



Prevalence and Correlates of Mental Health Diagnosis among People with HIV Receiving Ryan White Part A Services in New York City

Presenter:

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CONFLICT OF INTEREST DISCLOSURE

Noelisa Montero, MPH



Noelisa Montero has nothing to disclose

Agenda



- Learning Objectives
- Background
- Data Sources
- Sample
- Results
- Implications
- Limitations

Learning Objectives



- To describe the characteristics of people living with HIV (PLWH) receiving Ryan White Part A (RWPA) services in New York City (NYC) who have mental health (MH) diagnoses
- To identify the challenges of assessing MH diagnosis status
- To discuss possible explanations of the observed relationships between having a MH diagnosis and HIV care continuum outcomes

Background



- The prevalence of MH diagnoses is higher among PLWH compared to the general population^{1,2,3}
- Having a MH diagnosis can negatively impact HIV health outcomes, including engagement and retention in medical care, antiretroviral therapy (ART) adherence and viral suppression^{2,4}
- MH diagnoses are associated with reduced life expectancy among PLWH, independent of HIV care and treatment adherence⁴

Data Sources



- Demographic and mental health diagnosis data on RWPA clients were collected through The Electronic System for HIV/AIDS Reporting & Evaluation (eSHARE)
- Viral load and CD4 data were from The NYC HIV Surveillance Registry (The Registry)

Assessment of Lifetime Mental Health Diagnoses



Clients were classified as having one or more MH diagnoses in their lifetime or having no lifetime MH diagnoses by the responses to the questions:

Intake assessment

Has the client ever received a mental health diagnosis? Yes No Unknown
If Yes, What diagnosis or diagnoses? *(Check all that apply)*

<input checked="" type="checkbox"/> Depression	<input type="checkbox"/> Bipolar Disorder
<input type="checkbox"/> Anxiety Disorder (Panic, GAD, etc.)	<input checked="" type="checkbox"/> Psychosis (Schizophrenia, etc.)
<input type="checkbox"/> PTSD	<input type="checkbox"/> HIV-associated Dementia
<input type="checkbox"/> Other (Specify: _____)	

Reassessment

Has the client received or newly reported a mental health diagnosis since last assessment?
 Yes No Unknown

If Yes, What diagnosis or diagnoses? *(Check all that apply)*

- The source of MH diagnosis information could be client self-report, provider assessment, or information extracted from medical records

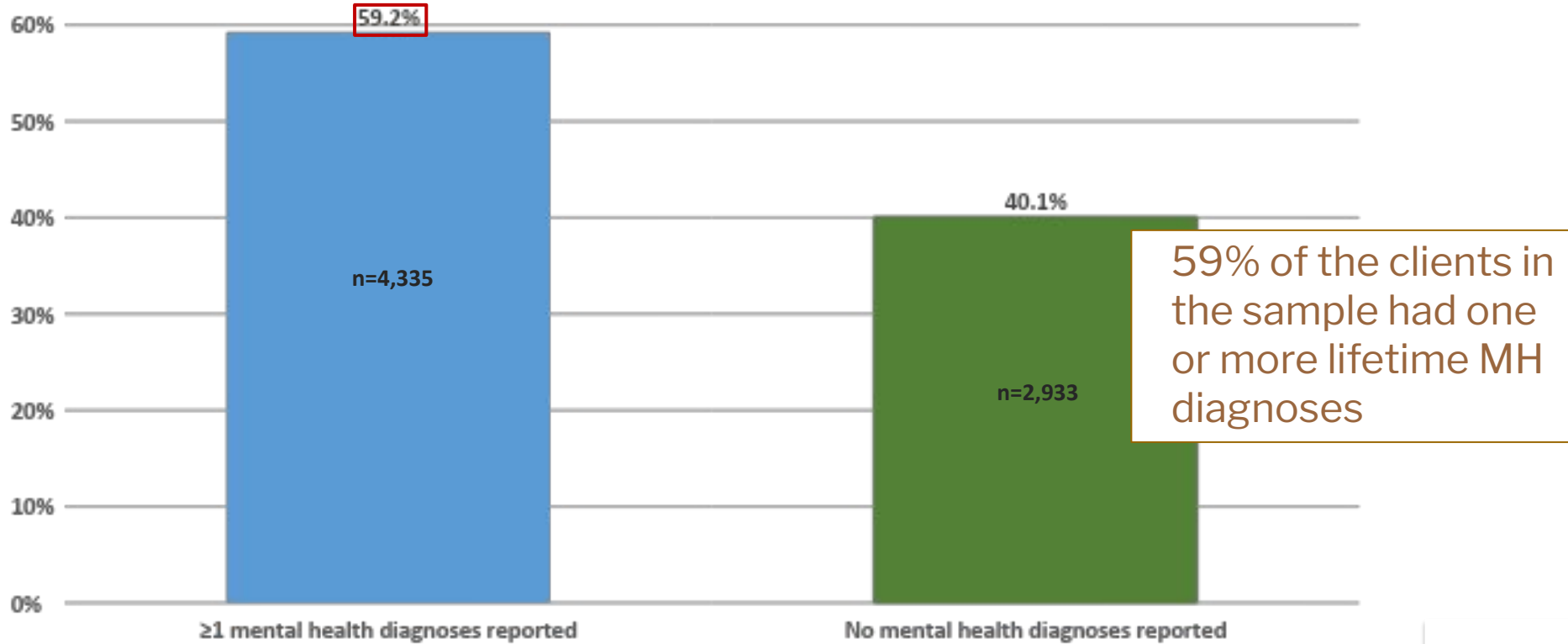
Sample



7,317 individuals who:

- received ≥ 1 RWPA services in NYC in Grant Year 2018 (GY2018; 03/01/18–02/28/19)
- had completed at least one MH assessment by 2/28/19 (included on assessment forms for medical case management, mental health, substance abuse outpatient care, health education/risk reduction, and housing services)
- matched to The Registry

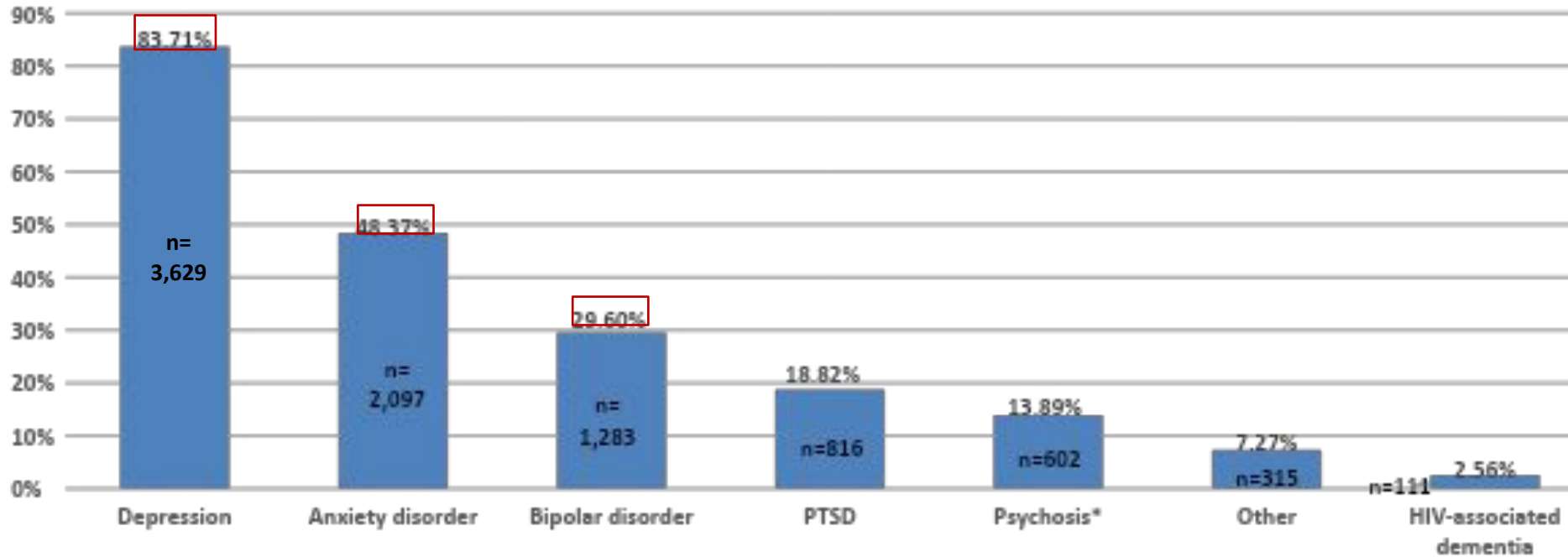
Prevalence of Lifetime MH Diagnoses among NYC RWPA Clients, GY2018 (N=7,317)



59% of the clients in the sample had one or more lifetime MH diagnoses

Note: 0.7% of the clients in the sample had an unknown MH diagnosis status (not shown in the graph)

Prevalence of Lifetime MH Diagnoses among NYC RWPA Clients by MH Diagnosis Type, GY2018 (N=4,335)

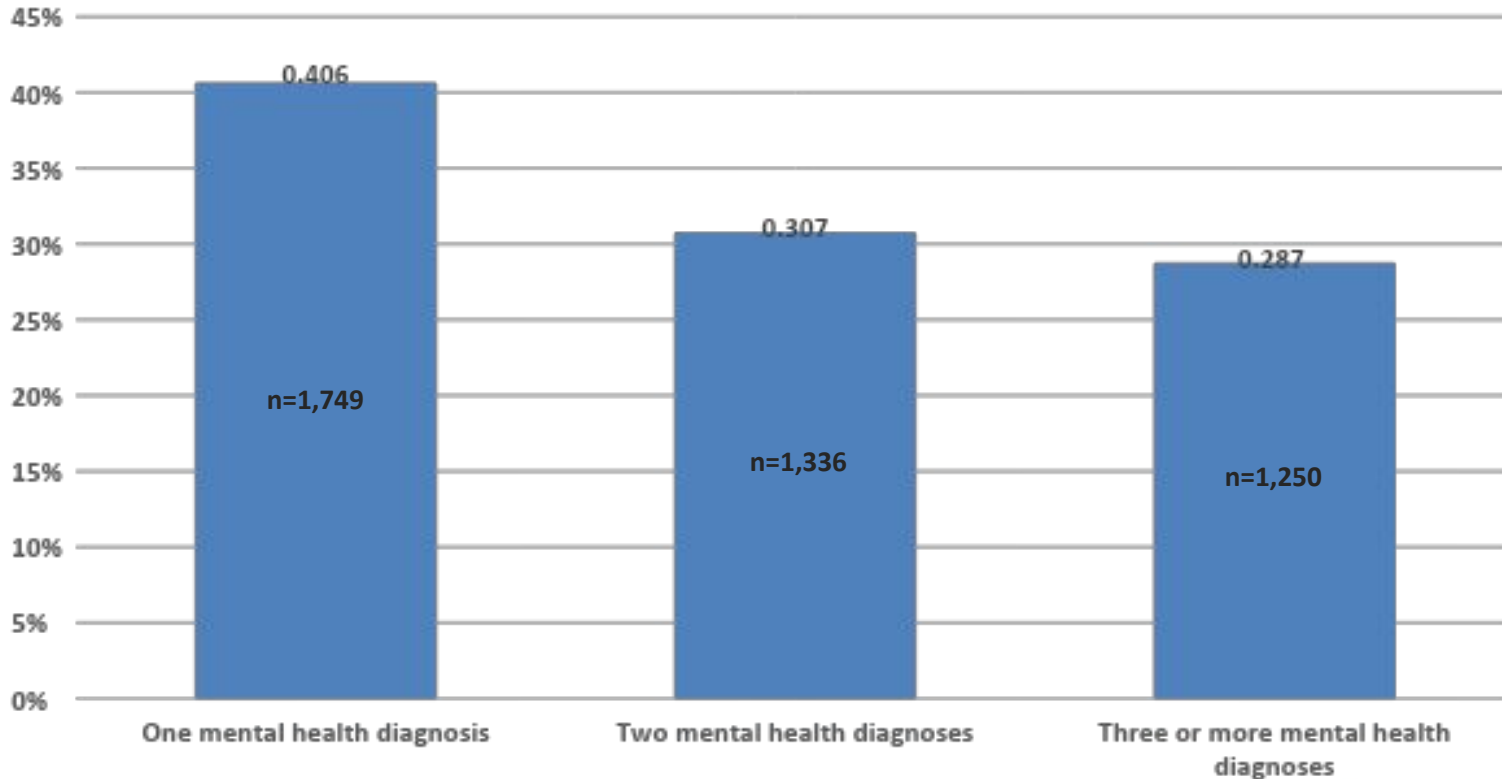


Depression (84%), anxiety disorder (48%) and bipolar disorder (30%) were most frequently reported

*Psychosis includes schizophrenia

Note: A client could have more than one type of MH diagnosis

Number of MH Diagnoses among NYC RWPA Clients with one or more MH Diagnoses (N= 4,335), GY2018



Comparison of Sociodemographic Characteristics by MH Diagnosis Status



		≥1 MH diagnoses reported n=4335	No MH diagnoses reported n=2933	p-value
		n(%)	n(%)	
Race/ethnicity	White	329 (7.6)	121 (4.1)	0.0001
	Black	2174 (50.1)	1605 (54.7)	
	Latinx	1771 (40.9)	1094 (37.3)	
	Other	61 (1.4)	113 (3.9)	
Age	<30	407 (9.4)	432 (14.7)	0.0001
	30-49	1564 (36.1)	1196 (40.8)	
	50+	2364 (54.5)	1305 (44.5)	
Gender	Male	2554 (58.9)	2056 (70.1)	0.0001
	Female	1560 (36.0)	785 (26.8)	
	Transgender	217 (5.0)	88 (3.0)	
	Other*	4 (0.1)	4 (0.1)	
Sex	Male	2778 (64.1)	2140 (73.0)	0.0001
	Female	1557 (35.9)	793 (27.0)	
Education Level	<High school/GED	1756 (40.5)	1064 (36.3)	0.001
	High school/GED	1297 (29.9)	904 (30.8)	
	>High school/GED	1265 (29.2)	950 (32.4)	

*Other includes gender non-conforming and not sure/questioning

Comparison of Sociodemographic Characteristics by MH Diagnosis Status (cont'd)



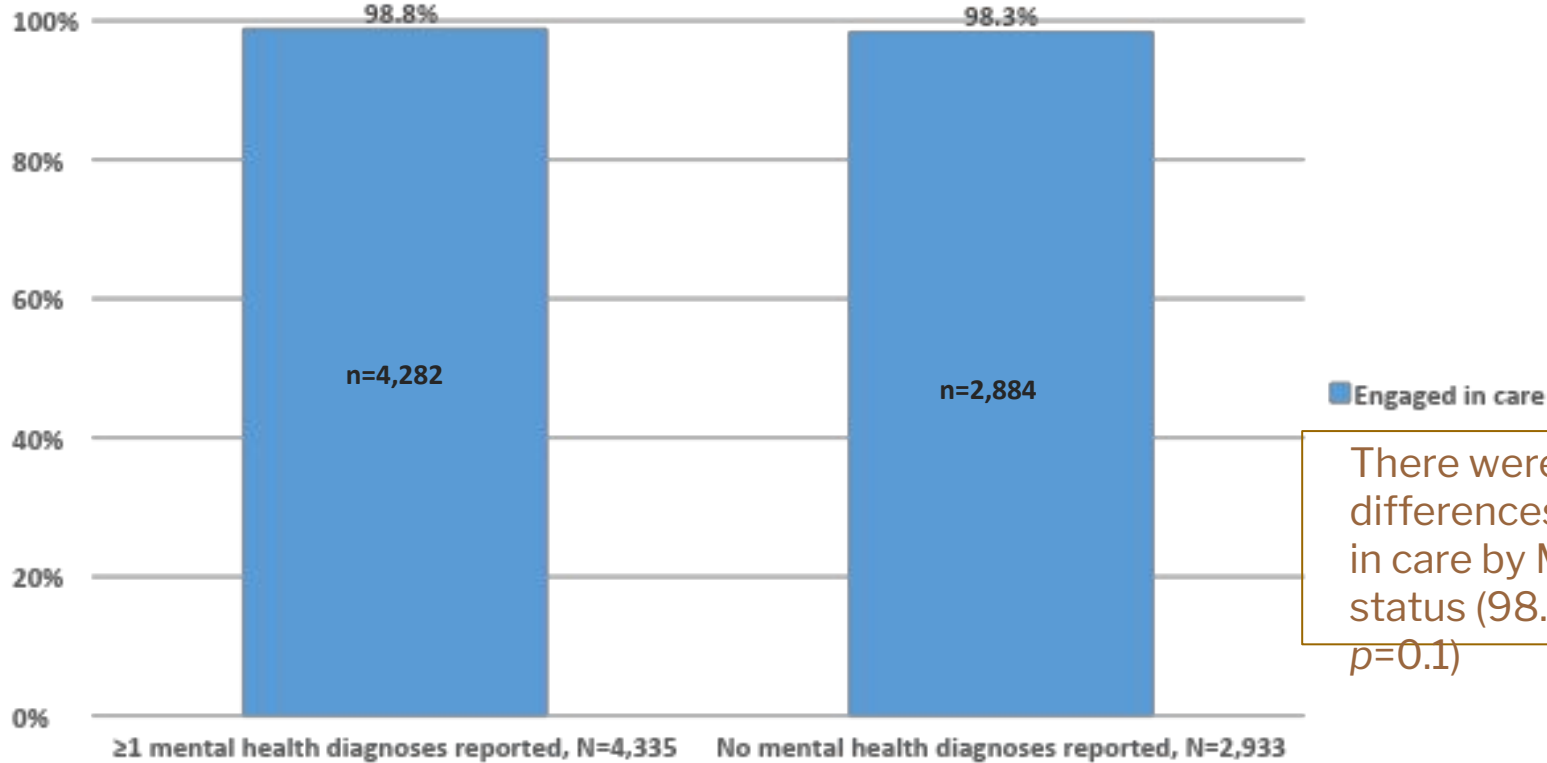
		≥1 MH diagnoses reported n=4335 n(%)	No MH diagnoses reported n=2933 n(%)	p-value
Country of birth territory	USA/US	3468 (80.0)	1685 (57.4)	0.0001
	Other Country	854 (19.7)	1234 (42.1)	
	Unknown/Declined	13 (0.3)	14 (0.5)	
Primary language	English	3415 (78.8)	1986 (67.7)	0.0001
	Other Language	920 (21.2)	942 (32.1)	
	Unknown/Declined	0 (0)	5 (0.2)	
Employment status	Employed	468 (10.8)	691 (23.5)	0.0001
	Unemployed	3316 (76.5)	1686 (57.5)	
	Unknown/Declined	551 (12.7)	556 (19.0)	
Insurance status	Insured	3694 (85.2)	2295 (78.2)	0.001
	Uninsured	99 (2.3)	99 (3.4)	
	Unknown/Declined	542 (12.5)	539 (18.4)	

HIV Health Outcome Definitions



Outcomes	Definition
Engagement in care	Client had at least one VL or CD4 test in GY2018
Retention in care	Client had at least two VL and/or CD4 tests at least 3 months (91 days) apart in GY2018
Viral suppression	Client's last VL test result in GY2018 was <200 copies/mL

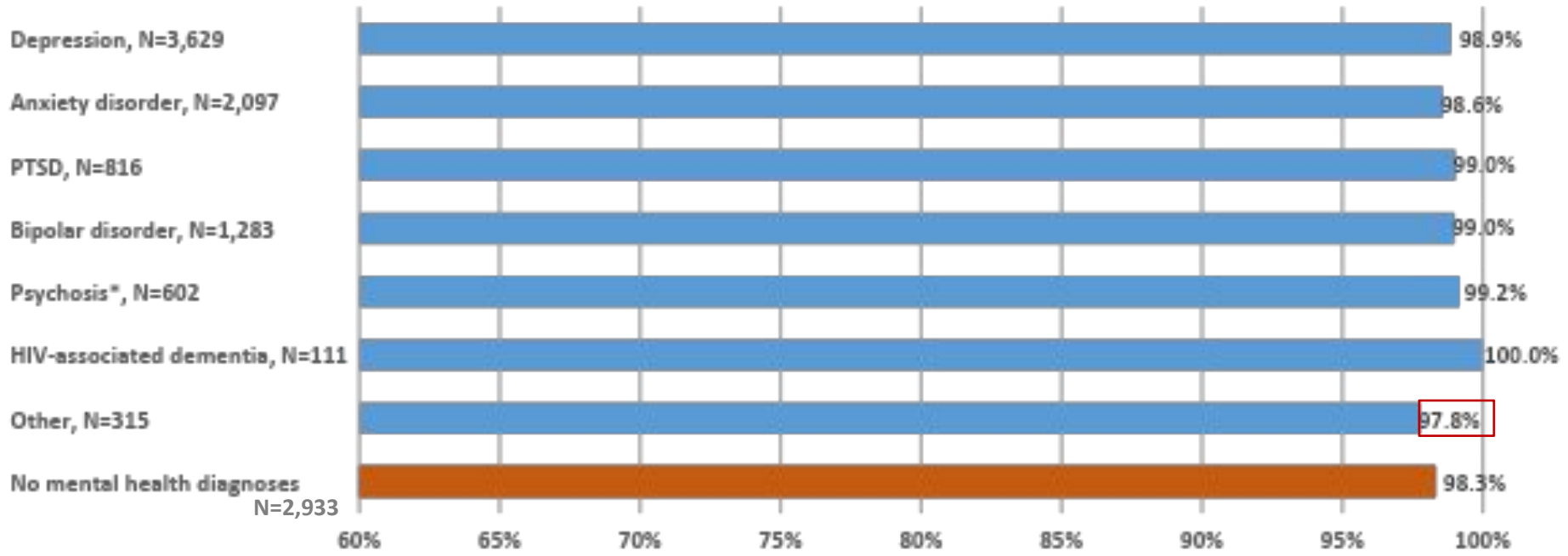
Engagement in Care¹ among NYC RWPA Clients by Lifetime MH Diagnosis Status, GY2018



There were no significant differences in engagement in care by MH diagnosis status (98.8% vs. 98.3%; $p=0.1$)

¹Defined as having at least one VL or CD4 test reported in

Engagement in Care among NYC RWPA Clients, GY2018 one or more MH Diagnoses¹ vs. No MH Diagnoses



98% - 100% of clients with one or more lifetime MH diagnoses were engaged in care

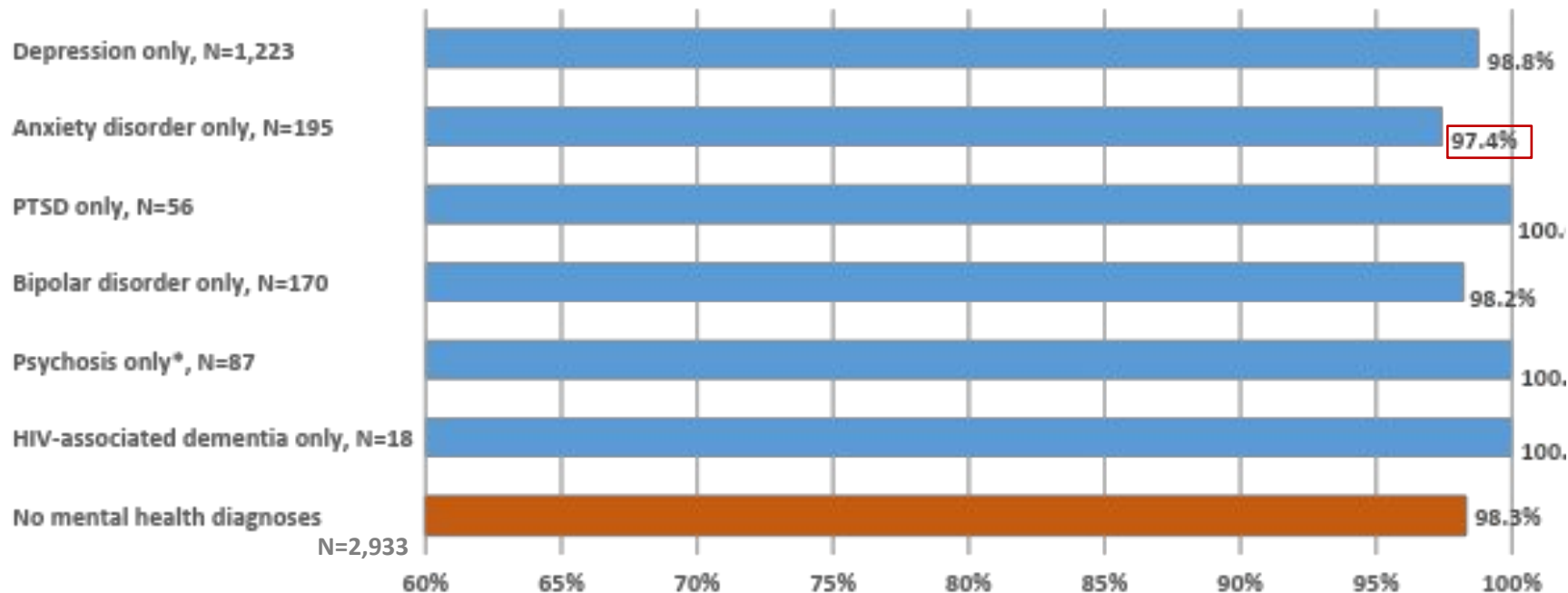
¹A client could have more than one type of MH diagnosis

*Psychosis includes schizophrenia

Engagement in Care among NYC RWPA Clients, GY2018



Only One MH Diagnosis¹ vs. No MH Diagnoses

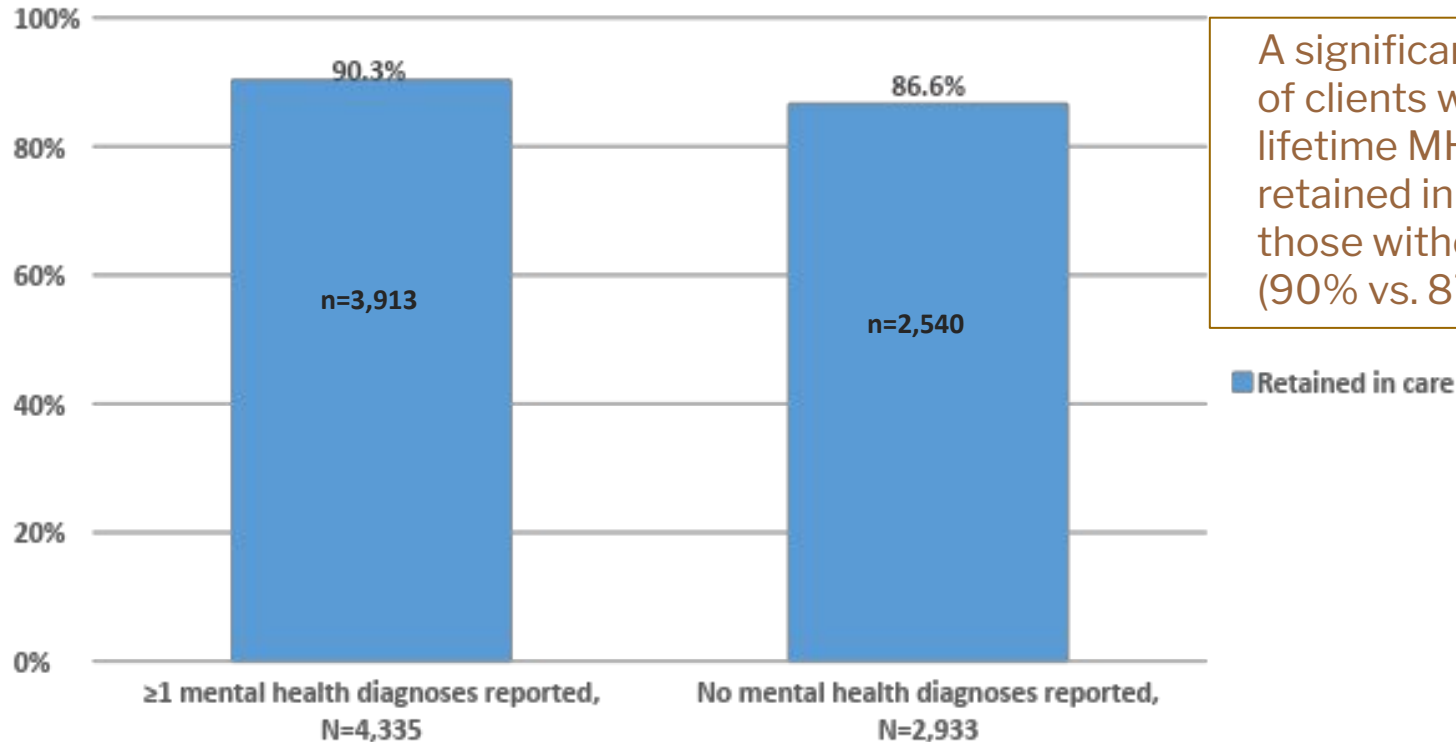


97% - 100% of clients with only one MH diagnosis were engaged

in care

¹Groups represented in the bars are mutually exclusive

Retention in Care¹ among NYC RWPA Clients by Lifetime MH Diagnosis Status, GY2018

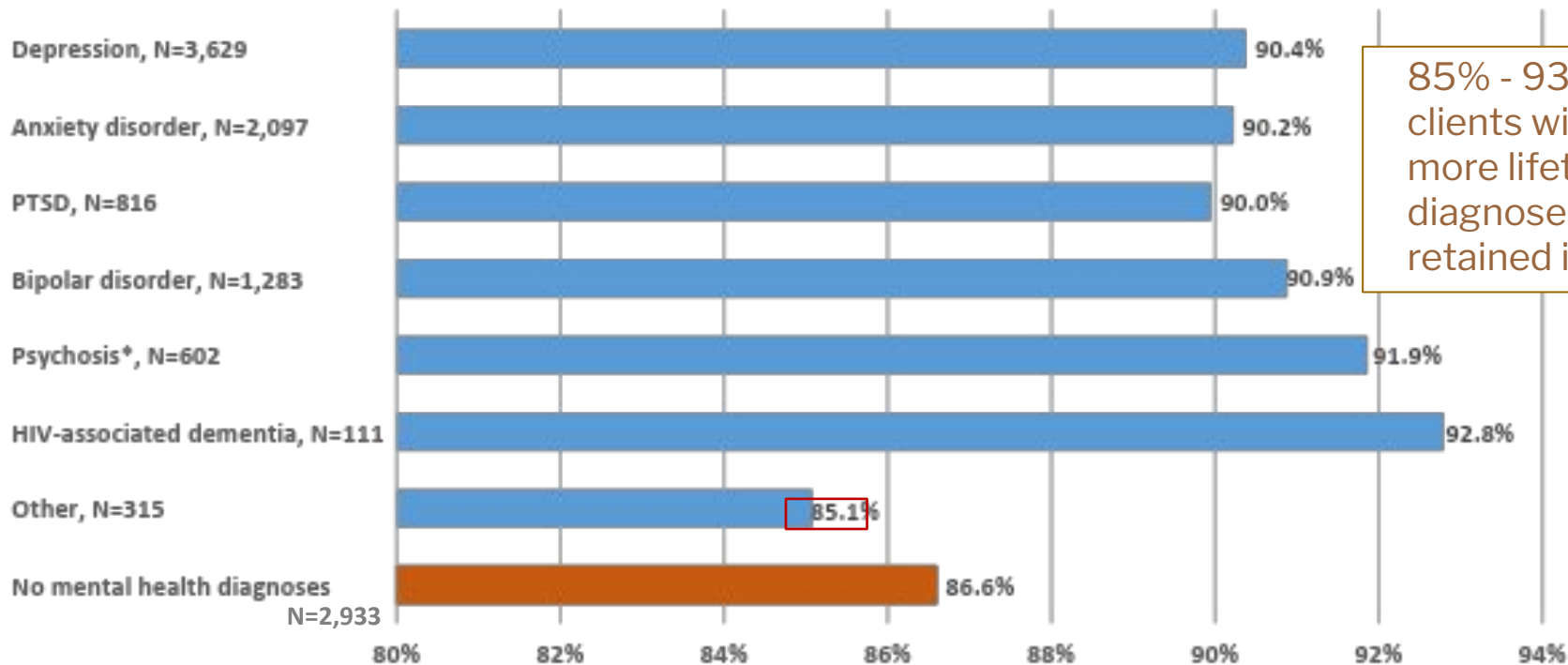


A significantly higher proportion of clients with one or more lifetime MH diagnoses were retained in care compared to those without a MH diagnosis (90% vs. 87%; $p < 0.0001^*$)

¹Defined as having at least two VL and/or CD4 tests at least 3 months (91 days) apart in GY2018

Retention in Care among NYC RWPA Clients, GY2018

One or more MH Diagnoses¹ vs. No MH Diagnoses



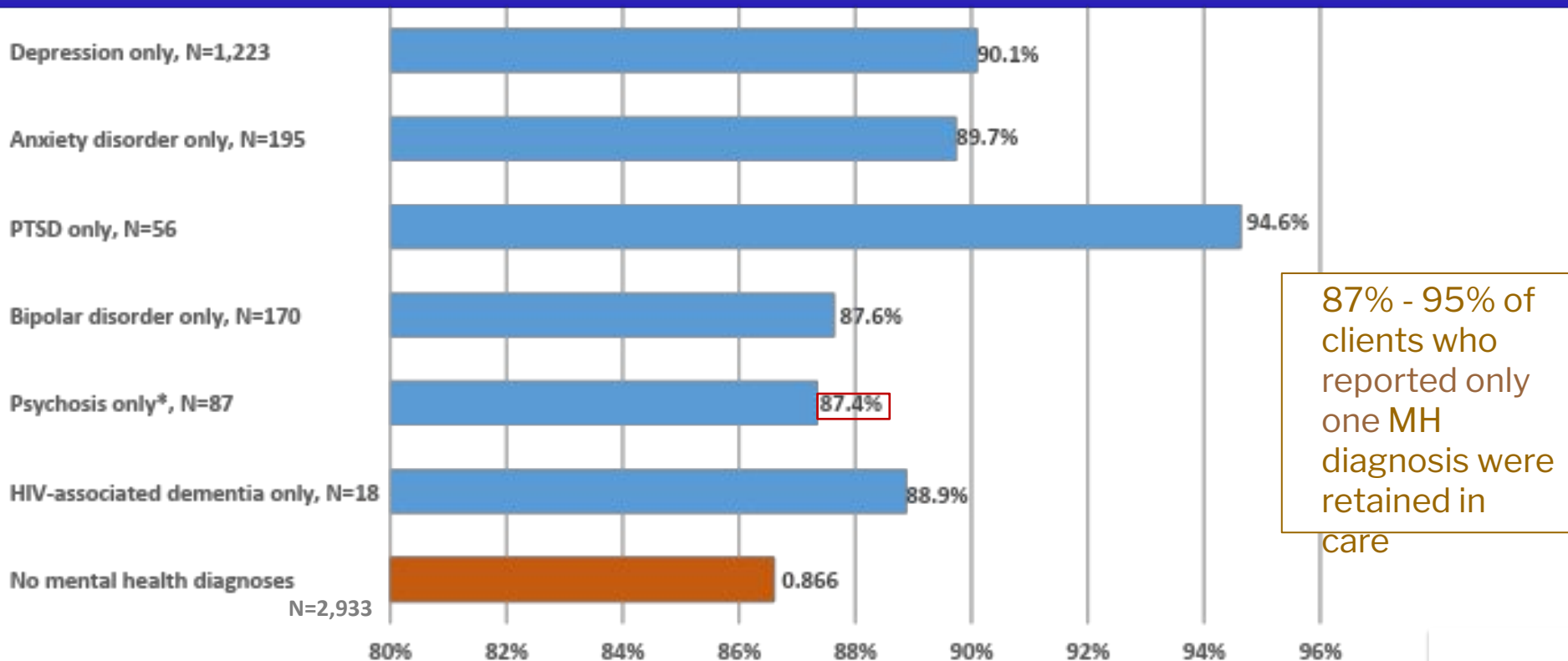
85% - 93% of clients with one or more lifetime MH diagnoses were retained in care

¹A client could have more than one type of MH diagnosis

*Psychosis includes schizophrenia

Retention in Care among NYC RWPA Clients, GY2018

Only One MH Diagnosis¹ vs. No MH Diagnoses

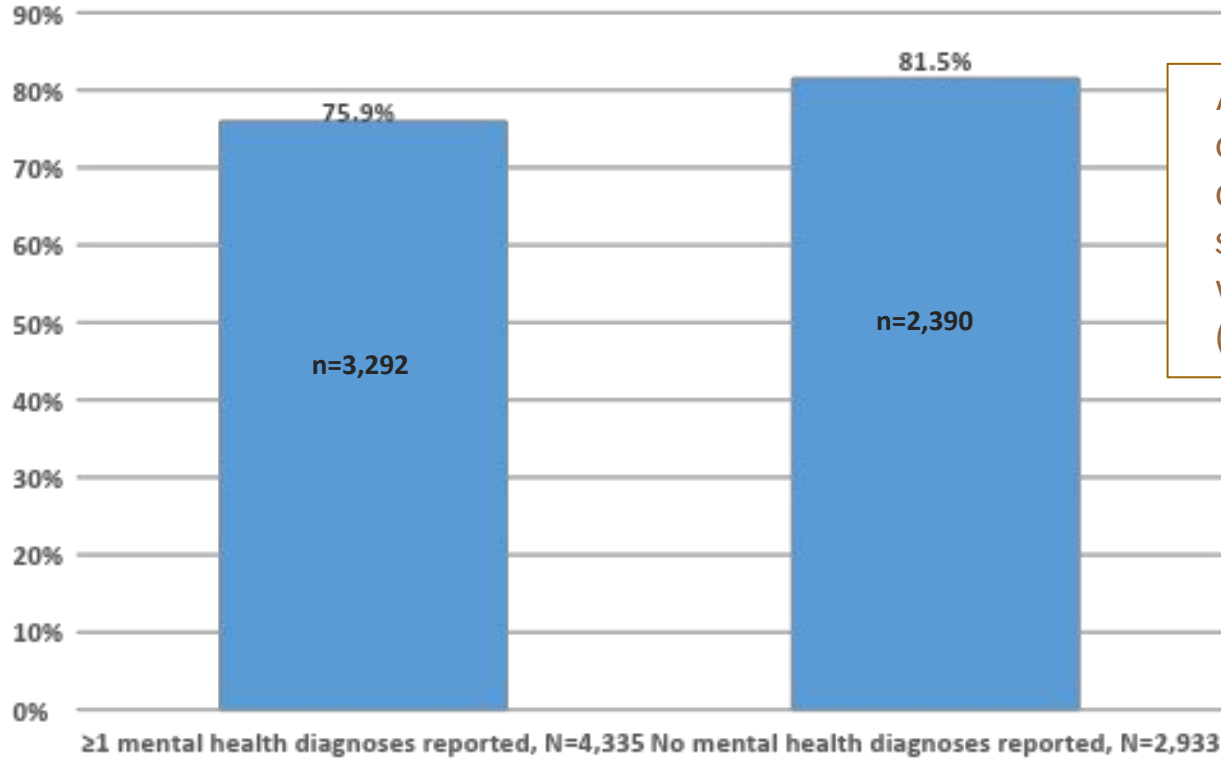


87% - 95% of clients who reported only one MH diagnosis were retained in care

¹Groups represented in the bars are mutually exclusive

*Psychosis includes schizophrenia

Viral Suppression¹ among NYC RWPA Clients by Lifetime MH Diagnosis Status, GY2018



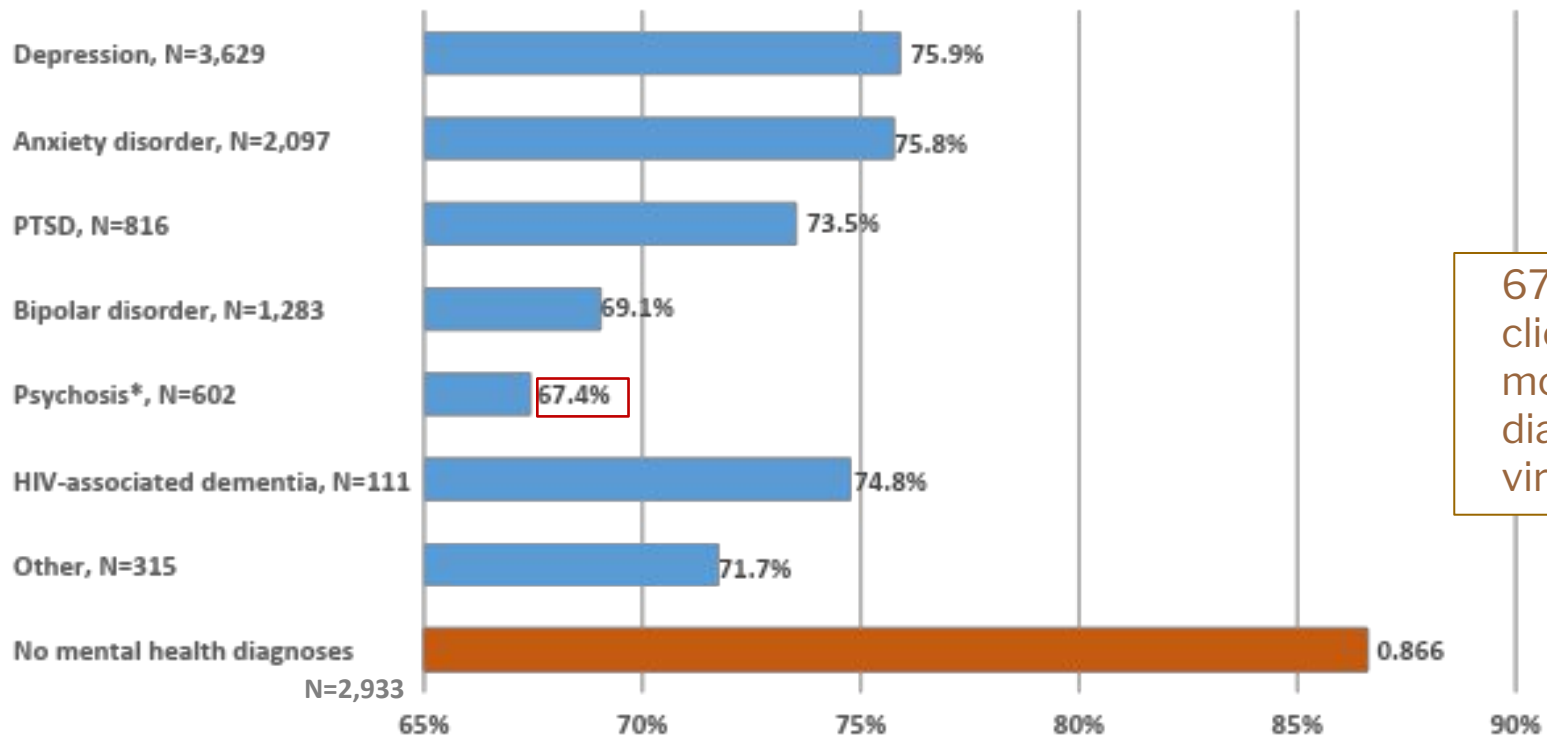
A significantly higher proportion of clients *without* a lifetime MH diagnosis were virally suppressed, compared to those with one or more MH diagnoses (82% vs. 76%; $p < 0.0001^*$)

¹Defined as having VL <200 copies/mL, as of the client's latest viral load test result in GY2018

*p-value for N chi-square test

Viral Suppression among NYC RWPA Clients, GY2018

one or more MH Diagnoses¹ vs. No MH Diagnoses

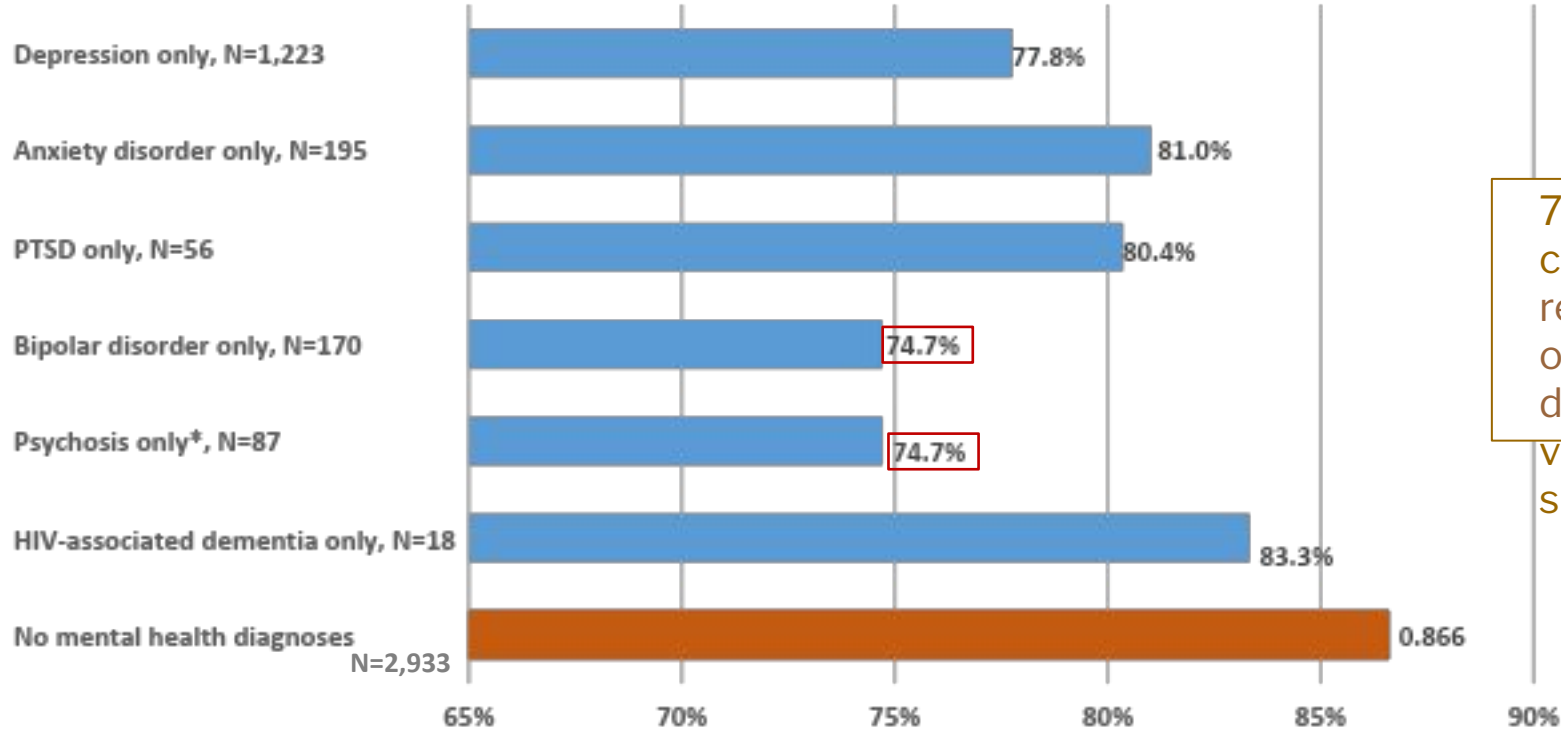


67% - 76% of clients with one or more lifetime MH diagnoses were virally suppressed

¹A client could have more than one type of MH diagnosis
*Psychosis includes schizophrenia

Viral Suppression among NYC RWPA Clients, GY2018

Only One MH Diagnosis¹ vs. No MH Diagnoses



75% - 83% of clients who reported only one MH diagnosis were virally suppressed

virally suppressed

¹Groups represented in the bars are mutually exclusive

*Psychosis includes schizophrenia

Summary: MH Diagnoses



- **59%** (n=4,335) of **7,317** NYC RWPA clients in GY2018 had one or more lifetime MH diagnoses
 - Among these clients, the most frequently reported types of MH diagnoses were:
 - Depression: (**49.6%**; n=3,629)
 - Anxiety disorder: (**28.7%**; n=2,097)
 - Bipolar disorder: (**17.5%**; n=1,283)

Summary: Outcomes by Lifetime MH Diagnosis Status



NYC RWPA clients **with** one or more lifetime MH diagnoses (N=4,335)

- Engaged in care: **98.8%** (n=4,282)
- Retained in care: **90.3%** (n=3,913)
- Virally suppressed: **75.9%** (n=3,292)

NYC RWPA clients **without** a lifetime MH diagnosis (N=2,933)

- Engaged in care: **98.3%** (n=2,884)
- Retained in care: **86.6%** (n=2,540)
- Virally suppressed: **81.5%** (n=2,390)

Implications



- Treatment strategies in NYC RWPA MH programs should focus on addressing depression, anxiety disorder, and bipolar disorder as these were the most frequently reported MH diagnoses
- There is a need to improve viral suppression among PLWH with a MH diagnosis. Viral suppression seemed particularly low among people with a diagnosis of psychosis and bipolar disorder

Limitations



MH diagnosis question:

The information source for the MH diagnosis questions is not recorded in eSHARE and could include:

- Client self-report
- Observation/impression (mental health provider/any provider)
- Measures assessing the presence of a MH diagnosis
- Diagnostic information from a client's electronic medical record

Limitations (Cont'd)



Service categories for which assessment forms do not include MH diagnosis questions:

- Case management (non-medical), food bank/home-delivered meals, legal services, psychosocial support services, medical transportation
- Clients who were *only* served in those RWPA service categories were not included in our sample

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References



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Thank you



Any questions or comments?

