**Background**

People living with HIV are disproportionately affected by psychological wellbeing and sleep issues, which can detrimentally impact their quality of life, adherence and health outcomes.¹,²,³

Despite monitoring and assessment being imperative to improve long-term health, evidence indicates variation in their use and absence of guidance for sleep issues.⁴

To support generation of evidence in this field, a market research study was designed to gain insights into current interventions for psychological wellbeing and sleep assessment within HIV services in the UK and Ireland.⁵

**Materials and methods**

The study was managed by a market research agency, which disseminated an online survey link to healthcare professionals (HCPs) from multiple HIV centres across the UK and Ireland to ensure accuracy of data. HCPs randomly selected a maximum of 20 care records reviewed between 2020 and 2022. No identifiable information was recorded or shared, with resulting data presented at an aggregate level.

**Results**

39 clinics participated and contributed notes for 665 people living with HIV. Demographics were reflective of the population in the UK and Ireland.

- **Since COVID-19**, 77% of HCPs perceived increasing demand for mental health support (Figure 1).
- 64% stated they routinely assess mental health
- Most expressed issues with capacity and resourcing to sufficiently support people living with HIV.

**Psychological issues** – 33% experienced a decline in psychological wellbeing, most of whom self-reported during face-to-face routine appointments.

- 14% of these had completed the 9-item Patient Health Questionnaire 9 (PHQ-9)
- 78% received support, with the majority signposted to external resources
- The primary driver for those who did not receive support was individual request.

**Sleep issues** – 46% of services stated that they do not routinely assess for sleep issues:

- 17% were identified as having sleep issues
- The primary method was self-reporting during face-to-face routine appointments
- 6% had completed a Pittsburgh Sleep Quality Index (PSQI) assessment
- In those who did not receive support for a decline in sleep quality, a lack of guidance was the main reason given.

**Key recommendations**

- Provide guidance on the use of PHQ-9 and GAD-7 as a means of proactive monitoring the mental health of people living with HIV.
- Further support from psychological or sleep specialists would be beneficial to helping people living with HIV with these issues. Alternatively, more training could be provided for HCPs so they feel better informed and confident in the support they recommend.
- There is currently limited staff capacity and tools to provide mental health support, which is required to ensure long-term health. In particular there is a clear need to add sleep assessment into current interventions for psychological wellbeing and sleep assessment within HIV services in the UK and Ireland.
- Of those who did not receive support for a decline in sleep quality, lack of guidance was the main cited reason, indicating support needed in this area.
- To offer sleep support, many HCPs are limited to changes in patient antiretroviral drugs or providing lifestyle and sleep advice.

**Key findings**

- HCPs are seeing greater demand for psychological wellbeing and mental health support services.
- In-person routine appointments helped identify decline in psychological wellbeing and/or sleep quality. Use of PHQ-9 and Generalised Anxiety Disorder Assessment (GAD-7) (data not shown) tools is low.
- HCPs are split on having access to in-clinic tools they can use to support people living with HIV with a decline in psychological wellbeing.
- Signposting to external resources is the most common support offered to those experiencing a decline in psychological wellbeing.
- The most common reason for not receiving support for a decline in psychological wellbeing was individual request.
- One in six people living with HIV have experienced a decline in sleep quality since the COVID-19 pandemic.
- Of those who did not receive support for a decline in sleep quality, lack of guidance was the main cited reason, indicating support needed in this area.
- To offer support, many HCPs are limited to changes in patient antiretroviral drugs or providing lifestyle and sleep advice.

**Summary and conclusions**

The findings of our survey indicate high variation between local management of psychological wellbeing and sleep in people living with HIV, in addition to key gaps in clinical guidance and identification, management and ongoing monitoring, which is required to ensure long-term health. In particular there is a clear need to add sleep assessment and management into clinical guidelines.

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**Opinion**

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**References**