

INTEGRATING MENTAL HEALTH INTO COMMUNITY BASED HIV/AIDS PROGRAMS



Lucy Wanjiku Njenga is a young leader who enjoys seeing others develop, she is passionate about working with girls and young women to reach their highest potential. This led her to start a community based organisation (CBO) in Dandora where she grew up. The Organization known as Positive Young Women Voices (PYWW) seeks to empower adolescent girls and young women within their community.

In addition to supporting young women living with HIV and awareness creation on HIV prevention within the community, PYWW also seeks to address gender inequality that women and girls go through with an aim of preventing and ending sexual and gender-based violence (SGBV).

SGBV has long been associated with poor long-term mental health such as anxiety, depression and post-traumatic stress disorder. SGBV is also a grave abuse of human rights that greatly affects girls and women. It is a risk factor for HIV infection, and often leads to stigma and discrimination against people living with HIV.

Due to the fact that PYWW supports girls and women faced with challenges arising from both HIV and SGBV, offering mental health support is critical as part of the organisation's interventions. "Despite limited funding opportunities and resources, the team works with a lot of passion and is deliberate about integrating mental health support services within its programs; including the support group for young women living with HIV," says Lucy. The PYWW team responds to issues that come up during therapy which helps the girls and their guardians to address traumatic experiences in their lives.

According to Lucy, in order to monitor and shelter our bodies from potential problems and pain, we keep observing our mental health and that of the individuals we serve to ensure that we identify and recognize when our communities and staff need support and attention. PYWW has sensitised over 700 young women and men on violence prevention and

reached over 1,000 people through community outreaches and dialogues.

Through their work, the team at PYWW has recognized that when an individual's mental health is taken care of, the physical, social, intellectual and psychological states exist in peace and harmony and by extension, so do the social connections with others.

"We are working with an in-house therapist and provide mental health counselling to the PYWW team and our beneficiaries. This has enabled us to create a mutually beneficial supportive environment that is more effective in addressing inequalities that adolescent girls and young women face. Good mental health contributes towards the quality of life that women and girls need for us to say truly we have fought for and achieved what counts," says Lucy.

PYWW is one of the CBO's already leading the way, proving the importance and impact of caring for mental as well as physical health. At the global level, the fast approaching Seventh Replenishment of the Global Fund has a fundraising target of US\$18 billion to save 20 million more lives. Maximising the impact of those funds means fully integrating mental health in order to accelerate efforts to reduce cases and deaths.

Now more than ever, we are at the best chance of finally ending HIV/AIDS and TB – different stakeholders across the world must work together to mobilise donors to achieve the US\$18 billion target so that the mental health of persons living with or at risk of HIV/AIDS and TB is cared for.



CONTEXT-SPECIFIC GROUP SUPPORT PSYCHOTHERAPY FOR DEPRESSION THAT IMPROVES HIV VIRAL SUPPRESSION



Most HIV care providers in Sub-Saharan Africa do not provide mental health services on a regular basis although there is a growing awareness of the prevalence of depression in people living with HIV (PLWHA) which is linked to negative behavioural and clinical outcomes.¹ With an estimated 1.4 million people living with HIV in Uganda, a recent meta-analysis found a pooled depression prevalence of 28% among PLWHA, which was greater than the pooled prevalence of 20% in the general population.²

To address this dire situation, Dr. Ethel Nakimuli initiated SEEK-GSP – which stands for “Social, Emotional, and Economic

empowerment through Knowledge of Group Support Psychotherapy” This is an innovative mental health programme in which community lay health workers are trained to recognize and respond to depression by delivering Group Support Psychotherapy (GSP). GSP treats depression by enhancing emotional and social support networks, the ability to practice positive coping skills, and income-generating skills.

A great advantage of GSP is that it does not require ongoing input from expert mental health practitioners; instead, existing primary healthcare workers in rural health centres have been trained to deliver GSP sessions. In turn, they have been able to train lay



health workers, who identify individuals with depression and treat them in the villages with GSP- in this way, local communities are empowered to take control of their own mental health needs”.

GSP for depression is the most promising context-specific tailored approach to addressing the depression treatment gap at scale, given its impressive cost-effectiveness, efficacy, and high deployment speed. This intervention has been evaluated among 1140 PLWH using rigorous scientific methods, and the results are promising. 99% of treated individuals are free from depression at 6 and 24 months after treatment.³ A sequential reduction in depression and improvement in ART adherence led to a significant improvement in viral load suppression.⁴

Dr. Nakimuli says that “PLWH participating in the SEEKGSP program will be less likely to transmit the HIV virus to others”. These results have led the Ministry of Health AIDS control program and implementing partners in HIV Care to adopt the SEEKGSP programme, and are currently scaling it to all HIV care centres in the country as part of the ongoing non-communicable diseases (NCDs) integration into routine HIV Care. To date, the SEEKGSP program has trained 1000 health workers across 20 districts in northern, central and western Uganda on how to deliver GSP. Future plans include the provision of continuous mentorship and support to trainees and replication of the programme in rural communities in other African countries.

1 PLOS ONE. Using Theory of Change to inform the design of the HIV+D intervention for integrating the management of depression in routine HIV care in Uganda. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0259425>.

2 Kaggwa MM, Najjuka SM, Bongomin F, Mamun MA, Griffiths MD. Prevalence of depression in Uganda: A systematic review and meta-analysis. *PLoS one*. 2022 Oct 20;17(10):e0276552.

3 Nakimuli-Mpungu E, Smith CM, Wamala K, Okello J, Birungi J, Etukoit M, Mojtabai R, Nachega JB, Harari O, Musisi S, Mills EJ. Long-term effect of group support psychotherapy on depression and HIV treatment outcomes: secondary analysis of a cluster randomized trial in Uganda. *Psychosomatic medicine*. 2022 Oct 1;84(8):914-23.

4 Nakimuli-Mpungu E, Seggane M, Wamala K et al. Effectiveness and Cost-Effectiveness of Group Support Psychotherapy Delivered by Trained Lay Health Workers for Depression Treatment among People with HIV in Uganda: A Cluster Randomized Trial (March 5, 2020). *Lancet Global Health*



Improving mental health among people living with HIV and at risk

Integrating Mental Healthcare into HIV Services



There is a strong bidirectional relationship between HIV and Common Mental Health (CMD) disorders. Those with CMDs are more vulnerable to acquiring HIV and people living with HIV (PLHIV) experience significantly higher rates of CMDs than do the general population. Much of this burden we cannot accurately quantify due to limited reporting and data availability. Despite a strong research base of effective, low-cost interventions,¹ most PLHIV and those living in Low- and Middle-Income Countries (LMICs) who need mental healthcare, do not receive it due to large gaps in translating research into practice. CHAI has a remarkable track record working with ministries of health and communities to empower people in LMICs to access HIV testing, prevention, and treatment. **As we work to ensure access and engagement in HIV services for all who need them and reduce inequities, we know we can only be successful if we integrate diagnosis and treatment of CMDs, as there can be no health without mental health.**

Challenge

There is significant co-morbidity between CMDs and HIV. While there are limitations in data, studies show PLHIV are **2X as likely to have severe depression,² and 100X more likely to die by suicide, than the general population** and people with CMDs have a 4-10X higher risk of acquiring HIV.³ For vulnerable groups such as young mothers living with HIV, the burden of navigating adolescence, HIV and childrearing may also compound experiences of poor mental health.^{4,5,6} Poor mental health can impact overall wellness, family life, financial security, and ability to thrive. PLHIV with untreated CMDs hold a unique set of risks as they are less likely to receive testing for HIV, be linked to further treatment and are **more than twice as likely to have poor adherence to life saving HIV medications.⁷** The impact is significant, leading to **greater HIV transmission and rising rates of HIV drug resistance,** meaning that across the PLHIV population, lifesaving drugs risk becoming less effective over time.⁸

But despite the obvious need for mental healthcare for PLHIV, services are often not available due to human resource shortages, inadequate funding, lack of integrated services, unsupportive policies, and stigma.

Opportunity

There is a significant body of evidence showing that low-cost, effective treatments for CMDs are available and can be implemented in LMICs. Implementation would yield not only major improvements in quality of life and health outcomes but would also deliver economic return for individuals, families, and communities. Furthermore, economic models suggest that for every US \$1 invested in treatment for depression and anxiety, a \$4 return in better health and productivity is generated, and for every \$1 invested in HIV, there is a remarkable \$6.44 return.⁹

The CHAI Approach

For almost two decades, the Clinton Health Access Initiative (CHAI) has been a leader in accelerating access to and quality of HIV services through partnerships with Ministries of Health and engagements with community members. Central to how we operate is ensuring local leadership and meaningful community engagement in the design, delivery, and monitoring of programs.

CHAI operates in over 38 countries across multiple disease and health systems strengthening areas, supporting governments to build strong and sustainable HIV programs in over 25 of these countries. These include countries accounting for 70% of global unmet HIV treatment need: Tanzania, Zimbabwe, Nigeria, Uganda, Zambia, Malawi, Kenya, South Africa, and Ethiopia. In this brief we share two specific case studies demonstrating CHAI's initial work in supporting mental health-HIV integration and forward-looking priorities, to enhance quality of life for PLHIV and those at risk of HIV. As CHAI continues to identify opportunities to improve mental health and HIV service integration, in parallel we are exploring ways to improve broader mental health service delivery to limit stigma and improve access for all.

Zimbabwe: Ensuring Access to Mental Healthcare through the HIV Care and Treatment Continuum

CHAI supported the Ministry of Health to conduct a national assessment of mental health services for PLHIV and identify programmatic requirements for offering quality, decentralized integrated mental health/HIV services.

In 2021, CHAI partnered with the Government of Zimbabwe to conduct a first of its kind assessment to understand mental health diagnosis and treatment within HIV care. CHAI spoke with ~3,000 healthcare workers, administrators, government officials, and patient advocates to understand what's going on at the health facility level, where patients meet the health system. Key findings include:

1. Limited training and supervision, with only 53% of healthcare workers receiving any training (average time of training was 12 years prior), and only 10% receiving any refresher training.
2. Highly inconsistent and limited reporting of mental health cases challenges programmatic planning and resourcing despite the presence of mental health registers in over 80% of facilities surveyed.
3. Limited care and referrals, with 98% of facilities reportedly offering care, but only 50% of healthcare workers considering themselves able to provide psychosocial care (verbal communication, psychoeducation, basic counselling). Mental health screening skills, a key element of the stepped care pathway, lagged furthest behind at 20%.

CHAI, as part of the technical working group for HIV/Mental Health Integration, participated in the review of the Mental Healthcare chapter of the Operational Service Delivery Manual (OSDM) for HIV Care that will help operationalize routine screening of PLHIV for CMDs. However, limited funding and attention has meant that these guidelines are not yet fully implemented, despite interest and investment from government. To address these needs, CHAI proposes a program, working alongside the Zimbabwe government, to fully integrate care for CMDs into the HIV continuum of care by:

1. Conducting healthcare worker trainings
2. Improving mental health literacy among PLHIV
3. Improving linkages to higher levels of care
4. Ensuring sustainable, consistent access to the highest quality medications
5. Improving prescribing and referral practices
6. Ensuring sustainable financing for integrated CMD/ HIV care going forward

FOR MORE INFORMATION:

CHAI's work is funded by grant-making institutions, governments, and individuals who seek to have measurable impact.

If you would like to know more about our programs, our history of impact, or the details of the work we propose, please email eminer@clintonhealthaccess.org

Tanzania: Empowering Young Mothers with Psychosocial Support and Economic Opportunity

CHAI facilitated development of a tailored orientation for health care professionals and peer providers on providing mental health services for adolescents and young mothers living with HIV.

In 2020, CHAI in partnership with the Ministry of Health and the Pediatric-Adolescent Treatment Africa (PATA), under the Faith-based Action for Scaling up Testing and Treatment for the Epidemic Response (FASTER) project, assessed needs and challenges of adolescents and young mothers living with HIV. Informed by those insights, we developed mental health resources and orientation sessions for health care workers and peer supporters on screening for depression, anxiety, and elevated risk, and providing support and referrals which led to some improvements in their knowledge and confidence in providing mental health services while also revealing the need for ongoing and specialized training.

Building on this work, CHAI proposes a program that will expand delivery of high-quality mental health services for adolescent mothers living with HIV and those at risk, strengthening their overall wellbeing through:

1. Improving mental health literacy and services through in person and digital support groups
2. Training healthcare providers and lay peer providers to deliver mental health services
3. Integrating mental health into HIV data systems, to increase visibility of patient needs and service delivery
4. Establish referral and linkages between community HIV clinics and existing specialized mental health hospitals where appropriate
5. Life skills trainings on childcare, financial literacy and connecting to entrepreneurship opportunities for adolescent young mothers living with HIV

This pilot in two districts would serve as a demonstration to inform a model that can be taken to national scale, in close partnership with Ministry of Health.



CHAI FASTER Tanzania Pediatric and Adolescent HIV Community Advisory Board (CAB) members and CHAI Tanzania country point person at the FASTER CAB Kick-Off in Kigali, Rwanda, February 2020



Attendees of the Mental Health Workshop for Peer Supporters in Dar es Salaam, Tanzania, August 2021 Photo credit: Benardin Rutainurwa

Going Forward

Building on CHAI's deep, trusted relationships with Ministries of Health and experience engaging community members to drive the HIV response, we intend to strengthen access to facility-based and community-level mental health services through integration of mental health services into existing HIV service delivery points. To operationalize this, in each country, we will assess the need and capacity for mental health services, develop country-specific solutions, and chart a pathway to scale. Specific areas of work and interventions include:

Meaningfully engaging communities to ensure mental health service delivery models are designed and delivered to meet complex needs and preferences of diverse populations at risk of, or affected by, HIV. This includes developing and deploying communication materials to build awareness of CMDs, reduce stigma and discrimination and increase demand for and awareness of MH services.

Training existing HIV healthcare providers, peer support networks and lay providers to provide mental health screening, referral, treatment (G-IPT or CBT), and client follow-up.

Reviewing existing data systems to determine the best route for improving visibility over mental health service provision. This could mean integrating mental health metrics (clients screened, referred, receiving MH services) into existing HIV data systems and supporting MH data utilization through review processes and tools like dashboards.

Exploring how virtual platforms and digital health solutions can be harnessed to expand our reach and impact in an equitable manner. This includes interventions like digitization of mental health screening tools, development of chatbots to answer questions about CMDs and potentially telehealth referrals where possible.

Integrating mental health into HIV programs could reduce new infections by 10-17%, averting up to 924,000 people from acquiring HIV by 2030. Treating depression can improve adherence and health outcomes for people living with HIV.¹⁰ With successful integration of mental health services into HIV programs, we believe we can maximize the impact of our efforts to prevent new infections and

ensure that all people living with HIV have access to optimal and comprehensive care and treatment which improves their health and overall wellbeing. Leveraging HIV service delivery systems could provide a model for improving mental health service delivery beyond the PLHIV community.

CHAI's Global HIV Impact

The Clinton Health Access Initiative (CHAI) has been a leader in expanding and accelerating access to HIV treatment, reducing the cost of drugs and diagnostic tests, and strengthening the capacity of governments to help prevent and diagnose HIV and treat people living with HIV (PLHIV). Select achievements include:

- Catalyzed procurement of the best-in-class HIV treatment (widely used in high-income countries) in LMICs, and negotiating a [ceiling price](#), making it less expensive than the prevailing standard of care. Over 18 million patients in LMICs now take this medication in just over 4 years since it was first approved.
- Partnered with generic pharmaceutical manufacturers [to develop pediatric dolutegravir](#) (an HIV treatment that is the standard of care in high income countries); received regulatory approval 12X faster than average and at a 75% price reduction. Accelerated [introduction](#) in 6 countries, fueling rapid adoption across 50+ countries through mid-2022 (fastest HIV treatment transition ever).
- Enabled introduction of a [groundbreaking diagnostic test](#) to identify the most sick HIV patients earlier, which has been delivered at a reduced cost across 13 countries due to CHAI negotiations.
- Established Community Advisory Boards in over 15 countries to elevate community voices in policy and planning. Listen [here](#) to a jingle they helped develop and share to sensitize communities to pediatric dolutegravir.
- Directly supported the South African Ministry of Health with the largest scale up of HIV care and treatment ever attempted from 800,000 to 5 million over 10 years.

¹ World Health Organization. (2022). World mental health report: transforming mental health for all: executive summary. In *World mental health report: transforming mental health for all: executive summary*.

² Ciesla, J. A., & Roberts, J. E. (2001). Meta-analysis of the relationship between HIV infection and risk for depressive disorders. *American journal of psychiatry*, 158(5), 725-730.

³ Remien, R. H., Stirratt, M. J., Nguyen, N., Robbins, R. N., Pala, A. N., & Mellins, C. A. (2019). Mental health and HIV/AIDS: the need for an integrated response. *AIDS (London, England)*, 33(9), 1411.

⁴ Roberts, K. J., Smith, C., Cluver, L., Toska, E., & Sherr, L. (2021). Understanding mental health in the context of adolescent pregnancy and HIV in sub-Saharan Africa: a systematic review identifying a critical evidence gap. *AIDS and Behavior*, 25(7), 2094-2107.

⁵ Ciesla, J. A., & Roberts, J. E. (2001). Meta-analysis of the relationship between HIV infection and risk for depressive disorders. *American journal of psychiatry*, 158(5), 725-730.

⁶ Cluver, L. D., Sherr, L., Toska, E., Zhou, S., Mellins, C. A., Omiigbodun, O., ... & Myeketsi, N. (2022). From surviving to thriving: integrating mental health care into HIV, community, and family services for adolescents living with HIV. *The Lancet Child & Adolescent Health*.

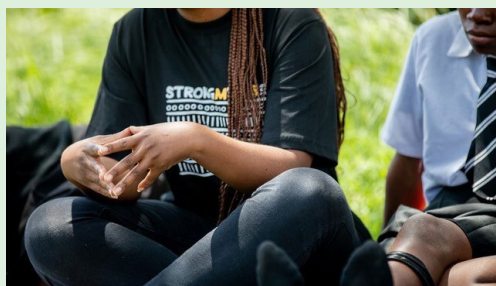
⁷ Amberbir, A., Woldemichael, K., Getachew, S., Girma, B., & Deribe, K. (2008). Predictors of adherence to antiretroviral therapy among HIV-infected persons: a prospective study in Southwest Ethiopia. *BMC public health*, 8(1), 1-9.

⁸ Pelton, M., Ciarletta, M., Wisnousky, H., Lazzara, N., Manglani, M., Ba, D. M., ... & Ssentongo, P. (2021). Rates and risk factors for suicidal ideation, suicide attempts and suicide deaths in persons with HIV: a systematic review and meta-analysis. *General psychiatry*, 34(2).

⁹ Bolton, P., Bass, J., Neugebauer, R., Verdelli, H., Clougherty, K. F., Wickramaratne, P., ... & Weissman, M. (2003). Group interpersonal psychotherapy for depression in rural Uganda: a randomized controlled trial. *Jama*, 289(23), 3117-3124.

¹⁰ United for Global Mental Health. Bending the Curve: The Impact of Integrating Mental Health Services on HIV and TB outcomes. (Accessed 6 September 2022)

Strong Bodies, StrongMinds: Initial lessons from the implementation of an integrated sport-based adherence support and group depression therapy intervention for Adolescents Living with HIV in Zambia



Children and adolescents living with HIV face mental health challenges when taking antiretroviral therapy (ART) drugs as well as transitioning from children to adolescents and transitioning to adult clinics. In Zambia, multiple mental health problems, particularly emotional and peer problems are prevalent among adolescents living with HIV however, most are often undiagnosed.

These are aggravated by high poverty levels, domestic violence, as well as lack of access to mental health services. Despite the significant need, mental health services tailored for adolescents, are virtually nonexistent in Zambia, and evidence suggests that depression can influence health-seeking behavior and ART adherence for adolescents living with HIV.



To address the mental health needs of this population, StrongMinds Zambia and Grassroot Soccer have partnered to deliver integrated adherence support and group depression therapy intervention. In this program, young adults living with HIV serve as facilitators (Coaches), mobilizing adolescents living with HIV at health facilities to join SKILLZ Plus. SKILLZ Plus is a 12-session sport-based ART adherence support and sexual and reproductive health and rights (SRHR) program with a curriculum that covers topics such as adherence, disclosure, and various SRHR themes.

Before beginning SKILLZ Plus, Coaches administer the Patient Health Questionnaire-9 (PHQ-9) to screen for depression. Participants who are at least moderately depressed are linked to Strong Minds to receive Interpersonal Psychotherapy Group (IPT-G) over eight weeks, delivered by trained Mental Health Facilitators (MHFs). In IPT-G, participants learn to identify symptoms, triggers, and events associated with their moods and draw on group social support to problem-solve. They learn coping mechanisms and identify support structures they can continue to use after therapy. SKILLZ Plus and IPT-G implementation was largely virtual (phone-based) in 2021 due to COVID-19 restrictions.

StrongMinds Zambia and Grassroot Soccer evaluated the efficacy of the intervention. Serial PHQ-9 scores were captured at baseline, midline and endline following 12 sessions of IPT-G to evaluate symptom reduction.

LESSONS LEARNT

Initial results are promising. To date, over 1,500 SKILLZ Plus participants have been screened by GRS Coaches - depression prevalence at the initial PHQ-9 screening has consistently been 30%.

There have been 189 participants in IPT-G. 154 have completed IPT-G, with these individuals showing an average reduction of two depression categories, or 11.6 points on the PHQ-9. Of those who did not complete the sessions, some cited access to technology as a barrier to the virtual groups.

Overall, feedback from IPT-G clients suggests an improvement in self-reported decision-making skills, social support, and ART adherence. GRS Coaches highlighted the importance of new mental health curriculum content for all adolescents living with HIV to learn about and recognize depression.

CONCLUSION

The integration of mental health programming with SKILLZ Plus has demonstrated promising early results. This intervention reinforces the need to integrate mental health services within HIV programs and shows how it can be done at the community level.

¹ Mbalinda et al 2020 Barriers and facilitators for transitioning of young people from adolescent clinics to adult ART clinics in Uganda: unintended consequences of successful adolescent ART clinics



OFFERING MENTAL HEALTH SERVICES FOR LGBTQI+ PEOPLE IN ALGERIA, MOROCCO, AND TUNISIA

In 2019, FHI 360 partnered with the Arab Foundation for Freedoms and Equality (AFE) to address the security risks faced by HIV program implementers within the Middle East and North Africa (MENA). Based on local implementer feedback, it was clear that there was a high unmet need for mental health support.

To address this gap, FHI 360, in collaboration with Pragma Corporation, initiated the MENA Moves project in September 2021 to provide free, confidential, mental health care to program implementers and vulnerable groups, including young LGBTQI+ people. This was undertaken in collaboration with 10 HIV service delivery organizations in Tunisia, Morocco, and Algeria. MENA Moves connects those interested in mental health support to trauma-informed, non-stigmatising psychologists via an [Online Reservation and Case Management App \(ORA\)](#) that was developed by FHI 360.

ORA allows users to easily make reservations for in-person or virtual services using a smartphone, tablet, or laptop. Its design allowed civil society organizations to book services for their clients or for clients to self-book. After each booking, the client could opt to receive an SMS reminding them about their upcoming appointment while keeping the nature of the appointment private. This made mental health services available to those who may have been reluctant to seek support in person and to those for whom distance from a psychologist was a barrier to access. It also allowed for easy adaptability during COVID, with some clients alternating between virtual and in-person services depending on what felt

safe and feasible with lockdowns.

The MENA Moves program identified psychologists, ensured programming including telehealth offerings in accordance with the local laws, and adapted ORA for each country. These were mental health professionals known to these organizations, and who were trusted partners in addressing the mental health needs of those marginalized by society. All those psychologists hired were trained on telehealth, the ORA platform, and basics of LGBTQI+ and other key population-friendly services.

Young LGBTQI+ people were some of the biggest users of the service amongst all the marginalized groups. Globally, LGBTQI+ youth bare a disproportionate burden of mental health problems. Furthermore, in Tunisia, Morocco and Algeria, both men and women are penalized for same-sex sexual activity under law with LGBTQI+ people being frequently subject to arrest and abuse. This pre-COVID reality was exacerbated by the pandemic. Stresses from the global pandemic are known to have had negative impacts on the mental health of young adults worldwide. Young LGBTQI+ people were especially impacted. Family pressure often intensified during lockdowns, many young LGBTQI+ people report being forced to marry or take steps to demonstrate their conformity to traditional gender norms during the pandemic.



While the nominated psychologists did not all specialize in meeting the unique needs of LGBTQI+ individuals, they were all trained under MENA Moves to be LGBTQI+ friendly and all indicated a desire to support individuals of diverse sexual orientations and gender identities. They offered nonjudgmental mental health support.

INDIVIDUALS' STORIES

During the lockdowns, Marwa, aged 19, was kicked out of their parent's home in February 2022 for expressing their gender identity. Marwa uses they/she/him pronouns and has chosen not to label their gender identity at this time. Marwa said "it is terrifying to be queer in Tunisia because it's not legal here. Probably 90 percent of people are homophobic so it is not safe at all for us." Not only is there a widespread stigma around being queer but seeking mental health services is also highly stigmatised in Tunisia. "There is a lot of stigma around mental health in Tunisia. If you seek out mental health care, people think it means you are unstable or unreliable," Regheb, an activist from Tunisia, noted. Because of the risks involved, seeking out mental health services as a queer person can be quite a daunting task.

Given this reality, it only took a few months for MENA Moves service use to reach full capacity. Initially, each psychologist was able to see clients for roughly 30 hours per month, but this initial supply of monthly hours was absorbed quickly. Based on feedback from both the psychologists and CSOs, more hours

were added in March, giving psychologists closer to 50 hours each month. COVID-19 spikes led to more rapid acceptance of the telehealth feature of the intervention and helped avoid decreases in service use during periods of high transmission. As a provider in Morocco noted, "You have people who need to be listened to and to work with by telephone. Therapeutic care is best done in person, but we have been able to offer services via telehealth. I think it has been an impressive contribution, especially for young people today."

RESULTS

From September 2021 through August 2022, a total of 3,549 sessions were delivered to 1,494 unique users. In each country, the MENA Moves psychologists created a safe and welcoming environment for their young LGBTQI+ clients. "I felt safe to be honest, even the atmosphere was so safe, the environment was so safe and the psychologist was really good with us. All of them are friendly, they support you, they want to know about you and how you feel," one client shared. The program has greatly enhanced access to mental health services for vulnerable populations affected by HIV. It is an approach that can be replicated and scaled up successfully, if prioritized and funded.



USING AN INNOVATIVE SCREENING TOOL TO DETECT MENTAL HEALTH CONDITIONS AMONG YOUNG PEOPLE WHO USE DRUGS AND ARE LIVING

Poor mental health is often seen among people who use drugs which is also linked to worse health outcomes in a number of ways. The increase in substance use, notably methamphetamine, among young people who use drugs (YPUD) mostly stimulant drugs and its connection with poor mental health has been a growing concern in Vietnam. To address this, the Centre for Supporting Community Development Initiatives (SCDI) in Vietnam, through its Save the Future Project, used a brief screening tool for peers in the community for the early identification and referral of YPUD with psychiatric illnesses. The Saving the Future - Innovative Strategies to Control HIV Infection among Young people who Use Drugs in Vietnam" project under the SCDI is the first of its kind in Vietnam. The goal is to provide effective HIV prevention and treatment to young people who use drugs (16-24 years old).

SCDI, through its peer network, facilitated the recruitment of YPUD participants aged between 16 and 24 years. The Quick Screening Tool (QST) questionnaire was created in 2018 with the intention of screening for common mental health issues among people who inject drugs. It consists of 9 questions organized into 4 groups: PHQ4 for depression and anxiety, 2 for suicide, and 3 for psychotic symptoms taken from the Mini-International Neuropsychiatric Interview (MINI, version 5.0) which is a structured diagnostic questionnaire.

Based on the survey, major depressive disorders and psychosis were observed to be high among the respondents (at 57.9% and 51.1%, n=319,

respectively). The suicidal risk among YPUD was also noted at 26.3%. The alarmingly high prevalence of mental health conditions in SCDI's study population highlights the critical importance of integrating mental health into HIV prevention programming. QST appears to be a suitable screening instrument may be used successfully in the community to identify YPUD with potential mental health conditions. These YPUD then are connected to a psychiatrist, who collaborates with SCDI, has good understanding of YPUD issues and demonstrates acceptance of this population, for medical assessment and treatment.

Peers and YPUD generally embraced the tool, making it an accessible resource for bringing up the topic of mental health with such a high-risk demographic.

The second phase will involve the rollout across multiple provinces in Vietnam of a statewide intervention for YPUD with mental health issues.

RELEVANT RESOURCES:

<https://www.lisbonaddictions.eu/lisbon-addictions-2019/sites/lisbonaddictions.eu/lisbon-addictions-2019/files/EP1471.pdf>

<https://scdi.org.vn/en/our-works/operational-area/saving-the-future-project-survey-results-and-intervention-strategy/>

<https://scdi.org.vn/en/our-works/programs/network/press-conference-on-the-project-saving-the-future-innovative-strategies-to-control-hiv-infection-among-young-people-who-use-drugs-in-vietnam/>

