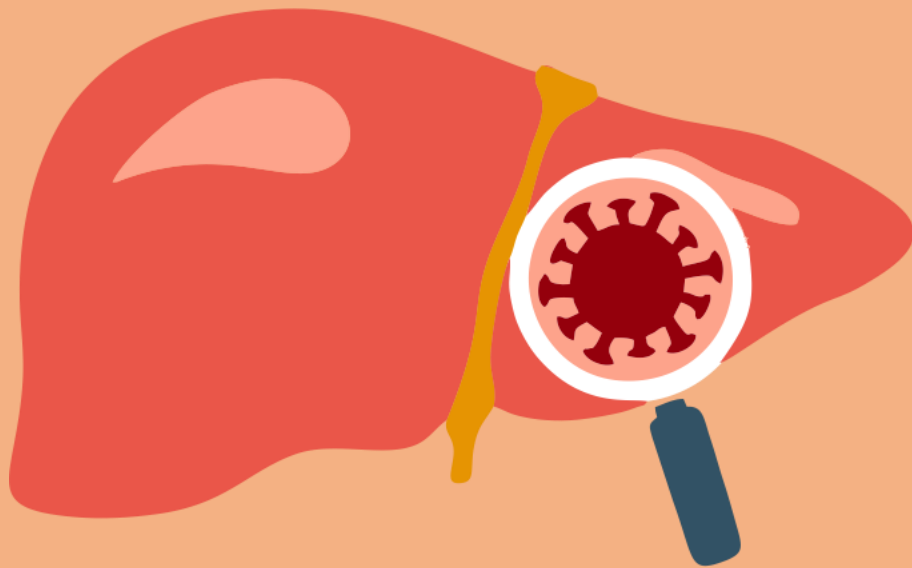


PRAKASH

PRogrammed **A**pproach to **K**nowledge
And **S**ensitization on **H**epatitis



HEPATITIS INDUCTION PROGRAM

Mental Health in Viral Hepatitis

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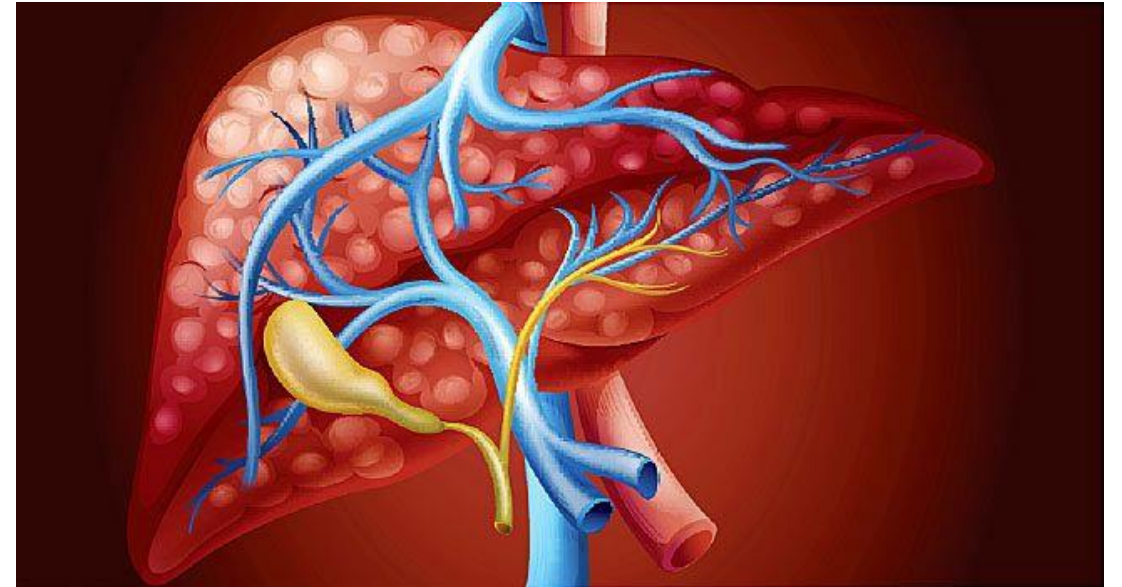
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Viral Hepatitis

- Its an viral infection that causes inflammation of the liver
- Types: A, B, C, D, E
- A and E are caused by ingestion of contaminated food or water
- B, C and D are caused by contact with contaminated blood or body fluids
- Types B and C lead to chronic disease



Viral hepatitis & mental health

- Its common to have strong reactions (fear, anger) when one is diagnosed with HBV & HCV.
- Mental illness & hepatitis usually co-occur
- They are more prone to develop infections like viral hepatitis etc.
- These viruses are linked with psychiatric conditions in both adults and children, according to
 - The American Association for the Study of Liver Diseases
- HCV are usually associated with more risk to develop anxiety, depression and insomnia

Counselling

- Promoting testing awareness
- Focus on specific population
- Creating an enabling environment
- Reduce stigma and discrimination



WHO 5 C's for hepatitis testing

Consent

- Must give informed consent
- Verbal consent is sufficient
- Right to decline

Each person has a private opportunity to opt out of testing.



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WHO 5 C's for hepatitis testing

Confidentiality

- Ensuring a confidential setting and preserving confidentiality
- Not only to test result but also to other personal information
- lack of confidentiality discourages people from using testing services

WHO 5 C's for hepatitis testing

Counselling

- All people should have the opportunity to ask questions
- Post-test counselling
- QA mechanisms as well as supportive supervision and mentoring systems, to ensure the provision of high-quality counselling



WHO 5 C's for hepatitis testing

Correct

- High-quality testing services
- Quality assurance- including support from the national reference laboratory

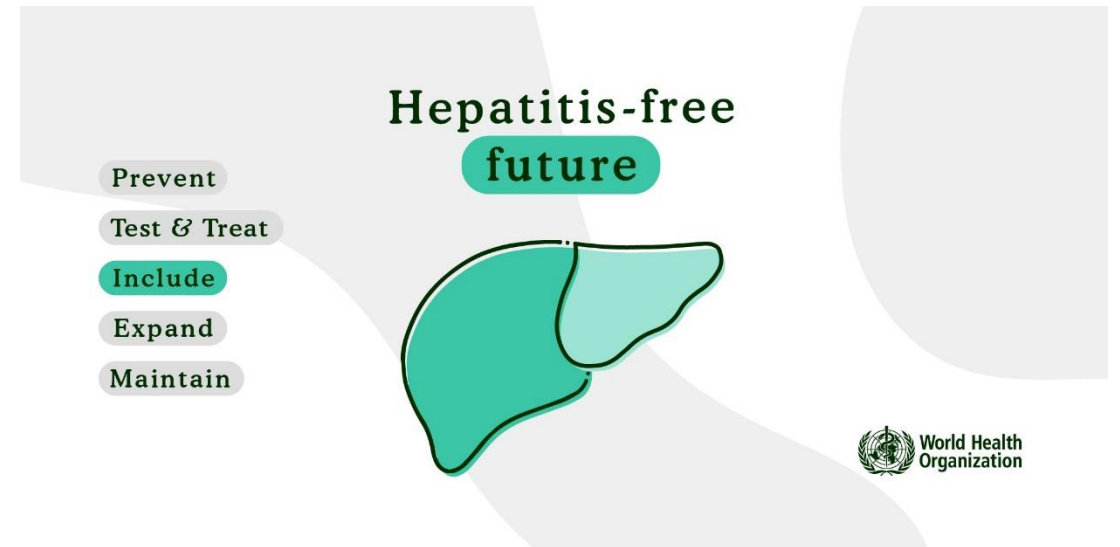
WHO 5 C's for hepatitis testing

Connection

- Linkage to prevention, treatment and care services should include effective and appropriate follow up, including long-term prevention and treatment support

Providing Pre-test information

- Viral hepatitis and the benefits of testing for hepatitis B or C; and the meaning of a positive and negative test result
- A brief description of prevention options
- The confidentiality of the test result, as well as any information shared by the patient



Post test counselling and service- who test positive

- Provide clear information on further tests to be provided to confirm stage of liver disease
- Assess need of referral
- Provide information on prevention of transmission and lifestyle modification
- Family screening & vaccination

Post test counselling and service- who test negative

- Explanation of a negative result
- Offer HBV vaccination
- Repeat testing of HCV if patient of high risk group



- Medical providers should counsel patients
- risk for disease transmission – family members
- Couples or family counseling requires additional training
- In case of partners, protection methods should be used
- In case of household members, not sharing razors & tooth brushes

HOW SOMEONE CAN GET HEPATITIS B:

BLOOD

DIRECT BLOOD TO BLOOD CONTACT



Mother to child during birth



Tattoos, piercings, barbers, scarification, circumcision practices



Sharing needles

SEX

DIRECT CONTACT WITH SEXUAL FLUIDS



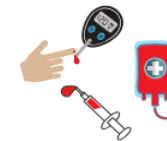
Household contact

Sharing hygiene equipment (razors, toothbrushes, earrings etc.)

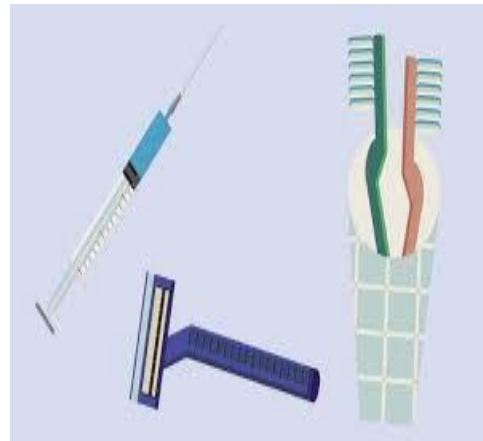


Sexual transmission

There is a risk during any type of sexual contact



Unsterile healthcare practices



- behavioral health treatment providers need to know:
 - The natural history of [hepatitis C virus infection](#)
 - Standard treatment
 - Common adverse effects
 - Manage adverse side effects
 - How to work with high-risk populations
 - Management – mood & cognitive changes

Treatment Approaches

Using effective counseling strategies, including motivational approaches and other tips includes :

- Ensuring safety of the counselor
- Providing reliable information about [hepatitis](#)
- Building the therapeutic relationship
- Helping clients understand their diagnoses

Contd..

- Incorporating client needs in substance abuse treatment planning
- Developing a plan to prevention
- Using motivational approaches
- Confronting the social consequences of disclosing [hepatitis](#) status
- Addressing relapse
- Building support systems
- Providing effective case management

Stigma & Discrimination

- a mark of disgrace associated with a particular circumstance
- Stigma is associated with a lack of knowledge surrounding the transmission of viral hepatitis
- Fear of infection and lack of knowledge leads to breakdown of intimate relationships.

How stigma can be reduced ?

- By implementing positive messages regarding vaccination programs
- Raising awareness of the hepatitis virus by disseminating accurate information about transmission
- Using online support groups and social media

Developing a plan

- Identify a specific high-risk incident.
- Focusing on past behavior might be difficult for a client who feels shame or regret. Discussing one specific incident might be less onerous for the client.
- Ask the client to describe the “who, what, where, when, and how” of the most recent risky experience.

Contd..

- Keep in mind that some patients will not know how they became infected.
Developing a risk-reduction plan for this type of patient might require a gradual, supportive approach to identifying risk factors.
- Identify a situation when the patient minimized his or her risk.

Contd..

- Synthesize patterns of behavior
- Revisit the plan periodically, and assess progress.
- Include vaccinations against [hepatitis A](#) & [hepatitis B](#) and prevention strategies for other infections, such as HIV, that are spread in the same way as different types of hepatitis.

Addressing Relapse

- A diagnosis of viral [hepatitis](#) might increase a client's potential for relapse to alcohol or drug use. The diagnosis might also exacerbate depression and anxiety, which are known triggers for an SUD relapse.
- The professional can start conversations about relapse by asking the client the following questions:
- “What kind of things make you think about using again?”

contd

- Do you consider getting injections during treatment a possible trigger to drug use?”

“What kinds of things could help you avoid substance use?”

“Who could support you in these efforts?”

“How worried are you about the possibility of a relapse ?

Clinical Scenario

Sarah:	“I don’t see what the big deal is about hepatitis . I feel fine.”
Health care Professional :	“Hepatitis is a silent disease. You could go for years feeling fine while hepatitis damages your liver.”
Sarah:	“So, I get a little liver damage. I know lots of people with hep who just live with it.”
Health care professional:	“Let’s work together during our sessions to better understand what hepatitis is really all about. It’s true that some people can live with degrees of liver damage, depending on their overall health, but if your liver gets damaged enough, it won’t work anymore. When your liver doesn’t work, you become very ill. Your liver performs hundreds of functions that keep you alive. Right now, your liver is removing toxins, storing the nutrients your body needs, producing the materials you need to digest food, and doing many other things. If your liver stops working properly, your quality of life can be seriously lowered. What kind of life do you want for yourself?”
Sarah:	“I want to feel good and to be able to do all the things I like to do. I didn’t realize that when a disease is ‘silent,’ it can actually be doing a lot of damage. I guess I can’t just ignore my hepatitis and hope that it will go away.”

Thank you!