

Position Statement on HIV and Outpatient 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. All psychiatric patients should be treated on the basis of their clinical condition; HIV infection, serologic status (e.g., HIV status), or suspicion that the patient is at risk for HIV infection should not, in and of itself, impede the delivery of appropriate medical-psychiatric treatment.
2. In therapeutic relationships, the psychiatrist should work with patients to reduce risk behavior regardless of serologic status.
3. Psychiatrists should be competent in counseling patients regarding seeking HIV serologic testing, including the elements of pre- and post-test counseling. Psychiatrists should be able to distinguish anonymous and confidential testing and should know the implications and limitations of confidentiality.
4. In situations where a psychiatrist has received convincing clinical information that the patient is infected with HIV, the psychiatrist should advise and work with the patient either to obtain agreement to cease behavior that places others at risk of infection or to notify individuals who may be at continuing risk of exposure. If a patient refuses to agree to change behavior or to notify the person(s) at ongoing risk or if the psychiatrist has good reason to believe that the patient has failed to or is unable to comply with this agreement, it is ethically permissible for the psychiatrist to notify identifiable persons who the psychiatrist believes to be in danger of contracting the virus, or to arrange for public health authorities to do so.
5. Although HIV is an infection of low transmissibility in the medical setting, psychiatrists have a responsibility to reduce risk of HIV transmission from patient to patient, patient to staff, and staff to patient. All patients and staff should be considered potentially at risk for transmitting or receiving HIV infection. A minimal standard of care should include the following:
 - a. Implementation and monitoring of infection control procedures as outlined by current Centers for Disease Control standards.
 - b. Appropriate management of affective, cognitive, and behavioral disturbances to ensure risk reduction for both patients and personnel.
6. HIV/AIDS education is important in the treatment of all psychiatric patients. Culturally sensitive and age-appropriate educational and supportive services for patients, families, and staff should be available. Such services would include the following:
 - a. Printed educational materials readily available to patients and staff.
 - b. Education regarding behaviors that place an individual at risk for HIV infection and alternative behaviors.
 - c. Evaluation of a patient's behavior for assessment of risk to self or others.
 - d. Encouraging and, where possible, offering voluntary HIV testing.
7. Psychiatrists should obtain consent to contact and communicate with the medical care providers of HIV-infected patients and to facilitate a referral if medical care is inadequate or nonexistent.
8. Psychiatrists and other members of the clinical team should respect the patient's right to privacy. Disclosure of a patient's serologic status (e.g., 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 clinic or office staff is not appropriate.
9. Psychiatrists and HIV-infected patients should appreciate the problems associated with unwarranted disclosure of serologic status. Psychiatrists should further be aware of regional legislation or statutory regulations regarding disclosure of serologic status and transfer of medical information.