were four sessions of training which was scheduled twice in a month, as explained below:

a. First session: Assessing mental health problems among HIV patients. In this session, the respondents were trained to identify both physical and mental health issues that commonly happened as consequences of diagnosed with HIV. Also, they had opportunities to express any difficulties related to mental health assessment.

b. Second session: Caring for HIV patients. In this session, respondents were trained to care for HIV patients, which includes physical and mental health care

c. Third session: Providing several relaxation therapies during consultation. In this session, there were several psychosocial interventions to reduce mental health issues in HIV patients.

d. Fourth session: Patient and families management. In this session, respondents practiced to explore the burden of treatment in HIV patients.

During the program of liaison psychiatric services, both physician and nurses worked together to collaborate in the treatment. All health care workers have experienced in handling HIV patients before and knew about the characteristics patients. Therefore, matching this process could increase the program outcomes. Collaborative screening in a team can further increase the outcomes of HIV intervention. Collaborative working requires health professionals to support improvements in both the mental and physical health of the people they work with [10]. To enhance the delivery of health care, a multidisciplinary community team has to develop the program of liaison psychiatric services in primary care.

In data analysis, mean and standard deviation was obtained using SPSS version 20. Wilcoxon Signed Ranks Test was used to find if any significant difference of the abilities of health professionals between the pre and post training score.

3. RESULTS

3.1. Characteristics of respondents

The Table 1 is based on the age of the respondents. The majority of respondents were aged over 30 years as many as 35 (54.7%) people. Based on age, female respondents as many as 49 (76.6%) people, while a minority of respondents were male as many as 15 (23.4%) people. As many as 60.9% respondents reported length of work was more than 5 years.

| Characteristics | n   | %   |
|-----------------|-----|-----|
| Age (years)     |     |     |
| 20-30           | 29  | 45.3|
| 31-50           | 35  | 54.7|
| Gender          |     |     |
| Female          | 49  | 76.6|
| Male            | 15  | 23.4|
| Length of work  |     |     |
| < 5 years       | 25  | 39.1|
| > 5 years       | 39  | 60.9|
| Total           | 64  | 100 |

3.2. Bivariate analysis

The study aimed to analyze the effect of primary liaison psychiatric services for HIV/AIDS patients on the abilities of health care workers to provide treatments. The instrument was scored by the researchers. The results of the pre and post training of primary liaison psychiatric services for HIV/AIDS patients on the abilities of health care workers to provide treatments scores are shown in Table 2.
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r relationships with HIV patients [18]. Respondents expressed -
s [13]. In this study, health care workers were prepared as health -
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provides good outcomes both for the patients and health care organization. Integrating -
Mental health intervention in primary care could minimize the stigma and discrimination [20]. It also -
family m -
positive -
HIV/AIDS [19]. Therefore, it needs a public health policy to conquer the social stigma related to -
communication. -
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problems to engage relationships with HIV patients as most of them felt guilty and afraid about social -
allowed respondents to build stronge -
developed in order to help them to recognize mental health issues in HIV -
that the assessment was easier and simple to be used. Studies showed that simple screening tools have to be -
problem solving and -
both physical and mental health care. This liaison services -
work carefully to assess HIV patients and integrate the care service [16]. -
ceptual care promotes respect of human rights.
better outcomes, primary care has been attempting to meet the needs of HIV patients regarding mental health treatment by providing health care services in sub rural areas. However, it needs further training program to increase the abilities of health care workers about mental health treatment.

Respondents showed improvements in psychomotor abilities to give psychosocial intervention in HIV patients. Several studies investigated the benefits of psychosocial therapies that it improved the well-being status as well as emotional distress among HIV/AIDS patients [21]. Psychosocial interventions include supporting the ability to cope with the illness, social stigma and interaction with their families and surroundings. Further, it has the potential to have a positive effect on mental health status and treatment adherence. Previous study showed that HIV patients have specific issues such as relationship problems, health disease control, drug/alcohol use and mood changes, emotional distress, social stigma, grieving and employment status [22].

5. CONCLUSION

HIV can be a source of major stress which can lead to changes in emotional problems such as depression, persistent sadness, feeling empty and anxiety. Common factors which can be found are social predisposition factors such as social stigma, homelessness, poverty and substance misuse. The ability of liaison officer in primary care could help patients reduce their psychiatric problems and at the same time can greatly affect patients’ risks for transmission of HIV to others.

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**BIOGRAPHIES OF AUTHORS**

Ahsan is a lecturer in School of Nursing, Faculty of Medicine, University of Brawijaya. His specialty is in nursing management. He received his bachelor of nursing in Nursing Faculty, University of Pajajaran. His master of health science was achieved from University of Airlangga. His doctoral program achieved from University of Airlangga. Currently, he is a head of School of Nursing, Faculty of Medicine, University of Brawijaya.

Retno Lestari is a lecturer in School of Nursing, Faculty of Medicine, University of Brawijaya. Her specialty is in mental health nursing. She received her bachelor of nursing in Nursing Faculty, University of Indonesia. Her master of nursing was achieved from Monash University, Australia. She also provides mental health counselling in community integrated village in East Java.