## Table 3. The psychological patterning of HIV testing and potential implications for services and intervention development

|  | Psychological issues for testee  | Service implication  | Intervention opportunities   |
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| Testing in response to<br>a 'one off' perceived          | Assumes recognition of risk  | Medium positivity potential  | Suggests on-going population level interventions to educate MSM to recognize risk (e.g. post-PrEP)   |
| risk event   | Perceived risk of infection is high<br>Reflective decision-making<br>process should be targeted within | Waiting period (due to window period and<br>processing delays)/rapid results<br>Arrange provision of support | The testing experience may represent a teachable<br>moment – Boosting behavioral interventions to<br>maintain safer behavior or initiate PrEP if available |
|  | intervention mechanism of action<br>Potential high levels of distress                                  | Arrange provision of range of STI tests  | Provides an entry into pathway for care and secondary prevention for positive tests  |
|  |  | Arrange intensive partner notification<br>Tolerance for higher cost HIV tests                                | Consideration of approaches such as below  |
| Testing in relation to<br>on-going high risk<br>behavior | Perceived risk may be high<br>Other priorities may be more   | Challenge of identifying group of on-going<br>high risk MSM or Intravenous drug users                        | Personalized risk assessment may be useful for<br>fostering testee and professional recognition of<br>patterns of risk behavior                            |
|  | important than HIV risk<br>Distal determinants of on-going   | Ensure positive experience to encourage<br>habit formation of service use                                    | Intensive intervention may be needed to change the maintenance of problematic behavior change  |
|  | risk behavior may be important<br>(i.e. syndemics)   | Establish relationship and continuation of care  | Reminders/triggers/behavioural prompts   |
|  |  | Arrange intensive Partner notification   | Testing bundles (Wide range of STI and blood borne viruses) may be appropriate   |
|  |  | Focus upon patient choice given their potential diverse service needs  | Referral for PrEP may viable   |

| Testing in relation to<br>higher risk due to<br>group membership, or<br>area of high HIV<br>prevalence rather<br>than risk behaviour<br>per se | High HIV awareness but possibly<br>low risk perception<br>Maintenance of group<br>membership | Explore provision of testing bundles STIs<br>(convenience and self-management)<br>High positivity risk (HIV), high STI risk<br>Challenge of identifying group and<br>encouraging testing without stigmatizing<br>Ensure positive experience<br>Establish relationship and continuation of<br>care<br>Focus upon patient choice<br>Provision of testing bundles STIs<br>(convenience and self-management)<br>Intensive partner notification | Candidates for intensive behavioral prevention which<br>addresses the wider psychological and social<br>determinants of risk<br>Suggests identity related interventions should be<br>considered<br>Suggests interventions which focus upon normative<br>influence, social capital and social context should be<br>considered<br>Norm based interventions that focus upon prompts for<br>repeat testing and peer support for testing should be<br>considered<br>Focus upon salutogenic issues and resilience |
|--|--|--|---|
| First ever test  | Reflective decision-making<br>Associated with younger age or<br>recent MSM conduct           | Ensure positive experience and establish a<br>sense of habit<br>Normalise experience<br>Routine Partner notification   | School-based interventions should be considered to<br>increase opportunities to test<br>Mass media interventions should be considered to<br>increase motivation and capability to test<br>Age related interventions may capitalize on<br>community norms<br>Identity related interventions may work particular for<br>younger men and men recently coming out   |

| Routine testing as sexual health screen | Low risk perception | Minimal attention to HIV per se<br>Low positivity risk | Interventions could focus upon effective prompts for<br>timely return to services |
|---|---------------------|--|---|
|   |                     | Routine Partner notification                           | Focus upon salutogenic issues and resilience                                      |
|   |                     |  | Explore self-managed testing interventions (e.g., postal delivery)                |