

# HIV and Mental Health in Corrections

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- **Faculty Disclosures - I have the following financial disclosures:**

**Gilead Pharmaceuticals - Shareholder**



# HIV Care: Best Done as a Collaboration



**Medical Clinicians & Psychiatry & Mental  
Health Staff & Nursing each hold a piece of the  
puzzle that is our Patients**

# Prevalence of HIV in Prisons

- **Declining** - In the United States, during the years 1991-2015 the annual number of persons with diagnosed HIV in state or federal prisons ranged from a high of 25,976 in 1998 to a low of 17,146 in 2015.
- **1.3%** - Epidemiologic surveys indicate the prevalence of HIV in 2018 was approximately 1.3% among inmates in correctional facilities, which is markedly higher than the 0.3 to 0.4% HIV prevalence in the general United States population.
- **Injection Drug Use and HIV in Prison:** The higher prevalence of HIV, chronic hepatitis B, and chronic HCV within correctional facilities can partially be explained by the high percentage of inmates with a history of injection drug use.
  - Although injection drug use may directly result in transmission of HIV, it is also associated with high-risk sexual activity that can result in HIV

# Gender Differences in HIV Prevalence in Prisons

- **Men vs. Women 10:1**

- In the U.S., the absolute number of men with HIV in state or federal prisons is consistently greater than the number of women by a ratio of more than 10 to 1, which is not surprising given the prison population is predominantly male.
- When compared with men, incarcerated women prior to incarceration had higher rates of unemployment (45.8% versus 26.7%), homelessness (17.4% versus 12.1%), and psychiatric comorbidities (43.6% versus 21.6%).

- **HIV Rate Similar**

- In contrast, when analyzing by the rate of persons diagnosed with HIV in state or federal prison, the HIV rate in women (range, 1.3-1.8%) was similar to the HIV rate in men (range, 1.3-1.4%).

- **Transgender women**

- In particular, transgender women have high rates of HIV and incarceration.

# Racial Disparities in HIV Prevalence in Prisons

- **Overlap** - It is important to recognize the overlap of incarceration and HIV, particularly for low-income people of color.
- **Black men** - Incarcerated black men are at least twice as likely as incarcerated white men to have HIV.
  - One study that involved 1,207 men and women who entered jails at 10 sites found that among all subjects who identified as HIV-seropositive, 65% were black.
- **Death** - Although the overall rate of AIDS-related deaths in prison has declined since 2001, the rate of AIDS-related deaths among black inmates has remained higher than in white or Hispanic inmates.

# HIV/AIDS

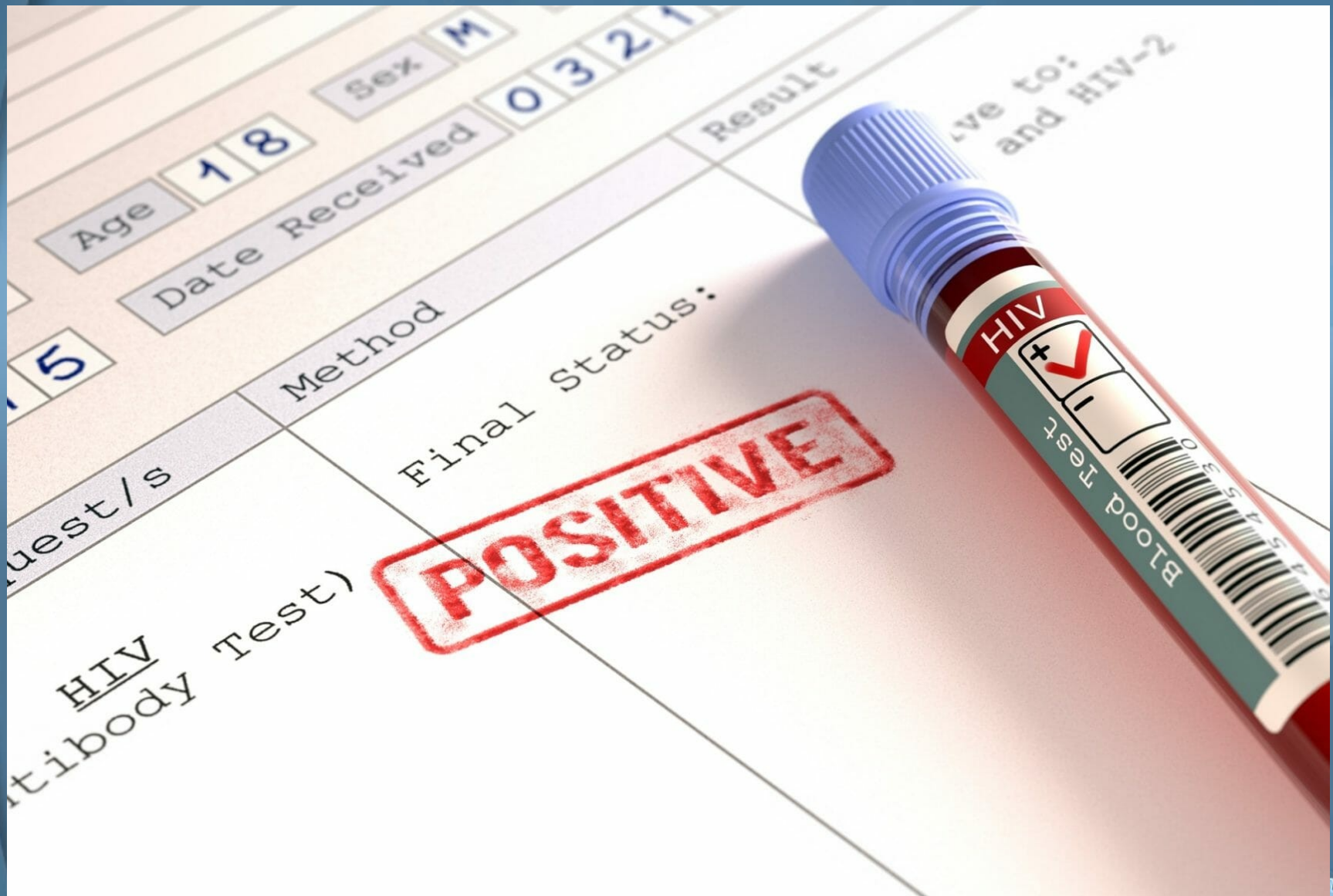
**Remember: Psychiatric symptoms can be primary manifestations of HIV/AIDS...HIV dementia, HIV-related psychosis, HIV-associated neurocognitive disorder (HAND).**

**It has been well documented that these psychiatric symptoms can be the very first sign of the disease.**

**Please remember to TEST FOR HIV when the clinical picture is unclear.**



# HIV+ Diagnosis – Talking with Our Patient



# HIV New Diagnosis – Talking with Our Patient



## NEWLY DIAGNOSED WITH HIV

### What does an HIV diagnosis mean?

- If you receive an HIV diagnosis, it means that you have HIV.
- Unlike some other viruses, the human body can't get rid of HIV completely. Once you have HIV, you have it for life.
- But with proper medical care, HIV can be controlled. People with HIV who get [effective HIV treatment](#) can live long, healthy lives and protect their partners.

### What should I do if I just got diagnosed with HIV?

#### Take Time to Process the News

- Receiving an HIV diagnosis can be life changing. You may feel many emotions—sadness, hopelessness, or anger.
- Allied health care providers and social service providers can help you work through the early stages of your diagnosis. They are often available at your health care provider's office.
- Learn more about [what a positive test result means](#).

# HIV New Diagnosis – Test and Treat

Test and Treat\* provides immediate linkage to HIV care and initiation of treatment at the time of HIV diagnoses and/or at the time of returning to care after a gap in services.

## Benefits to patients:

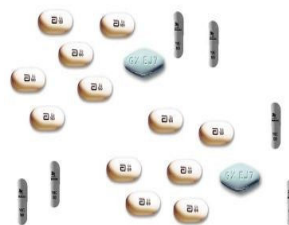
- Slows disease progression
- Decreases patient mortality rate
- Patients become less infectious while taking medication
- Empowerment to live successfully with HIV

## Benefits to the community:

- Reduce HIV transmission to others
- Reduce long term medical cost
- Helps reduce health disparities
- Lowers the community viral load

## Antiretroviral therapy for HIV infection

*In the 1990s*



Up to 20 pills daily, taken at different intervals throughout the day

*Today*



As little as 1 pill per day, delivering multiple drugs

\*Treatment may be deferred on a case-by-case basis, as clinically appropriate\*

# The Emotional Impact of a New HIV Diagnosis – Talking with Our Patient

- Hearing that you have HIV, will change your life.
- In the days, weeks, months, and years after our patients learn that they have HIV, they may experience all kinds of emotions, including anger, shock, sadness, or even denial. They may also struggle with depression.
- According to the National Institute of Mental Health (NIMH), people who are HIV positive are twice as likely to be depressed as people without the virus.
- Compounding the problem, people with HIV may withdraw from friends and family as a way of hiding their physical and emotional issues.

# The Emotional Impact of a New HIV Diagnosis – Talking with Our Patient

What is unknown can be scary!



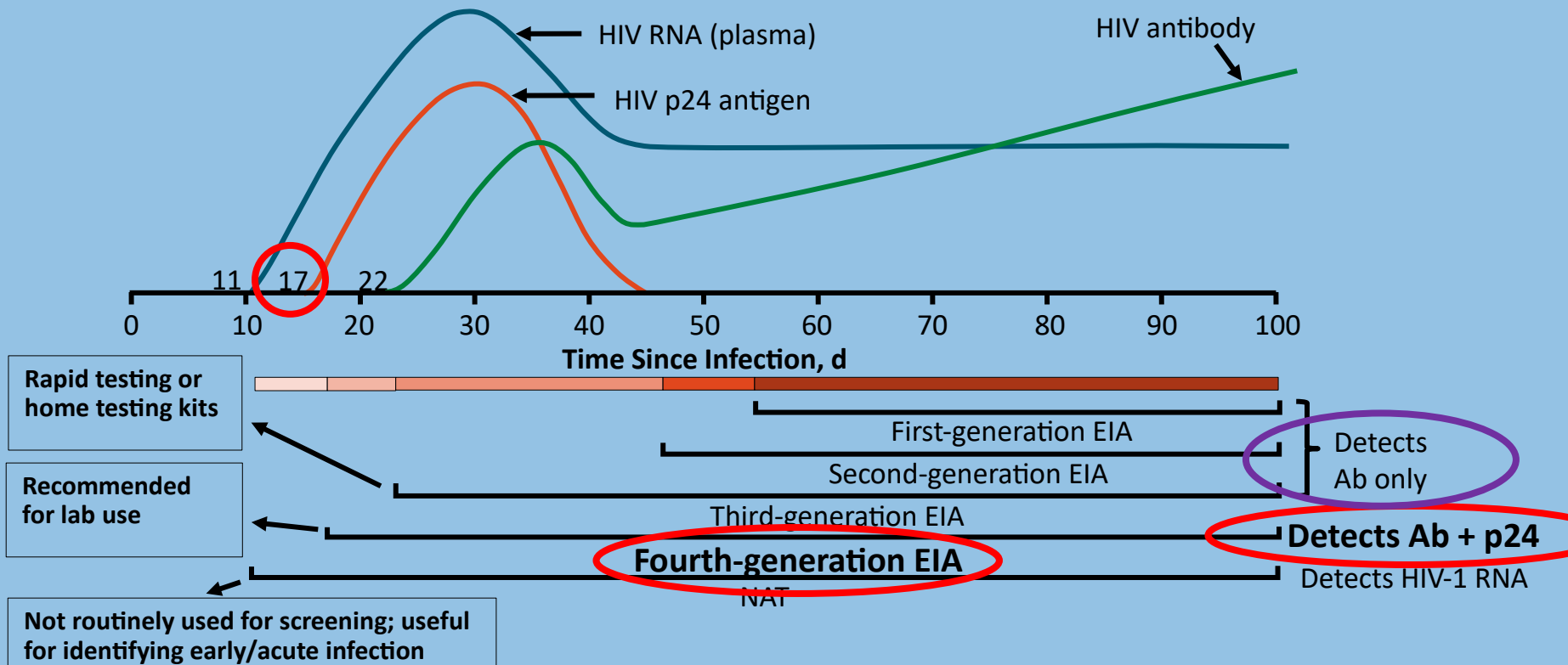
# HIV+ Diagnosis - Their Questions May Be a Hint to Their Stressors

frequently  
asked  
questions



- How can that be?
- When was I infected?
- Is it AIDS?
- When will I die?
- Why me?
- Who knows about this?
- Can I ever have sex again?
- Can I have a child?

# Detection of HIV Particles and Testing



# The Emotional Impact of a New HIV Diagnosis – Talking with Our Patient

**Denial** - When diagnosed with HIV, people sometimes deal with the news by denying that it is true. They may believe that the HIV test was wrong or that there was a mix-up of test results. This is a natural and normal first reaction.

If not dealt with, denial can be dangerous. Our patients may fail to take certain precautions or start HIV medications right away or reach out for necessary help and medical support.

It is important that we encourage our patients to talk about their feelings with their mental health and health care provider.

# Denial of HIV Diagnosis – Talking with Our Patient

**AMA Journal of Ethics**

*Illuminating the Art of Medicine*



Peer-Reviewed

**CASE AND COMMENTARY**  
MAY 2021

## How Should Clinicians Respond if Patient HIV Denial Could Exacerbate Racial Health Inequities?

Tim Lahey, MD, MMSc

Source: AMA J Ethics. 2021;23(5):E382-387. doi:10.1001/amajethics.2021.382.

# Denial of HIV Diagnosis – Talking with Our Patient – Denial

Since low engagement with health care and worse health outcomes are prevalent in some communities of color and sometimes accompanied by misinformation about HIV...**Honesty is the path to take.**

To identify patient knowledge gaps or attitudes that obstruct HIV and/or HIV Med acceptance...ask exploratory questions:

- What are the patient's goals of care (e.g., is longer life the goal)?
- Are there aspects of the patient's health or HIV that they are willing to discuss?
- Are there words that the patient is comfortable using to address these topics?
- What does the patient understand about HIV meds?
- Does the patient believe HIV meds will prolong life?

**Important: Get the whole team (Nursing/Mental Health/Medical) involved!**

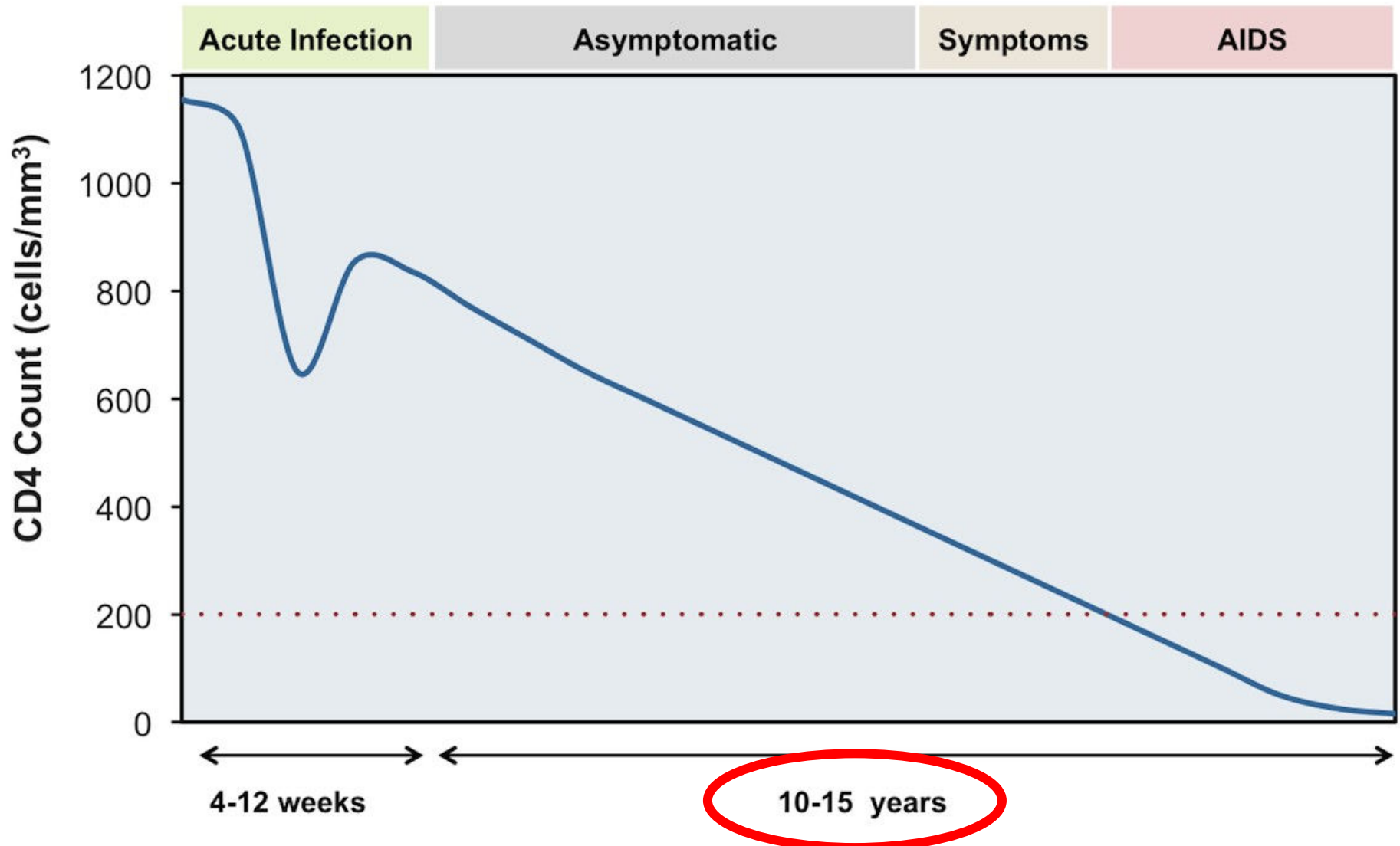
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# Natural History of Untreated HIV Infection – AIDS CD4 < 200



Following acute HIV infection, persons with untreated HIV infection typically develop a steady decline in CD4 cell count, usually progressing to AIDS within 10 years of the initial infection.

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# Cohort Study Comparing Life Expectancy and Comorbidity-Free Yrs in PLWH (Persons Living With HIV) vs. Un-infected Controls

- Cohort study in adult PLWH vs frequency-matched uninfected controls from **Kaiser Permanente membership in CA, mid-Atlantic regions from 2000-2016**
  - PLWH: n = 39,000; controls: n = 387,767
  - Also examined PLWH initiating ART with CD4+ cell counts  $\geq 500$  cells/mm<sup>3</sup> in 2011-2016
- At baseline, PLWH and controls were middle aged (mean age: 41 yrs), mostly male (88%) and white (45%)
  - Most PLWH were MSM (70%) who initiated ART during follow-up (64%); 29% had CD4+ cell counts  $\geq 500$  cells/mm<sup>3</sup> at ART initiation

- Gap narrowed for life expectancy** but not comorbidity-free yrs in PLWH vs controls from 2000-2016
  - In PLWH with high CD4+ cell counts at ART initiation, life expectancy gap closed from 2011-2016 (yrs remaining at age 21: PLWH with high CD4+ count, 66 yrs; controls, 64 yrs)

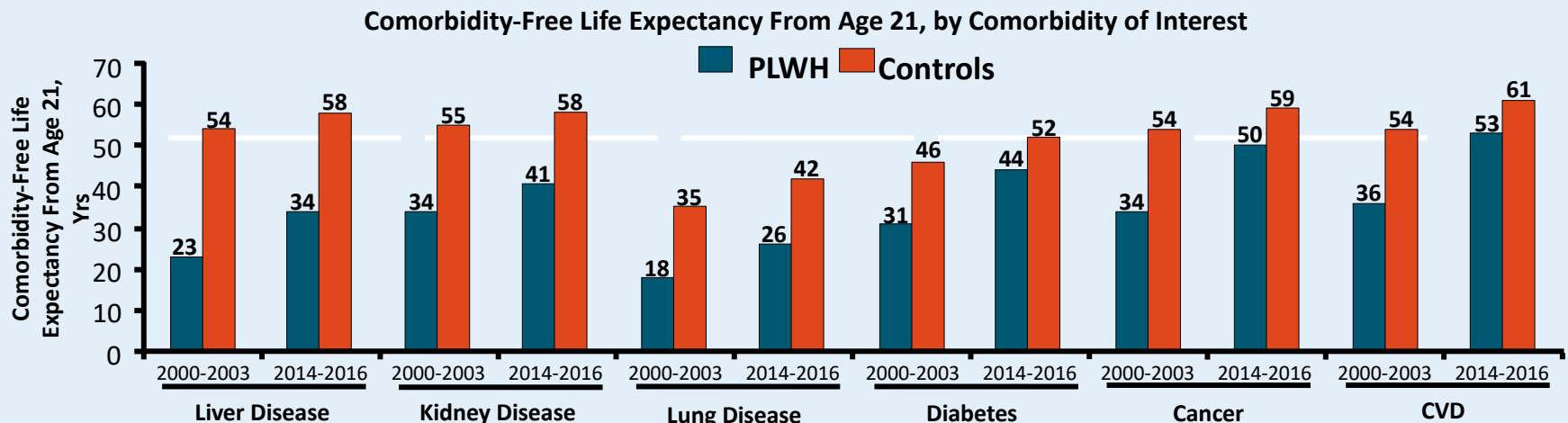
Expected Years Remaining at Age 21	Life Expectancy		Comorbidity Free*	
	PLWH	Controls	PLWH	Controls
2000-2003	38	60	11	27
2004-2007	43	60	11	27
2008-2010	50	63	11	24
2011-2013	54	63	13	27
2014-2016	56	65	15	31

\*Incident comorbidities: chronic liver disease, chronic kidney disease, chronic lung disease, diabetes, cancer, cardiovascular disease



# Comorbidity-Free Life Expectancy by Specific Comorbidity of Interest

- From 2000-2016, the gap in comorbidity-free years remaining at age 21 for PLWH vs. controls persisted for liver, kidney, and lung diseases, and narrowed for diabetes, cancer, and CVD
- From 2011-2016, the gap in comorbidity-free yrs persisted for PLWH with high CD4+ cell counts at ART initiation vs controls (yrs remaining at age 21: PLWH with high CD4+, 13 yrs; controls, 29 yrs)
  - Gap in comorbidity-free years **improved** for cancer and cardiovascular disease (CVD) **but not** liver, kidney, or lung diseases or DM



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# New HIV Diagnoses

OF THE 37,832 NEW HIV DIAGNOSES IN THE UNITED STATES (US) AND DEPENDENT AREAS IN 2018:


69% WERE  
AMONG GAY,  
BISEXUAL, AND OTHER  
MEN WHO HAVE  
SEX WITH MEN



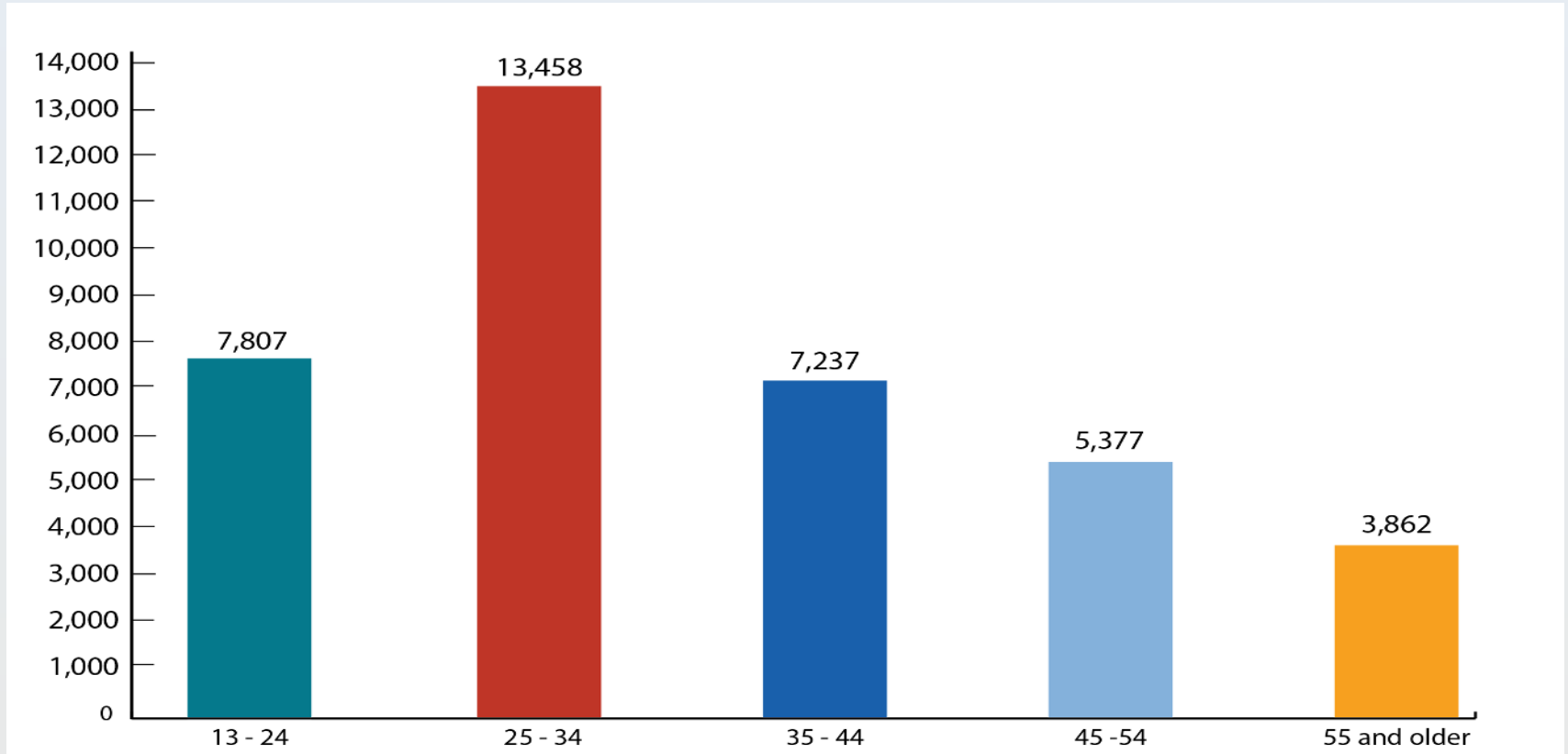
24% WERE AMONG  
HETEROSEXUALS



7% WERE AMONG  
PEOPLE WHO  
INJECT DRUGS



# New HIV Diagnoses: By Age Range



In 2018, youth aged 13 to 24 made up **21%** of the 37,832 new HIV diagnoses in the United States (U.S.)

Source:

<https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2018.pdf>

# A Contemporary Picture of HIV in the U.S. = HIV by the Numbers

# 1,189,700

people living  
with HIV/AIDS in the U.S.

75% male  
75% aged 40 yrs or  
older  
48% heterosexual  
41% black/African  
American  
98% with health  
insurance or other ART  
coverage  
46% living at/below  
federal poverty  
threshold



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# HIV Stigma


## Internalized HIV-Related Stigma



Almost 8 in 10 HIV patients in the United States report feeling internalized HIV-related stigma.

### What is internalized HIV-related stigma?

It is when a person living with HIV experiences negative feelings or thoughts about their HIV status. Here, it is defined as someone agreeing with one or more of the following statements:



*"I am ashamed that I am HIV-positive."*

*"I hide my HIV status from others."*

*"Being HIV-positive makes me feel dirty."*

*"It is difficult to tell people about my HIV infection."*

*"I sometimes feel worthless because I am HIV-positive."*

*"I feel guilty that I am HIV-positive."*

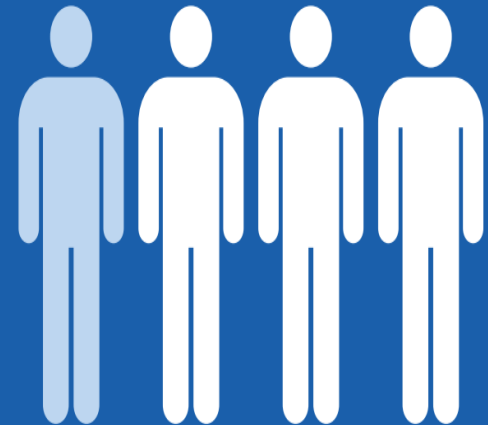
# Internalized HIV-Related Stigma

Nearly 2 out of 3 say that it is difficult to tell others about their HIV infection.



Roughly 1 out of 3 report feeling guilty or ashamed of their HIV status.

Nearly 1 in 4 say that being HIV-positive makes them feel dirty or worthless.



National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Division of HIV/AIDS Prevention

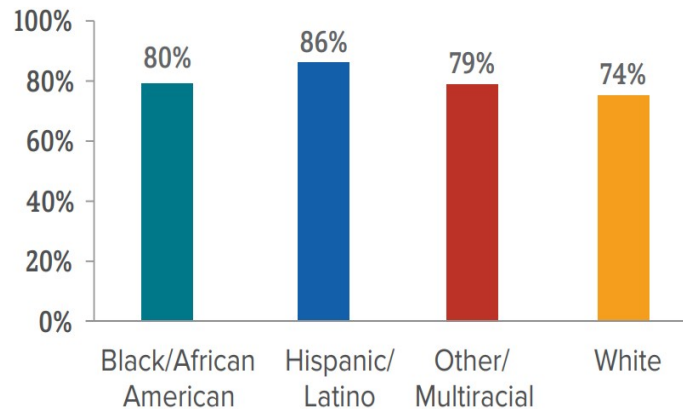


# HIV Stigma (Internalized)

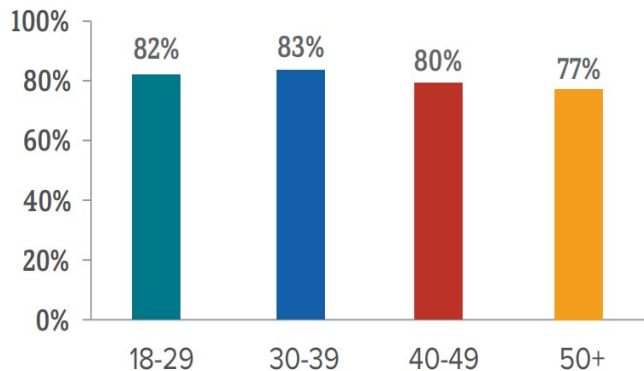
Which groups are most affected by internalized HIV-related stigma?

Percentage reporting internalized stigma:

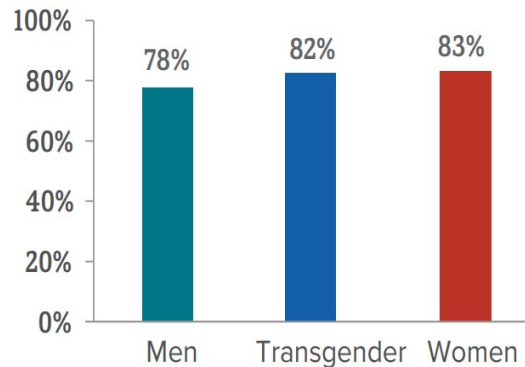
By Race/Ethnicity



By Age



By Gender



Learn more about the Medical Monitoring Project:  
[www.cdc.gov/hiv/statistics/systems/mmp](http://www.cdc.gov/hiv/statistics/systems/mmp)

**SOURCE:**

Baughner, AR et al. Prevalence of internalized HIV-related stigma among HIV-infected adults in care, United States, 2011–2013. *AIDS Behav* 2017;21(9):2600-2608.

**ADDITIONAL RESOURCES FOR REDUCING STIGMA:**

Let's Stop HIV Together Campaign  
[www.cdc.gov/together](http://www.cdc.gov/together)

National Prevention Information Network (NPIN)  
<https://npin.cdc.gov/search/all/stigma>

# Community-Based HIV Stigma

## What causes HIV stigma?

HIV stigma is rooted in a fear of HIV. Many of our ideas about HIV come from the HIV images that first appeared in the early 1980s. There are still misconceptions about how HIV is transmitted and what it means to live with HIV today.

The lack of information and awareness combined with outdated beliefs lead people to fear getting HIV. Additionally, many people think of HIV as a disease that only certain groups get. This leads to negative value judgements about people who are living with HIV.



# Community-Based HIV Stigma



## HIV STIGMA AND DISCRIMINATION

### What is HIV stigma?

HIV stigma is negative attitudes and beliefs about people with HIV. It is the prejudice that comes with labeling an individual as part of a group that is believed to be socially unacceptable.

Here are a few examples:

- Believing that only certain groups of people can get HIV
- Making moral judgments about people who take steps to prevent HIV transmission
- Feeling that people deserve to get HIV because of their choices

# HIV Stigma & Discrimination are Linked

## What is discrimination?

While stigma refers to an attitude or belief, discrimination is the behaviors that result from those attitudes or beliefs. HIV discrimination is the act of treating people living with HIV differently than those without HIV.

Here are a few examples:

- A health care professional refusing to provide care or services to a person living with HIV
- Refusing casual contact with someone living with HIV
- Socially isolating a member of a community because they are HIV positive
- Referring to people as HIVers or Positives

# HIV Stigma & Discrimination are Linked

## What are the effects of HIV stigma and discrimination?

HIV stigma and discrimination affect the emotional well-being and mental health of people living with HIV. People living with HIV often internalize the stigma they experience and begin to develop a negative self-image. They may fear they will be discriminated against or judged negatively if their HIV status is revealed.



“Internalized stigma” or “self-stigma” happens when a person takes in the negative ideas and stereotypes about people living with HIV and start to apply them to themselves. HIV internalized stigma can lead to feelings of shame, fear of disclosure, isolation, and despair. These feelings can keep people from getting tested and treated for HIV.



# HIV/AIDS: The Latest Updates



# Avoiding the Pill Line: Long-Acting Injectable HIV



**Will this help reduce stigma?**

**Can injections help with compliance?**

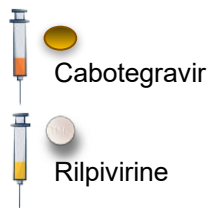
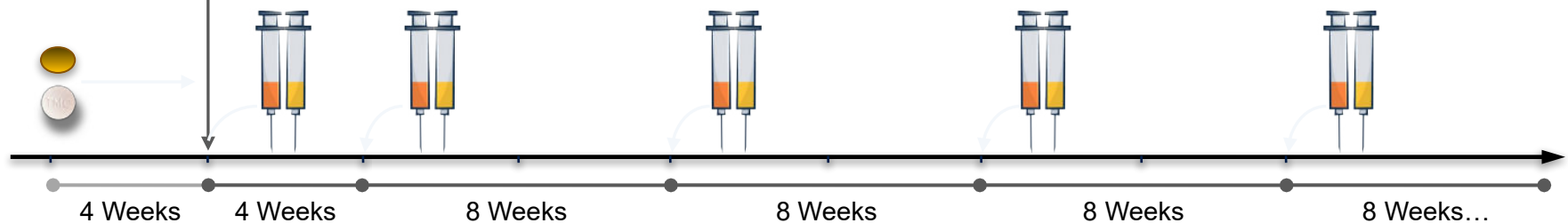
**Coordinating LAI antipsychotics with HIV meds**

# Schedule for Every 2-Month Injectable Cabotegravir and Rilpivirine

Optional  
Oral  
Lead-In

**Schedule for Injections\*:** First two injections given 1 month apart then every 2 months thereafter

**Administer first injections on the last day of current antiretroviral therapy or last day of oral lead-in (if used)**



**Optional Oral Lead-In Dosing:** Cabotegravir 30 mg PO daily and Rilpivirine 25 mg PO daily

**\*Dosing for All Injections = LA Cabotegravir (600 mg): 3 mL IM and Rilpivirine (900 mg): 3 mL IM**

**Injections of rilpivirine and cabotegravir given as 2 separate IM injections at separate gluteal sites (opposite sites or 2 cm apart on same site)**

**Injections may be given up to 7 days before or after the scheduled date**

# HIV Guidelines @

## Clinical Guidelines

The federally approved clinical practice guidelines for HIV/AIDS are developed by panels of experts in HIV care. More information about the panels can be found in each set of guidelines.

The guidelines are available in multiple formats. The brief versions of the guidelines are compilations of the panels' treatment recommendations and tables.

Guidelines search



Filters ▾

## ➤ Federally Approved Clinical Practice Guidelines for HIV/AIDS



**HIV Clinical  
Guidelines: Adult  
and Adolescent ARV**

Updated: May. 03, 2022



**HIV Clinical  
Guidelines: Adult  
and Adolescent  
Opportunistic  
Infections**

Updated: May. 03, 2022



**HIV Clinical  
Guidelines:  
Pediatric ARV**

Updated: May. 26, 2022



**HIV Clinical  
Guidelines:  
Pediatric  
Opportunistic  
Infections**

Updated: May. 03, 2022



**Perinatal HIV  
Clinical Guidelines**

Updated: Jun. 15, 2022

# What is in the HIV (DHHS) guidelines?

Available at: [hivinfo.nih.gov](http://hivinfo.nih.gov)

- What is New in the Guidelines
- Baseline Evaluation
- Lab Testing
- Treatment Goals
- Initiation of Antiretroviral Therapy
- What to Start
- What Not to Use
- Management of the Treatment Experienced Patient
- Poor CD4 Recovery
- Special Patient Populations
- Considerations for Antiretroviral Use in Patients with Co-Infections
- Drug-Drug Interactions
- Drug Characteristic Tables



# Newer Section of Guidelines: Transgender People with HIV

Transgender and non-binary people bear a disproportionate burden of HIV. According to the most recent estimate, **14% of transgender women have HIV and 2% of transgender men have HIV.**

To address the specific HIV care needs of these individuals, the Panel on Antiretroviral Guidelines for Adults and Adolescents (the Panel) has created a new section of the guidelines. The section focuses on:

- The importance of providing HIV care services within a gender-affirmative care model.
- The role of gender-affirming hormonal therapy and **the potential interactions between these drugs and certain antiretroviral (ARV) drugs.**
- Potential health impacts of gender-affirming hormonal therapy on transgender persons with HIV.

# HIV New Diagnosis – Talking with Our Patient

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- Can I ever have sex again?
- Can I have a child?

# HIV Prevention: Treatment as Prevention **UNDETECTABLE =**

**UNTRANSMITTABLE**

## HIV TREATMENT as PREVENTION

A HIGHLY EFFECTIVE STRATEGY TO PREVENT THE SEXUAL TRANSMISSION OF HIV



People living with HIV who take **HIV medication daily as prescribed**



and get and keep an **undetectable viral load**



**have effectively no risk of sexually transmitting HIV** to their HIV-negative partners



# UNDETECTABLE = UNTRANSMITTABLE

## Why is U=U a game changer?

- **Well-being of People w/HIV:** Transforms social, sexual, and reproductive lives
- **HIV Stigma:** Dismantles HIV stigma on the individual, community, clinical, and public policy levels
- **Treatment Goals:** Reduces anxiety associated with HIV testing and adds an incentive to start and stay on treatment and in care
- **Universal Access:** Provides a strong public health rationale to increase access and eliminate barriers to treatment, care, and diagnostics. (The Third U = Universal)



# Providers must inform patients about U=U

It is inexcusable for providers to withhold the U=U message from any patient living with HIV. *There is no medical justification for it.*

Conveying benefits and risks surrounding any treatment is fundamental to patients' decision-making, and this HIV treatment benefit should be no exception.

Educating patients about U=U is aligned with treatment goals: optimal adherence, viral suppression, treatment satisfaction

Educating all patients about U=U is crucial to maximizing the wellbeing of PLWH.

THE LANCET  
HIV

## Providers should discuss U=U with all patients living with HIV



As scientific knowledge surrounding the link between HIV viral suppression and transmission risk evolves, messaging to patients must be updated accordingly. Presenting the results of the multisite, observational PARTNER2 study at the 22nd International AIDS

guilt surrounding potential transmission, and enabling sex without fear. Beyond direct benefits, educating patients about U=U could indirectly reduce community viral load by encouraging HIV medication adherence and consequent viral suppression, supporting public

Lancet HIV 2019  
Published Online  
February 13, 2019  
[http://dx.doi.org/10.1016/S2352-3018\(19\)30030-X](http://dx.doi.org/10.1016/S2352-3018(19)30030-X)

Sarah Calabrese, PhD  
Dr. Kenneth Mayer  
February 2019

# “Can I Get Pregnant and Can I Have a Child When I Have HIV?”

*“Yes you can – We can work together and plan to protect you, your partner and your baby.”*



AVERT.org

Taking treatment **properly** during **pregnancy and breastfeeding** will keep your baby free of **HIV**.

# HIV and Mental Health in Corrections

**Challenges Remain but  
Opportunities Exist!**



# Tomorrow's Breakfast Talk: HIV and Substance Abuse

## HIV + DRUGS

Learn the link between drug abuse and the spread of HIV infection in the United States.





# Thank You For Your Attention!

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