BLUEPRINT GROUP

Integration of psychosocial support into the national approach to HIV and TB:
'Better mental health to end HIV and TB.'[i]

We are calling on national leaders and The Global Fund to allocate funding and resources to strengthen the integration of mental health into the global response to HIV and TB. Without addressing mental health, there will be no end to HIV or to TB. As a key decision maker in your country we are asking you to include mental health interventions and psychosocial support at every level in the fight against HIV, TB and Malaria.

People with HIV and/or TB have greater risk for mental disorders, and vice versa. This complex bidirectional co-morbidity is associated with increased morbidity, mortality, drug-resistance, and community transmission. Promoting good mental health is a means to prevent new infections and strengthen adherence to HIV and TB treatment. Several low-cost, evidence-based community mental health interventions exist which offer a proven, cost-effective way to improve these outcomes. Integrating mental health treatment into HIV and TB platforms represents an opportune investment to help achieve the SDG 3.3 goals of ending the HIV and TB epidemics by 2030.

Risks and Consequences

The relationship between HIV/TB and mental illness is bi-directional; poor mental health is a risk factor for HIV and TB exposure which complicates the disease course and treatment.[ii] Furthermore, living with HIV and/or TB is a significant risk factor for a decline in the individual's mental health, and developing psychiatric illness. This is compounded by the psychological distress associated with stigma and discrimination which may also trigger or aggravate the symptoms of mental health conditions (e.g. depression) in affected individuals.

- ***Depression*** is the most common mental disorder affecting people living with HIV and/or TB; risk for depression is two[iii] and three[iv] times higher for people with HIV and TB, respectively. Risk for depression among individuals with TB/HIV co-infection may be even higher.[v] A pooled estimate is that 24% of people with HIV in sub-Saharan Africa have depression (95% CI range was 12.5%-42.1%).[vi] The prevalence of depression is estimated to be as high as 50% among individuals with tuberculosis[vii], with other reviews suggesting even higher levels of co-morbidity between TB and all forms of mental disorder.[viii]
- Individuals with unsupported mental health conditions, such as depression, anxiety, and substance use disorders are ***less likely to seek testing*** for HIV and/or TB,[ix] and follow advice given in response to their test result.[x] Mental health conditions ***adversely impact medication adherence*** for HIV, TB, and TB/HIV coinfection[xi,xii,xiii] As a result, they are significant risk factors for developing ***drug-resistance***,[xiv] ***loss to follow up*** and ***death***.[xv]
- ***Significant risk factors for both HIV[xvi] and TB,[xvii]*** include harmful substance use, poor mental health outcomes and traumatic life experiences. There are associated with poor medication adherence and treatment outcomes.

- ***Several key populations*** (such as gay and other men who have sex with men, sex workers, and people who inject drugs) and ***vulnerable groups*** (homeless, incarcerated) have higher levels of poor mental health and substance abuse, in part due to stigma and discrimination relating to their identity. Key populations and vulnerable groups for HIV and TB have many similarities with people more susceptible to poor mental health.
    - ***Key populations*** **and** ***vulnerable groups*** (including adolescents) have the poorest access to mental health services – combined with increased risk of HIV and TB transmission – contravening the Leave No One Behind commitment.[xviii] Moreover, ***adolescents*** are at higher risk of poor mental health, substance abuse and death by suicide than the average population. ***Young women*** are at a particularly high risk of poor mental health and death by suicide in LMICs; they are also at high risk of HIV and TB infection due to gender-based violence and unprotected sexual intercourse.
- Other risk factors include ***severe mental disorders*** and ***adverse side-effects*** associated with HIV and/or TB medications.

Poor mental health will negatively impact on global HIV and TB targets

It is highly unlikely that the SDG targets for HIV and TB will be met unless global, national and sub-national approaches are supported by adequate attention and resources for mental health.

In order to attain the SDG 3.3 goal to bring an end to AIDS by 2030, three targets have been set for 2020, known as the three 90's: by 2020, 90% of all people living with HIV will 1) will know their HIV status; 2) will receive ART; and 3) achieve viral suppression. Three more ambitious targets - 95-95-95 - have been set for 2030[xix], as well as the push for the fourth 90, calling for 90% of people with HIV to be able to have a good quality of life. Globally, the 90-90-90 and 95-95-95 targets are off track and will remain so without mainstreaming mental services into HIV and TB interventions - only 57 % of people living with HIV globally are on ART, and only 47% are virally suppressed.[xx]

Integrating mental health services into TB

Integration of mental health care is recommended under **pillar 1 of The World Health Organization's (WHO) End TB Strategy**, which entails integrated patient-centered care and support including delivery models to specific needs of populations with mental health conditions. Mental health support including counselling and psychological interventions is recommended in the WHO Guidelines for treatment of drug susceptible TB and patient care.

Improving quality and ensuring people-centered care requires addressing the economic and psychological stress experienced by TB patients, including those with drug-sensitive TB. This stress results from TB stigma and social isolation, discrimination, transport costs and lost income. These factors can make TB treatment completion difficult or even impossible, and as such they represent **"access barriers."**[xxi]

The Global Fund explicitly urges attention to what it terms the "underlying social determinants and barriers to TB services," stating:

> *Socioeconomic support includes economic, nutritional and* ***psychosocial interventions****, including cash transfers, food packages and vouchers, household visits and* ***peer-led mutual support groups, mental health screening and treatment,*** *and access to wider social protection measures.*

These services can meet urgent needs of patients and their households while helping to ensure they are empowered and supported to take and complete their treatment.[xxii]

Now is the time to include social support in national strategic plans and budgets for TB, as well as proposals to the Global Fund, including required human resources and training as well as robust monitoring and impact evaluation. While further research can tailor social services, enough programmatic evidence is available now to make social support a TB care priority.[xxiii]

The WHO End TB Strategy 2015–35 calls for TB and mental health treatment integration, yet only 2% of TB programs around the world provide access to routine mental health screening, according to a recent survey.[xxiv]

For psychosocial support, countries can train lay community health workers and nurses to deliver evidence-based psychotherapeutic interventions in the community and patients' households and monitor symptoms with expert supervision.[xxv] Peer-led mutual support groups for people with TB can also alleviate their experience of stigma, uncertainty and isolation.[xxvi]

The global TB community is leading the way. The Declaration of the High-Level Meeting on TB[xxvii] held in September 2018 made a clear commitment to integration of mental health into the TB response. Recipient countries are also recognizing its importance in national HIV and TB strategies[xxviii] and clinical guidelines.[xxix] Despite this progress, leaving this acknowledgment for implementation after the next replenishment in 2022 will be too late for the attainment of the 2030 targets.

Opportunities for mental health integration in TB

- There is a need to integrate mental health care in primary health care facilities providing care for TB
- Routine screening for mental health conditions at each follow-up visit for TB treatment and psychosocial, psychological and pharmacological interventions as needed
- At facilities where mental health would be integrated community awareness activities will be implemented to inform communities about availability of service and reduce stigma.
- A referral system will be established with other levels of health care

Integrating mental health services into HIV

Integration of mental health care was recommended by the UNAIDS programme coordinating board at the 2018 PCB meeting. Integration of HIV and mental health services reflects the key values of increasing individual agency and reducing disparities in access to quality services and care, as well as this it implies acknowledgment of the bidirectional links between mental health and HIV.

Psychosocial interventions should be offered as part of the integrated package of ART and sexual and reproductive health services, and this should be accompanied by a commitment to create and sustain structures that reduce stigma, discrimination and other social, legal, human rights-related or gender-related barriers. Opportunities for integrating mental health services into HIV programmes exist across the prevention and care continuum, and should endeavour to collaborate with community organizations. [xxx]

The PCB paper states:

Psychosocial interventions should be offered as part of an integrated package of services that includes ART and sexual and reproductive health services, and in collaboration with community organizations. 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. Adherence support should be provided to all people on ART and they should have access to screening and treatment for mental health conditions (pre-existing or not), including depression and anxiety, as well as social support, including peer-to-peer support, to improve their quality of life.[xxxi]

Opportunities for mental health integration in HIV

- HIV prevention
    - Integrate PrEP with mental health screening, prevention and promotion, as well as substance use referrals.
- HIV testing
    - Post-test counseling that includes mental health screening and referral for relevant services
    - Screening for depression, alcohol use and risk of suicide
- ART initiation
    - Routine screening for mental health conditions and psychosocial, psychological and pharmacological interventions as needed
    - Peer support groups and family-based interventions, particularly for adolescents
- ART adherence 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
    - Suspicion and detection of neurological complications eg HIV-associated neurocognitive disorders (HAND)
    - 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, and alcohol use.
    - Pharmacological interventions for mental health conditions as needed.

Integrating mental health into HIV/TB is cost-effective and evidence-based

Robust evidence suggests that treating depression and substance-use disorders can improve sustained antiretroviral therapy (ART) adherence,[xxxii,xxxiii] w**ith one study showing an 83% improvement in HIV treatment adherence higher for participants who received mental health services** (including pharmacological services rather than only psychological services).[xxxiv] The WHO's **Mental Health Gap Action Programme (mhGAP)** has identified several evidence-based psychological and medical interventions that can be delivered effectively by non-mental health specialists with adequate supervision.[xxxv] They have developed a suite of resource materials for both trainers and health workers, ready to be integrated into the frequent standard HIV and TB training curriculums necessary for effective infectious disease control. A recent **survey of national TB programme directors** from 26 mostly high-

burdened TB, TB/HIV and/or drug-resistant TB countries found very high receptivity to mental health service integration if effective, low-cost interventions were available.[xxxvi]

The critical opportunity: The Global Fund financing in 2020 and beyond

The evidence for the need to support mental health in to protect people with HIV and TB from ill mental health, and vice versa, in order to reach global HIV and TB goals is clear. The path for this to happen is also immediately obvious - it is time to invest in mental health. This has to be done with The Global Fund and national governments working hand-in-hand. 2020 provides an opportunity for Global Fund Country Coordinating Mechanisms to include significant finance for psychosocial support within HIV and TB services in grant applications, this opportunity must not be missed.

End Notes

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[ii]https://www.google.com/url?q=https://www.state.gov/wp-content/uploads/2020/01/COP20-Guidance.pdf&sa=D&ust=1583421125347000&usg=AFQjCNFtY3RYPWRIsIQWMkGmx-dHxMF03A

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[xix] https://www.unaids.org/sites/default/files/media_asset/201506_JC2743_Understanding_FastTrack_en.pdf

[xx] 'Miles to go. Closing gaps, breaking barriers, righting injustices. Global AIDS update 2018'. Geneva, UNAIDS 2018.

[xxi] https://results.org/wp-content/uploads/Socio-Economic-Support-to-Ensure-People-Centered-TB-Care-.pdf

[xxii] https://www.theglobalfund.org/media/4762/core_tuberculosis_infonote_en.pdf

[xxiii] https://results.org/wp-content/uploads/Socio-Economic-Support-to-Ensure-People-Centered-TB-Care-.pdf

[xxiv] https://www.ncbi.nlm.nih.gov/pubmed/31097069

[xxv] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5759333/

[xxvi] https://www.who.int/bulletin/volumes/95/4/16-170167/en/

[xxvii] See para 14 and 17: https://www.who.int/tb/unhlmonTBDeclaration.pdf.

[xxviii] For example, the South Africa National Strategic Plan for HIV, TB and STIs, 2017-22

[xxix] For example, Consolidated guidelines for the prevention and treatment of HIV and AIDS in Uganda, September 2018

[xxx] https://www.unaids.org/sites/default/files/media_asset/20181203_UNAIDS_PCB43_BN_thematic-segment-mental-health-and-HIV_EN.pdf

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