Psychosocial Perspectives of HIV/AIDS

Emerging Themes

Monday 14\textsuperscript{th} and Tuesday 15\textsuperscript{th} May 2007

Jasper Hotel, Melbourne

WORKSHOP HANDBOOK
The Alfred
Fairfield House
Moubray Street
Prahran 3181

Phone: 9076 6993
Email: erc@alfred.org.au

Fairfield House
Fax: 9533 6324

Moubray Street

Education & Training Program  June – December 2007

Education & Training Program  June – December 2007

Bookings essential:
erced@alfred.org.au
Ph: 9076 2637
Ph: 9076 6993

Participant’s feedback:
“Informative and very interactive”
“Stimulating and thought provoking”

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Welcome

The Education + Resource Centre (ERC) welcomes you to the two day workshop on Psychosocial Perspectives of HIV/AIDS – Emerging Themes. With changes in HIV care we identified a learning opportunity for community based workers to come together and share information about new and complex challenges in the psychosocial domain. We wanted the program to be accessible and of minimal cost as many community based agencies report difficulties funding professional development.

We have organised a comprehensive program in a relatively short time frame. Consultations with HIV services provided vital information about current learning needs. Sponsorship by The Department of Human Services has ensured that more than 120 registrations have been provided free of charge.

Steering Group
A steering group was established to assist in the organisation of the workshop and to provide expert advice. The group consisted of:

David Menadue  People Living with HIV/AIDS Vic
Gary Ferguson  Education + Resource Centre, The Alfred
Gabrielle Bennett  Education + Resource Centre, The Alfred
Brian Price  Infectious Diseases Unit, The Alfred
Ruth Hennessey  Albion Street Centre
Jennifer Thompson  ADAPHT
Sharon Danilovic  Social Work Department, The Alfred
Olga Vujovic  Infectious Diseases Unit, The Alfred
John Hall  Victorian AIDS Council/Gay Men’s Health Centre
Naomi Ngo  Multicultural Health and Support Service, North Richmond Community Health Centre
Patrick Rawsthorne  National Centre in HIV Social Research
Jeffery Grierson  Australian Research Centre of HIV Social Research
Sue White  Access Health, Salvation Army
Nicci Rossell  Victorian AIDS Council/Gay Men’s Health Centre

We thank the steering group for their significant contribution and support in the development of the workshop.

We acknowledge the traditional owners of the land on which we stand and pay our respects to their Elders and to the Elders of other Victorian Aboriginal communities.

Enjoy the workshop and please complete the evaluation so we can continue to improve the education sessions we provide.
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<td>T Wojcicki: Overview of Personality Disorder</td>
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<td>K Blyth: A tree change with a difference: Rural and regional issues</td>
<td>P O'Connor: Facing up to stigma and discrimination - India</td>
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### Lunch Break

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<td>1:30 - 1:50</td>
<td>N Highet: Depression and Beyond Blue's role, Services, Projects, Research and Directions</td>
<td>Heather Morgan &amp; Melinda Eason: Workshop focused on disclosure, stigma and discrimination for women living with HIV/AIDS</td>
<td>F Smith: Overview of Case Management</td>
<td>M Stoove: Patterns of drug use in Melbourne: Changes over time and drug related harms</td>
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<td>2:10 - 2:30</td>
<td>T Wojcicki: Adjustment disorders and HIV</td>
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<td>2:30 - 3:00</td>
<td>Discussion</td>
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<td>O Hay: In Home Support Model of Case Work</td>
<td>R Katiforis, K Morgan: Psychosocial health amongst IDU and practice measures to address complex health and psychosocial needs</td>
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### Afternoon Tea

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<tr>
<td>3:20 pm</td>
<td>Discussion of risk taking behaviours generally, sexual risks, behavioural interventions and complexity of HIV transmission for PLWHA. Speaker: Ruth Hennessy, Psychology Unit Manager, Albion Street Centre, NSW</td>
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<td>3:50 - 4:10</td>
<td>PLWHA View of transmission and UAI: David Menadue, PLWHA Victoria</td>
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<td>4:10 - 4:45</td>
<td>Panel discussion on HIV transmission and risk with a focus on PLWHA</td>
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Psycho-social Perspectives of HIV/AIDS
Workshop Program and Speakers

Opening plenary session

Monday 14th May
Time: 9am – 10:30am

Speakers:

Dr Helen Keleher
Dr Helen Keleher is Professor and Head, Department of Health Science at Monash University’s Peninsula campus. Her expertise is in health promotion, public health policy and the determinants of health including mental health and wellbeing, and inequity.

Helen is co-convenor of the Victorian Health Inequalities Network and holds an appointment to the Women and Gender Equity Knowledge Network of the World Health Organisation’s Commission on the Social Determinants of Health. She is past convener of the Australian Women’s Health Network. Helen is co-editor of a recently published book: “Understanding Health Promotion”. Helen will speak on the social determinants of health.

David Menadue
David Menadue is the associate editor of Positive Living, and a regular contributor writing about positive life. David is current Secretary of PLWHA Vic and past President. David has been a Board member of Victorian AIDS Council/Gay Men’s Health Centre and was involved in the establishment of the Positive Living Centre.

Since the arrival of anti-retroviral treatments in the mid-nineties, people living with HIV/AIDS (PLWHA) have been given hope and, in most instances, freed from what was previously a death sentence. But the hope comes at a price and is not without its own difficulties.

David Menadue has been actively advocating for PLWHAs for over 20 years; he is a long-time survivor of HIV/AIDS. In his opening address David will look at some of the issues that pose difficulties for people living with HIV/AIDS: depression, mood changes, sex, relationships, dealing with community attitudes, isolation, housing and financial limitations. He will also discuss the psychosocial impacts of the side-effects of treatments which, in some cases, result in noticeable physical changes. The media attention given to the increases in newly diagnosed HIV cases, the continuing potential involvement of police in identifying those PLWHA who allegedly put others at risk and recent court cases have raised doubts for PLWHA in disclosing to others. David will suggest that service providers, educators, clinicians, counsellors and others have a valuable role to play in working with PLWHA to address some of these issues.

Dr Jeffrey Grierson
Jeffrey is a senior research fellow at the Australian Research Centre in Sex Health and Society. His research foci include; sexuality, HIV/AIDS, PLWHA, community organisations, social networks and social influence. Jeffrey is well published in the field of HIV and has been involved in the Futures research since its inception which looks at the lives of PLWHA. Future’s 5 is one of the key research elements which allow us to see the impact HIV has on peoples psychosocial health. Jeffrey will speak on Future’s 5 and what this tells us about psychosocial health for people living with HIV/AIDS in the Australian context.
Concurrent Session 1 Stream A:
Mental Health: Personality Disorder

Monday 14th May
Time: 11am – 12:30pm

Overview of personality disorder
T Wojcicki, Victorian HIV Mental Health Service, The Alfred

Tom is a clinical psychologist who undertook his training in Western Australia. He is a member of the Australian Psychological Society and of the College of Clinical Psychologists. Since his arrival in Victoria he has worked in a variety of Adult Mental Health Services and before that he spent several years working with adults with Autism Spectrum disorders in Perth (WA).

Tom now works within the Victorian HIV Mental Health Service which is a relatively new service within the Victorian HIV/AIDS Service at The Alfred. Clinically Tom works predominantly within a cognitive behavioral model and is particularly interested in the “third wave” of cognitive and behavioural therapies. Tom will provide an overview of personality disorder.

Challenges and barriers for services relating to working with people with personality disorder and HIV
B Price, Victorian HIV Service, The Alfred

The session will be a panel discussion and allows for audience discussion and questions. Brian Price will facilitate a discussion of the challenges and barriers for services working with people with personality disorder and HIV. Audience members will be encouraged to comment on this topic.

Case Discussion: A personal living with HIV and a personality disorder.
C Hill, Victorian HIV Mental Health Service, The Alfred

Cath Hill has extensive experience as a Psychiatric Nurse. In the last 5 years Cath has focused on HIV. She has worked within the Inpatient setting of Fairfield House and more recently joined the Victorian HIV Mental Health Service. Cath will lead a case discussion of someone who is living with HIV and has a personality disorder. The panel will discuss the case from a range of different contexts. The audience will be encouraged to ask questions and contribute to discussion.

Panel Members: To Be Announced.
Concurrent Session 1 Stream B: 
**Women and HIV**

**Monday 14th May**
**Time: 11am – 12:30pm**

This session has been organised in partnership with Positive Women. We thank them for their work in coordinating a large part of the two sessions on Women and HIV.

**Epidemiology: Overview of women with HIV**

R Guy
Burnet Institute

Rebecca completed a Masters of Applied Epidemiology through the Australian National University in 2002 and began working as an epidemiologist at the Burnet Institute in February 2003. Rebecca's primary responsibility is management of surveillance activities at Burnet, including HIV/AIDS passive surveillance, hepatitis C enhanced surveillance, HIV/STI/hepatitis C sentinel surveillance and surveillance projects in the Asian Pacific Region. Rebecca is also involved in epidemiological research and evaluations related to HIV/AIDS, STIs and hepatitis C. She will provide an overview of the epidemiology as it relates to women becoming infected with and living with HIV.

**Social context of HIV positive women in Victoria**

D Wilcock
Positive Women

Dawn has been managing not for profits organisations for the past 10 years. While most of these years have been as the CEO of Womensport and Recreation Victoria, Dawn understands the need for issues affecting women to be communicated to a larger community audience. Dawn was awarded the Victorian Sports Manager of the year in 2005 and sits on a number of community committees and boards. She was of the first women to sit on the Football Victoria Development Advisory Board. Dawn is the Director of Positive Women.

Traditionally HIV/AIDS social research has focused on homosexual men or men who have sex with men. There is a body of research that is beginning to grow that is showing increased infection rates among Victorian and Australian women. This research is highlighting that for the first time there are small trends appearing that will allow strategies to be put in place to target specific population groups.

Female infection rates in other Western countries such as the United States and United Kingdom are increasing at a greater rate than the increase in HIV infections rates amongst Australian women. However, the strategies put in place in Australia must take into consideration how women are being infected in these countries as these trends will have a future effect on Australian women.

**The Lived Experience of HIV**

K Allen

Karen will share her personal story as a woman living with HIV/AIDS. The audience will be encouraged to ask questions about the impact of HIV on her life.

**Joy’s Story – Monologue**

G Scott

Glenda Scott will present *Joy’s Story*. This is the story of a positive woman. The story is told through a monologue format. This monologue is one of a series of monologues Positive Women have produced supported by the Ian Potter Foundation. They discuss each character’s response to ‘being positive’, their feelings about being positive and their relationships with their families.
Concurrent Session 1 Stream C:  
Nursing and allied health approaches

Monday 14th May  
Time: 11am – 12:30pm

Abstract Title: A tree change with a difference  
Authors: Vujovic O, O’Keeffe F, Blyth K  
The Alfred

Rural PLWHA face unique challenges in their health management both in terms of access to health care and access to community agencies and support. In some instances the challenges are seen as insurmountable, resulting in PLWHA withdrawing from the health care system.

The Victorian HIV Consultancy (VHIVC) is a small service with a statewide role in Victoria. The team has developed a multidisciplinary model of care which focuses on consultation, referrals / linkages and health care worker education and clinical support. A significant part of the work of the VHIVC involves engagement with PLWHA and their health care workers outside of metropolitan Melbourne.

Two case studies illustrative of a number of issues relevant to PLWHA will be presented.

Abstract Title: Ambulatory care and complex care approaches  
Authors: Howard J, Blyth K  
The Alfred

With the introduction of Highly Active Anti retroviral therapy (HAART) over a decade ago, the number of people living with HIV / AIDS (PLWHA) has increased. Acute HIV related admissions have declined sharply and the vast majority of these individuals now expect to live as close as possible to a normal life whilst receiving the majority of their care in ambulatory settings e.g. outpatient clinics, day treatment areas and GP practices. However, these individuals can often be complex due to evolving healthcare needs or because of their culturally and linguistically diverse (CALD) background.

The presentation will look at the role of the Ambulatory Outreach Nurse at a major tertiary centre and their work with high case load S100 GPs and other metropolitan hospitals. The presentation will demonstrate, through illustration with case studies, the pivotal role these nurses play in current models of ambulatory care and provide the vital link between outpatient and in-patient care, particularly in the case of individuals with complex care needs or those from CALD backgrounds.

The first case will look at a complex PLWHA with multiple health care needs who requires a high degree of co-ordination to optimise their health care, whilst the second case will demonstrate how caring for people from CALD backgrounds can be facilitated to improve outcomes.

Finally the presentation will look at the future of ambulatory outreach services with particular emphasis on those with complex needs or those from CALD backgrounds.
Concurrent Session 1C cont:

**Abstract Title:** HAART Support and Education Program  
**Authors:** Flack J, Mackie K*, Duncan A, Mijch  
The Alfred

The HAART Support and Education Program is a service offered by the Infectious Diseases Unit in collaboration with the Pharmacy Department, at the Alfred Hospital. It involves a 1:1 focused session with the HIV ambulatory care nurse, followed by the Infectious Diseases Pharmacist.

The objectives of the program are:  
To improve the clinical outcome for patients by enhancing adherence to antiretroviral therapy:  
- Assessing current barriers to adherence  
- Providing comprehensive analysis of patients drug regimen and day-to-day lifestyle  
- Providing adherence tools to patients and education in their use.

Patient education  
- To counsel patients about HIV, modes of transmission and virus lifecycle  
- To educate patients about antiretroviral therapies and how adherence impacts on their effectiveness

Continuing care  
- Making referrals to psychology, social work and other allied health services as necessary  
- Providing point of contact for patients and follow-up of care  
- Providing feedback to primary physicians regarding adherence interventions

Research  
- To maintain and develop the HIV data base with information related to patient adherence  
- To utilise the data base for research purposes

**Patient referrals to attend The HAART Support and Education Program can be made by the patients primary physician, pharmacists, HIV ambulatory care nurses, or other allied health team members whenever less than 95% adherence to antiretroviral therapy is known or suspected. Other patients who might be referred to the program include ARV naive and those changing regimens.**

This presentation will identify the key challenges of adherence to ARVs and will further outline the specific roles of the nurses and pharmacists involved within the program.

**Abstract Title:** Nutrition Interventions at a residential facility for PLWHA  
**Authors:** Gayford M, Houtzager L, Sadler S, Purnomo L  
Albion Street Centre

Nutritional care is an essential component of HIV care and support. Nutrition interventions, through the provision of education and improvement of practical skills, can improve nutritional status and overall wellbeing.

Education and enhancement of practical skills empower PLWHA to take control of maintaining a good nutritional status, manage symptoms effectively, prevent malnutrition and improve quality of life.

The Albion Street Centre (ASC) nutrition service provides support to community organisations and health care facilities to improve the nutritional status of PLWHA.

Residents of Foley House have complex psychosocial needs which may include mental health problems, insecure housing, injecting drug use and domestic violence. In addition to secure accommodation, Foley house provides food and support for the duration of stay that is negotiated depending on the complexity of the resident. Residents are also provided weekly Life Skill sessions, such as nutrition and cooking, budgeting, disclosure and negotiation skills

The aim of the Foley House nutrition intervention project is to improve cooking skills, food safety and nutritional knowledge of residents through regular cooking classes and nutritional education sessions. The ASC Nutrition Division has implemented six interventions at the Foley House to date, since January 2006.

This presentation will discuss an ongoing ASC nutrition project with Foley house, a residential facility for PLWHA.
Abstract Title: The effects of a supervised exercise program on self efficacy in HIV/AIDS.
Authors: Fillipas S, Oldmeadow LB, Bailey MJ and Cherry CL
The Alfred

Objectives:
The aim of this study was to evaluate the effects of a six month supervised exercise program for people living with HIV/AIDS on self efficacy, quality of life status and cardiovascular fitness.

Methods:
The design was a single blinded randomised controlled trial. Subjects were 40 male HIV-infected individuals randomly allocated to either an experimental (n=20) or a control (n=20) group. The experimental group participated in a twice weekly supervised aerobic and progressive resisted exercise programme. The control group participated in a twice weekly individual walking program and attended a monthly group forum. Outcome measures were a Generic Self Efficacy Scale; a one minute heart rate response post three minute step test, and the MOS-HIV Health Survey. Measurements were taken at baseline, two months and six months.

Results:
The experimental group improved significantly in self efficacy [mean increase 5.3 points (p<0.0001)] and in cardiovascular fitness [mean decrease 17 points (p<0.0001)]. The experimental group also improved in eight out of the 11 dimensions of quality of life at six months (p<0.05), while the control group did not.

Discussion:
These results demonstrate that a six month supervised exercise program improves self-efficacy, cardiovascular fitness and quality of life in people living with HIV/AIDS.
Concurrent Session 1 Stream D:  
**International perspective**

Monday 14th May  
**Time:** 11am – 12:30pm

**Abstract Title:** Facing up to stigma and discrimination  
**Author:** P O’Connor  
**Women’s Healthworks**

India now has HIV/AIDS figures to rival parts of Africa 5.21 million (NACO, 2005). The disease has spread from high-risk populations into the general populace. Married, monogamous, heterosexual women are highly vulnerable. Indian women in urban slum communities have faced discrimination since before their birth. HIV/AIDS imposes yet another layer.

A psychosocial conceptual framework guided this study that explored how the overlapping dimensions of human capacity, social ecology, culture and values impact the lives of infected and affected women in the study. The aims of the research were firstly to investigate if stigma and discrimination exist. Secondly, the research examined how actual and feared discrimination affects women’s access to HIV testing, healthcare services, family and community support.

This study used exploratory qualitative methods to explore these dimensions. Date from in-depth interviews with 45 infected and affected women were supported by information collected from key informants, focus group discussions and documentary data collection. A reflective journal recorded observations and perceptions in the field during three months in Mumbai, India.

Results revealed that women had experienced discrimination in health care settings and in the the community. Fear of future discrimination ensured secrecy, which, in turn, prevented access to community services and emotional and physical support. A range of reactions was demonstrated by the women participants. Women who could not disclose their condition were extremely isolated, lacked family and community support, feared the future and felt hopeless. Despite their living conditions of poverty, overcrowding, disease prevalence and pollution, the women displayed a sense of pride, dignity and resilience.

Strategies to address social, cultural and religious factors, the lack of education and awareness, and to improve community support are urgently needed in order to stem the tide of HIV/AIDS among Indian women in slum communities.

**Title:** Six years experience in managing patient infected with HIV in a government health clinic in Malaysia.  
**Author:** Norsiah Ali,  
**Family Medicine Specialist, Tampin Health Clinic,**

HIV infection is increasing tremendously in Malaysia since it was first detected in the country, especially in certain pockets in the cities and in rural areas especially in FELDA areas. There is a need to provide care accessible to patient, especially in rural areas. Tampin Health Clinic is located in rural setting, has started managing patient with HIV infection since 2001. During the initial years, patients were mainly given counseling, supportive care and prophylaxis against pneumocystis infection. Up to 15th April 2007, there were 118 patients registered, 92.4 % male, 7.6 % female, 83 % Malays, 4.2 % Chinese, 8.5 % Indian, predominant age group was between 20-40 years old, the majority had received education up to secondary level, 80% came walk in to the clinic, the majority belongs to poor socioeconomic group, 77% transmitted the virus by sharing infected needle, initially many came in AIDS stage but later as the clinic progresses more and more patients came in earlier stage, 80.5 % are still alive. HAART came in July 2005. There were 32 patients on antiretroviral treatment and the mean treatment duration was 12.5 months. With regards to co-infection, 47 % had Hepatitis C, 11.3% had Hepatitis B, and 1.7 % had syphilis. With regards to opportunistic infections and cancers detected through the clinic, 12.1 % infected with mycobacterium tuberculosis, 14.4 % had pneumocystis pneumonia, 10.2 % had oral candidiasis, 2.5 % was detected to have CMV retinitis and 2.5 % had cancer. Access to viral load testing was available since end of 2006. The commonest antiretroviral regime prescribed as first line is stavudine/lamivudine/nevirapine. Since August 2006, SLN 30 and SLN 40 that is three drugs combination in one pill were made available in the clinic. The commonest antiretroviral side effects encountered was rashes. Patients’ progress was evaluated by some parameters; subjective feeling of well being, comply with treatment and follow-up, weight gain, development of opportunistic infection after ARV commenced, increase in CD4 count and undetectable viral load.
Concurrent Session 1D cont:

Title: Harm reduction in the international context  
Presenter: S Liddell  
Burnet Institute

Shaun Liddell joined the Burnet Institute in March 2006. He is the Melbourne based contact point for Burnet Indonesia’s harm reduction program activities and is working in conjunction with Burnet staff to develop the research profile of Centre for Harm Reduction (CHR). For the previous 3 years he has been providing technical and administrative support to the Papua New Guinea National HIV/AIDS Support Project (funded by AusAID) and working with implementing agencies to mainstream HIV and AIDS initiatives within law and justice and agricultural development assistance programs. Shaun is undertaking a Master of Public Health at Monash University and maintains a particular interest in the area of juvenile justice and post-release support.
Concurrent Session 2 Stream A:
Mental Health and HIV

Monday 14th May
Time: 1:30pm – 3:00pm

Presenters:
Dr N Highett
Beyondblue

Dr Highett is the Deputy CEO of Beyondblue. Beyondblue is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related substance misuse disorders in Australia. It is a bipartisan initiative of the Australian, state and territory governments with a key goal of raising community awareness about depression and reducing stigma associated with the illness.

Beyondblue works in partnership with health services, schools, workplaces, universities, media and community organisations, as well as people living with depression, to bring together their expertise around depression. Dr Highett will outline the work of Beyondblue and provide an overview of depression in the community.

Dr M Jeanes: Psychiatrist, Victorian HIV Mental Health Service
HIV and depression
Victorian HIV Mental Health Service, The Alfred

Mark Jeanes is a Psychiatrist working in the Victorian HIV Mental Health Service. Mark has extensive experience working in Psychiatry and has been working in HIV for more than 2 years. Mark also works within the inpatient Psychiatric Unit at The Alfred. Mark will provide an overview of depression and discuss depression and HIV.

T Wojcicki: Psychologist
Victorian HIV Mental Health Service, The Alfred

Tom is a clinical psychologist who undertook his training in Western Australia. He is a member of the Australian Psychological Society and of the College of Clinical Psychologists. Since his arrival in Victoria he has worked in a variety of Adult Mental Health Services and before that he spent several years working with adults with Autism Spectrum disorders in Perth (WA).

Tom works in the Victorian HIV Mental Health Service which is a relatively new service within the Victorian HIV/AIDS Service at The Alfred. Clinically Tom works predominantly within a cognitive behavioral model and is particularly interested in the “third wave” of cognitive and behavioural therapies. Tom will present on adjustment disorders and HIV.
Concurrent Session 2 Stream B:
Workshop: Women; disclosure, stigma and discrimination

Monday 14th May
Time: 1:30pm – 3:00pm

This workshop was organised in partnership with Positive Women.

Facilitated by: Heather Morgan and Melinda Eason.
AIDS, Hepatitis and Sexual Health Line

The workshop will explore disclosure, stigma and discrimination in relationship to women and HIV. The workshop will be interactive and activity based.

Disclosure can be a balance between what may be the secure option of not telling and the compelling need to tell. Disclosure and discrimination are closely linked issues. This workshop will encourage the participants to explore the impacts of disclosure and develop strategies to deal with different situations. The facilitators will provide the participants with a role play (you will not be expected to perform one yourself) that relates directly to the issues around disclosure. How do you respond to a disclosure? How do you support someone who has disclosed their HIV status? What are the potential consequences? ‘To tell or not to tell’, this is the question.
Concurrent Session 2 Stream C:  
Clinical Practice - Case Work

Monday 14\textsuperscript{th} May  
Time: 1:30pm – 3:00pm

Title: Overview of Case Management  
Presenter: F Smith  
Psychiatry, The Alfred

Fiona Smith is a Senior Social Worker within the Psychiatry Service at The Alfred. Fiona will provide an overview of case management with a focus on case management in the area of mental health. This will look at models of case management, similarities and differences to care coordination and the challenges of working within a case management model.

Fiona will at the end of the presentations lead a discussion from those who presented on the differences, similarities, barriers and challenges within case work and care coordination.

Abstract Title: The Changing Face of Complex Needs  
Authors: Klement CM, Attwood R, Cole G, Holmes M, Ibrahim D, Thompson JE, Parsons V  
ADAPHT

The advent of Highly Active Anti Retroviral Therapy in the management of HIV/AIDS combination therapy has contributed to people with HIV/AIDS living longer, with the increased potential for these clients developing an amalgam of complex issues including AIDS Dementia Complex (ADC), psychiatric conditions, and problematic psychosocial issues. These clients pose significant challenges for HIV services and service providers. Lack of HIV service provider's experience in mental health and complex issue needs, combined with a lack of coordination between treating sectors often results in a gap in service provision for these clients. This increasing gap has contributed to a difficulty in ensuring access to service provision for those with HIV/AIDS and complex needs.

ADAHPS has pioneered the development of a case management model approach to HIV service provision for clients with complex needs in NSW. This has resulted in the increased capacity of local services to manage clients with complex needs in their local communities. ADAHPS has also facilitated the development of formalised networks between the HIV/AIDS, drug & alcohol and mental health sectors. This collaborative approach to case management has enabled service providers to maintain a high standard of health care for clients with HIV/AIDS and complex needs.

This presentation will describe the Case Management Model of the AIDS Dementia and HIV Psychiatry Service (ADAHPS). ADAHPS provides a specialist approach to support local services to manage clients with complex needs in the local community. ADAHPS provides consultancy, education and co-case management through its statewide outreach team, AIDS Dementia and HIV Psychiatry Team (ADAHPT).

In the 10 years since its inception ADAHPS/ADAHPT has recorded a steady increase in the complexity of cases referred for service consultation and provision. Figures presented will show the dimension of this complexity according to referral diagnosis, mental health concerns, and complex need issues.
Concurrent Session 2C cont:

**Title:** Case Management within a medical model  
**Presenter:** S Peak  
**Infectious Diseases Social Work Team, The Alfred**

Case Management programs have become a critical intervention strategy for services to vulnerable individuals and populations over the last twenty years. For clients with HIV, the demands of managing their diagnosis may be further complicated by a life history that has previously been complex, chaotic and underpinned by multiple life stressors. Where avenues to seek support for these complex issues has been inadequate or fragmented, HIV positive clients may transition into case management programs a result of crisis or via the need for greater assistance and coordination of care. HIV case management programs such as the Infectious Diseases Social Work - Outreach Case Management Service (OCMS), place emphasis on diagnosis, bringing to the working agenda issues such as engagement with HIV care, counselling, adherence, HIV education/literacy and attendance at medical appointments. Interestingly however, almost as much of the case management work is centred on the identification of needs, problems and situations not directly related to HIV/AIDS. The presentation will aim to provide an overview of the OCMS model of practice, with a particular focus on two distinct case management interventions, crisis management and maintenance management functions. Issues related to engaging challenging clients, managing issues of depedancy, initiating timely case management withdrawal and managing the demands of the multidisciplinary team will also be explored.

**Title:** In Home Support Program Model of Case Work  
**Presenter:** D Hay  
**In Home Support Program**

The In-Home Support Program is a unique program which has operated for 11 years. It provides stable housing, paid attendant support and on-going case management to a group of individuals whose long-term experience of living with HIV/AIDS has resulted in cognitive and/or physical impairment. Additional issues of mental health and/or drug and substance usage often add to an increased level of client complexity. This presentation will introduce the program, look at the role of case management within the program and present a brief case study.
Concurrent Session 2 Stream D:  
Substance Use

Monday 14th May  
Time: 1:30pm – 3:00pm

Title: Patterns of drug use in Melbourne: changes over time and drug-related harms  
Presenter: M Stoové  
Turning Point Alcohol and Drug Centre

This presentation focuses on the patterns of drug use in Melbourne over recent years. Drawing upon annual survey data from drug users this presentation presents data on the characteristics of drug use including demographic profiles of drug users, typical drug using locations, frequency of use, typical combinations of drugs used and drug-related harms, including sexual risk taking. Selected secondary data sources (eg hospitalisations, treatment episodes, helpline calls) will also help describe the patterns of harms associated with different classes of drugs. The presentation of this data will be accompanied by discussions of the implications of different patterns of drug use.

Title: People presenting to primary health services; what are the anecdotal trends in substance use.  
Presenter: R Bathish  
Living Room

Ramez is the Drug safety Worker at Living Room which is a Primary Health Service in the city of Melbourne. The service provides user-friendly, free health care to people who inject in a safe and comfortable space. Ramez's role involves working with people who inject drugs to reduce harmful effects. Ramez is studying a Bachelor of International Community Development.

Ramez will discuss what substances people are currently using who access Living Room.

Title: Psychosocial health amongst IDU and practice measures to address complex health and psychosocial needs

Presenters: R Katiforis, K Morgan  
Health Works

Health Works is a primary health service who see largely street-based people who inject drugs. This group is not necessarily indicative of the broader drug using community and they can present with a range of complex needs. The service is strongly committed to harm reduction, community development, the social model of health and a multidisciplinary team approach. Community Health Worker, Kirsty Morgan, and HIV Project Worker/Community Health Nurse, Rebecca Katiforis, will discuss the psychosocial impacts of drug use and best practice management of associated presenting issues, including a peer based approach, strong focus on partnerships and empowerment, and open acknowledgement of the ‘using’ lifestyle and advocacy for attitudinal change. We will also consider the impacts of drug use and related issues for someone who is HIV positive.
**Afternoon Plenary:**

**PLWHA and HIV Transmission:**

**Monday 14th May**
**Time: 3:20pm – 4:45pm**

**Speakers:**

Ruth Hennessy  
Psychology Unit Manager, Albion Street Centre

Ruth has worked at Albion Street Centre for approximately 8 years as a clinical psychologist and the psychology unit manager. She has particular interest in HIV serodiscordant relationships and teaches in all aspects of HIV counselling, especially around HIV pre and post test counselling. She teaches brief interventions for HIV prevention to other health professionals. Ruth has also worked overseas, including in-country projects around HIV prevention with AusAID and the World Health Organisation in Papua New Guinea and Laos.

Ruth will look at HIV transmission at the individual level and will provide an overview of risk taking behaviors, sexual risk taking, the complexity of HIV transmission for PLWHA and how clinicians can approach disclosure of unprotected sex by PLWHA.

David Menadue  
PLWHA Vic

In this talk David will discuss PLWHA’s perspective of HIV transmission. He will provide an overview of the views of PLWHA in relation to unprotected sex. David will also discuss the work PLWHA Vic are doing in this area and the work of NAPWA.

**Case Discussion - Panel**

Ruth will lead a case discussion of a HIV positive client who discloses they are having unprotected sex in casual settings or within a relationship. The panel will discuss. The audience will have an opportunity to discuss and ask questions.

Panel members to be announced.
### WORKSHOP PROGRAM  
**Tuesday May 15th**

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<thead>
<tr>
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| 9:00am - 10:30am | **CS3**  
**CS3A:** Challenges of engagement  
Chair: Sharon Danilovic | 9:00am - 9:20 | C Rowe: Social Work approach to engaging clients in HIV care  | 9:00 - 9:20 | K Johnson: Overview of health promotion  | 9:00 - 9:30 | L Kerr & E Katsaros SW: Case Presentations African Clients  |
|              |                                                                        | 9:40 - 10:00 | L Kelly: Access Health's approach to engaging clients  | 9:40 - 9:55 | S Malhotra & V Perri: PLWHA perspective and approaches on health promotion and needs  | 9:45 - 10:00 | C Lemoh: PHD Research within African communities; progress and outcomes  |
|              | **CS3C:** Impact of HIV for African communities in Australia           | 10:00 - 10:15 | J Fulton: Engaging clients in the PLC setting  | 9:55 - 10:10 | I Coutts: Health Coach program experience with PLWHA  | 10:00 - 10:30 | L Kerr & E Katsaros: Coming from Africa: A forum for discussing emerging needs and issues among CALD clients  |
|              |                                                                        | 10:15 - 10:30 | R Randall: A support group for Vietnamese/Australian IDU who are HIV +ve  | 10:10 - 10:30 | General discussion of health promotion challenges and needs for PLWHA  |                                    |                                |
|              |                                                                        | 10:30am - 11:00am | Morning tea  |                                    |                        |                                |
| 11:00am - 12:30pm | **CS4**  
**CS4A:** Psychosocial perspectives from HIV diagnosis and beyond  
Chair: Sharon Danilovic | 11:00am - 12:30pm | S Danilovic: Post test counselling … Does it ever end?  | 11:00 - 11:30 | Dr I Zablotska  | 11:00 - 11:20 | M Plain, N Yousefisegh, T Savat: HIV, health and culture  |
|              |                                                                        | 11:20 - 11:40 | L Kerven, L Davidson: Therapeutic choices in post test counselling  | 11:30 - 12:00 | S Slavin: What's all this crystal meth hype amongst men who have sex men  | 11:20 - 11:40 | N Ngo: Engaging culturally and linguistically diverse (CALD) communities through a partnership and capacity building approach  |
|              |                                                                        | 11:40 - 12:30 | Workshop/discussion; exploration and discussion of the wide range of psychosocial issues which arise for PLWHA at different points in their lives after diagnosis of HIV  | 12:00 - 12:30 | Dr I Zablotska: Intersection between substance use and sexual behaviour  | 11:40 - 12:00 | M Plain: The Psychosocial challenges for individuals living with HIV and culturally sensitive practice  |
|              |                                                                        | 12:30pm - 1:30pm | Lunch  |                                    |                        |                                |

### AFTERNOON SESSIONS ON FOLLOWING PAGE
## WORKSHOP PROGRAM
**Tuesday May 15th**

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<td>1:30 pm - 3:00 pm</td>
<td>Chair: Jane Newnham</td>
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<td>1:30 - 1:50</td>
<td>H Lightburn: We're getting it right, QLD experience</td>
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<td>3:15 - 3:45</td>
<td>A national perspective. Peter Canavan, National Association of People Living with HIV/AIDS (NAPWA)</td>
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<td>3:45 - 4:05</td>
<td>Closing remarks: Brian Price &amp; Gabrielle Bennett</td>
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Concurrent Session 3 Stream A:
Challenges of engagement

Tuesday 15th May
Time: 9:00am – 10:30am

Title: A social work approach to engaging clients in HIV care
Presenter: C Rowe
Infectious Diseases Social Work Team, The Alfred

- Exploring the following themes in relation to why we need to engage clients in HIV care:
  - What is HIV care
  - HIV Care Continuum
  - Why people may not engage in HIV care and the barriers clients and practitioners face
  - Those most at risk of not receiving consistent and regular HIV care
  - A social work case example to demonstrate common features of engagement and strategies to break down the barriers to HIV care
  - Ideas for the future

Title: Engaging Complex Clients in the Case Management Process
Author: J Thompson
ADAHPT

- The management of clients with complex needs is often difficult and poorly understood. Frequently case management is perceived as a routine process that requires little planning, all too often reduced to a task oriented process. Community staff underestimate the skills they employ while they are with the client and it is these skills which facilitate engagement and the ability to meet the challenges of working with complex clients. A skilled worker may seem to be doing very little when in fact they may be doing their best work.

- The case management model adopted by ADAHPT has proved to be successful in supporting clients with highly complex needs within the community. The success of case management hinges upon how well the case manager is able to engage with the client. This presentation will focus upon the process of engagement and how this can be achieved.

- Some of the most challenging clients include clients who may be present as a perceived public health problem and as a result there may be an expectation that they be case managed despite their own reluctance to be involved. This requires a subtle, respectful, yet persistent approach focusing upon the client strengths and needs. A case study will demonstrate the use of engagement as the first step in the management of a complex client who has also been identified as a possible risk to public health.
Concurrent Session 3A cont:

Title: Access Health’s approach to engaging clients  
Presenter: L Kelly  
Access Health

Access Health is a primary health service that complements and value-adds to other Crisis Services programs based in St Kilda. The aim of Access Health is to provide accessible, responsive primary healthcare that enhances the health and well-being of

- marginalised/street-based injecting drug users
- street sex workers
- people experiencing homeless

Linda is a Community Health nurse employed by the Royal District Nursing Services Homeless Persons Program and co-located at Access Health (both with a walk-in clinic and outreach capacity). In order to establish meaningful interactions with this target group, engagement and the provision of healthcare that is client-directed and client-focused is of the utmost importance.

Abstract Title: A support group for Vietnamese/Australian IDU’s who are HIV+ve?  
Author: R Randall  
Multicultural Health and Support Service, North Richmond Community Health Service

Vietnamese/Australian IDU’s who are HIV+ are a group who experience marginalization and social exclusion in many forms. Their lives are often chaotic and they are particularly difficult for mainstream health services to engage. This is a presentation of preliminary findings by two MHSS Community Support workers who are currently delivering an innovative and unique Vietnamese Friendship Group project based in Melbourne’s west.

They will discuss obstacles and innovations of a project in progress.

Title: Engaging clients in the Positive Living Centre environment.  
Presenter: J Fulton  
Victorian AIDS Council/Gay Men’s Health Centre

Jacqui is currently the acting Coordinator at the Positive Living Centre which is a community based drop in centre for people living with HIV/AIDS. The PLC offers a range of services from food pantry, massage, peer support, information and advice, a place for people to socialise, meals program etc. Engaging in clients in this setting poses some unique challenges and opportunities.
Concurrent Session 3 Stream B:
Health promotion in client service delivery

Tuesday 15th May
Time: 9:00am – 10:30am

Title: Overview of health promotion
Presenter: Kylie Johnson
Victorian AIDS Council/Gay Men's Health Centre

Founded from a public meeting of the Melbourne gay community in 1983, the Victorian AIDS Council/Gay Men’s Health Centre (VAC/GMHC) has grown to a community health service using the multi-disciplinary skills of approximately 300 volunteers and 45 paid staff. The organisation has a large focus on health promotion targeting men who have sex with men. They have led the education response to reduce HIV infection in Victoria for over 20 years. Kylie works within the Health Promotion Team and will provide an overview of health promotion which will set the context for discussing how it integrates into service delivery.

Title: How health promotion works within a community health setting
Presenter: C Slater
Inner South Community Health Service

Inner South Community Health Service (ISCHS) is a multi-sited community health agency and a major provider of health and community services to the inner southern region of Melbourne. Approximately 250 staff work in multi-disciplinary teams to deliver programs and services across four key service areas of Prahran, St. Kilda, South Melbourne and Port Melbourne.

ISCHS has a strong commitment and vision for health promotion with staff across all programs areas contributing to Health Promotion activities. This presentation will outline the principles underpinning health promotion at ISCHS and how health promotion is planned for and integrated into service delivery in the community health sector.

Title: PLWHA perspectives and approaches on health promotion and needs
Presenters: S Malhotra and V Perri
People Living with HIV/AIDS Victoria

PLWHA Victoria is the peak advocacy, education, advice, support and social networking body for ALL People Living with HIV/AIDS in Victoria. PLWHA provide a range of services including health promotion. Suzy Malhotra and Vic Perri will provide an overview of the health promotion response they are working on for PLWHA. A recent project has focused on health promotion around nutrition, exercise and smoking cessation. She will also provide an overview of the future directions of PLWHA Vic. in this area.

Title: Health Coach program experience with PLWHA
Presenter: I Coutts
Victorian AIDS Council/Gay Men’s Health Centre

Increasingly, HIV positive people are struggling to understand the complexities of how to live well with HIV. For example, how to minimize the side-effects of treatments, how to increase personal skills in diet, exercise, nutrition, stress reduction, alcohol and drug moderation, as well as personal goal setting. This presentation will look at the operation of a pilot health coach program for PLWHA’s, which aims to assist those who participate to define their personal health goals, whilst providing support and encouragement to help them achieve their goals. Theoretical underpinnings, tools and techniques that have been utilised in the project will be examined along with some feedback that has been received from people that have participated so far. A brief case study will be presented along with discussion around the challenges and complexities (and successes) that have taken place during the course of the project.
Concurrent Session 3 Stream C:  
Impact of HIV for African Communities

Tuesday 15th May  
Time: 9:00am – 10:30am

Abstract Title: Coming from Africa: A forum for discussing emerging needs and issues among CALD clients  
Authors: Katsaros E, Kerr L, Eisenberg M  
Multicultural HIV/AIDS and Hepatitis C Service

The current NSW Health HIV/AIDS Strategy formally recognises culturally and linguistically diverse (CALD) communities as a priority target population. Clients from CALD backgrounds continue to present late with an AIDS diagnosis and complex issues. And women from CALD backgrounds are over-represented among HIV notifications for women in NSW.

The Multicultural HIV/AIDS and Hepatitis C Service (MHAHS), which is a statewide service based in inner city Sydney, has in the last two years had referred to it more clients who have come from sub Saharan Africa. These clients experience many complex issues, which seem to be shared by clients of other providers in Sydney, for instance Parramatta Sexual Health. The common themes would seem to be: gender differences, complex histories, complex issues (including violence, poverty, and issues relating to children), and a special reluctance to disclose within their community.

This paper will present two case studies to highlight the above themes and as a trigger for an exchange of ideas focusing on the following questions: Are Victoria and NSW alike in their experience of sub Saharan African clients? Are the issues similar?

Are there models of care that we can learn from?

Two cases will be presented then Effie and Leighan will facilitate a discussion of the needs amongst African communities at the end of the presentations.

Title: Reducing the risk of transmission in the African communities  
Presenters: A Muhammed, H Sheikhdin  
Multicultural Health and Support Service, North Richmond Community Health Centre

Abstract: The Multicultural Health & Support Service (MHSS) is a statewide program of the North Richmond Community Health Centre. MHSS works to empower culturally and linguistically diverse (CALD) communities, individuals and groups to achieve better health outcomes in relation to the diversity of highly complex and culturally sensitive issues regarding blood-borne viruses (BBV) and sexually transmissible infections (STI). MHSS currently works specifically with the Vietnamese, Horn of African and Arabic speaking communities, and has ensured its capability to do so by employing its staff from these communities. The role of MHSS workers is challenging in that the service deals with complex sexual behaviours and drug use in culturally diverse communities. These behaviours challenge cultural values and understanding in communities that also lack access to existing mainstream services and where HIV, hepatitis C and STI are highly sensitive issues. It is in this context that workers build understanding and pathways between multicultural and mainstream organisations and communities, within both community development and health promotion frameworks. This presentation will describe the main strategies that are used by the two MHSS African workers to engage and empower their communities to respond to the issues of HIV.
Title: Research being undertaken in African Communities in relation to HIV transmission in Victoria
Presenter: C Lemoh
Centre for Clinical Research in Infectious Diseases

Chris is an Infectious Diseases Physician, he is currently undertaking a PhD which focuses on HIV and African communities in Victoria. Chris wrote a report in June 2006 to the Victorian Department of Human Services, prepared by the Department of Medicine (RMH/WH) in collaboration with the Burnet Institute, the Victorian Infectious Diseases Service and the Australian Research Centre in Sex, Health and Society titled ‘Reducing the risk of transmission of HIV/AIDS in African and Arabic-speaking communities in Victoria’.
Title: Post Test Counselling...Does it ever end?
Authors: Danilovic S, Rowe C, Peak S, Kerven L, Davidson L
Infectious Diseases Social Work Team, The Alfred

The focus of our presentation is to discuss the Infectious Diseases social work team’s use of the term “Social Work Post Test Counselling” in relation to working with clients living with HIV/AIDS.

Traditional forms of Post test counselling involve providing short term crisis intervention within a short time frame after a diagnosis of HIV Positive serology. It centres on providing psychological first aid, holding strategies, as well as giving basic HIV information, education, safe sex and prevention.

We view Post test counselling as extending this traditional model to include addressing the various issues associated with adjustment to HIV along the chronic illness continuum, overall viewing this distinctive form of counselling as “Social Work Post Test Counselling”.

Our presentation will comprise of three elements:
1. Providing a definition of “Social Work Post Test Counselling” in the context of adjustment to diagnosis and illness.
2. Presenting a case study audit
3. Providing an interactive panel discussion around “Social Work Post Test Counselling”

In defining “Social Work Post Test Counselling” we are going to discuss the distinctive components of this form of counselling and unique themes that emerge.

The second part of our presentation will look at a file audit of six to eight case histories, focusing on “Social Work Post Test Counselling” interventions. The audit aims to illustrate the widespread prevalence of these themes.

We will then end the session by hosting an interactive panel discussion that centres on a case study where “Social Work Post Test Counselling” has been used. The panel discussion will endeavour to analyse the therapeutic choices made and how the social work intervention influences this process.

Title: Therapeutic Choices in post test counselling
Authors: L Kerven, L Davidson
Infectious Diseases Social Work Team, The Alfred

An interview will be undertaken of a counsellor around the therapeutic choices made in a ‘Social Work Post Test Counselling’ session. We hope to examine why we do what we do. From starting with where the client is at, the content and process of the counselling, what is pursued by the counsellor and the influence of the context, what is not or cannot be pursued, when counselling ends and why the client decides to re-engage.

Workshop discussion
The workshop discussion will focus on the wide range of psychosocial issues that arise for people living with HIV/AIDS along their life journey. This will be an interactive workshop which will allow service providers and health professionals to discuss a wide range of psychosocial health needs and issues.
Concurrent Session 4 Stream B:  
A social and sexual context

Tuesday 15th May  
Time: 11:00am – 12:30pm

Title: Behavioural research relating to men who have sex with men in relation to HIV transmission.  
Presenter: Dr I Zablotska  
National Centre in Social Research, UNSW

Title: Intersection between substance use and sexual behaviour amongst men who have sex with men.  
Presenter: Dr I Zablotska  
National Centre in Social Research, UNSW

Iryna Zablotska, PhD, recently joined the National Centre in HIV Social Research as a Research Fellow. She started her career as a medical practitioner and moved to research in public health. Dr. Zablotska received her PhD degree at the Bloomberg School of Public Health, Johns Hopkins University, USA, and her primary areas of interest are epidemiology, HIV, sexual behaviours, impact of human behaviour on health, living experiences of people with HIV and reproductive health. During her research career she worked on issues, such as health consequences of risky sexual behaviour, HIV, family planning/abortion in NIS, utilization of delivery services in resource-poor settings, evaluation of health communication programs, and health consequences of partner violence against women. Dr. Zablotska has also provided consulting services in the US and helped the Ministry of Health of Ukraine to design evaluation programs for HIV prevention efforts.

Iryna is involved with the The Positive Health cohort study. This study examines patterns of uptake and use of various therapies, including combination antiviral therapy, access to treatment and care, sexual practice, determinants of health and quality of life among HIV-positive men who have sex with men. An additional arm of the study, aims to determine the prevalence and risk factors for syphilis, gonorrhoea, Chlamydia and hepatitis A and B among HIV-positive homosexual men.

She is also involved with the Gay Community Periodic Surveys. These surveys are regularly conducted in Sydney, Melbourne, Brisbane, Cairns, Canberra, Adelaide and Perth, to monitor changes in sexual and other risk practices over time among Australian gay men who are gay community attached.

Title: What's all this crystal meth hype amongst men who have sex with men  
Presenter: S Slavin  
Australian Research Centre in Sex Health and Society, La Trobe University

Sean Slavin is an anthropologist working at the Australian Research Centre in Sex, Health and Society, La Trobe University. His current research focuses on the social contexts and cultural meanings of injecting drug use.

Sean is a qualitative researcher who was trained in a combined Anthropology and Sociology department. His preferred research methodology is ethnography. He has an interest in the social contexts and cultural meanings of health and related practices and the meaning of risk in Western societies. He currently works on issues related to HIV, illicit drug use and sexual practice. Sean also coordinates and teaches the short course in qualitative research design on an annual basis. Sean has more recently been undertaking specific work in the area of crystal meth use amongst men who have sex with men.
Concurrent Session 4 Stream C:
Working with culturally and linguistically diverse communities

Tuesday 15th May
Time: 11:00am – 12:30pm

Abstract Title: HIV, health and culture
Authors: Plain M, Yousefisedigh N, Savat T
HIV CALD Service, Victorian HIV Service, The Alfred

The perception of health care and how it is delivered is different in each culture.

An understanding of these cultural differences is particularly important for health professionals working with individuals from culturally and diverse (CALD) communities, as these differences can impact on the individual’s acceptance and engagement with services.

In the area of HIV services, cultural understanding by health professionals is of particular importance to ensure that individuals from CALD backgrounds living with HIV, have a positive engagement with HIV health services. Such engagement may ensure regular monitoring and maintaining treatment plans, a vital aspect of HIV treatment.

The co workers from the HIV CALD Service have an important role in both supporting these individuals as well as health professionals. The co workers are from a number of countries, including Burma, Cambodia, Thailand, Vietnam, Horn of Africa and Middle Eastern countries. Their understanding of the health care system in their own country of origin is an essential part of their support to individuals of this program and to health professionals. Their role is to ‘breakdown the cultural barriers’ that may present difficulties for an individual living with HIV to engage with these services and a valuable resource for health professionals in understanding the cultural differences.

Co workers from three communities will present the perception of health care in their own communities highlighting traditional and western style of healthcare, the accessibility to health care and the status of HIV within their country of origin.

Title: Engaging culturally and linguistically diverse (CALD) communities through a partnership and capacity building approach
Presenter: N Ngo
Multicultural Health & Support Service, North Richmond Community Health Service

The Multicultural Health & Support Service (MHSS) is a statewide program of the North Richmond Community Health Centre. MHSS was established in 2003 to work with and empower CALD communities, individuals and groups to achieve better health outcomes in relation to the diversity of highly complex and culturally sensitive issues regarding blood-borne viruses (BBV) and sexually transmissible infections (STI). MHSS works to achieve better health outcomes by focusing on reducing the risk of transmission of BBV and STI amongst CALD communities and working with mainstream and multicultural organisations and communities regarding culturally sensitive service delivery. This presentation will provide an overview of MHSS’ key programs and some of the practical ways in which the service engages and works with at risk groups in CALD communities such as young people, women, injecting drug users, taxi drivers and mobile groups.
Concurrent Session 4C:

**Abstract Title: The Psychosocial challenges for individuals with HIV/AIDS and culturally sensitive practice.**

**Authors:** Plain MJ, Price B
HIV CALD Service, Victorian HIV Service, The Alfred

Increased migration to Australia from high HIV prevalent countries has resulted in the overall number of people living with HIV from culturally and linguistically diverse (CALD) communities increasing. These individuals come from very diverse cultural and social backgrounds. For some, health and psychosocial issues within this group combine in a way which is different and sometimes more complex than experienced amongst non CALD HIV individuals and communities within Victoria.

Themes have emerged among this population which include:

- people presenting late to health services with advanced HIV disease,
- the need for a greater understanding of the disease's progression and transmission and acceptance of ongoing HIV treatment
- a range of psychosocial issues including social isolation, stigma and discrimination within their own cultural community and family
- relationship issues which may prevent engagement with HIV health services
- family responsibilities
- resettlement issues and access to Medicare
- substance abuse and the impact on maintaining treatment and engagement with services
- mental health issues relating to past trauma, HIV diagnosis and social isolation

The HIV CALD Service provides a support service via co workers from CALD backgrounds to people living with HIV from CALD backgrounds.

The key components include

- Provision of a support program via a co worker
- Secondary consultation and support to services working with HIV CALD clients
- Provision of a client information linkage between professionals involved, particularly health and community services

An interactive presentation - highlighting psychosocial themes in working with this client group and how culturally sensitive intervention by the co workers reduce the cultural barriers to improve health outcomes for clients of this service.

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**Abstract Title: Women, Culture and HIV: The Support Model of the Multicultural HIV/AIDS and Hepatitis C Service**

**Author:** Effie Katsaros, Masha Eisenberg. Maria Petrohilos
Multicultural HIV/AIDS and Hepatitis C Service, NSW

People from culturally and linguistically diverse (CALD) backgrounds made up 22% of all new cases of HIV in Australia in 2002. Women born in non-English speaking country made up over half the new HIV infections among women in 2002-2003.

Women from CALD backgrounds experience many similar issues to other women living with the virus - physically, socially, and psychologically. But their experience is compounded by their migration, culture, language, and family.

The Multicultural HIV/AIDS and Hepatitis C Service use bilingual/bicultural workers to provide culturally relevant support to people living with HIV/AIDS. It currently targets more than 20 language backgrounds and its annual number of new referrals equals approximately half the new NSW HIV notifications from people of CALD backgrounds. Women make up a third of the Service's clients.

This paper presents several case studies from the cumulative experience of the Service and some findings from a collaborative study with the National Centre in HIV Social Research to show that culturally relevant support can result in a series of positive outcomes. The paper describes the model of support provided by the Service and shows how having one-to-one support from a female co-worker, who is trained in HIV/AIDS, speaks the same language and understands the culture, allows for a strong relationship to be developed and meaningful support to take place. This relationship replaces lost traditional supports and reduces the isolation CALD women experience.
Concurrent Session 5 Stream A: 
Supporting communities with special needs

Abstract Title: We’re getting it right, QLD experience
Author: H Lightburn
Spiritus Care Services, QLD

In 2004 Queensland Health implemented a tender process for treatment and care of PLWHA. Spiritus Care Services was successful in securing the tender and Positive Directions (PD) was born. PD began providing services; addressing clinical and psychosocial impacts on the health of PLWHA throughout Queensland. The Service Agreement charges PD with the responsibility of assessment and referral to mainstream services. Beginning with significant skepticism, by staff and concern for PLWHA with the new management model of treatment and care, PD can report that over the last 2.50 years, there have been many inspiring outcomes. Positive Directions statewide currently has 621 registered, 35% of known people living with HIV/AIDS.

The holistic, person centered principles implemented and with the practice used by PD in its operation to mainstream has been demonstrated by client outcomes to be an effective model and practice. Staff employed, in each location, from Cairns to the Gold Coast address the medical and psychosocial impacts on health for PLWHA with support of a multidisciplinary team in Brisbane who provide expertise in mental health, nutrition, resources and senior positions in clinical and psychosocial streams.

The support team work with regional teams and mainstream services providing education and facilitate effective referral pathways. The issues for PLWHA are complex and require expertise and the utilisation of varied service providers to achieve effective outcomes.

Included in our service delivery is a Client Care Fund that can be utilised when mainstream services are unavailable by purchasing services in a timely manner.

Wellness Programs facilitated by PD are ‘Leap’ assisting with nutrition and exercise, ‘Changing Lanes’ which assists in behavioral modification to effect change and enhance life skills and a peer facilitated Chronic Conditions Self Management workshop.

Some of the successes achieved since Positive Direction’s inception can be demonstrated by personal stories, surveys and case study.

Title: The Haemophilia Community and HIV
Presenter: L Mudge
Haemophilia Social Worker, Royal Prince Alfred Hospital, Sydney

This community were like the canaries in the mindshaft – they were so dependent on treatment products derived from human blood donations to stay alive.

This session will give a brief background about haemophilia, and how it happened that the haemophilia community was so devastated by the HIV epidemic.

Twenty two years after the Australian blood supply was made safe from HIV approximately one third of those with haemophilia who were infected are living. The session will describe the journey of some of them, and how treatment services and support services have adapted to their needs.

Title: Peer support for heterosexual men and their families
Presenter: S Christian
Straight Arrows

Straight Arrows is run by and for HIV+ heteros and their families. An independent group, Straight Arrows is affiliated with NAPWA (the National Association of People with AIDS – Australia), and also holds a Board seat on PLWHA (People Living with HIV/AIDS) Victoria. They have fought for the recognition of the issues affecting Heterosexuals with HIV, both within the HIV+ and wider communities. Stefanie who works within the Peer Support role at straight arrows will talk on the needs of families where one member is HIV positive.
Concurrent session 5 stream B
PLWHA share their perspectives

Tuesday 15th May
Time: 1:30pm – 3:00pm

PLWHA Perspectives
The People Living with HIV/AIDS (PLWA) Speaker’s Bureau have organized a range of PLWA to speak from their perspectives on their psychosocial health and their lives. This session will allow people to hear stories from PLWA and will be followed by time for question and answers. It will also reflect on some of the themes emerging over the two days.

The Speaker’s Bureau is a program of PLWA it trains PLWA in public speaking and how to tell their life stories.
Concurrent Session 5 Stream C: Growing older

Tuesday 15th May
Time: 1:30pm – 3:00pm

Title: Ageing into the new millennium
Author: O Vujovic
Victorian HIV Consultancy

As we enter the second decade of HAART, the challenges posed by HIV infection, its treatment complications and associated comorbidities continue to increase. Falling mortality rates and AIDS illnesses and improved outcomes from HIV treatments have heralded the evolution to a chronic disease model of care. In addition, PLWHA, their social networks and health care and community workers now face the consequences, physical, emotional and social, of ageing with HIV.

Title: Experiences, services and psychosocial health within an ageing population, a community health experience.
Presenter: D Smith
Aged Health and Rehabilitation Program, Inner South Community Health Service

Deb is a senior worker within the Aged Health and Rehabilitation Program at Inner South Community Health Service. This service program provides services to frail older people living at home, people with disabilities and carers of aged or disabled people. The program offers a range of multidisciplinary services. Deb will provide an overview of the psychosocial health issues that arise for older people with health issues. She will discuss some of the issues with the service system and describe how they work within these.

Abstract Title: High Level Care Needs in the Community
Authors: Blyth, K.
Victorian HIV Consultancy

In the era of Highly Active Anti Retroviral Therapy (HAART) the population of those living with HIV / AIDS has increased in both number and complexity. A new challenge we face is in the ageing HIV population is those identified as having "high level care needs" due to either age, physical frailty, as a consequence of HIV or as a result of medical morbidities unrelated to HIV.

This session will look at two clients of the Victorian HIV Consultancy (VHIVC) who were referred for support and care planning, as both required on-going high level care in the community. The case presentations will examine the individuals care needs and how their move to appropriate care was firstly negotiated and, the education and support the facilities required, the care and support the individuals required in terms of their physical, emotional and mental health.

The education and support the high level care facilities required will be examined and how the plans the VHIVC had to educate them needed to be adapted to meet each facilities individual needs and how our perception of their needs was different to the reality we encountered.

The session will examine the unique and complex nature of negotiation with high level care facilities and highlight the need for a structured support system to be in place to comprehensively support PLWHA in these community settings. A number of the essential components for a model of care for ageing PLWHA have been identified in our work and will be discussed.

Title: Supporting PLWHA in aged care settings a community support service’s experience
Presenter: L Craig
Community Support Program, Victorian AIDS Council/Gay Men's Health Centre

The Community Support Program of the Victorian AIDS Council is a volunteer-based program that offers regional support to people living with HIV/AIDS. Staff coordinate the work of volunteers who support PLWHA in the community. The program has been involved with a client living within a nursing home. Lizzi will discuss this from the program’s perspective including insights into cultural issues within aged care facilities for gay men and the supports required for PLWHA in an aged care setting.
Closing plenary session

Tuesday 15th May
Time: 3:15pm – 4:05pm

Speaker:
Peter Canavan
National Association of People Living with HIV/AIDS

Peter Canavan has been an advocate for HIV positive people since 1988 and has played a significant role in advancing HIV treatments access, research, clinical trials, information and education issues.

Peter is the HIV Living Program Coordinator for the National Association of People Living With HIV/AIDS (NAPWA) and Convenor of the AIDS Treatment Project Australia (ATPA).

Peter is currently working on a national audit of the changing care and support needs of positive people for NAPWA and continues to serve on a range of work related committees.

Closing remarks
Closing remarks by Brian Price and Gabrielle Bennett. Brian Price is the Business and Community Services Manager within the Infectious Diseases Unit at The Alfred. Gabrielle Bennett is the Coordinator of the Education + Resource Centre at The Alfred.