Preferences for a psychosocial intervention based on health and wellbeing coaching, for people with HIV in a secondary care setting in England, Wales and Scotland: a discrete choice experiment.

Janey Sewell*[1], Meaghan Kall*[2], Adamma Aghaizu[2], Alec Miners[3], Alex Sparrowhawk[4], Jane Holder[5], Farai Mukazi[6], Alison Rodger[1], Fiona Lampe[1], Valentina Cambiano[1] on behalf of the NICHE study group.

1. University College London, UK; 2. UK Health Security Agency, UK; 3.Source Health Economics, UK; 4.George House Trust, UK
5. The Starling Clinic, Musgrove Park Hospital, Taunton, UK
6. Crawley Sexual Health, Crawley Hospital, UK

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Background

- The burden of mental health issues remains significant in people with HIV and conditions such as depression and anxiety are about twice as high among people with HIV than the general population (1, 2)
- Psychosocial support may help to improve mental health and wellbeing among people with HIV.
- We assessed preferences for a psychosocial intervention based on health and wellbeing coaching among people with HIV as part of the formative work for NICHE (Needs Informed model of Care for people with HIV) www.niche.ac

Aim

- The primary aim was to assess preferences for the delivery of a health and wellbeing coaching intervention to improve mental health and wellbeing for people with HIV.

Methods

- We conducted an online discrete choice experiment (DCE) among people with HIV (aged 18+) who had taken part in Positive Voices 2022 (a national cross-sectional survey of people with HIV) and agreed to further contact.
- The basic principle underpinning a DCE is that people are more likely to engage with and benefit from an intervention if the relevant communities are involved in its design. In this instance, this meant assessing preferences to identify combinations of service factors that are likely to maximise engagement with a health and wellbeing coaching intervention for people with HIV.
- The online DCE was designed based on prior literature reviews (3,4) and NICHE qualitative work (5).
- It assessed preferences across four intervention characteristics:
  - intervention deliverer (trained peer, healthcare worker, psychologist/counsellor)
  - delivery mode (face to face, online, flexible)
  - number of sessions (6, 9, 12)
  - session frequency (weekly, fortnightly, monthly)
- Participants were required to choose between two hypothetical health coaching interventions, or to opt not to receive the intervention.
- Participants indicated their preference using 9 questions concerning two different ways of receiving the health coaching intervention (option A or B), or not to receive it, see Figure 1.

Figure 1. An example of the options for selection in the DCE.

Option A	Option B	
Once a week (1 WEEK)	Once every 2 weeks (2 WEEKS)	
A psychologist or counsellor	HIV–positive peer support worker trained in health coaching	
Maximum of 6 sessions	Maximum of 12 sessions	
Initial face to face then online	Face to face throughout	I would rather not have either of these options
Select	Select	Select

Methods (cont…)

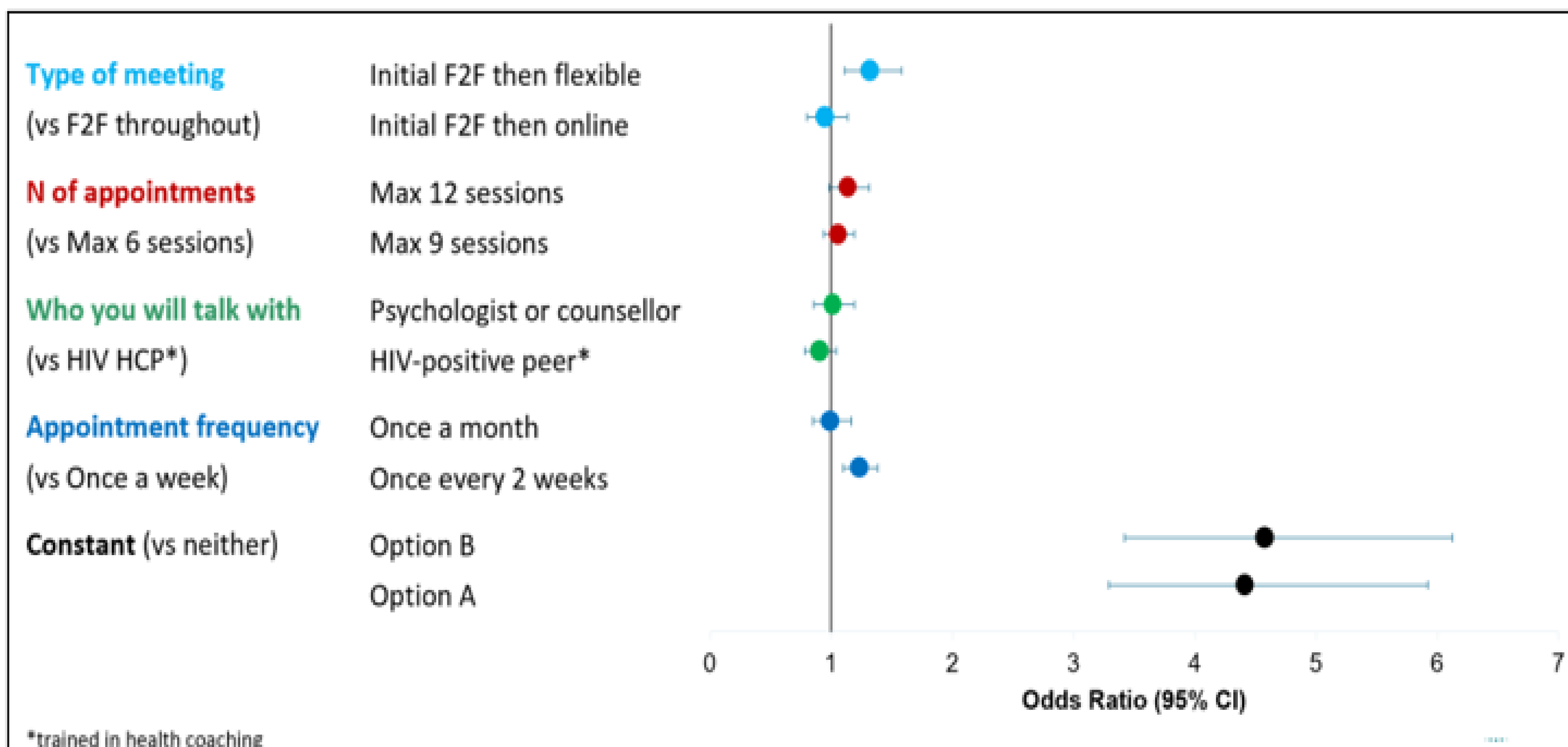
- The questionnaire was piloted by 10 volunteers including researchers and members of the NICHE Patient and Public Involvement engagement group to test usability, functionality and data collection.
- 1000 participants were invited via email in August -September 2023.
- 250 participants were invited via email in May-June 2024. The second group of invites were specifically aimed at attaining a representative sample from a diverse group of participants who were not initially contacted to participate in the first round of the DCE. To incentivise participation, we included a £5 Love2Shop e-voucher as an appreciation for time.
- Two email reminders were sent one week apart after the first invite for all participants.
- DCE questionnaire data was collected via online survey software (SnapSurvey Inc) hosted on a secure HTTPS connection. Data were encrypted at the point of transmission and stored on a secure, dedicated virtual server hosted at UKHSA.
- Data were analysed using a conditional logit model.

Results

In total 310 PLHIV completed the DCE. The response rate was 25%. The majority were men 84%(257/307) (including transmen) and of white ethnicity 74%(227/307). The median age was 54 years (range:23-78).

- There was a strong preference to opt-into the intervention over not taking the intervention (Odds ratio [OR] programme A vs neither=4.41; 95%CI: 3.29-5.92; OR programme B vs neither=4.58; 95%CI: 3.42-6.12; see Figure 2).
- There was a slight positive preference for (in order of strength): flexibility between face to face (f2f) and online versus always f2f (OR=1.32; 95%CI: 1.11-1.58) and meeting 2 weekly versus weekly (OR=1.23; 95%CI: 1.10-1.38).
- There was no preference for number of sessions or type of staff delivering the intervention: trained peer or healthcare worker or psychologist/counsellor.

Figure 2. Proportion of people with HIV using NHS, social care and support services in the last 12 months



- When we restricted the analysis to those reporting depressive symptoms (PHQ-9 >=10;28%, 88/310) the strength of preference for wanting the intervention increased (OR programme A vs neither=5.50; 95%CI: 3.05-9.91; OR programme B vs neither=6.50; 95%CI: 3.60-11.74).
- The direction of preference for other attribute levels was unchanged, but only having 12 sessions (OR=1.42; 95%CI: 1.05-1.92) versus fewer sessions was statistically significant.

Conclusions and key findings

- People with HIV, particularly those reporting depressive symptoms, showed a strong interest for a health and wellbeing coaching intervention.
- In such an intervention, there was a preference for the mode of delivery to be flexible between face to face and online, and a preference for sessions to be scheduled every two weeks. There was no strong preference for intervention deliverer.
- The findings from the DCE have been used to develop a health and wellbeing coaching and social prescribing intervention which is being evaluated in the SPHERE randomized controlled trial. The SPHERE RCT is recruiting from 7 HIV clinics across England from Sept 2024-Sept 2025 (https://niche.ac/projects/the-sphere-rct/).

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