

CHAPTER FOUR

MENTAL HEALTH and HCV

Mental Health and HCV

From the Public Health Agency of Canada¹

At the present time, little is known about the extent to which people infected with hepatitis C experience mental health problems or how serious their symptoms are. We also do not know how effectively existing services are meeting their unique needs.

Persons diagnosed with HCV experience a range of emotions including shock, fear, denial, confusion, shame, regret, blame, suicidal ideation, acute anxiety and anger. Uncertainty about the progression of symptoms and the disease may also cause emotional distress. Nurses can help people with hepatitis C and their families develop effective coping strategies and support networks.

Injection drug use and high-risk sexual behaviour with multiple partners are common in the mental health community. As part of harm reduction planning, nurses need to work with the mental health community to provide services and education toward prevention. This would include needle exchange programs, providing condoms, risk reduction for people living on the street and for those in psychiatric facilities, community living facilities, halfway houses, etc.

People with a history of psychological instability or underlying psychiatric issues may be at risk for problems associated with interferon such as severe depression, suicidal ideation, delirium and manic depression. Nurses should counsel their clients with a history of psychiatric problems about the possibility of adverse psychiatric reactions and monitor their responses to the medication. People co-infected with HIV may experience increased emotional stress and may require more intensive mental health support.

There are a number of resources that may be of some value to anyone living and or supporting people who are living with HCV. Please see a list of resources on the following page. Australia has developed protocols for HCV and mental health which may be valuable tools for adaptation.

¹ http://www.phac-aspc.gc.ca/hepc/pubs/nursing-infirmiers/index-eng.php#5_6_7

For information on HCV and Depression including information on depression visit:
<http://www.hcvadvocate.org/hepatitis/factsheets.asp>

Fact sheets available:

- Overview of Depression
- Depression: Self-Help Tips
- HCV and Depression
- Managing Depression
- Medical Treatment for Depression
- Mental Health Resources

Healthy Living with Hepatitis C at: <http://www.bccdc.ca/NR/rdonlyres/C8829750-9DEC-4AE9-8D00-84DCD0DF0716/0/HRTRAININGMANUALAUG2009withappendices.pdf>

Information on Hepatitis C through the Canadian AIDS Treatment Information Exchange (CATIE) at: <http://www.hepcinfo.ca/>

Queensland Health Hepatitis C and mental health protocols & glossary of terms for mental health and Hepatitis C / prepared collaboratively by Mental Health Unit and Communicable Diseases Unit ; public health services in consultation with Queensland Health clinicians and non-government service providers @ <http://catalogue.nla.gov.au/Record/3292700> . The following protocols and information are drawn from this resource.

Mental Health Issues Associated with Hepatitis C

Like any serious illness, hepatitis C can adversely impact on a person's mental health. People with hepatitis C are likely to experience from psychological distress related to adjustment issues following diagnosis and may be at risk of developing a mental illness. Common emotional responses to diagnosis include grief and loss and more significant mental health disorders such as depression and anxiety. Psychological distress and mental illness may have adverse effect on health outcomes, which is in part a factor of an individual's ability to access and adhere to treatment. Studies have shown chronic HCV has a deleterious impact on quality of life (QOL). Stigma experienced by the consumer can also impose a significant burden of stress that must be recognised by the health care provider.

Mental illness and hepatitis C

People with mental illness are at increased risk of infectious diseases including HIV, hepatitis B and C virus infection, compared with the general population⁶. The factors associated with mental illness can often lead to increased risk taking behaviours such as injecting drug use and other substance use as well as impulsive behaviour. This is significant, given injecting drug use is the primary mode of HCV transmission in Australia. Complications arise in the treatment and management of people with hepatitis C, where there is also mental illness and/or alcohol and substance use.

It is considered that persons with a diagnosis of hepatitis C, who are substance users and have a psychiatric disorder are at risk, of diminished access to a coordinated approach to meet their health care needs. They are also considered likely to have minimal engagement and adherence to health and medical care leading to increased morbidity and mortality.

⁵ National Centre in HIV Epidemiology and Clinical Research HIV/AIDS, Viral Hepatitis and Sexually Transmitted Infections in Australia Annual Surveillance Report 2003

⁶ Davidson, S Judd, F. Jolley, D Hocking, B Thompson, S Hyland B. Risk factors for HIV/AIDS and hepatitis C among the chronic mentally ill

People with hepatitis C with complex medical issues/needs may often be served by multiple agencies. In the context of these protocols, integration refers to multiple service agencies linking their responsibilities and accountability for caring for people with hepatitis C experiencing mental health issues. It means bringing together services into a shared strategy to provide the highest quality and most efficient care possible.

Complex issues, many agencies

Consumer Focussed Service

Consumer focussed health care is associated with maximising consumer satisfaction on service access, improved outcomes and continuity.

Guiding Principles

Consumer participation in decision making, maximising choice in health care treatment and respect for the consumer's right to exercise autonomy in decision making. Key elements of consumer focussed care are:

- the consumer's (carer where appropriate) participation in referral, intervention, treatment, care and support and service exit decisions
- engaging the consumer in a collaborative and enabling partnership
- implementing interventions that impose the least personal restriction on the consumer
- upholding Queensland Health principles of privacy and confidentiality regarding consumer documentation and information
- promoting the opportunity for community involvement in service planning processes.

Promote equitable access to services by:

- creating an environment free of discrimination on the basis of sexual practice, gender or drug use;
- recognising key groups of people and communities requiring targeted responses and strategies; and
- acknowledging the cultural needs of Aboriginal and Torres Strait Islander people and those from diverse cultural and linguistic backgrounds in service development

Integrated, Collaborative and Coordinated Services

People with hepatitis C and mental health issues will benefit at various times from a combination of specialist health and community services. Integrated, coordinated and collaborative models of care and shared planning across services are important for improving consumer health and wellbeing.

Strategies for a consumer focussed and integrated service:

- enhancing the collaborative working arrangements and coordinated models of care for shared consumers
- enhancing partnership arrangements between general practitioners, health care services, non government organisations, consumers and carers and other sectors
- nominating a contact person for any individual consumer in both the mental health service and other health service or agency
- enhancing the interface between care providers
- enhancing the referral and care pathways between services
- supporting jointly funding projects and programs

- supporting joint case conferencing and case coordination with other services
- facilitating access to other services
- enhancing referral processes and specialist consultation
- coordination of more joint education and training
- developing integrated hepatitis C management strategies
- matching consumer needs with service provision; health care services should be guided by consumer needs
- focusing more intensely on consumers who present with complex care needs such as chronic hepatitis C and co-morbid illness
- local agencies to further develop models that suit their local environment in terms of needs and resources.

Principles of the protocols

Core principles have been identified as important in the development of Hepatitis C and Mental Health Care Protocols. Concepts such as consumer focussed health care, integrated collaborative care, multi-professional approach and evidence base practice are essential to planning and implementation. In a successfully integrated primary care system, there will be overlaps and interconnections between programs across the care continuum.

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Psychosocial Response And Recommended Interventions

<p>Hepatitis C</p>	<p>Psycho-social response to HCV</p>	<p>Recommended interventions</p> <p>Individuals to be assessed and responded to within available service parameters.</p>
<ul style="list-style-type: none"> • The spectrum of the disease is complex and can range from mild to severe chronic hepatitis with progression to cirrhosis and liver cancer. • The rate of progression from chronic hepatitis C to cirrhosis differs from person to person.⁹ • People with hepatitis C are affected in different ways. Some people may experience severe restriction in performing basic activities of daily living and other people experience intermittent episodes of ill health of varying intensity and duration. • Symptoms of hepatitis C such as fatigue and pain have mental health implications. Fatigue occurs 	<p>Individual’s experience and response to HCV can vary in intensity, duration and frequency.</p> <p>Psychological crisis intervals and adjustment responses/reactions that may occur in the course of HCV disease include:</p> <ul style="list-style-type: none"> • diagnosis of HCV infection • signs and symptoms of HCV • stage of illness and transition points in the illness • treatment; • initiation of antiviral treatment regimen • changes in treatment regimen • treatment failure • significant medical events. <p>Adjustment issues will vary according to a variety of factors including:</p> <ul style="list-style-type: none"> • stages of illness • acute illness /chronic illness 	<p>Health care workers play an important role in providing consumers with clear factual information regarding hepatitis C and support to access information and health care.</p> <p>Health care workers’ responses to people with HCV include:</p> <ul style="list-style-type: none"> • assess need for information • assess need for psychological/psychiatric intervention • information and counselling surrounding the diagnosis • grief and loss counselling • risk assessment and risk management counselling with “at risk” groups of people (see Appendix 1) • information on hepatitis C treatment side effects, drug interactions and treatment adherence • information and counselling surrounding medical; treatment including issues of treatment choice

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<p>frequently in chronic diseases. Fatigue is strongly linked to psychological domains of depression, somatisation, interpersonal sensitivity and hostility.¹⁰</p> <p>Information and fact sheets can be found on the Queensland Health website at http://www.health.qld.gov.au/phs/cd u</p>	<ul style="list-style-type: none"> • culture/belief systems and practices • self esteem, motivation • coping style • perception of illness • other responsibilities and crises • geography • socio-economic status • level of education • social/family support networks • access to and method of health care service and delivery • age • co-morbid psychiatric disorders. 	<ul style="list-style-type: none"> • information and counselling for people who failed treatment • counselling and education on HCV disease and impact of treatment • resource linkages for more information and for referral • information and counselling surrounding pre and post testing (see Appendix 2) • information and counselling for people who are advancing to significant medical sequelae • empowerment and control • pain management counselling options for some people • early identification and treatment of acute HCV infection.