

The background features several overlapping, curved bands in various shades of blue, creating a sense of depth and movement. The bands are layered, with some appearing to be in front of others, and they curve from the top left towards the bottom right.

**Guidance note on
planning and budgeting
for the integration of
mental health services
into HIV programs**

JUSTIFICATION AND RATIONALE FOR INTEGRATION OF MENTAL HEALTH INTO HIV FUNDING REQUESTS

The relationship between HIV and mental health is bi-directional: poor mental health increases vulnerability to HIV infection, while living with HIV raises the risk of developing mental health conditions. People living with, affected by, or at risk of HIV who experience mental health conditions often face reduced access to and uptake of HIV prevention, testing, and treatment services. Co-morbidity can exacerbate stigma, impair quality of life, and negatively affect HIV and overall health outcomes, including lower adherence to treatment, retention in care and increased morbidity and mortality.

The integration of HIV and mental health services is increasingly recognized and supported at the global level as a best practice. The 2022 UNAIDS and WHO publication, Key Considerations to Integrate HIV and Mental Health Services, underscores the importance of integrating HIV and mental health care across the life course and for vulnerable populations. In addition, the 2025 WHO guideline on HIV service delivery explicitly endorses the integration of services for depression, anxiety, and substance use into HIV care.

This technical brief outlines the full spectrum of opportunities for integrating mental health services into HIV programming. Countries, however, are facing competing priorities in a shrinking fiscal space and must convene relevant stakeholders to identify which interventions are feasible, high priority, and aligned with the local context. Decisions should reflect updated WHO guidance and emphasize cost-effective interventions that strengthen HIV outcomes. Importantly, the future of effective HIV programming lies in integrating mental health services not only within HIV platforms, but also within primary health care (PHC). Embedding HIV and mental health services within PHC promotes person-centered care and reinforces overall health system resilience and sustainability.

Applicants are encouraged to provide a clear rationale for including mental health services in their funding requests. This should reference current evidence supporting HIV-mental health integration, relevant epidemiological and contextual data, and whether mental health is included in the National HIV Strategic Plan. Applicants should also explain how mental health integration will advance specific HIV programmatic priorities (e.g., improving ART adherence or retention in care), demonstrate cost-effectiveness, and contribute to the delivery of integrated, person-centered care.

INTERVENTIONS

From a programmatic perspective, particular attention should be paid to identifying opportunities across the HIV prevention and care continuum and ensuring rights-based, person- and community-centered and local context-specific approaches to HIV and mental health. Some populations may require special attention due to intersecting social and structural determinants that influence physical and mental health outcomes including, but not limited to: pregnant women, adolescents and youth, aging and older people and key populations.

1. Mental health integration can occur across the HIV care continuum (see Annex 1 for details). Some examples:

- HIV prevention: Integrate PrEP with mental health prevention and promotion
- HIV testing services: Post-test counselling that includes mental health screening and referral for relevant services
- ART initiation: Screening/identification for mental health conditions and psychosocial, psychological and pharmacological interventions as needed and provision of care
- ART adherence, retention in HIV care and viral suppression: Screening/identification for mental health conditions at all follow up visits. Psychosocial and brief psychological intervention to support adherence and retention in care.

2. Addressing human rights violations, stigma and discrimination

The psychological distress associated with stigma (including self-stigma) and discrimination may also trigger or aggravate the symptoms of mental health conditions (e.g., depression) in affected individuals. Access to quality treatment with dignity for all people, including people with mental health conditions, is an essential part of the rights-based approach to HIV. People living with HIV should have access to screening and treatment for mental health conditions, including depression, with psychosocial support, treatment, referral linkages. Communities should be engaged as advocates for improving access to prevention, care and treatment services that include mental health. WHO Quality Rights aims to improve access to quality mental health and social services and promote the rights of people with mental health conditions.

Budget

Example of activities that would need to be budgeted (N.B : The figures will need to be worked out for each country)

Activities	Quantities	Estimated costs (US\$)
Half-day workshop to raise awareness and elicit policy makers' commitment for integrating mental health into HIV programmes	1	
2.5-day action planning workshop for 100 HIV service managers (2 facilitators, logistics and training materials). (Develop plans for integrating mental health services in HIV programs)	2	
Update guidelines to cover mental health services, developing training materials, conduct trainings		
Training HIV care providers on mental health interventions through 1-day workshop or eLearning courses	xxx health workers in ... (e.g.PHCs, HIV clinics)	
Support and supervision of trained care providers	xxx	
Monitoring and Evaluation. Adding mental health indicators to HIV Performance M&E Framework. Review meetings of implementing sites to track progress, share learnings, and course correct as needed		
Additional HR as needed, for example counselors or psychologists for multidisciplinary teams. Staff / Consultant to support the project. Cost of TWG or TA if needed		
Cost of medicines		
Travel and other admin support		
Total		

In addition to costing the key interventions, it will also be critical for applicants to articulate opportunities for cost-sharing and explain how different resources will be leveraged. Consideration should be given to any potential cost-savings generated from integration.

PRACTICAL TOOLS AND ADDITIONAL INFORMATION

(click on hyperlinks to access materials for your reference)

- [Key considerations to integrate HIV and mental health services](#)
- [mhGAP Intervention Guide](#): clinical tool for general health care settings. mhGAP Training Materials
- [mhGAP Community Toolkit: targeting community health workers](#)
- [mhGAP module on Assessment and Management of Conditions Specifically Related to Stress](#)
- [Problem Management Plus : individual psychological intervention.](#)
- [Interpersonal Therapy for Depression : group therapy for depression.](#)
- [QualityRights: materials for training, guidance and transformation](#)
- [WHO Guidelines on management of physical health conditions in adults with severe mental disorders](#)
- [Key considerations for differentiated antiretroviral therapy delivery for specific populations](#)

Annex 1: Mental health integration across the HIV care continuum

HIV care continuum	Mental health intervention	Activity
HIV prevention Integrate PrEP with mental health screening, referral, and substance use services	Screening for depression, alcohol and other substance use in PHC.	Train PrEP providers on conducting mental health screening as part of a package of HIV prevention services
	Interventions for promotion and prevention for mental health*	Community outreach activities to change attitudes toward PrEP and mental health interventions
	Brief interventions for alcohol and substance use	Deliver HIV prevention services in settings including harm reduction such as needle and syringe programmes and opioid substitution therapy
HIV testing Post-test counseling that includes mental health screening and referral for relevant services	Screening for depression, alcohol and other substance use.	Community-based HIV testing programmes with formal referral linkages to mental health services
	Assess risk of suicide Interventions for promotion and prevention for mental health*	Provide HIV testing services in mental health and substance use treatment service settings Community mental health settings: provide HIV testing services including counselling as part of individual assessment and create community-based treatment networks with HIV, mental health, and substance use services
ART initiation Routine screening for mental health conditions and psychosocial, psychological and pharmacological interventions as needed	Routine screening for mental health conditions (including depression, and alcohol use)	Train primary care providers in mental health screening and interventions for depression and alcohol use.
	Psychosocial support for promotion and prevention for mental health*	Provide training, supervision and support for mental health provider in psychological interventions
	Peer support groups and family-based interventions, particularly for adolescents	Supply and prescribing of psychotropic medicines in primary care.
	Psychological interventions for depression and alcohol use	ART prescription in accordance with co-occurring mental health conditions and potential side effects.
	Pharmacological interventions for mental health conditions as needed	Consider drug-drug interactions between ART and psychotropic medicines Naloxone administration for suspected opioid overdose and community distribution for first responders to prevent fatal OD

HIV care continuum	Mental health intervention	Activity
ART adherence, retention in HIV care and viral suppression Regular screening for mental health conditions at all follow up visits. Psychosocial and brief psychological intervention to support adherence	Regular screening for mental health conditions among individuals who have not achieved viral suppression	Integration of syringe distribution, methadone and buprenorphine in pharmacies or HIV clinics providing ART Establish formal referral linkages to mental health services
	Suspicion and detection of neurological complications (e.g. HAND, neuroinfections) Provide psychosocial interventions to improve adherence and viral suppression (e.g., peer counselors, phone messages, reminders) Educate people about mental health conditions, living with HIV, and substance use conditions; reduce stress and strengthen psychosocial stressors; and promote functioning in daily activities Provide psychological interventions for depression, anxiety, alcohol and substance use. Pharmacological interventions for mental health conditions as needed.	Train HIV providers on screening and management of mental health and substance use conditions and naloxone administration for suspected opioid overdose and community distribution Create multidisciplinary, patient-centered care teams to overcome adherence challenges (e.g., include an HIV care provider, mental health care provider, social worker) Formal referral linkages to mental health services Supply of psychotropic medicines in primary care and HIV treatment centres

***Mental health prevention** begins with awareness and understanding of early warning signs and symptoms, including self-harm. Selected preventive interventions that address needs of people seeking HIV care include:

- Management of perinatal and maternal depression among women living with HIV or at risk of HIV infection;
- Suicide prevention;
- Burnout prevention among clinical care providers and facility staff;
- Community and school-based social and emotional learning programmes to reduce risks among adolescents for HIV infection, substance abuse, self-harm, and suicide; and
- Community empowerment activities and interventions to address stigma and violence against key populations including people who use drugs, men who have sex with men, sex workers, transgender people and people in prisons.

***Mental health promotion** includes strategies relevant to people at risk for or living with HIV, people with mental health conditions, key populations and other vulnerable groups include advocating for health-enhancing public policy on the social determinants of health, such as:

- creating supportive environments including supportive laws and legislation that decriminalizes certain behaviours;
- strengthening community action by connecting people to resources or building social capital, developing personal skills (e.g. resilience); and
- reorienting health services (e.g. screening for perinatal depression).

In concert with HIV awareness campaigns, engage the wider community in health promotion for mental, neurological and substance use conditions through the following activities:

- Deliver mass public awareness campaigns to raise public awareness in the district about the importance and availability of mental health services;
- Identify strategies to merge anti-discrimination and stigmatization campaigns for mental health conditions, HIV, and HIV risk behaviours;
- Disseminate awareness-raising materials on mental health and substance use conditions and treatment for mental health in health facilities; and
- Ensure that people living with HIV and mental health conditions play an active role in awareness-raising.

***Psychological interventions** for depression and anxiety include: problem-solving therapy, interpersonal psychotherapy for depression, and cognitive behaviourally-oriented therapies. WHO manuals include: Problem Management Plus, Group Interpersonal Therapy (IPT) for Depression and Thinking Healthy.

Screening and brief interventions based on motivational interviewing for alcohol and other substance use as well as cognitive-behaviorally oriented therapies for substance use disorders can be integrated into primary care or HIV care services.