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**GUIDANCE NOTE
ON PLANNING AND
BUDGETING FOR
THE INTEGRATION
OF MENTAL HEALTH
SERVICES INTO
TUBERCULOSIS
PROGRAMS**

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

Tuberculosis (TB) and mental health conditions are closely interconnected. They share common social and structural risk factors including homelessness, HIV, alcohol and substance use, poverty, and migrant status which result in high levels of co-morbidity. Living with TB can also increase the risk of depression, anxiety, and other mental health conditions due to prolonged treatment, stigma, social isolation, and economic hardship. Untreated mental health conditions negatively affect treatment initiation, adherence, retention in care, and ultimately treatment outcomes, including cure rates and mortality.

Integrating mental health services into TB care is widely recognized as a best practice to strengthen outcomes while enhancing efficiency within constrained health systems. Integration of mental health services into TB programs is recommended under Pillar 1 of the WHO End TB Strategy, which calls for integrated, patient-centered care and support tailored to the needs of vulnerable populations, including those with mental health conditions. Mental health support is further endorsed in Module 4 of the WHO Consolidated Guidelines on Tuberculosis.

This technical brief outlines the range of opportunities for integrating mental health into TB programming. Countries should convene relevant stakeholders to identify context-appropriate, high-priority, and feasible interventions aligned with national TB strategies and WHO guidance. Emphasis should be placed on cost-effective approaches that strengthen person-centered care and improve TB outcomes. Integration should also be considered through a broader health systems lens, including the integration of TB and mental health services within primary health care, to promote resilient and sustainable service delivery.

In the current fiscal environment, there is heightened pressure to prioritize interventions that deliver measurable impact and value for money. Applicants are encouraged to provide a clear and evidence-based rationale for including mental health services in TB funding requests. This should reference current evidence on TB-mental health co-morbidity, relevant epidemiological and contextual data, and whether mental health is reflected in the National TB Strategic Plan. Applicants should also describe how proposed activities will advance specific TB programmatic priorities, such as improved treatment adherence, reduced loss to follow-up, or increased treatment success, while demonstrating cost-effectiveness and contributing to integrated, person-centered care.

INTERVENTION

The integration of mental health services where care is provided for people with TB can be achieved using standardized and evidence-based WHO programs such as mhGAP. mhGAP involves a package of tools, available in several languages, including an intervention guide, training materials, operations manual, a range of psychological interventions, and a community toolkit. Whatever tools are used, it is important to maintain the continuum of care with specialist support in conjunction with community-based interventions.

The mhGAP Intervention Guide is a clinical decision-making tool, for general health workers who are not specialists in mental health, targeting priority mental health conditions, including conditions commonly co-morbid with TB such as depression, suicide and self-harm and alcohol and substance use. Community awareness activities are part of the program to inform people about available service and reduce stigma. Though most mental health care can be delivered at the point of TB care, a referral and supportive system is essential.

Particular attention should be paid to identifying opportunities across the diagnosis and treatment continuum:

- TB diagnosis and HIV testing
- Post TB diagnosis and post HIV-test counseling that includes assessment of mental health (i.e., risk of suicide, substance use disorders, and depression) and referral for relevant services
- Interventions for promotion and prevention for mental health
- Suspicion and detection of neurological complications (e.g, TB meningitis)
- TB treatment and treatment support
- Screening/identification for mental health conditions (i.e., depression, anxiety, and alcohol use) according to national standards and mhGAP guidelines
- Counseling for promotion and prevention for mental health
- Provide psychological and social support interventions to improve adherence (e.g., community health workers, phone messages, reminders, cognitive behavioral or behavioral skills therapy)
- Peer support groups and family-based interventions
- TB treatment in accordance with co-occurring mental health conditions, drug-drug interactions and potential side effects

SAMPLE TARGETS

- At least one person trained and a system in place to provide and coordinate services of TB and mental health services - such as in a collaborative care approach - in a minimum of 50% of health care facilities providing services for TB [adapt target to context/budget]
- 100% of MDR-TB patients and 50% of TB patients assessed for detection of any mental health/substance use condition
- At least 50% of all TB patients with a mental health/substance use condition supported treated

BUDGET

Health systems and national programs will be at varying degrees of readiness for integration. Applicants may request support for a range of interventions depending upon the identified needs.

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 NTP in primary care	1	
2.5-day action planning workshop for 100 TB service managers (2 facilitators, logistics and training materials). (Develop plans for integrating mental health services in TB programs)	2	
Update guidelines to cover mental health services, developing training materials.		
Training TB care providers on mental health interventions through 1-day workshop or eLearning courses	xxx health workers in ... (e.g. PHCs, TB clinics)	
Support and supervision of trained care providers	xxx	
Monitoring and Evaluation. Adding mental health indicators to TB 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 technical assistance, 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. Applicants should use the TB module in [OneHealth](#) budgeting tool. Adjust budget up or down based on desired target and identified baseline.

PRACTICAL TOOLS AND ADDITIONAL INFORMATION

(click on hyperlinks to access materials for your reference)

- [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](#)
- [Framework for collaborative action on TB and comorbidities](#)

Coming soon: WHO operational handbook on tuberculosis. Module 5: Co-morbidities, vulnerable populations and people-centred care - [Management of mental disorders in TB programmes](#). Geneva: World Health Organization; 2023. License: CC BY-NC-SA 3.0 IGO