Acceptability and necessity of HIV and other blood-borne virus testing in a psychiatric setting

Camilla Sanger, Janine Hayward, Gira Patel, Karen Phekoo, Alan J. Poots, Cathy Howe, Owen Bowden-Jones and John Green

Summary
Studies in North America and Europe indicate that the prevalence of blood-borne viruses (BBVs) is elevated in individuals with severe mental illness; there are no comparable data for the UK. We offered routine testing for HIV, and hepatitis B and C in an inner-London in-patient psychiatric unit as a service improvement. Of the patients approached 83% had mental capacity to provide informed consent for testing and 66% of patients offered testing accepted. Although it was not our objective to establish the prevalence of BBVs, 18% of patients had serological evidence of a current or previous BBV infection. We found that offering routine testing in an in-patient psychiatric setting is both practical and acceptable to patients.

Declaration of interest
None.

Method
A total of 105 patients of whom 64% were male aged between 21 and 71 years old from a central London psychiatric hospital (three open admission wards and one intensive care unit) were approached (up to a maximum of three times) and offered BBV tests over a 12-month period. Where patients were identified by staff as very disturbed on a particular day, the offer of a test was delayed and the patient approached later. All participants were provided with an information leaflet and a written account of BBV testing; interpreters were utilised for non-English speakers. Testing was offered by a trained clinical member of the service improvement team who also notified the patient of their results and arranged specialist support for any patient with a positive result. Where possible, tests were undertaken on blood already collected for other tests. Demographic data, psychiatric diagnosis, mental capacity to test, test uptake, test result and transfer to care were collected.

Results
Table 1 shows that 83% (87/105) of the participants had mental capacity to make an informed decision regarding testing. Of those with mental capacity 66% (57/87) gave informed consent. During result notification and follow-up there were no reports by patients or staff of patients being distressed by the offer of a test.

Discussion
Testing for BBVs in a psychiatric setting was acceptable to the majority of patients with severe and enduring mental illness and feasible to deliver. The strategy was successful in identifying and engaging in appropriate care for previously undiagnosed BBV-infected individuals. However, testing was delivered by staff within the service improvement team and further work needs to be conducted to find ways to integrate BBV testing sustainably into standard clinical procedures.

In conclusion, the routine offering of BBV testing was both acceptable to patients and feasible in this in-patient mental health setting. The project was small and not intended to establish the epidemiology of BBVs among our in-patients and it was carried out in an area where the background population rate of BBVs is high. However, the prevalence in our cohort was strikingly high,
results which are consistent with studies elsewhere suggesting that people with severe mental illness are at increased risk of BBVs. Hepatitis B and C and HIV are treatable conditions; but it is vitally important to diagnose them early. For instance most deaths from HIV occur in those who are detected late, whereas treatment markedly reduces infectiousness and hence, potentially, population spread. There is a strong case for a study to establish the prevalence of BBVs in patients with severe mental illness nationally and for the routine offer of testing to this group nationally, particularly in areas of high-population prevalence. If BBV interventions are to be included as a routine part of patients’ care, additional resources and staff training will be required.

Camilla Sanger, BSc Hons, Janine Hayward, MPhil (Cantab), Department of Clinical Health Psychology, Central and North West London NHS Foundation Trust, London; Gira Patel, MBChB, MRCPsych, Department of General Adult Psychiatry, Central and North West London NHS Foundation Trust, London; Karen Phekoo, MA(Oxon) MSc, PhD, FLS, Cathy Howe, BSc, DipPsych, MSc, PGC, NIHR Collaboration for Leadership in Applied Health Research and Care for Northwest London, Imperial College London, Chelsea & Westminster Hospital NHS Foundation Trust, London; John Green, PhD, Department of Clinical Health Psychology, Central and North West London NHS Foundation Trust, London, UK

Correspondence: John Green, Department of Clinical Health Psychology, Central and North West London NHS Foundation Trust, 20 Eastbourne Terrace, London W2 4LE, UK. Email: john.green@nhs.net

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Table 1 Acceptability of testing for blood-borne viruses (BBVs; HIV, hepatitis B and hepatitis C) in psychiatric in-patients

<table>
<thead>
<tr>
<th>Approach (n = 105)</th>
<th>Capacity (n = 87)</th>
<th>Consent gained (n = 57)</th>
<th>Consenting individuals with newly identified BBV</th>
<th>Consenting individuals with known BBV</th>
<th>Non-consenting individuals with known BBV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>67 (64)</td>
<td>56 (64)</td>
<td>41 (72)</td>
<td>1†</td>
<td>3‡</td>
</tr>
<tr>
<td>Female</td>
<td>38 (36)</td>
<td>31 (36)</td>
<td>16 (28)</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

a. One person with dual (HIV-hepatitis B) diagnosis.

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References

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