

Position Statement on HIV and Inpatient Psychiatric Services

Approved by the Board of Trustees, September 2009
Approved by the Assembly, May 2009

"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*.

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. Voluntary HIV-testing of psychiatric inpatients between the ages of 13 and 64 should be offered routinely with pre and post-test counseling (see *APA Position Statement on HIV Antibody Testing*). Because psychiatric patients with severe mental illness have been documented to have high rates of viral hepatitis, testing inpatients for hepatitis A, B and C is highly desirable as well. Those inpatients who test positive for hepatitis should be referred for medical assessment, management of liver infections, and vaccination against hepatitis A and B if not already immune.
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 medical assessment and ongoing 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 precautions, 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 *APA Position Statement on HIV/AIDS and 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 and people with chronic mental illness, developmental disabilities, and substance use disorders, may be particularly vulnerable to HIV risk behaviors. HIV preventive interventions targeted to those at greatest risk, should be a part of every inpatient treatment program.
7. Psychoeducation and referral to preventive interventions should be routinely considered.
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.
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.