

## **Review of the Standards for Psychological Support for Adults Living with HIV 2021**

*The Standards for Psychological Support for Adults Living with HIV* (2011; hereafter referred to as *The Psychology Standards*) are now 10 years old. Over the next year, The British HIV Association (BHIVA) will be taking the lead, along with the British Psychological Society, UK-Community Advisory Board (UK-CAB) and the National HIV Nurses Association (NHIVNA) in reviewing and updating these Standards. In addition, a wide range of UK stakeholders will be consulted throughout the process.

In order to start this review, it is important to assess the impact of The Psychology Standards across the UK over the past 10 years. To do so, we would like to understand the level of awareness of these standards and to find out if they are perceived as effective in practice. From people living with HIV, we would like to find out if you think The Psychology Standards have had an impact on the care you receive from your clinics and/or charity services. From healthcare professionals, we would like to know about your experiences of coordinating, delivering and evaluating psychology services for adults living with HIV. Your experience with The Psychology Standards and your thoughts about using them and improving them will be vital in our review

The Psychology Standards were developed as a guide to the co-ordination and delivery of care, with a view to outlining the level of care that people living with HIV should receive. While the Standards are not a best practice guideline that advises on the type of interventions that should be provided, the information they provide will be fundamental to shaping future psychological support.

Many thanks for taking your valuable time to complete this survey regarding the update of The Psychology Standards. Please note that NO sections or questions are mandatory, and that each organisation can choose which sections/questions to complete. Please be assured that your participation is completely voluntary and all of your feedback will be anonymised in our report. You are more than welcome to contact Sarah Rutter (sarah.rutter@pat.nhs.uk) if you would like to receive more information about this review.

### **ORGANISATION DETAILS**

**Name of organisation**

**Membership size**

**Number of respondents**

**Was anybody else consulted?**

**Anything about your organisation that you think it important to share with the working party?**

**General questions**

**1. In general, how familiar are people from your group with The Psychology Standards?**

Not familiar at all	Slightly familiar	moderately familiar	Very familiar	extremely familiar
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**2. How relevant are The Psychology Standards to your group?**

Extremely relevant	Relevant	Neither relevant or irrelevant	Irrelevant	Extremely irrelevant
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**3. How often do you use The Psychology Standards to organise (clinicians) or access (service users) psychological care?**

Very often	Often	Sometimes	Not often	Not at all <input type="checkbox"/>
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**4. If you are a clinician working in HIV services, what other care standards do you refer to/use when thinking about psychological wellbeing and support?**

**please delete as necessary**

Annual health review standard (2017)	Y/N
European AIDS Clinical Society (EACS) guidance	Y/N
Children's HIV Association (CHIVA) standards	Y/N
BHIVA standards (2018)	Y/N
National Institute of Health and Care Excellence (NICE) Guidance relating to mental health	Y/N
Not relevant	Y/N
Any other guidelines used?	

**5. Is there anything else you would like us to know about how you use the current Psychology Standards?**

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**Any additional comments regarding this section?**

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**The next section will be seeking opinions on each standard. You may comment on as many or as few as you like.**

**Standard 1: People living with HIV should receive care which promotes their emotional, cognitive and behavioural wellbeing (psychological wellbeing) and is sensitive to the unique aspects of living with HIV.**

If you require further information about this standard, please scroll to the bottom of the page for a summary.

**Do you think this standard is important?**

Yes	Maybe	No
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**How achievable do you think the standard is?**

Impossible to achieve	Unlikely to achieve	Unsure whether achievable	Likely to achieve	Easy to achieve
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**Obstacles to achieving the standard according to your organisation?**

Please delete as necessary

Funding	Y/N
Staffing	Y/N
Training	Y/N
Time	Y/N
Physical environment/space/accommodation	Y/N
Other obstacles	

**What do you think is not currently included in the standard and should be added?**

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**Have you used the auditable indicators to evaluate you service? yes/no/not applicable**

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Summary of recommendations

**1.1.1 Psychological wellbeing on the agenda**

People living with HIV should be given the opportunity to discuss their psychological wellbeing with the professionals providing their health and social care.

**1.1.2 HIV-sensitive care**

People living with HIV should receive confidential, non-stigmatising care that is informed by an understanding of the unique HIV-related factors affecting psychological wellbeing.

### **1.1.3 Information to promote psychological wellbeing**

During their contact with health and social care services, People living with HIV should be provided with information and resources promoting their psychological wellbeing, such as leaflets, posters and websites, as well as access to patient/service user representatives and peer support.

## Standard 2: Comprehensive psychological support services

**People living with HIV should have access to a range of psychological support services appropriate to their needs.**

If you require further information about this standard, please scroll to the bottom of the page for a summary.

**Do you think this standard is important?**

Yes	Maybe	No
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**How achievable do you think the standard is?**

Impossible to achieve	Unlikely to achieve	Unsure whether achievable	Likely to achieve	Easy to achieve
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**Please delete as necessary**

Funding	Y/N
Staffing	Y/N
Training	Y/N
Time	Y/N
Physical environment/space/accommodation	Y/N
Other obstacles	

**What do you think is not currently included in the standard and should be added?**

**Have you used the auditable indicators to evaluate you service? yes/no/not applicable**

Summary of recommendations

### **2.1.1 Assessment for psychological support**

All people living with HIV should be assessed for the appropriate level of psychological support to meet their needs.

### **2.1.2 Stepped care model**

The stepped care model should be used to plan and enable access to the psychological support services needed by each individual at levels 1, 2, 3 or 4

### **2.1.3 Access to interventions**

All people living with HIV should be provided with level 1 psychological support that includes information, signposting and supportive communication. They should also be provided, according to agreed referral criteria, with subsequent levels of more complex intervention when indicated through psychological and cognitive screening and assessment.

### **2.1.4 Timely access**

Access to interventions should be timely, according to identified need. Where screening or clinical observation identifies a serious and immediate risk of harm to self or others, people living with HIV should be referred immediately to emergency mental health services (level 4). A pathway needs to be locally defined for access to these services. People living with HIV referred less urgently for specialist psychological support (level 3) should be seen within a maximum of three months.

### Standard 3: Engagement of people living with HIV

People living with HIV should be engaged in the planning, delivering and evaluation of psychological support services.

If you require further information about this standard, please scroll to the bottom of the page for a summary.

**Do you think this standard is important?**

Yes	Maybe	No
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**How achievable do you think the standard is?**

Impossible to achieve	Unlikely to achieve	Unsure whether achievable	Likely to achieve	Easy to achieve
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**Obstacles to achieving the standard according to your organisation?**

**Please delete as necessary**

Funding	Y/N
Staffing	Y/N
Training	Y/N
Time	Y/N
Physical environment/space/accommodation	Y/N
Other obstacles	

**What do you think is not currently included in the standard and should be added?**

**Have you used the auditable indicators to evaluate you service? yes/no/not applicable**

Summary of recommendations

#### **3.1.1 Engagement in service planning and development**

People living with HIV should be consulted about the psychological support services they might wish to attend as well as the one(s) they do attend.

People living with HIV should be consulted and actively involved in the design, redesign and development of psychological support services.

Inclusive frameworks to engage people living with HIV, reflecting their diversity, should be developed across all services providing psychological support.

### **3.1.2 Engagement in service delivery**

As part of psychological support service delivery, people living with HIV should play a role in the provision and dissemination of information about HIV and HIV services to other people living with HIV, as well as providing peer support, advice, advocacy and means of engagement.

### **3.1.3 Engagement in service evaluation**

People living with HIV should be provided with opportunities for feedback on psychological support services as part of service evaluation, to inform service management and local policy.

The development, collection and reporting of outcome measures for psychological support services should include involvement of people living with HIV to ensure that these capture both clinical outcomes and user experiences.

### **3.1.4 Support for engagement of PLWH**

People living with HIV who are involved with service user activities should be provided with opportunities to update and develop their knowledge and skills in order to maintain effective involvement with professional services and to ensure a consistent approach to psychological support



#### Standard 4: Support at the time of diagnosis

People living with HIV should have timely access to information and appropriate emotional support following the diagnosis of HIV infection.

If you require further information about this standard, please scroll to the bottom of the page for a summary.

Do you think this standard is important?

Yes	Maybe	No
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How achievable do you think the standard is?

Impossible to achieve	Unlikely to achieve	Unsure whether achievable	Likely to achieve	Easy to achieve
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Obstacles to achieving the standard according to your organisation?

Please delete as necessary

Funding	Y/N
Staffing	Y/N
Training	Y/N
Time	Y/N
Physical environment/space/accommodation	Y/N
Other obstacles	

What do you think is not currently included in the standard and should be added?

Have you used the auditable indicators to evaluate you service? yes/no/not applicable

Summary of recommendations

##### 4.1.1 Support and information at the time of diagnosis

At the time of their HIV diagnosis, all people living with HIV should be offered one-to-one emotional support by the practitioner giving them the test result. If after the initial post-test discussion more in-depth counselling or other support is urgently needed, rapid referral to an appropriate provider should be offered if this is beyond the competence or capacity of the testing provider.

Immediately relevant information about HIV infection and its implications should be given verbally at the time of diagnosis and backed up by provision of, and signposting to, written information as appropriate.

Regardless of where testing takes place, all practitioners providing test results and emotional support at the time of diagnosis should have the competence to do this, with access to relevant training and professional support.

#### **4.1.2 Referral for psychological support following diagnosis**

Clear local policies and pathways for post-diagnostic support and referral should be in place and apply to all settings offering HIV testing. All newly diagnosed people living with HIV should be offered psychological support from practitioners with expertise in HIV at the earliest possible opportunity, preferably within 48 hours and certainly within two weeks of receiving the test result.

**Standard 5: Identifying psychological support following diagnosis**

**People living with HIV should have access to regular screening to identify if they have psychological support needs.**

If you require further information about this standard, please scroll to the bottom of the page for a summary.

**Do you think this standard is important?**

Yes	Maybe	No
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**How achievable do you think the standard is?**

Impossible to achieve	Unlikely to achieve	Unsure whether achievable	Likely to achieve	Easy to achieve
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**Obstacles to achieving the standard according to your organisation?**

**Please delete as necessary**

Funding	Y/N
Staffing	Y/N
Training	Y/N
Time	Y/N
Physical environment/space/accommodation	Y/N
Other obstacles	

**What do you think is not currently included in the standard and should be added?**

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**Have you used the auditable indicators to evaluate you service? yes/no/not applicable**

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Summary of recommendations

**5.1.1 Screening for the presence of psychological difficulties**

People living with HIV should have access to screening for the presence of symptoms of depression, anxiety, drug and alcohol misuse, acute stress disorder and risk of self-harm within the first three

months of receiving an HIV diagnosis. It is essential for pathways to be in place for further assessment following screening for those who need them.

#### **5.1.2 Screening for the presence of cognitive difficulties**

People living with HIV should have access to screening for cognitive difficulties within the first three months of receiving an HIV diagnosis.

#### **5.1.3 Repeat screening**

People living with HIV should have access to repeated screening following events which are known to trigger or exacerbate psychological distress or cognitive difficulties, and otherwise on an annual basis.

#### **5.1.4 Referral following screening**

People living with HIV whose screen suggests significant difficulties should be offered referral to a suitably competent practitioner for further assessment.

**Standard 6: Competence to provide psychological support**

**People Living with HIV should have their psychological support provided by competent practitioners.**

If you require further information about this standard, please scroll to the bottom of the page for a summary.

**Do you think this standard is important?**

Yes	Maybe	No
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**How achievable do you think the standard is?**

Impossible to achieve	Unlikely to achieve	Unsure whether achievable	Likely to achieve	Easy to achieve
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**Obstacles to achieving the standard according to your organisation?**

**Please delete as necessary**

Funding	Y/N
Staffing	Y/N
Training	Y/N
Time	Y/N
Physical environment/space/accommodation	Y/N
Other obstacles	

**What do you think is not currently included in the standard and should be added?**

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**Have you used the auditable indicators to evaluate you service? yes/no/not applicable**

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Summary of recommendations

**6.1.1 Competence to provide psychological support**

All individuals requiring psychological support should have this provided by skilled practitioners who have been appropriately trained and have demonstrated the necessary competencies.

### **6.1.2 Assessment of competence**

Required standards, roles and competencies should be defined for all practitioners providing assessments and interventions across the spectrum of psychological support for People living with HIV. Agreed mechanisms should be in place for the assessment of competence according to these benchmarks.

### **6.1.3 Maintaining competence**

Services providing psychological support for people living with HIV should ensure that their practitioners can demonstrate competence on an ongoing basis and should make provision to support the maintenance of competence through training, continuous professional development (CPD) and supervision.

Individual practitioners have a responsibility to ensure that they have received training and attained the required competencies before undertaking assessment or interventions to meet psychological support needs. They are also responsible for maintaining their competence on an ongoing basis but should be supported in this by their employing organisation.

### **6.1.4 Training**

Specialists providing level 3 and level 4 psychological support should normally provide training, supervision and CPD for practitioners operating at levels 1 and 2. Specialists should also receive training, supervision and CPD as appropriate to their role and profession in order to develop and maintain competencies at that level.

Accredited training courses in communication skills should be available for all practitioners who are working with people living with HIV. Advanced communication skills training should be undertaken by those who frequently have to break significant news including HIV test results, explain complex formulations or discuss distressing issues.

Training for the skills and competencies to deliver psychological support to PLWH should be provided to augment generic training for psychological screening, assessment and interventions.

### **6.1.5 Required competencies**

Competencies are required by practitioners providing psychological support at levels 1, 2, 3 and 4 in line with the stepped care model.

In addition to generic competencies required by practitioners for their particular role and professional qualification, all practitioners providing psychological support for people living with HIV should have a demonstrable minimum set of competencies consisting of awareness and understanding about HIV and its impact on those living with the disease, including the cultural dimensions.

## Standard 7: Coordination of psychological support

**People living with HIV should have access to appropriate support services that are coordinated within a managed framework.**

If you require further information about this standard, please scroll to the bottom of the page for a summary.

**Do you think this standard is important?**

Yes	Maybe	No
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**How achievable do you think the standard is?**

Impossible to achieve	Unlikely to achieve	Unsure whether achievable	Likely to achieve	Easy to achieve
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**Obstacles to achieving the standard according to your organisation?**

**Please delete as necessary**

Funding	Y/N
Staffing	Y/N
Training	Y/N
Time	Y/N
Physical environment/space/accommodation	Y/N
Other obstacles	

**What do you think is not currently included in the standard and should be added?**

**Have you used the auditable indicators to evaluate you service? yes/no/not applicable**

Summary of recommendations

### 7.1.1 Service design

Psychological support should be included in the design, development and provision of all HIV treatment and care services across a local area. A coordinated range of psychological support interventions should be offered across the spectrum of local providers.

### **7.1.2 Pathways of care**

Clear pathways should be developed between services providing HIV clinical treatment and care and those offering psychological support. Pathways should be explicit, agreed and adopted by all HIV clinical service providers.

Psychological support should be delivered through a network of providers with different levels and types of expertise in psychological issues for people living with HIV. Services should be planned to provide seamless integration across levels of psychological support and across providers, including transitions from services for families and young people to those for adults.

A pathway enabling people living with HIV to self-refer into psychological support services should be established.

Pathways should also be in place to ensure the availability of psychological support at all levels from practitioners with specialist expertise in HIV.

Service providers should establish pathways to ensure people living with HIV can access specialist level 3 and level 4 support as and when they need it. Emergency psychiatric services should be available when required for people living with HIV with severe mental health problems in and out of normal working hours.

### **7.1.3 Leadership and collaboration**

The provision of psychological support for people living with HIV should be strategically planned and coordinated across all relevant local providers. Such coordination requires collaboration across organisational and professional boundaries with clearly defined and accountable leadership and management arrangements. This may be achieved through HIV service networks or clinical networks where these are in place.

Clinical leadership of psychological support for people who use HIV treatment services should be provided by practitioners who have level 4 psychological support skills with particular expertise in HIV. Clinical leads should be part of the multidisciplinary clinical and management teams of services providing HIV care, collaborate with the professional leads of other local services providing psychological support for people living with HIV (eg social care and community support) and work closely with commissioners.

### **7.1.4 Service provision**

Commissioners, clinical leads and other relevant stakeholders should work together to ensure that high quality psychological support services based on the needs of local people living with HIV are available, are delivered and are effectively coordinated.



**Standard 8: Evidence based practice**

**All psychological assessment and interventions for people living with HIV should be based on the best available evidence.**

If you require further information about this standard, please scroll to the bottom of the page for a summary.

**Do you think this standard is important?**

Yes	Maybe	No
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**How achievable do you think the standard is?**

Impossible to achieve	Unlikely to achieve	Unsure whether achievable	Likely to achieve	Easy to achieve
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**Obstacles to achieving the standard according to your organisation?**

**Please delete as necessary**

Funding	Y/N
Staffing	Y/N
Training	Y/N
Time	Y/N
Physical environment/space/accommodation	Y/N
Other obstacles	

**What do you think is not currently included in the standard and should be added?**

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**Have you used the auditable indicators to evaluate you service? yes/no/not applicable**

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Summary of recommendations

**8.1.1 Evidence-based assessment and interventions**

All psychological assessment methods and psychological support interventions used across the four levels of stepped care should be selected and delivered according to the best available evidence of effectiveness.

### **8.1.2 HIV-appropriate assessment and intervention methods**

Methods used for psychological and cognitive assessment and psychological support interventions for people living with HIV should have been developed, standardised and evaluated for use with HIV and/or other life-threatening long-term medical conditions.

## THE STEPPED CARE MODEL



**Finally, we would like to gather your opinions about the stepped care model proposed in The Psychology Standards. Again, you can provide as much or as little information as you like.**

The stepped care model advocates that all psychological needs should be assessed and responded to by the HIV care team. Psychological need is understood in terms of 4 levels, where increasing complexity is met by increasingly specialist clinicians. Level 1 need can be responded to by all healthcare professionals and level 2 by those with enhanced training in providing psychological support (e.g. HIV Specialist Nurses, peer Support Workers). Level 3 needs should be addressed by mental health practitioners qualified in one therapeutic modality (e.g. counsellors, CBT therapists) and level 4 by highly specialist mental health practitioners (e.g. Clinical/Counselling Psychologists, Psychiatrists). Additionally, specialist mental health practitioners have a role to provide support (through supervision, consultation, training, reflective practice) to non-mental health clinicians to deliver psychologically informed care.

**How familiar are your group with the stepped care model?**

Not familiar at all	Slightly familiar	Moderately familiar	Very familiar	Extremely familiar
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**Do you think that the stepped care model is useful and appropriate for the provision of psychological support for people living with HIV?**

Yes	Maybe	No
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**If you are a clinician, do you utilise the stepped care model in your service?**

Yes	Sometimes	No
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**If not, why not?**

**Do you think there are any care advantages to the stepped care model?**

**As a person living with HIV, do you think the stepped care model covers your needs for psychological support services? If not, what would you change?**

**Is there anything that you would like to add that might help us in our review and update of The Psychology Standards?**