

HIV and Inpatient Psychiatric Services

POSITION STATEMENT

Approved by the Board of Trustees, December 2004
Approved by the Assembly, November 2004

"Policy documents are approved by the APA Assembly and Board of Trustees...These are ... position statements that define APA official policy on specific subjects..." -- *APA Operations Manual*.

Every psychiatric inpatient setting may include patients who are infected with human immunodeficiency virus (HIV) or who are at risk of infection. Psychiatrist providing inpatient care must address the need to prevent HIV transmission while respecting confidentiality and the rights of the infected patient. In addition, the psychiatrist must insure the provision of HIV-related counseling, education, or other necessary intervention to assure the highest quality of care for all.

1. HIV-infected patients are entitled to the same standard of care as other patients. This care includes rigorous diagnosis and treatment of mental disorders. In addition, psychiatrists should understand how HIV-related medical conditions may affect psychiatric diagnosis and treatment and should seek consultation from AIDS medical specialists as needed.

2. HIV-testing of psychiatric inpatients should be performed on a case-by-case basis when medically indicated and with informed consent. HIV serological testing should not be performed solely for the purpose of staff awareness.

3. In addition to treating the psychiatric disorders of HIV-infected persons, inpatient psychiatric care should also include counseling regarding risk reduction measures and education about medical treatment for HIV infection and its complications. Discharge planning should address the patient's needs for ongoing medical care. Family members and significant others should be involved in counseling and education, if appropriate.

4. Based on the assumption that all patients and staff should be considered potentially at risk for transmitting or receiving HIV infection, universal precaution, as outlined in current Centers for Disease Control and Prevention standards, should be employed at all times for any psychiatric patient of any age. These precautions are protective both for non-HIV-infected patients and staff and for those with HIV infection who may be immunocompromised. HIV infection by itself does not require individual rooms or toilet facilities and such patients should participate in all aspects of inpatient treatment programs as their medical condition permits.

5. Sexual contact, needle sharing, and shared use of implements for tattooing or self-mutilation can and do occur in psychiatric inpatient settings. Adequate supervision must be available to ensure that all patients, regardless of serologic status, are not able to engage in behavior likely to transmit HIV in the inpatient setting. If a patient engages, or threatens to engage, in behavior that places other individuals at risk for potential HIV infection, the responsible physician should assure that appropriate steps are taken to control the behavior and, if necessary, isolate and/or restrain the patient. Disclosure of a patient's HIV status to other patients is neither appropriate nor an effective substitute for adequate clinical care and supervision (see *Position Statement on Confidentiality, Disclosure and Protection of Others*).

6. While acknowledging our limitations, we must develop strategies for safeguarding patients while they are in the hospital and for preparing them to safeguard themselves when they leave the hospital. Certain populations, such as youth, the chronically mentally ill, the developmentally disabled, and the chemically dependent, may be particularly vulnerable to HIV risk behaviors. HIV preventive interventions, specially targeted for those at greatest risk, should be a part of every inpatient treatment program.

7. Preventive interventions, whether directed towards infected or non-infected patients, should be appropriate to age and developmental stage, should be culturally sensitive, and must be of sufficient duration and intensity to bring about behavioral change.

8. Psychiatrists and other members of the clinical team should respect the patient's right to privacy. Disclosure of a patient's HIV status should be limited to those staff directly involved in the patient's care when such disclosure is appropriate for diagnosis, management, and treatment. Disclosure to other hospital staff (e.g., housekeeping staff, attending physicians on other services, etc.) is not appropriate. Psychiatrists should further be aware of regional legislation or statutory regulation regarding disclosure of HIV serologic status for minors as well as for adults. Patients should be made aware of hospital policy regarding documentation of HIV serologic status in the medical records before initiating HIV serologic testing.

9. When discharge is otherwise clinically appropriate, and if the patient represents a substantial risk of danger to others by virtue of behavior known to transmit the HIV virus, and if this danger is not related to a specific mental condition, it is inappropriate to retain the patient in the hospital solely for the purpose of quarantine or preventive detention.