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

JUSTIFICATION AND RATIONALE FOR PRIORITIZATION AND INCLUSION OF MENTAL HEALTH IN FUNDING REQUESTS

The relationship between HIV and mental health conditions is bi-directional: poor mental health is a risk factor for HIV infection and, having HIV increases the risk for developing mental disorders. People living with, affected by or at risk of HIV with mental health conditions have limited access and uptake of HIV prevention, testing and treatment services. Co-morbidity is associated with double stigma and impairment in quality of life as well as poorer HIV and broader health outcomes - increased morbidity, mortality, reduced treatment adherence and retention in HIV care. Several low-cost, evidence-based health facility and community level mental health interventions exist which offer a proven, cost-effective way to improve these outcomes. Integrating mental health treatment into the HIV prevention and care services represents an opportune investment to help achieve the SDG 3.3 goals of ending the HIV epidemic by 2030.

A recent publication by UNAIDS and the World Health Organization (WHO), Key considerations to integrate HIV and mental health services, emphasizes the importance of integrating HIV and mental health services for people living with, affected by and at risk of HIV across the life-course and other vulnerable populations. Despite an increasing body of evidence showing that effective methods of prevention, screening and diagnosis of, and treatments for common mental health conditions exist and can be implemented in low- and middle-income countries, mental health services are often not integrated into or with HIV prevention and treatment programs.

It will be important for applicants to provide a clear rationale for the inclusion of mental health services in their funding request. Applicants should cite the current evidence base supporting the integration of HIV and mental health services and include the latest epidemiological and other contextual information, such as noting if mental health has been included in the National HIV Strategic Plan, for background. Applicants should highlight how the inclusion of mental health services will help achieve specific HIV programmatic priorities (e.g., improved ART adherence or retention in care) and provide a clear explanation of how integrating mental health services will ensure the delivery of integrated, people-centered systems and services and contribute to improving HIV and broader health outcomes for people living with, affected by and at risk of HIV across the life-course.

INTERVENTIONS

From a programmatic perspective, particular attention should be paid to identifying opportunities across the HIV prevention and care continuum and ensuring rights-based, personand 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 heath workers in (e.g.PHCs, HIV clinics)	
Support and supervision of trained care providers	ххх	
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)

- <u>Key considerations to integrate HIV and mental health services</u>
- **<u>mhGAP Intervention Guide:</u>** 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
- <u>Problem Management Plus : individual psychological intervention.</u>
- Interpersonal Therapy for Depression : group therapy for depression.
- <u>QualityRights: materials for training, guidance and transformation</u>
- 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 HIV testing Post-test counseling that includes mental health screening and referral for relevant services ART initiation Routine screening for mental health conditions and psychosocial, psychological and pharmacological interventions as needed	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
	Screening for depression, alcohol and other substance use. Assess risk of suicide	Community-based HIV testing programmes with formal referral linkages to mental health services Provide HIV testing services in mental
	Interventions for promotion and prevention for mental health*	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-
	Routine screening for mental	based treatment networks with HIV, mental health, and substance use services Train primary care providers in mental
	health conditions (including depression, and alcohol use)	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

*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.

INTEGRATION OF MENTAL HEALTH SERVICES INTO TUBERCULOSIS PROGRAMS

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

JUSTIFICATION AND RATIONALE FOR PRIORITIZATION AND INCLUSION OF MENTAL HEALTH IN FUNDING REQUESTS

Integration of mental health services into TB programs is recommended under pillar 1 of WHO's End TB Strategy, which entails integrated patient-centered care and support, including delivery of care to suit the specific needs of populations with mental health conditions. Mental health support is recommended in Module 4 of the WHO Consolidated Guidelines on Tuberculosis:

- TB and mental health conditions share common risk factors (e.g., homelessness, HIV, alcohol/ substance use, migrant status, etc.) leading to high co-morbidity
- TB care is often absent in mental health facilities and mental health care is absent from facilities/ geographies serving high burden TB populations
- Mental health care for people with TB improves adherence to TB treatment and cure

It will be important for applicants to provide a clear rationale for the inclusion of mental health services in their funding request. It is critical to cite the current evidence base supporting the integration of TB and mental health services and include the latest epidemiological and other contextual information, such as noting if mental health has been included in the National TB Strategic Plan, for background. Applicants can highlight how the inclusion of mental health services will help achieve specific TB programmatic priorities and provide a clear explanation of how integrating mental health services will ensure the delivery of integrated, people-centered systems and services and contribute to improving TB and broader health outcomes.

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 heath workers in (e.g. PHCs, TB clinics)	
Support and supervision of trained care providers	ххх	
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 <u>OneHealth</u> 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

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