

Enhancing pathways, workforce and capacity for HIV-Associated Neurocognitive Disorders (HAND) assessment for people living with HIV (PLHIV) throughout Qld- (Australia) including regional settings: A pilot study

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Background:

Severe presentations of HIV-Associated Neurocognitive Disorder (HAND) have significantly reduced since antiretroviral therapy (ART). However, mild neurocognitive impairment due to chronic HIV or associated comorbidities persists in people living with HIV (PLHIV). For mild types of neurocognitive impairment, early detection and intervention is recommended to empower PLHIV in their own management and develop strategies that may alleviate functional impacts especially among ageing PLHIV (medication adherence, mental health, compensatory strategies, cognitive stimulation, exercise/dietary improvements, substance use). However, early detection/management need to be well resourced to be beneficial. In Australia our research shows limited resourcing and ongoing uncertainty regarding access to screening and diagnosis of HAND—with global relevance. The current project conducted a formative assessment and evaluation of enablers/barriers for HAND assessment.

Methods:

We conducted a mixed-methods study, which included detailed formative assessment and co-design with key stakeholders/community partners to develop, implement and evaluate a pilot within university psychology training clinic settings—during the COVID-19 pandemic. The case study intervention design involved university post-graduate psychology programs; including development of novel resources/training framework to be adapted for other health conditions/priority communities to enhance capacity of health professionals to deliver critically needed clinical services across geographic areas within resource constraints.

Results:

Evaluation included 'proof of concept', feasibility/acceptability, and barriers/recommendations, per case series design with eligible referrals, and a process evaluation. N=20 (6 clinicians, 3 referrers and 3 clients and the research team) participated in the pilot-with referrals from varied sources (e.g., private, government, NGO). Findings indicate the project was generally acceptable and feasible, with 'proof of concept' established despite limited uptake. Challenges/barriers were identified throughout the research process, including stigma, clinical accessibility and travel barriers, HAND literacy, and bureaucratic challenges.

Conclusion:

Despite strong investment from community/key stakeholders and established need, the model was deemed not viable at present largely due to bureaucratic factors within current academic/training climates—particularly during the COVID19-pandemic. Learnings can be applied to workforce development and highlight an overarching need to continue to address HIV-related stigma particularly associated with intersectionality (aging, cognitive concerns, sexual orientation, ethnicity) among PLHIV. The need for HAND literacy within the workforce/community were evident. Implications are discussed in relation to research, policy, practice, and training directions.

Disclosure of interest statement:

None

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