

Mental Health and Substance Use Screening and Intervention Practices among Clients Accessing HIV Testing and other Sexual Health Services: A Scoping Review

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Background

Sexual health clinics often serve client populations that are not reached in other clinical settings, including clients from diverse gender identities and expressions, diverse sexual orientations, underserved racial backgrounds, and clients of low socioeconomic status¹⁻³. Clients attending sexual health clinics also experience disproportionately high rates of mental health and/or substance use (MHSU) related issues⁴⁻⁶. Syndemic theory suggests that multiple health conditions interact, driving increased HIV/STI prevalence in the populations these clinics serve^{7,8}.

In other primary care settings, there is substantial evidence that providing screening and interventions for MHSU-related issues can be effective at improving MHSU outcomes^{9,10}. In sexual health settings, screening and interventions may lead to improved MHSU outcomes, and over time, improved HIV/STI outcomes. Consequently, several sexual health clinics around the world have begun to screen for and provide interventions for MHSU-related issues. These practices have not previously been synthesized; therefore, we conducted a scoping review to describe screening and intervention practices for MHSU issues in sexual health clinics, and to provide recommendations for future research and clinic practices.



Methods

The methodology used for this scoping review is guided by the Arksey and O’Malley framework¹¹. We first explored existing knowledge and networks to identify potentially relevant peer-reviewed and grey literature. We then reviewed three indexed scientific literature databases (Medline, CINAHL, and Embase) to identify studies published in peer-reviewed journals, conference abstracts, and graduate theses between January 1, 1996 and March 1, 2020. Given the anticipated scarcity of research on this topic and the exploratory nature of this scoping review, we included search terms for childhood sexual abuse (CSA) and intimate partner violence (IPV), two psychosocial issues screened for in multiple sexual health clinics identified in preliminary searches. This search was not restricted by study design nor geography, although only articles written in English were included. We excluded studies that carried out MHSU screening without any intervention for those who screened positive.



Results

20 studies were included in the scoping review. 8/20 were prospective observational studies, 7/20 were randomized controlled trials, 3/20 were retrospective record reviews, 1/20 was a case series, and 1/20 was a cross-sectional study. Studies were conducted in the United Kingdom (8/20), the United States (5/20), Australia (3/20), Canada (2/20), Sweden (1/20), and the Netherlands (1/20). Key populations served by these clinics included racialized communities, specifically Black (5/20) and Hispanic (3/20) populations, men who have sex with men (3/20), individuals of low socioeconomic status (3/20), and women who have experienced IPV (2/20). Of the 44 sexual health clinics identified in the 20 studies, all of them were publicly funded and three of them were located in rural settings, with the rest being urban clinics.

Studies used self-administered screening (11/20), interview screening (5/20), or both (4/20). Clinics screened for the following MHSU-related issues: substance use issues (17/20); depression (7/20); anxiety (7/20); IPV (4/20); and CSA (2/20). Most clinics offered a combination of both in-house interventions and external referrals (13/20), while the rest either reported in-house interventions (5/20) or external referrals only (2/20). 10/14 studies that assessed intervention effectiveness reported that these practices (or screening alone) led to improvements in MHSU outcomes; one study reported a reduction in STI incidence over one year¹².

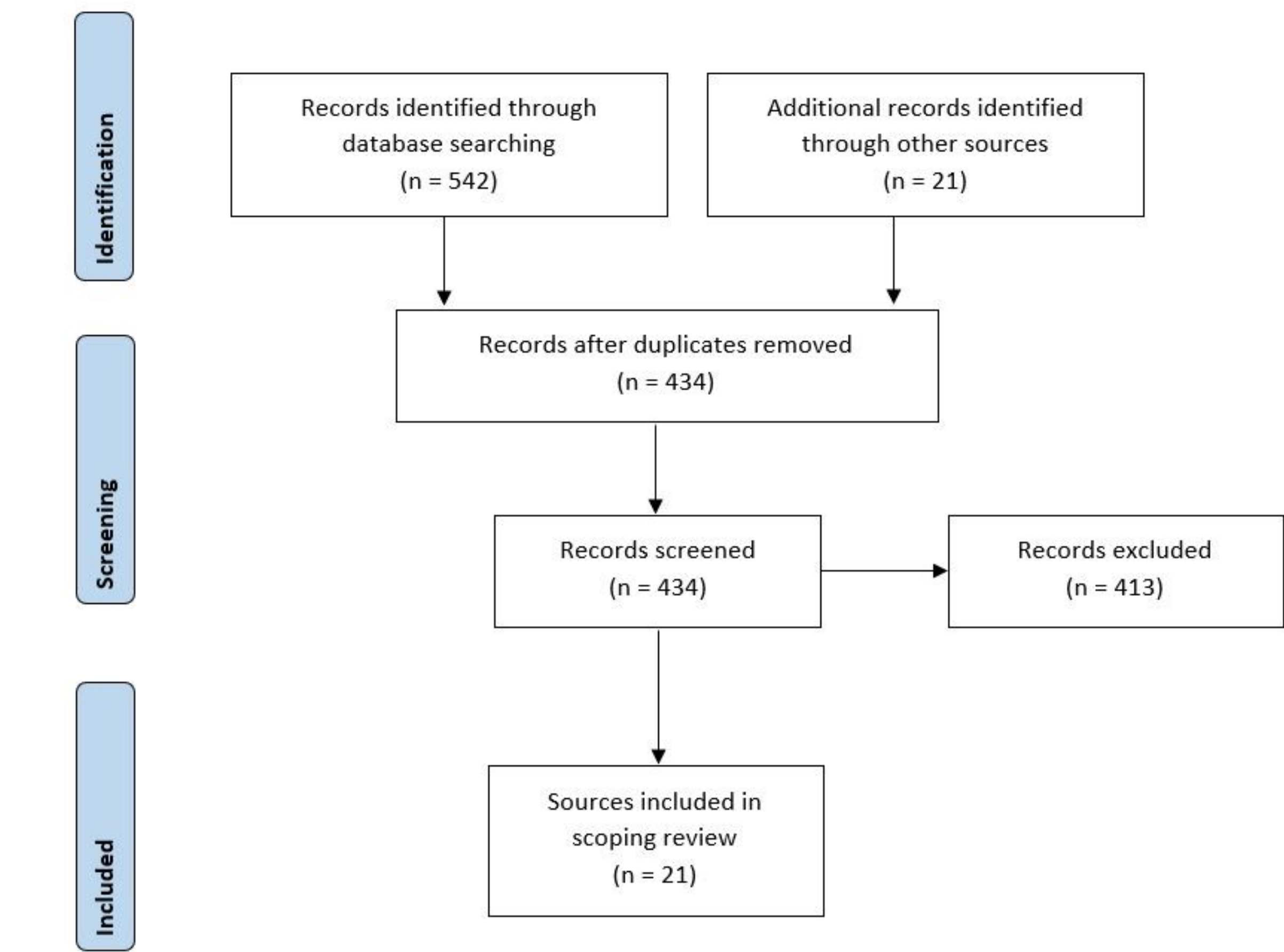


Fig. 1: PRISMA Flowchart

Discussion

The majority of studies included in this scoping review focused on screening and intervention practices specifically for substance use issues. Evidence on the effectiveness of these practices was mixed; most studies asserted that screening for and providing interventions for substance use conditions in sexual health clinics is feasible, but that more work is needed to understand what makes them effective. Other studies, however, felt that it was burdensome, not necessarily very successful or welcomed by clients or staff, and required further research to justify its use¹³⁻¹⁵. Although 4/6 studies saw improvements in mental health related outcomes, there was insufficient research on anxiety and depression to make robust conclusions. This suggests the need for further evidence assessing the feasibility and effectiveness of screening and intervention practices for anxiety and depression in sexual health clinics. The primary psychosocial issues included in this review centred around CSA and IPV. While there was limited literature assessing the effectiveness of treating clients with a history of these issues in sexual health clinics, evidence suggests these practices are feasible and that uptake of referrals was acceptable.

Recommendations & Conclusion

1. Most studies in this scoping review screened for alcohol abuse but did little screening for other drugs; future studies should explore the feasibility and effectiveness of screening clients in sexual health clinics for opioid use disorders, connecting them to treatment, and providing naloxone¹⁷.
2. Few studies assessed the effectiveness of screening for and treating anxiety and depression in sexual health clinics. A study by Seivewright et. al using CBT showed promise; this intervention should be trialed in future research¹⁸.
3. Sexual health clinics should screen for and treat the consequences of CSA and assess how it impacts MHSU and HIV/STI-related health outcomes.
4. Future mixed-methods studies (i.e. surveys, interviews) should explore if interventions for IPV have been effective at reducing its recurrence and meeting client-identified needs.
5. Qualitative studies are needed to explore clients’ experiences with MHSU-related screening and intervention practices. In-depth interviews could help expand on what does and does not work well, and also explore whether clients feel safe and not judged, shamed, or retraumatized during these practices.
6. Evidence related to the cost-effectiveness of interventions is lacking. As the effectiveness of interventions and referrals are further evaluated, their cost-effectiveness should be explored.
7. Finally, future studies should prioritize the assessment of whether MHSU-related screening and intervention practices lead to reductions in HIV/STI incidence.

These results suggest a range of MHSU screening and intervention practices are used by HIV/STI testing clinics globally. Additional work is needed to evaluate their effectiveness and cost-effectiveness.

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Photos courtesy of: Unsplash

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