

MIND MATTERS



Addressing Mental Health Needs in People Living with HIV



Activity number: 483084



This activity has been approved by ASHM for 4 HIV CPD. A maximum of 4 HIV CPD per year for completing a Lateral Connections audit.

First Name:

Surname:

RACGP or ASHM number:

Email Address:

State:

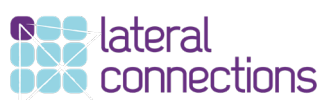
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This organisation is a CPD education provider under the RACGP CPD Program



This audit program was developed by Lateral Connections at the request of, and with funding from, ViiV Healthcare Australia.

Due to advances in ART, HIV is a manageable chronic illness. However, many people living with HIV continue to experience psychosocial challenges, which have been associated with poorer quality of life (QoL). Poorer mental health outcomes in people living with HIV have been linked to stigma, discrimination and the lack of an enabling environment.

It is therefore unsurprising that people living with HIV experience significantly higher rates of psychological difficulties than the general population. In addition to the impact on quality of life, poor mental health complicates clinical care, adversely affects physical health outcomes, and increases the risk of HIV transmission. Evidence shows that psychological care at various points of clinical intervention can improve mental health outcomes for people living with HIV.

BACKGROUND READING:

The intersection of mental health and HIV has been extensively studied. Despite the significant challenges that mental health presents to HIV prevention and treatment, there are many important and unmet opportunities to integrate mental healthcare with HIV care. An Australian study aimed to explore how psychosocial factors contributed to the QoL of people living with HIV in Australia; specifically, the relationship between HIV-related stigma, social connectedness, mental health and QoL.

Summarise the various points of potential primary care intervention as discussed in these papers:

- Mental health and HIV/AIDS: the need for an integrated response:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6635049/pdf/aids-33-1411.pdf>
- Quality of Life of People Living with HIV in Australia: The Role of Stigma, Social Disconnection and Mental Health:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9281266/pdf/10461_2022_Article_3790.pdf

1. What do you hope to achieve by completing this program?
2. Identify your individual learning goals in relation to addressing mental health needs in people living with HIV.
3. What areas of addressing mental health needs would you specifically like to focus on?
4. How do you currently assess and manage mental health conditions in people living with HIV?
5. What resources do you currently use to assist with screening and identifying mental health needs in people living with HIV?
6. What strategies do you employ to reduce the burden of HIV-related stigma and lack of social connectedness in people living with HIV?

LEARNING OUTCOMES

Evaluate the gaps between your practice and recommendations from recognised sources of guidance in the area of mental health screening, assessment and management.

Determine appropriate regular review strategies to provide ongoing mental health support in people living with HIV.

Determine appropriate referral strategies to provide optimisation of care for people living with HIV.

Identify suitable resources for people living with HIV to enhance their ability to self-manage and seek help/support when required.

Review changes that are required to improve the quality of care for people living with HIV in your practice.

CASE FINDING ACTIVITY

Identify five people living with HIV whose medical and/or psychosocial history demonstrate:

- History of mental health conditions such as self-harm, depression and anxiety and/or
- Potential social isolation based on living circumstances and relationships and/or
- Low resilience capacity in coping with adversity and stigmatisation and/or
- Presentations potentially symptomatic of mental health issues such as sleep and fatigue issues, drug and alcohol use, disordered eating

REVIEW CURRENT PATIENT RECORDS

Review the records of the five people living with HIV from the CASE FINDING ACTIVITY.

Provide summary notes from current records for each of these five people living with HIV (de-identified and unidentifiable).

PATIENT RECALL CONSULTATION NOTES

Contact the same five patients you identified earlier, asking them to visit the practice for re-assessment and mental health screening.

Following recall consultation with each of these five patients, record any changes made to their management based on your learning and improvement objectives.

Identify five people living with HIV whose medical and/or psychosocial history demonstrate:

- History of mental health conditions such as self-harm, depression and anxiety and/or
- Potential social isolation based on living circumstances and relationships and/or
- Low resilience capacity in coping with adversity and stigmatisation and/or
- Presentations potentially symptomatic of mental health issues such as sleep and fatigue issues, drug and alcohol use, disordered eating

PRACTICE SYSTEMS AND PROCESSES

Use your practice systems and processes (e.g. search tools and databases) to access patient data for these patients. Make notes on your ability to search and collate data on these patients. Are your search functions adequate or can they be improved? If so, how can they be improved?

Mental health disorders can present in a wide variety of ways, and most presentations – even with clear cut diagnoses – have a psychosocial or emotional component to consider.

Much of the care for patients with mental health conditions, especially for high prevalence disorders such as anxiety and depression, falls to general practice. GPs play a critical role in case finding, psychoeducation, prevention, early intervention, support and treatment, as well as the management of the associated physical and social issues that often accompany the mental health issues.

**Review the records of the five people living with HIV from the CASE FINDING ACTIVITY.
Provide summary notes from current records for each of these five people living with HIV
(de-identified and unidentifiable) below:**

PATIENT 1

Why was this patient identified as suitable for a mental health assessment? Tick all that apply:

- ☐ History of mental health conditions such as self-harm, depression and anxiety
- ☐ Potential social isolation based on living circumstances and relationships
- ☐ Low resilience capacity in coping with adversity and stigmatisation
- ☐ Presentations potentially symptomatic of mental health issues such as sleep and fatigue issues, drug and alcohol use, disordered eating
- ☐ Other

Have you ever used a mental health screening or assessment tool for this patient? If yes, please describe this screening/assessment tool.

What are the current signs and symptoms of psychological distress and risks?

What referral pathways have been used or are currently used to support this patient (examples: self-help resources peer support groups, social worker, psychologist, psychiatrist, etc)?

PATIENT 1 (CONTINUED)

What behavioural/psychological strategies and pharmacological therapies have been recommended for this patient?
How successful have these strategies/therapies been?

Describe the challenges you faced in managing this patient's mental health (examples: timely access to care, insufficient time during an appointment, communications with other providers in the referral pathways, etc).

People with mental illness are more likely to develop physical illness with higher rates of arthritis, asthma, chronic pain, cancer, chronic obstructive pulmonary disease, cardiovascular disease, kidney disease and osteoporosis. What are the physical illnesses that this patient has?

Describe the extent to which the patient was involved in shared decision-making. Were there health literacy/language/cultural barriers?

Describe the engagement and motivation level of the patient to access necessary supports and/or accept treatment(s).

Review the records of the five people living with HIV from the CASE FINDING ACTIVITY. Provide summary notes from current records for each of these five people living with HIV (de-identified and unidentifiable) below:

PATIENT 2

Why was this patient identified as suitable for a mental health assessment? Tick all that apply:

- ☐ History of mental health conditions such as self-harm, depression and anxiety
- ☐ Potential social isolation based on living circumstances and relationships
- ☐ Low resilience capacity in coping with adversity and stigmatisation
- ☐ Presentations potentially symptomatic of mental health issues such as sleep and fatigue issues, drug and alcohol use, disordered eating
- ☐ Other

Have you ever used a mental health screening or assessment tool for this patient? If yes, please describe this screening/assessment tool.

What are the current signs and symptoms of psychological distress and risks?

What referral pathways have been used or are currently used to support this patient (examples: self-help resources peer support groups, social worker, psychologist, psychiatrist, etc)?

PATIENT 2 (CONTINUED)

What behavioural/psychological strategies and pharmacological therapies have been recommended for this patient?
How successful have these strategies/therapies been?

Describe the challenges you faced in managing this patient's mental health (examples: timely access to care, insufficient time during an appointment, communications with other providers in the referral pathways, etc).

People with mental illness are more likely to develop physical illness with higher rates of arthritis, asthma, chronic pain, cancer, chronic obstructive pulmonary disease, cardiovascular disease, kidney disease and osteoporosis. What are the physical illnesses that this patient has?

Describe the extent to which the patient was involved in shared decision-making. Were there health literacy/language/cultural barriers?

Describe the engagement and motivation level of the patient to access necessary supports and/or accept treatment(s).

Review the records of the five people living with HIV from the CASE FINDING ACTIVITY. Provide summary notes from current records for each of these five people living with HIV (de-identified and unidentifiable) below:

PATIENT 3

Why was this patient identified as suitable for a mental health assessment? Tick all that apply:

- ☐ History of mental health conditions such as self-harm, depression and anxiety
- ☐ Potential social isolation based on living circumstances and relationships
- ☐ Low resilience capacity in coping with adversity and stigmatisation
- ☐ Presentations potentially symptomatic of mental health issues such as sleep and fatigue issues, drug and alcohol use, disordered eating
- ☐ Other

Have you ever used a mental health screening or assessment tool for this patient? If yes, please describe this screening/assessment tool.

What are the current signs and symptoms of psychological distress and risks?

What referral pathways have been used or are currently used to support this patient (examples: self-help resources peer support groups, social worker, psychologist, psychiatrist, etc)?

PATIENT 3 (CONTINUED)

What behavioural/psychological strategies and pharmacological therapies have been recommended for this patient?
How successful have these strategies/therapies been?

Describe the challenges you faced in managing this patient's mental health (examples: timely access to care, insufficient time during an appointment, communications with other providers in the referral pathways, etc).

People with mental illness are more likely to develop physical illness with higher rates of arthritis, asthma, chronic pain, cancer, chronic obstructive pulmonary disease, cardiovascular disease, kidney disease and osteoporosis. What are the physical illnesses that this patient has?

Describe the extent to which the patient was involved in shared decision-making. Were there health literacy/language/cultural barriers?

Describe the engagement and motivation level of the patient to access necessary supports and/or accept treatment(s).

Review the records of the five people living with HIV from the CASE FINDING ACTIVITY. Provide summary notes from current records for each of these five people living with HIV (de-identified and unidentifiable) below:

PATIENT 4

Why was this patient identified as suitable for a mental health assessment? Tick all that apply:

- ☐ History of mental health conditions such as self-harm, depression and anxiety
- ☐ Potential social isolation based on living circumstances and relationships
- ☐ Low resilience capacity in coping with adversity and stigmatisation
- ☐ Presentations potentially symptomatic of mental health issues such as sleep and fatigue issues, drug and alcohol use, disordered eating
- ☐ Other

Have you ever used a mental health screening or assessment tool for this patient? If yes, please describe this screening/assessment tool.

What are the current signs and symptoms of psychological distress and risks?

What referral pathways have been used or are currently used to support this patient (examples: self-help resources peer support groups, social worker, psychologist, psychiatrist, etc)?

PATIENT 4 (CONTINUED)

What behavioural/psychological strategies and pharmacological therapies have been recommended for this patient?
How successful have these strategies/therapies been?

Describe the challenges you faced in managing this patient's mental health (examples: timely access to care, insufficient time during an appointment, communications with other providers in the referral pathways, etc).

People with mental illness are more likely to develop physical illness with higher rates of arthritis, asthma, chronic pain, cancer, chronic obstructive pulmonary disease, cardiovascular disease, kidney disease and osteoporosis. What are the physical illnesses that this patient has?

Describe the extent to which the patient was involved in shared decision-making. Were there health literacy/language/cultural barriers?

Describe the engagement and motivation level of the patient to access necessary supports and/or accept treatment(s).

Review the records of the five people living with HIV from the CASE FINDING ACTIVITY. Provide summary notes from current records for each of these five people living with HIV (de-identified and unidentifiable) below:

PATIENT 5

Why was this patient identified as suitable for a mental health assessment? Tick all that apply:

- ☐ History of mental health conditions such as self-harm, depression and anxiety
- ☐ Potential social isolation based on living circumstances and relationships
- ☐ Low resilience capacity in coping with adversity and stigmatisation
- ☐ Presentations potentially symptomatic of mental health issues such as sleep and fatigue issues, drug and alcohol use, disordered eating
- ☐ Other

Have you ever used a mental health screening or assessment tool for this patient? If yes, please describe this screening/assessment tool.

What are the current signs and symptoms of psychological distress and risks?

What referral pathways have been used or are currently used to support this patient (examples: self-help resources peer support groups, social worker, psychologist, psychiatrist, etc)?

PATIENT 5 (CONTINUED)

What behavioural/psychological strategies and pharmacological therapies have been recommended for this patient?
How successful have these strategies/therapies been?

Describe the challenges you faced in managing this patient's mental health (examples: timely access to care, insufficient time during an appointment, communications with other providers in the referral pathways, etc).

People with mental illness are more likely to develop physical illness with higher rates of arthritis, asthma, chronic pain, cancer, chronic obstructive pulmonary disease, cardiovascular disease, kidney disease and osteoporosis. What are the physical illnesses that this patient has?

Describe the extent to which the patient was involved in shared decision-making. Were there health literacy/language/cultural barriers?

Describe the engagement and motivation level of the patient to access necessary supports and/or accept treatment(s).

Despite contemporary and effective biomedical management, the impact of psychosocial comorbidities can linger and detrimentally affect QoL. Therefore, optimal HIV-management should extend beyond virologic suppression and include multidisciplinary facets to holistically optimise QoL. This is important when considering the Australian Eighth National HIV Strategy, which includes a QoL target. It is also consistent with recent Australian Standards for Psychological Support for Adults with HIV.

Holistic interventions include targeting social connectedness. Research suggests that the type of social support (i.e. emotional) is more important than the source of support (e.g. friend versus clinician). Therefore, healthcare services could create avenues to promote connectedness at an individual level, such as optimising patient supports or encouraging participation in peer support programs, which can enhance the patient's capacity to engage in medical care.

Consider the following in your practice:



Undertake a risk assessment for patients presenting with mental health concerns that includes:

- risky behaviours (e.g. drug and alcohol use, dangerous driving)
- deliberate self-harm
- suicidality
- potential harm from others
- potential harm to others.



Take a thorough biopsychosocial history and where appropriate, use screening and assessment tools to identify mental health conditions. Work with patients and carers to develop a management plan that aligns with the patient's personal and cultural values, and that considers non-pharmacological and pharmacological strategies and referral to appropriate services and supports.

The following self-assessment is an opportunity to benchmark your own practice against some of the recommendations from the Australian Standards for Psychological Support for Adults with HIV.

Please rate the following statements (tick), taking into consideration your own practice systems and processes, and the patient cases that you have selected.

KEY: 1=Never; 2=Seldom; 3=About half the time; 4=Usually; 5=Always

Perform initial screening of the impact of HIV on living circumstances and relationships.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Provide patients with sufficient opportunity to discuss their psychological wellbeing.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Respond to cultural issues pertaining to HIV, health beliefs, sexuality and stigma.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Provide information in languages and formats that meet the patient's needs.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Utilise appropriate referral pathways to optimise holistic psychosocial care.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Assess the effectiveness of referrals provided.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Conduct screening for psychological and cognitive difficulties at least once a year.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

This section will assist you in the planning of mental health reviews for your patients.

Please review these HIV-specific resources:

Australian Standards for Psychological Support for Adults with HIV:

<https://ashm.org.au/wp-content/uploads/2022/04/Standards-for-Psychological-Support-for-Adults-with-HIV.pdf>

HIV Outcomes - Factsheets on the Health-Related Quality of Life of people living with HIV:

<https://hivoutcomes.eu/advocacy-toolbox/>

HIV Futures 10 – Quality of life among people living with HIV in Australia: <https://www.latrobe.edu.au/arcs/hs/work/hiv-futures-10>

PozQoL Digital Tool: <https://pozqol.viivhealthcare.com/>

Please review these general resources:

Black Dog Institute – Psychological toolkit:

<https://www.blackdoginstitute.org.au/education-services/health-professionals/psychological-toolkit/>

National PHN Guidance: <https://www.health.gov.au/sites/default/files/documents/2021/09/primary-health-networks-phn-mental-health-care-guidance-initial-assessment-and-referral-for-mental-health-care-national-phn-guidance-initial-assessment-and-referral-for-mental-health-care.pdf>

RACGP – Mental Health: <https://www.racgp.org.au/clinical-resources/clinical-guidelines/guidelines-by-topic/view-all-guidelines-by-topic/mental-health>

After reviewing these resources, identify three quality improvements which you will be able to implement with the five patients you identified earlier.

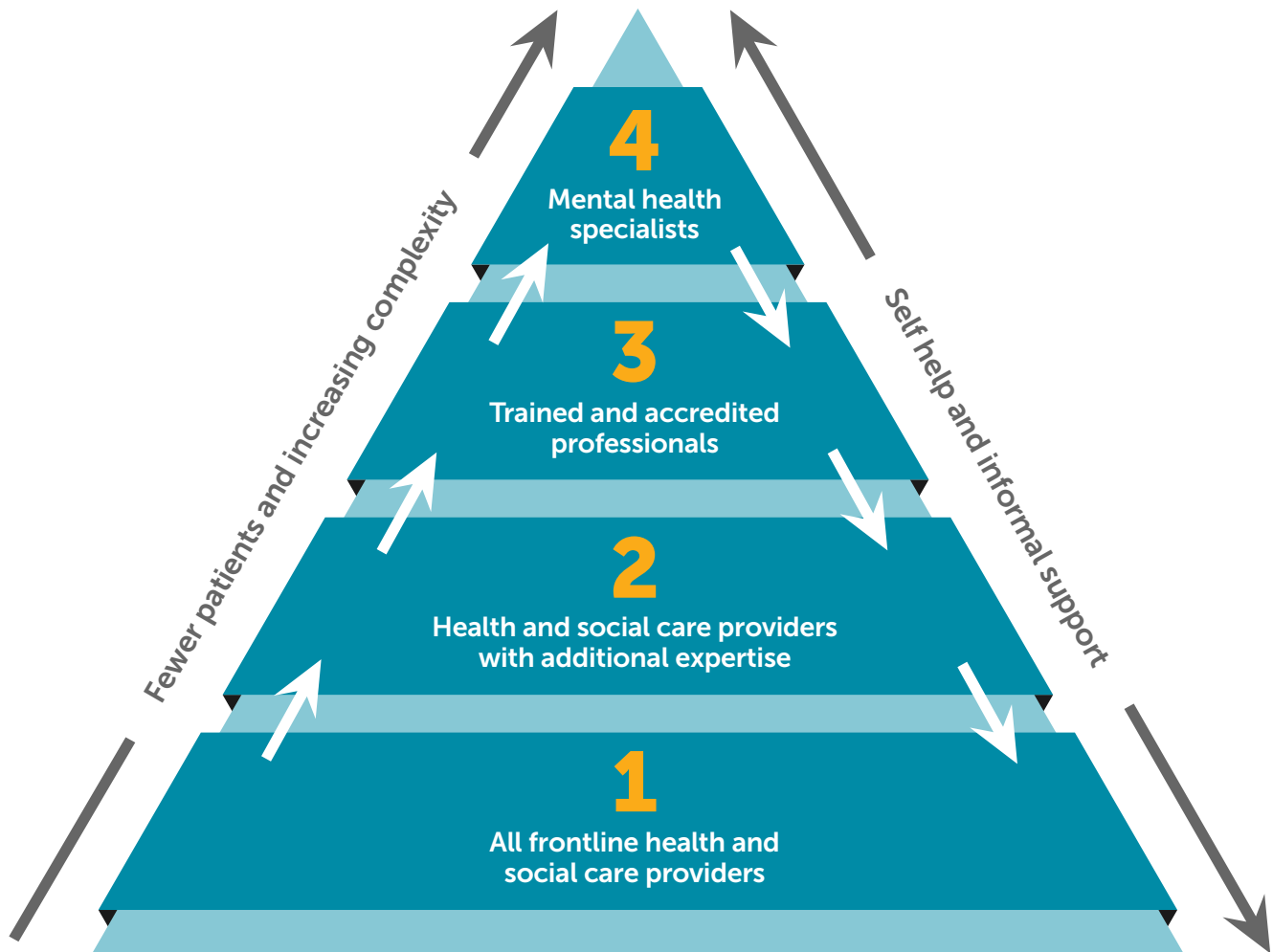
1.

2.

3.

Investigate into appropriate patient self-help websites and online tools that you might recommend. Name the ones that resonate with you and your cohort of patients.

ASHM: FILTER MODEL OF PROVISION OF PSYCHOLOGICAL SUPPORT FOR PEOPLE LIVING WITH HIV



People with HIV can often assess their own emotional support needs and meet those needs by themselves; for example, by choosing support from family, friends, peer networks or support groups. They may also develop personal self-management strategies on their own and self-refer to services they know how to access.

Level 1 indicates that all frontline care providers for people living with HIV provide for low-level psychological needs. As the degree or complexity of need increases, psychological support is provided by practitioners of increasing expertise and specialisation. The highest level of psychological support, level 4, is provided by practitioners with specialist psychological or psychiatric expertise. Supported self-help and informal support is encouraged at all levels of psychological support.

Reference:

<https://ashm.org.au/wp-content/uploads/2022/04/Standards-for-Psychological-Support-for-Adults-with-HIV.pdf>

Recommended model of stepped care provision of psychological support

Level	Assessment	Interventions
1 Information and support	<p>Recognising the psychological needs of people with HIV</p> <p>Initial screening of risk of harm to self and others</p> <p>Recognising and responding to overt psychological distress</p>	<p>Effective provision of relevant information in accessible formats</p> <p>Supported self-help</p> <p>Referral to appropriate providers</p> <p>Response to overt distress</p> <p>Supportive communication and general psychological support</p> <p>Referral to self-management strategies (e.g. books and computerised resources, and courses for the newly diagnosed)</p> <p>Referral to peer support and peer support organisations</p>
2 Enhanced support	<p>Screening for psychological distress</p> <p>Screening for cognitive difficulties</p> <p>Assessment of risk of harm to self and others</p>	<p>Discussions aimed at acceptance and adaptation to living with HIV</p> <p>Referral to more appropriate services and peer support</p> <p>Education around the nature of psychological and psychiatric problems and how to cope with them</p> <p>Brief interventions aimed at behavioural change (e.g. sexual risk behaviour and substance use concerns)</p>
3 Counselling and psychological therapies (including HIV-specialist services)	<p>Assessment and formulation of psychological problems</p> <p>Identification of psychiatric problems</p> <p>Screening for cognitive impairment</p> <p>Assessment of risk of harm to self and others</p>	<p>Counselling and psychological interventions based on explicit theoretical frameworks for specific psychological difficulties such as:</p> <ul style="list-style-type: none"> • adjustment issues • moderate or severe anxiety • substance use concerns • moderate or severe depression • psychosexual or relationship problems • trauma <p>Interventions for cognitive impairment</p> <p>Psychological interventions based on explicit theoretical frameworks to develop and enhance positive psychological processes such as adaptive coping strategies that increase resilience</p>
4 Specialist psychological and mental health intervention (HIV or other specialist)	<p>Psychiatric diagnosis</p> <p>Assessment and formulation of complex psychological problems</p> <p>Assessment for cognitive impairment</p> <p>Assessment of risk of harm to self and others</p> <p>Neuropsychological assessment</p>	<p>Specialist psychological and psychiatric interventions for severe and complex psychological problems, and comorbidities such as:</p> <ul style="list-style-type: none"> • trauma • psychosis • severe anxiety and depression • mania • personality disorder • cognitive impairment • complex childhood and family issues <p>Cognitive supports and interventions</p>

Reference:

<https://ashm.org.au/wp-content/uploads/2022/04/Standards-for-Psychological-Support-for-Adults-with-HIV.pdf>

Contact the same five patients you identified earlier, asking them to visit the practice for re-assessment and mental health screening.

Following recall consultation with each of these five patients, record any changes made to their management based on your learning and improvement objectives.

PATIENT 1

How did you conduct a re-assessment of mental health status? Did you use any screening tools and what were they?

How did you allocate sufficient time to conduct the re-assessment?

Was referral required? If so, what was the referral criteria and what service was warranted?

What counselling/advice did you provide during the appointment? Did you recommend any self-help tools?
If yes, what were they?

PATIENT 1 (CONTINUED)

How has age, cultural and social background influenced the way you counsel and manage this patient?

To what degree has the mental health condition affected ART adherence?

What were the significant other comorbidities requiring concomitant management?

How do you plan to measure the success of your mental health assessment and management strategies?

Contact the same five patients you identified earlier, asking them to visit the practice for re-assessment and mental health screening.

Following recall consultation with each of these five patients, record any changes made to their management based on your learning and improvement objectives.

PATIENT 2

How did you conduct a re-assessment of mental health status? Did you use any screening tools and what were they?

How did you allocate sufficient time to conduct the re-assessment?

Was referral required? If so, what was the referral criteria and what service was warranted?

What counselling/advice did you provide during the appointment? Did you recommend any self-help tools?
If yes, what were they?

PATIENT 2 (CONTINUED)

How has age, cultural and social background influenced the way you counsel and manage this patient?

To what degree has the mental health condition affected ART adherence?

What were the significant other comorbidities requiring concomitant management?

How do you plan to measure the success of your mental health assessment and management strategies?

Contact the same five patients you identified earlier, asking them to visit the practice for re-assessment and mental health screening.

Following recall consultation with each of these five patients, record any changes made to their management based on your learning and improvement objectives.

PATIENT 3

How did you conduct a re-assessment of mental health status? Did you use any screening tools and what were they?

How did you allocate sufficient time to conduct the re-assessment?

Was referral required? If so, what was the referral criteria and what service was warranted?

What counselling/advice did you provide during the appointment? Did you recommend any self-help tools?
If yes, what were they?

PATIENT 3 (CONTINUED)

How has age, cultural and social background influenced the way you counsel and manage this patient?

To what degree has the mental health condition affected ART adherence?

What were the significant other comorbidities requiring concomitant management?

How do you plan to measure the success of your mental health assessment and management strategies?

Contact the same five patients you identified earlier, asking them to visit the practice for re-assessment and mental health screening.

Following recall consultation with each of these five patients, record any changes made to their management based on your learning and improvement objectives.

PATIENT 4

How did you conduct a re-assessment of mental health status? Did you use any screening tools and what were they?

How did you allocate sufficient time to conduct the re-assessment?

Was referral required? If so, what was the referral criteria and what service was warranted?

What counselling/advice did you provide during the appointment? Did you recommend any self-help tools?
If yes, what were they?

PATIENT 4 (CONTINUED)

How has age, cultural and social background influenced the way you counsel and manage this patient?

To what degree has the mental health condition affected ART adherence?

What were the significant other comorbidities requiring concomitant management?

How do you plan to measure the success of your mental health assessment and management strategies?

Contact the same five patients you identified earlier, asking them to visit the practice for re-assessment and mental health screening.

Following recall consultation with each of these five patients, record any changes made to their management based on your learning and improvement objectives.

PATIENT 5

How did you conduct a re-assessment of mental health status? Did you use any screening tools and what were they?

How did you allocate sufficient time to conduct the re-assessment?

Was referral required? If so, what was the referral criteria and what service was warranted?

What counselling/advice did you provide during the appointment? Did you recommend any self-help tools?
If yes, what were they?

PATIENT 5 (CONTINUED)

How has age, cultural and social background influenced the way you counsel and manage this patient?

To what degree has the mental health condition affected ART adherence?

What were the significant other comorbidities requiring concomitant management?

How do you plan to measure the success of your mental health assessment and management strategies?

DEVELOPING A SYSTEMS-BASED APPROACH TO PATIENT SAFETY

Now that you have completed the program, what approach to patient safety will you implement to improve the quality of patient care in your practice in future (e.g. checklists, timeframes for recall and ongoing patient review)?

Identify three areas of improvement which are most important for your practice to address in regards to care of people living with HIV, and include the following actions:

Three areas of improvement which are most important for your practice to address:

How will these occur?

Who is responsible?

How will these be reviewed?

How will success be measured?

Please rate to what degree the learning outcomes of the program were met:

Evaluate the gaps between your practice and recommendations from recognised sources of guidance in the area of mental health screening, assessment and management.	Not met <input type="checkbox"/>	Partially met <input type="checkbox"/>	Entirely met <input type="checkbox"/>
Determine appropriate regular review strategies to provide ongoing mental health support in people living with HIV.	Not met <input type="checkbox"/>	Partially met <input type="checkbox"/>	Entirely met <input type="checkbox"/>
Determine appropriate referral strategies to provide optimisation of care for people living with HIV.	Not met <input type="checkbox"/>	Partially met <input type="checkbox"/>	Entirely met <input type="checkbox"/>
Identify suitable resources for people living with HIV to enhance their ability to self-manage and seek help/support when required.	Not met <input type="checkbox"/>	Partially met <input type="checkbox"/>	Entirely met <input type="checkbox"/>
Review changes that are required to improve the quality of care for people living with HIV in your practice.	Not met <input type="checkbox"/>	Partially met <input type="checkbox"/>	Entirely met <input type="checkbox"/>

Please rate to what degree this CPD activity met your expectation about:

Content: Current, contemporary, evidence-based, and relevant to general practice	Not met <input type="checkbox"/>	Partially met <input type="checkbox"/>	Entirely met <input type="checkbox"/>
Delivery: Engaging/interactive, e.g., with opportunity for questions and feedback.	Not met <input type="checkbox"/>	Partially met <input type="checkbox"/>	Entirely met <input type="checkbox"/>

Comments:

Would you likely recommend this CPD activity to a colleague?

☐ Yes ☐ No Why?

Would you likely change anything in your practice as a result of this CPD activity?

☐ Yes ☐ No Why?

General comments and feedback:

Quality improvement is an integral component of the RACGP CPD Program. If you have a concern about the quality of this activity, please submit your feedback online to your local RACGP office.

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