



## **Standards for psychological support for adults living with HIV Consultation response form**

MedFASH is managing the development of *Standards for psychological support for adults living with HIV* in partnership with the Faculty for HIV & Sexual Health of the Division of Clinical Psychology of the British Psychological Society (BPS) and the British HIV Association (BHIVA).

We are inviting organisations and representative bodies to seek the views of their members (where relevant) and submit a response on their behalf. This form requests answers to specific questions, general comments on the document as a whole and comments on each section.

Please use this form for your response to consultation on the draft standards and return it to [cdaley@medfash.bma.org.uk](mailto:cdaley@medfash.bma.org.uk) by 5 pm on Tuesday, 31<sup>st</sup> May 2011.

### **Name and contact details of respondent:**

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### **On behalf of (complete if responding on behalf of an organisation or representative body)**

ASSOCIATION OF DIRECTORS OF ADULT SOCIAL SERVICES (ADASS)  
Local Government House  
Smith Square  
London  
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## **A. Specific questions**

- 1. Is the term 'psychological support' the right term? Is it well defined? Does it exclude groups of professionals who should be included? Does it describe the full range of support that is available?**

Part of the benefit of providing emotional and psychological support is to help people with HIV to make choices, actively self manage their condition on a day-to-day basis and minimise the risks of the long term damage that could be caused by neglecting your body i.e. lifestyle and adherence problems. Support can be provided from self, family, friends, colleagues, peers as well as health/social care professionals. With respect to health/social care professionals the most important emotional support they can offer may be that of listening to what the individual is saying and responding in a way that the individual finds supportive. Many people may not be aware themselves of what they need in terms of emotional support and actually asking people how they feel, what they need and how they might access support for themselves could be a useful first step . Within social care, this intervention is known as on-going professional social work support. The definition of emotional support is the support (in whatever form) needed by and defined by the individual themselves and this may differ from one individual to another. This may include informational support as well as emotional and may be provided from a variety of sources or people or personal strategies. The simple question of asking people how they are feeling and what is important at the moment and listening and responding may be what is needed.

The definition of psychological support is the specialist psychological support needed to enable people with HIV to deal with specific related psychological disorders, such as fear of needle phobia, depression, personality/mental disorders, stress and eating disorders that are adversely affecting their self-care.

- Emotional support is seen by most clients, as being part of psychological support, but as more informal. It can be done anytime, anywhere by most people and will span a range of feelings. It cannot necessarily be viewed differently from support accessed in life generally, such as attending peer support groups, and support from family and friends.
- Psychological support was seen as more structured, with a specific intervention or process being undertaken. It is often linked to a specific diagnosis and delivered by a person with specific clinical psychology training. There could also be a cost implication either to the individual or the NHS, whereas with most emotional support this is not the case.

- 2. Are any of the standards unnecessary? If yes, which and why?**

- 3. Should any of the standards be merged? If yes, which and why?**

4. Are any additional standards needed? Please specify and say why.

- see response to Question 1 – clear distinctions between Emotional and Psychological Support

5. Should the standards recommend network arrangements for psychological support services, perhaps as part of wider HIV networks along the lines set out in BHIVA et al *Standards for HIV Clinical Care (2007)* or MedFASH *Recommended standards for NHS HIV services (2003)*? Please give reasons for your answer. If yes, more detailed suggestions would be welcome.

6. Are these standards relevant and useful for all parts of the UK? If you think improvement is needed on this aspect of the standards, please suggest how we might improve them.

**B. General comments:**

The contribution and intervention of social work (social model) is critical alongside the medical model of treatment. Emotional and psychological support is fundamental to holistic support and intervention.

**C. Comments on each section:** (please give page/paragraph reference when referring to specific sections)

**Introduction**

**Stepped care model**

**Standard 1 Promotion of mental health and wellbeing**

**Standard 2 Support at the time of diagnosis**

**Standard 3 Screening**

**Standard 4 Competence to provide psychological support**

**Standard 5 Comprehensive psychological support services**

**Standard 6 Co-ordination of psychological support**

**Standard 7 Evidence-based practice**

**Standard 8 Evaluation and audit**

**Standard 9 Engagement of people living with HIV**

Please return this form to [cdaley@medfash.bma.org.uk](mailto:cdaley@medfash.bma.org.uk) by  
**5pm on Tuesday 31<sup>st</sup> May 2011.**

If you have queries about the consultation, please contact Charmaine Daley, Project Administrator, MedFASH at [cdaley@medfash.bma.org.uk](mailto:cdaley@medfash.bma.org.uk) or on 020 7383 6345.