

Community Mental Health & HIV

Dr. Myo Kyaw Oo
Consultant Psychiatrist
Bellevue Hospital
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Mental Health Reform

Cabinet approved Reform of Mental
Health Plan & Services Doc# 11/06

March 20, 2006

Development of community mental health services
and de-Institutionalization

- mandated MOH to pursue further consultations
and community involvement

Global burden of disease and health statistics Vol.1

| ■ 1990 | | ■ 2020 | |
|------------------------|----|-----------------------|----|
| ■ LRTI | 1 | ■ IHD | 1 |
| ■ Diarrhoeal d/s | 2 | ■ Unipolar Depression | 2 |
| ■ Perinatal conditions | 3 | ■ RTA | 3 |
| ■ Unipolar depression | 4 | ■ CVA | 4 |
| ■ IHD | 5 | ■ COPD | 5 |
| ■ CVA | 6 | ■ LRTI | 6 |
| ■ Tuberculosis | 7 | ■ Tuberculosis | 7 |
| ■ RTA | 9 | ■ War | 8 |
| ■ COPD | 13 | ■ HIV | 10 |

Principles of Mental Health Reform

- De-centralization
- De-Institutionalization
- De-Stigmatization

Principles of Mental Health Policy

- Equity
- Human Rights
- Role of Scientific Evidence
- Integration

Issues underlying the principle of equity

- People with mental disorders should not be discriminated against on the basis of their mental illnesses.
- People with mental disorders should receive the same quality and standard of care as people with other illnesses receive.

Issues underlying the principle of human rights

- People with mental disorders have the same fundamental rights as everyone else.
- People with mental disorders, due to their vulnerability to human rights violations, may require specific legal frameworks to ensure that their rights are promoted and protected.

Issues underlying the principle of Integration

- Mental health services should be available across the life span and across all levels of severity and need.
- Mental health services should be available in the communities in which people live, work and receive other services.

De-centralization

- Regional Health Authorities
- Mental health Act 1997, Amendment 1999
- Mental Health Strategic Plan
- Regional Mental Health Services
- Community Mental Health Services

De-Institutionalization

- Relocation of services and transformation of

“BELLEVUE HOSPITAL”

J. Poydenals Barrett 1960



The buildings opposite can be seen in the left-centre section of this picture which clearly shows the boundaries of Bellevue and the pressure of the surrounding buildings.

6 12 2006



26 5 2006

De-Stigmatization

- Community Mental health services
- Psychiatric services in Regional/Parish General Hospitals

Regional/Parish Hospital

- Acute psychiatric emergencies
- Inpatients/outpatients services
- Chronic & Rehabilitative Care Services
- Forensic Psychiatric Services
- Child & Adolescent Services
- Geriatric Services
- Substance Abuse Services
- Disaster & Crisis Services
- Psychological & Social Services

**HIV / AIDS does not spare
mentally ill**

**Mentally ill with HIV infection
is the challenge to its
management.**

Statistics on Mentally ill Serology positive

Bellevue Hospital Data
Community Mental Health
Clinics

Mental illness & HIV

Commonality shared - Stigma

- Client
- Family members
- Neighbors / Friends / Co-workers
- Community
- Society at large
- All caregivers (not only mental health care providers) should be prepared to provide comprehensive management including mental well-being.

Impact of HIV on Mental Health of a person

Individual without pre-existing mental illness

Individual with pre-existing mental illness

Individual without
pre-existing mental illness

Psychiatric complications

- Disorders due to HIV in the brain
- Psychiatric disorders

Disorders due to HIV in the brain

- HIV associated Dementia
- HIV Encephalopathy
- Minor Motor-cognitive disorder
- Delirium

Psychiatric complications

- Adjustment Disorders – identifiable stressors
- Anxiety Disorders- GAD, panic, OCD, PTSD
- Mood disorders- Depression, Dysthymia, BPD
Suicide
- Sleep disorders
- Sexual Disorders
- Psychotic Disorders- BPsyD, Organic Psychosis
- Personality Disorders
- Substance use disorders – legal & Illicit
- Worried well –OCD, Hypochondriasis

Individual with existing mental illness

- Individual with thought disorders, delusions and hallucinations
- Individual with serious cognitive impairment
- Dementia, Schizophrenia, Bipolar Disorder
- Personality disorders

serious challenges due to high risk behavior, drug abuse, non-compliance, unemployment, poverty, homelessness, lack/poor family and social support – impaired life quality, shortened survival

Management of mentally ill must
be addressed more than equally

Clinical Assessment

- Comprehensive approach
- Bio-psycho-socio-cultural frame
- Multi-dimensional and dynamic process

“Single Diagnosis”

“Dual Diagnosis”

“Triple Diagnosis”

History taking

- Usual history PLUS formal psychiatric history & MSE
- Employment & Social history
- Substance abuse history
- Risk level
- Coping skill & Strength
- Financial resources
- Religious & Spiritual practices

Social support

- Have you disclosed to anyone?
- Is there anyone who knows and helps you with day-to day needs?
- How often do you have contact with that person?
- How is this person similar to you in age, gender, ethnicity. HIV status and risk factors?

Coping skills

- How did you react when you first found out you were HIV positive?
- What do you do to make yourself better?
- What would make things more manageable for you? What has worked in the past? What hasn't worked as well?
- In the past, when you've had to face challenges, how did you respond? What strengths did you bring to the situation?

Quality of life

- How did you spend your time before you became HIV positive?
- How satisfied are you with your life?
- How do you see yourself spending time in the future? Who do you want to spend time with?
- How would you like to live your life differently in the following areas;

Quality of life

- Job/career. Education/training/social recreation/ spiritual
- If you were able to accomplish those goals, how satisfied would you be with your life?

Use of standardized tools

- Depression scales
- Risk factors for suicide

Risk factors for Suicide & Violence demographic

- White
- Male
- Older age >45
- Divorced, never married or widowed
- Unemployed
- Young
- Male
- Limited education
- Unemployed

Historical Suicide & Violence

- Previous attempts
- Family history
- Victim of physical or sexual abuse
- Previous history
- History of animal torture
- Past antisocial or criminal behavior
- Violence within family of origin
- Victim of physical or sexual abuse

Psychiatric Suicide & Violence

- Mood disorders
- Anxiety disorders
- Drug abuse
- Hallucinations
- Delusions
- Personality disorders
- Personality disorders
- Conduct disorders
- Drug abuse
- Mood disorders
- Intent to kill or revenge

Environmental Suicide & Violence

- Recent loss
- Access to guns or other lethal weapons
- Social acceptance
- Patient's perception of lack of support or actual lack of support
- Access to guns
- Living under circumstances of violence
- Membership in violent group
- Lack of social support

Medical Suicide & Violence

- Delirium
- Confusion
- HIV status

- Delirium
- Confusion
- Disinhibition due to traumatic brain injuries
- Metabolic toxic states

Behavioral Suicide & Violence

- Antisocial acts
- Poor impulse control
- Preparing for death
- Making a will
- Giving away possessions
- Stockpiling lethal medications
- Antisocial acts
- Agitation, anger
- Poor impulse control
- Statement of intent to inflict harm

Community mental health Management

- Bio-Psycho-Socio-Cultural approach
- Client centered
- Assertive outreach, home visits
- Health promotion

Protocol for Treatment of Common Mental Disorders

MOH

Comprehensive Management

- Comprehensive range of services in the community
- Medication, nutrition, inpatients, counseling, social work, job, placement, permanency planning, custody planning, risk management, legal services, spiritual services, case management, drug abuse treatment

There is much to be done to
overcome many challenges.

Mental Health Strategic Plan

National Policy on HIV

Regional Mental Health Plan

Will I lose my dignity?

Will someone care?

Will I wake tomorrow from this
nightmare?

Jonathan Larson