

HIV and Hepatitis C Screening in Specialty Mental Health Clinics: Barriers and Facilitators

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Background:

- HIV and hepatitis C (HCV) occur at higher rates in the serious mental illness (SMI) population and guidelines recommend universal screening.
- Specialty mental health clinics may be one of few trusted access points to healthcare screening for this population. HIV and HCV screening could improve outcomes.
- The barriers and facilitators to universal screening in these settings are unclear.

Setting:

San Mateo County Behavioral Health and Recovery Services (BHRS) provides specialty mental health services at five regional clinic sites. There are no guidelines for HIV and HCV screening in BHRS.

Objectives:

- Evaluate provider-identified *institutional*, *interpersonal*, and *intrapersonal* barriers and facilitators to universal HIV and HCV screening.

Quantitative Results:

Response rate:

- Attendings: 25/37 (67.6%)
- Residents: 10/11 (91%)

Knowledge and screening practices:

- Currently screening: 11% HIV, 6% HCV
- Knowledge of guidelines: 23% HIV, 14% HCV

Barriers:

1. Access to primary care
HIV (74%) HCV (80%)
2. Locating orders in EMR
HIV (60%) HCV (74%)
3. Perceived as PCP responsibility
HIV (63%) HCV (57%)
4. Reporting positive results
HIV (54%) HCV (57%)

Facilitators:

1. HIV and HCV added to lab panel (85.7%)
2. Onsite primary care (77.1%)
3. More patient education (62.9%)
4. More info from public health (57.1%)

Methods:

Mixed quant. and qual. analysis of survey data:

- Demographics, expertise, and screening
- Likert scale and binary response selection
- Analysis of themes in free response question

Qualitative Results:

- **Guidelines and Education (37%):** “more educational material to learn how to order them and what to do with the results.”
- **Primary care integration (37%):** “too many barriers to PCP is the issue.”
- **Additional support (20%):** “Already feel like I'm drowning with paperwork”
- **Updating lab panel (17.1%):** “Having HIV/HCV [...] in the basic lab panel would make it easier to order.”
- **Outside scope (11.4%):** “‘outside the scope’ for psychiatrists...”

➤ Key Findings:

- Few providers report screening or being familiar with screening guidelines
- Barriers are primarily *institutional* (access to information and primary care)
- Facilitators include adding orders to lab panel, better primary care integration, and more guidelines and education.

Next Steps:

Educate providers

- Create HIV/HCV screening guide

Change processes

- Update BHRS lab panel

Advocate

- Primary care integration

Improve quality

- Study impact of interventions



Link to view HIV/HCV Screening guide