PARIS
FAST-TRACK CITIES 2024

Integrated Approaches: Improving Mental Health

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IAPAC
INTERNATIONAL ASSOCIATION
OF PROVIDERS OF AIDS CARE

FAST-TRACK CITIES
INSTITUTE

Stop TB Partnership

COALITION
FOR GLOBAL
HEPATITIS
ELIMINATION

A program of
THE TASK
FORCE
FOR
GLOBAL HEALTH

Improving mental health through integration of HIV services (an advocate's perspective)

☐ Is there support?

☐ Is there a need?

☐ Is it urgent?

☐ Is there progress?

☐ Is there room for improvement?

Support for the Integration of Mental Health into service delivery

☐ Is there support?

☐ Is there a need?

☐ Is it urgent?

Calls to action

Reason for the calls to action

By the numbers

A call for integration of mental health into HIV prevention and treatment services

Integration of depression screening and treatment into primary medical care- 1995 (JAMA)

Whose time has come

Collaborative Management to Achieve Treatment Guidelines

Impact on Depression in Primary Care

Wayne Katon, MD; Michael Von Korff, ScD; Elizabeth Lin, MD, MPH; Edward Walker, MD; Greg E. Simon, MD, MPH; Terry Bush, PhD; Patricia Robinson, PhD; Joan Russo, PhD

Objective.—To compare the effectiveness of a multifaceted intervention in patients with depression in primary care with the effectiveness of "usual care" by the primary care physician.

Design.—A randomized controlled trial among primary care patients with major depression or minor depression.

Patients.—Over a 12-month period a total of 217 primary care patients who were recognized as depressed by their primary care physicians and were willing to take antidepressant medication were randomized, with 91 patients meeting criteria for major depression and 126 for minor depression.

Interventions.—Intervention patients received increased intensity and frequency of visits over the first 4 to 6 weeks of treatment (visits 1 and 3 with a primary care physician, visits 2 and 4 with a psychiatrist) and continued surveillance of adherence to medication regimens during the continuation and maintenance phases of treatment. Patient education in these visits was supplemented by videotaped and written materials.

Main Outcome Measures.—Primary outcome measures included short-term (30-day) and long-term (90-day) use of antidepressant medication at guideline dosage levels, satisfaction with overall care for depression and antidepressant medication, and reduction in depressive symptoms.

Results.—In patients with major depression, the intervention group had greater adherence than the usual care controls to adequate dosage of antidepressant medication for 90 days or more (75.5% vs 50.0%; $P<.01$), were more likely to rate the quality of the care they received for depression as good to excellent (93.0% vs 75.0%; $P<.03$), and were more likely to rate antidepressant medications as helping somewhat to helping a great deal (88.1% vs 63.3%; $P<.01$). Seventy-four percent of intervention patients with major depression showed 50% or more improvement on the Symptom Checklist–90 Depressive Symptom Scale compared with 43.8% of controls ($P<.01$), and the intervention patients also demonstrated a significantly greater decrease in depression severity over time compared with controls ($P<.004$). In patients with minor depression, the intervention group had significantly greater adherence than controls to adequate dosage of antidepressant medication for 90 days or more (79.7% vs 40.3%; $P<.001$) and more often rated antidepressant medication as helping somewhat to helping a great deal (81.8% vs 61.4%; $P<.02$). However, no significant differences were found between the intervention

SIGNIFICANT advances in medical therapy are not always reflected in everyday clinical practice.[1] Translating a treatment's biomedical efficacy into practical effectiveness often requires significant changes in the knowledge and attitudes of both physicians and patients, as well as changes in the organization of health care delivery. Efforts to develop guidelines for clinical practice are a response to this gap between knowledge and practice.[2,3]

The gap between research findings and clinical practice is especially wide in the management of depression. While most depression treatments are developed and tested in specialty clinics, primary care physicians provide the majority of treatment for depressive illness.[4] Despite the proven efficacy of antidepressant medication and specific psychotherapies, many depressed primary care patients do not receive and benefit from those treatments.[5,6] When antidepressant medications are prescribed, they are often used in low doses or discontinued after only a few weeks.[5-9] These gaps between knowledge and practice prompted the Agency for Health Care Policy and Research (AHCPR) to identify recognition and treatment of depression in primary care as a priority area for development of clinical practice guidelines.[10,11]

In particular, the adequacy of pharmacologic management of depression in primary care has been questioned, in terms

A call for integration of mental health into HIV prevention and treatment services
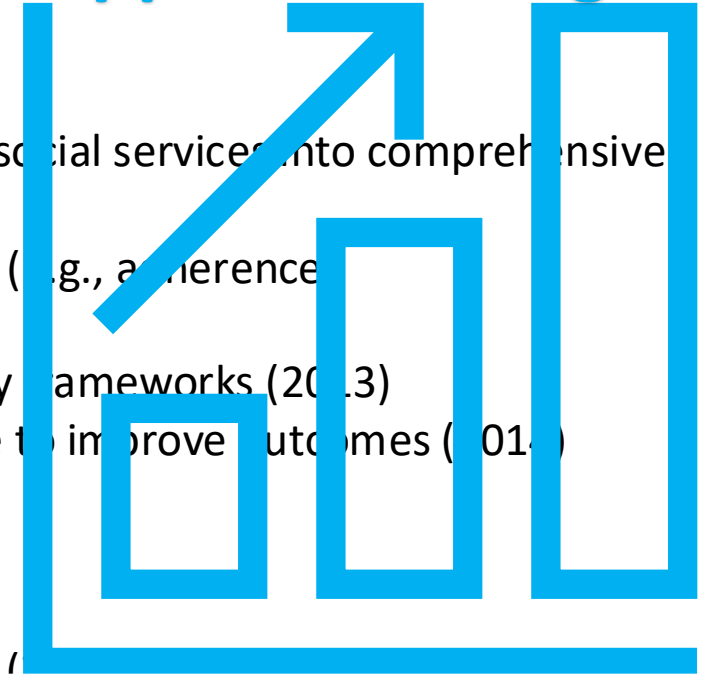
Integration of depression screening and treatment into primary medical care- 1995 (JAMA)

WHO Global perspective on integration of mental health into primary care- January 2008
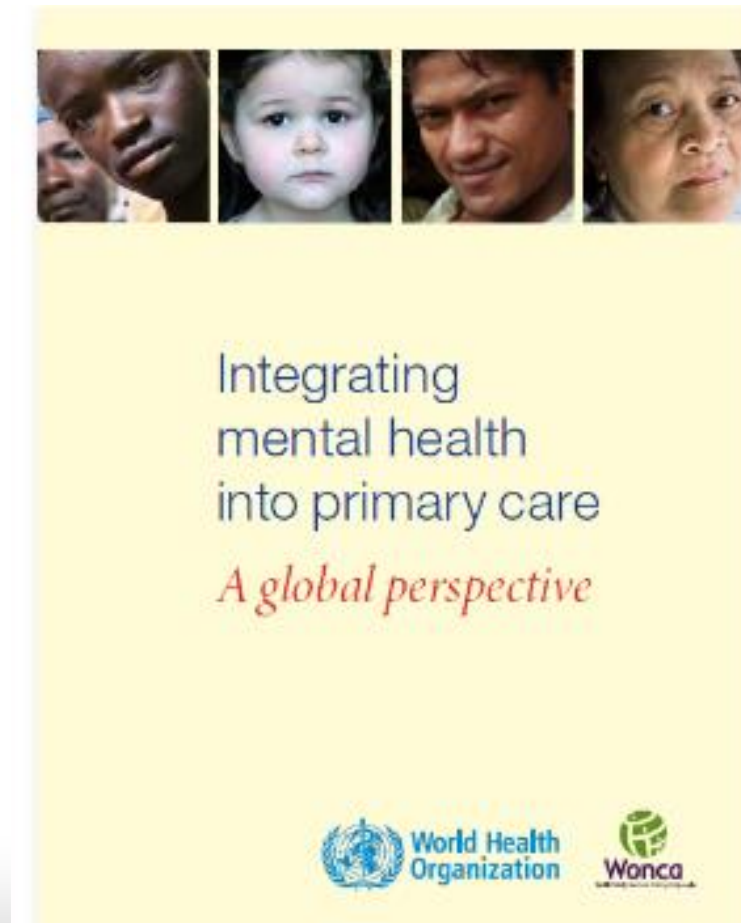
A call for integration of mental health into HIV prevention and treatment services

Support for Integration

2000s

Institute of Medicine report includes recommendation to integrate psycho-social services into comprehensive health services **for PWH**

CDC recommends attending to mental health as related to health outcomes (e.g., adherence

2010s

PEPFAR adds guidelines for integration of mental health into service delivery frameworks (2013)

UNAIDS report calling for integration of mental health services into HIV care to improve outcomes (2014)

WHO guidelines on mental health and HIV to promote integration (2017)

UNAIDS Mental health as human rights for PWH (2018)

2020s

NIH launches research funding to investigate integration into HIV treatment

UNAIDS identifies acute mental health needs, particularly around imp

LANCET commission report on Health and Wellbeing of YLWH identifie

Global AIDS Strategy 2021 – 2026

UNAIDS/WHO 2022

Global AIDS Fund Strategy 2023-2028

GENERAL
Isaacs & Mitchell 2024
Lenz et al. 2018
YOUTH
Asarnow et al. 2015
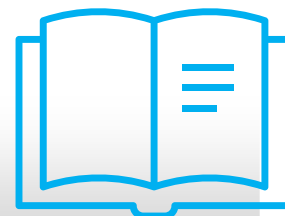McHugh et al 2024

HIV
Remien et al 2021
Collins et al 2021
Caveats for approaches and conditions

Global AIDS Strategy

By 2025, 90% of people living with HIV or at risk will be connected to **integrated** services for mental health and other needs

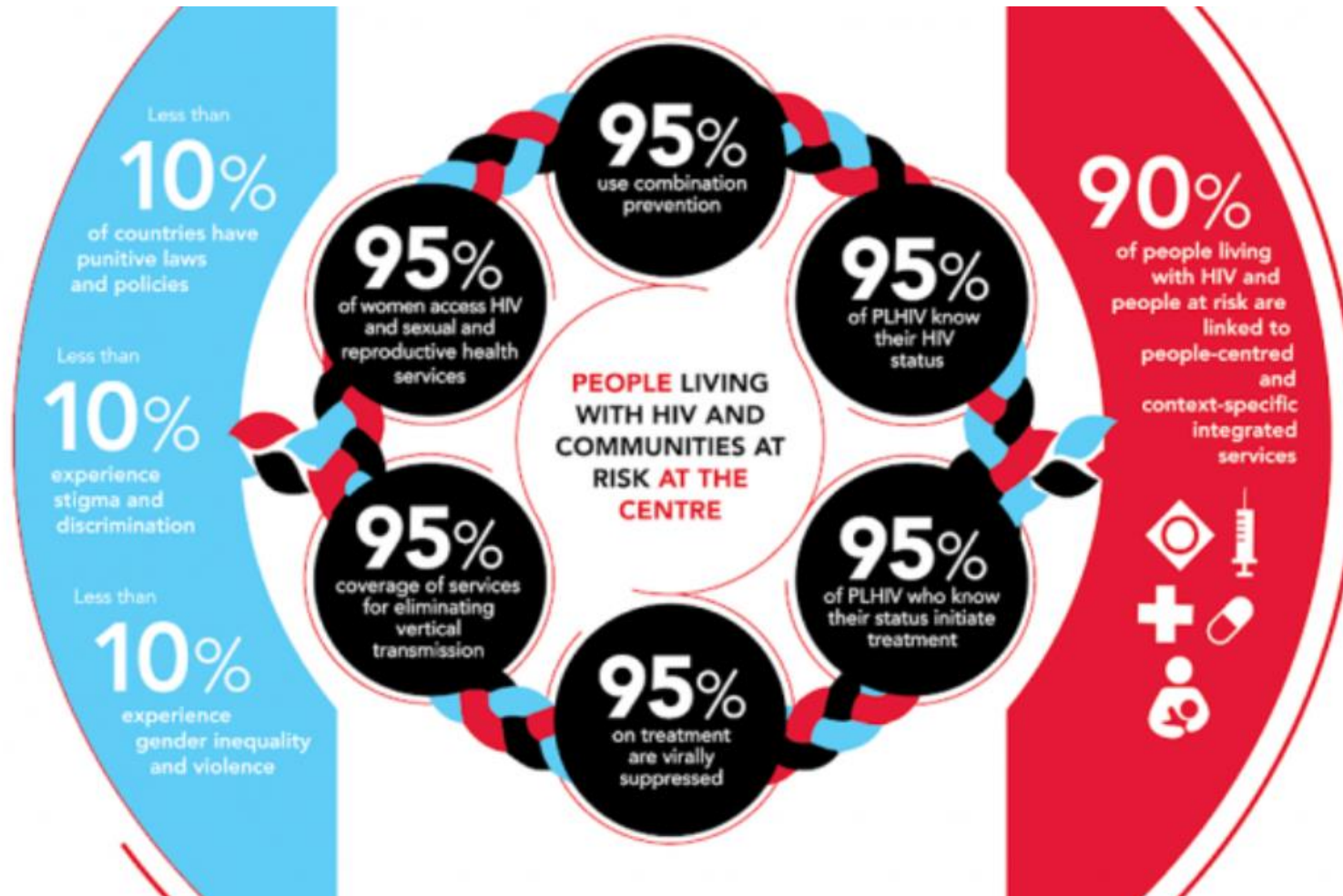**PEPFAR**
Pillar 1
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Fukunaga R, Pierre P, Williams JK, Bri
PEPFAR. Emerg Infect Dis. 2024;30(4)

INTEGRATION NOW!

Integration of mental health and HIV interventions. Key considerations. Geneva: Joint United Nations Programme on HIV/AIDS and the World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

Figure 1.
Essential principles
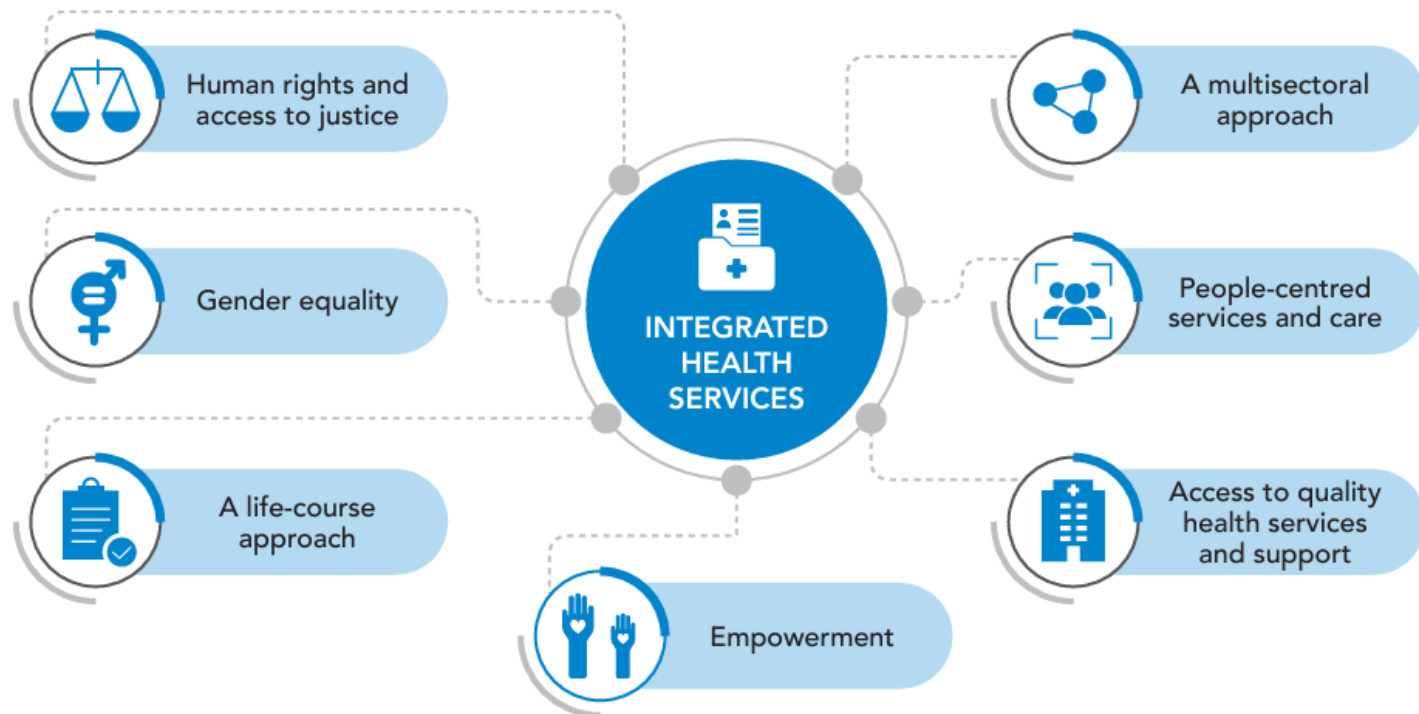
*Routine mental health screening and management, particularly for depression and psychosocial stress, **should be offered and provided together with HIV services** to key populations, including those living with HIV, to optimize their health and HIV outcomes- WHO*

Support for the Integration of Mental Health into service delivery

Calls to action

Reason for the calls to action

By the numbers

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Challenges to mental health and well-being are present around the world

Burden of mental health challenges

Dark green= 18% or more of population

Share of population with mental disorder, 2021

Share of population with any mental health or development disability disorder, not including alcohol or drug use disorders. This share has been age-standardized assuming a constant age structure to compare prevalence between countries and through time. Figures attempt to provide a true estimate (going beyond reported diagnosis) of prevalence based on medical, epidemiological data, surveys and meta-regression modelling.

Our World in Data

No data   10%   12%   14%   16%   18%
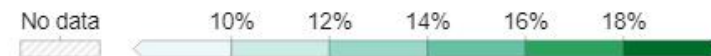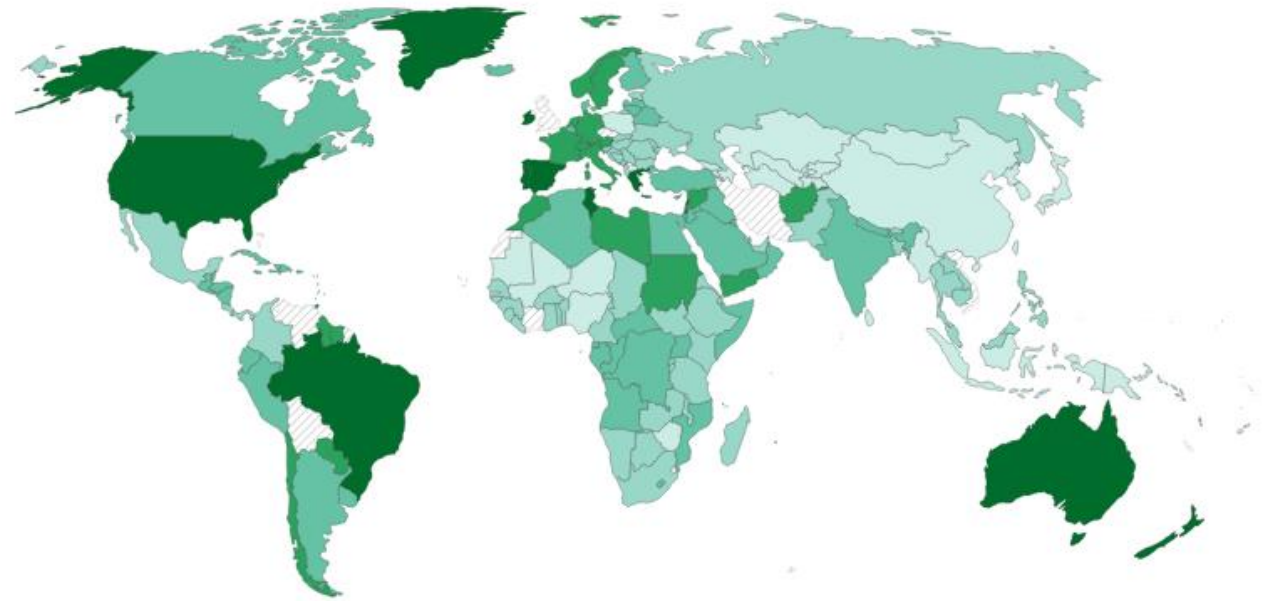
Data source: IHME, Global Burden of Disease (2024)

OurWorldInData.org/mental-health | CC BY

Global Mental Health Crisis

- **970M people affected**
- **1 in 4 people will experience a mental "** course
- **1 in 7 youth (10 to 19) have a mental he**
- **1 in 5 people in conflict/war environme** health disorder (114M people live in co
- **Post COVID, mental health challenges** particularly for youth
- **Estimated cost of mental health disord** 2030

WHO 2019 Estimates

- **280M** Depression
  - **23M** children and adolescents
- **40M** Bipolar Disorder
- **24M** Schizophrenia
- **14M** Eating Disorders
  - **3M** children and adolescents

Project Hope   https://www.projecthope.org/news-stories/story/the-global-mental-health-crisis-10-numbers-to-note/

Global Mental Health Crisis

970 milion people living with mental disorders

52.4% females 47.6% males

31.0% Anxiety disorders

28.9% Depressive disorders

11.1% Developmental disorder (idiopathic)

Attention-deficit/hyperactivity disorder **8.8%**

Bipolar disorder **4.1%**
Conduct disorders **4.1%**
Autism spectrum disorders **2.9%**
Schizophrenia **2.5%**
Eating disorders **1.4%**

13% of global population is living with mental disorders

% global population living with a mental disorder

— High-income countries
— Upper middle-income countries
— Lower middle-income countries
— Low-income countries
- - - All countries

Reproduced from World Mental Health Report: Transforming Mental Health for All.[4]

" *mental disorders remained among the top ten leading causes of burden worldwide, with no evidence of global reduction in the burden since 1990.*

Global Burden of Diseases, Injuries, and Risk Factors Study (GBD)

https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366%2821%2900395-3/fulltext#fig2

https://www.who.int/publications/i/item/9789240049338

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Global Mental Health *Services* Crisis

- An estimated **70-75%** will not receive treatment globally

- An estimated **85%** do not receive care **in low and middle income countries** go without care– Endale et al 2020

- Africa averages 1.4 mental health workers per 100,000 people (versus a global average of 9 per 100,000)

- Mental health care in many countries rely on out of pocket payments

- Many countries have no or below 5% government allocation for mental health expenditures

- Severe MH stigma impacting service

Accessing Mental Health Services in Africa: Current state, efforts, challenges and recommendation

Aderinto Nicholas* and Opanike Joshua

Department of Medicine and Surgery, Ladoke Akintola University of Technology, Ogbomoso, Nigeria

Oladipo Elizabeth

Department of Medical Laboratory Science, Federal Neuropsychiatric Hospital, Yaba, Lagos, Nigeria

Mental health challenges and low investment in sustainable services is **particularly consequential for people with and at elevated risk for acquiring HIV**.

Mental Health and HIV- REASON FOR CONCERN

- Mental Health Challenges are experienced more commonly among adults and youth at risk for or living with HIV

- Depression estimated to impact 24% of PWH in sub-Saharan Africa (compared to 3% in general population)

- A US study reported 48% of PWH had substance use disorders

- YWH have higher prevalence of anxiety and depression

- PWH are more likely to report suicidal thoughts and to die from suicide

- 13% of older adults with HIV experience major depression

- Often goes undiagnosed and untreated

WHO Integration of mental health and HIV interventions: Key considerations

Mental Health and HIV

- Mental Health challenges (disorders) are more common among PWH (~3 times higher)

- Those with mental health challenges have 4 to10 fold higher risk for HIV acquisition

Prevalence of Mental Health Disorders among People with HIV
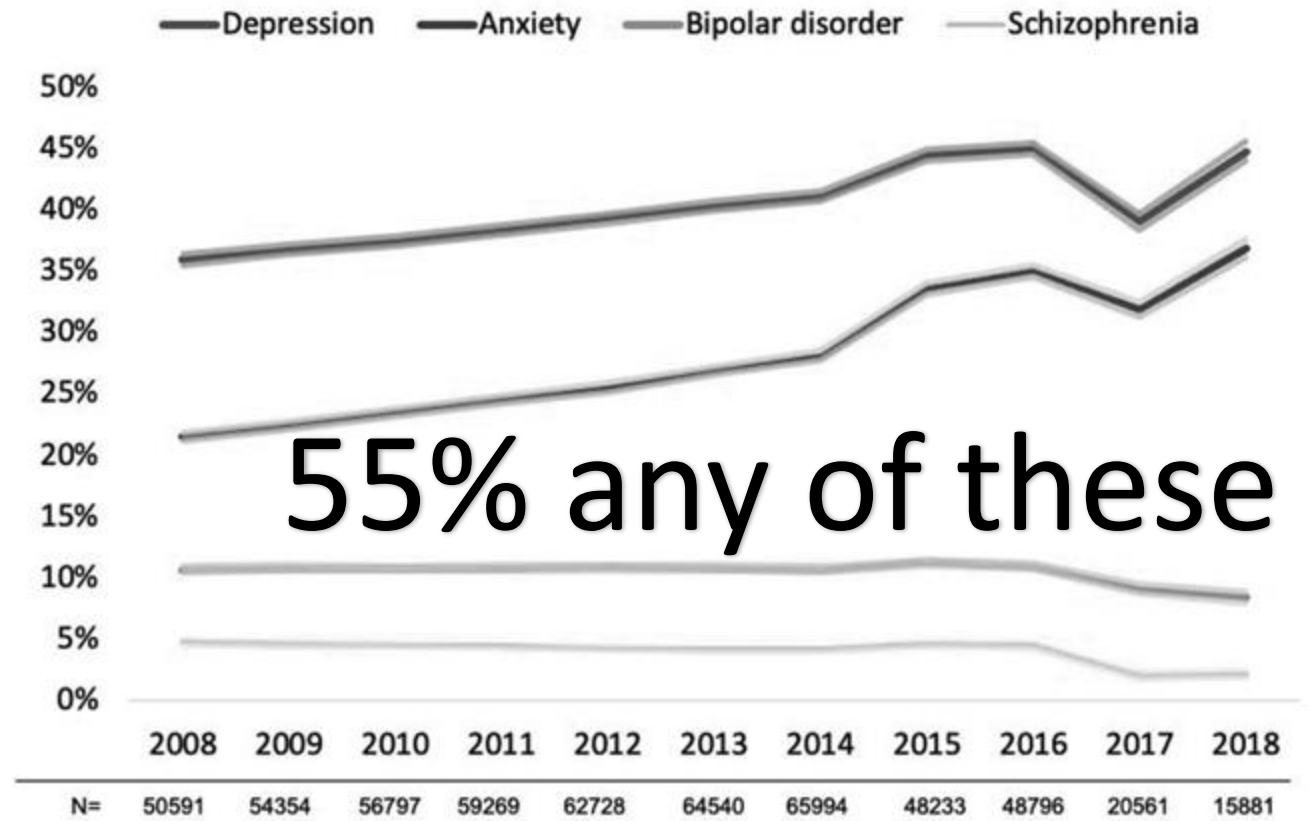
Lang et al 2022 reported diagnoses among over 122K people in the North American AIDS Cohort Collaboration

Mental Health and HIV- Shared determinants

Social and structural determinants elevating risk for HIV are similar to those that elevate risk for challenges to mental health

Mental Health – HIV Syndemic
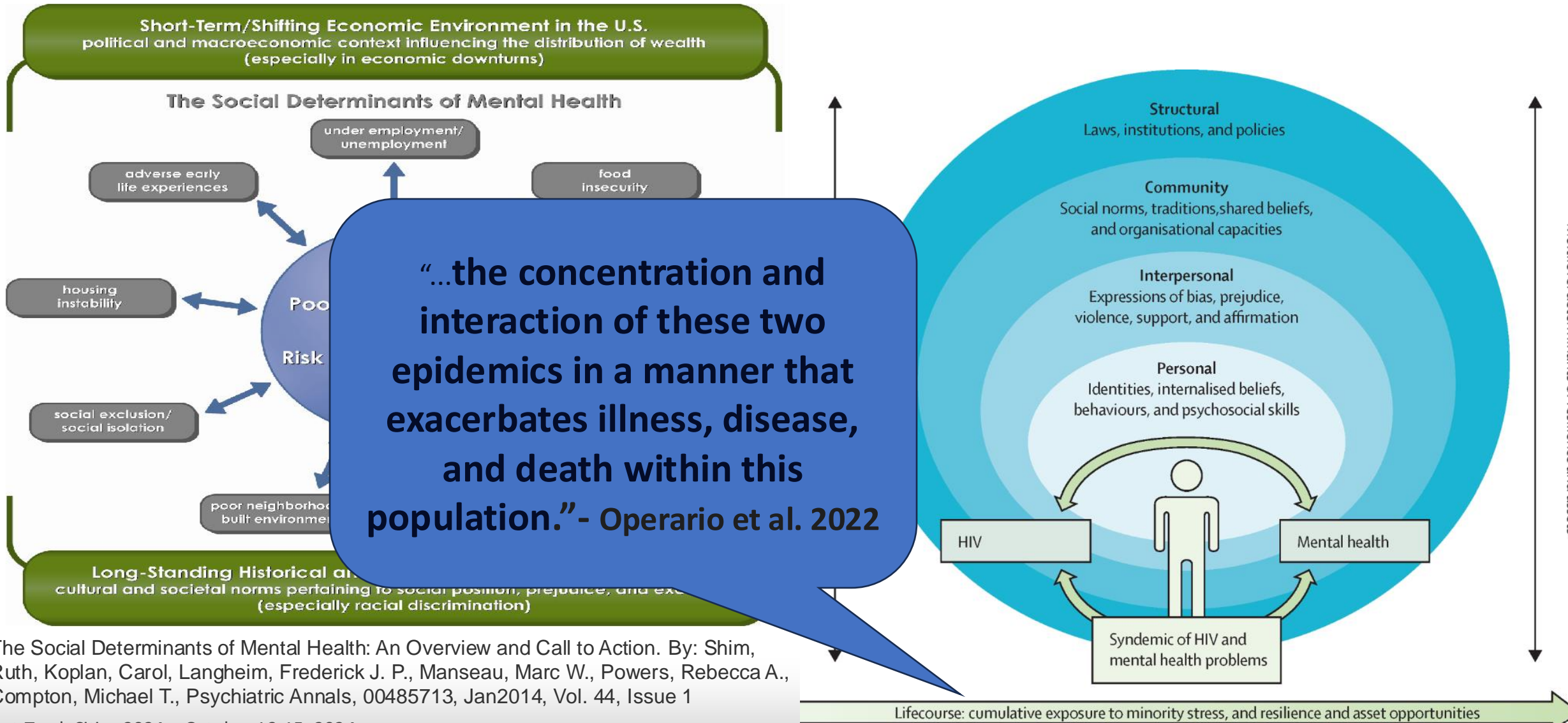
The Social Determinants of Mental Health: An Overview and Call to Action. By: Shim, Ruth, Koplan, Carol, Langheim, Frederick J. P., Manseau, Marc W., Powers, Rebecca A., Compton, Michael T., Psychiatric Annals, 00485713, Jan2014, Vol. 44, Issue 1

"...**the concentration and interaction of these two epidemics in a manner that exacerbates illness, disease, and death within this population.**"- Operario et al. 2022

https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018%2822%2900076-5/fulltext

- Poverty
- Food and housing insecurity
- Recurring healthcare expenses for youth with

Ssewamala et al., 2023; Stelmach et al., 2021; Katana et al., 2020; Lentoor, 2019

- Disparities in healthcare access
- Barriers to transition from pediatric to adult clinics

Bhana et al., 2021; Cluver et al., 2022; Poku et al., 2023; Tassiopoulos et al., 2020; Sudjaritruk et al. 2021

Mental Health and Health Challenges

AYAHIV

- Early loss of caregivers
- Familial substance use & mental health problems
- Discrimination and HIV-related stigma

Aurpibul et al., 2021; Sirois et al., 2022; Merril et al., 2020; Perez et al., 2022; Cluver et al., 2022

- Disadvantaged communities
- High rates of neighborhood violence and crime
- Exposure to trauma

Kang et al., 2011, 2019; Sherr et al., 2021; Merrill et al., 2021

- Limited access to educational resources
- Education disrupted due to health and economic factors

Buda et al., 2021; Shiau et al., 2020; Kimera et al., 2020; Merville et al., 2021

Poku et al 2024

Challenges can disrupt HIV prevention and care

Mental health conditions can delay **access to HIV prevention and treatment services**. They can reduce adherence and persistence, challenge attendance to care, and deteriorate health.

WHO Integration of mental health and HIV interventions: Key considerations

Improving mental health through integration of HIV services

☑ Is there support?

☑ Is there a need?

☑ Is it urgent?

☐ Is there progress?

☐ Is there room for improvement?

*We posit that **it will be impossible** to significantly 'bend the curve' and approximate an ending of the HIV epidemic without **dramatically altering** our approach to **diagnosing** and **addressing** comorbid **mental health** (including substance use) problems among people most vulnerable to HIV. –* Remien et al 2019

Improving mental health through integration of HIV services

☑ Is there support?

☑ Is there a need?

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☐ Is there room for improvement?

- **Integration** into existing services
  - Cost savings/efficiencies
  - Can normalize MH needs when integrated into common services
  - Allows for screening and differentiated service delivery
  - Can maximize reach of support if co-located within systems serving populations in need

LESSONS IN INTEGRATION

- What to integrate?

- How to integrate?

What to integrate?

Adapting evidence-based MH
delivery by those with trainin
   Nurses, CHWs, Peers

Examples of success with
   CBT (with adherence and
   Safren et al 2021
   Problem-solving therapy
   Parent-focused interventio

   Ongoing work...
   facilitated trauma groups,
   neighborhood interventions, and poverty relief

Integration of mental health and HIV interventions. Key considerations. Geneva: Joint United Nations Programme on HIV/AIDS and the World Health Organization; 2022.

Table 4.
Psychological therapies for mental health and substan

Intervention	R
Behavioural activation	▸
Relaxation training	▸
Problem-solving treatment	▸
Cognitive-behavioural therapy	▸
	▸
	▸
Contingency management therapy	▸
	▸
Family counselling or therapy	▸
Interpersonal therapy	▸
Motivational interviewing and motivational enhancement therapy	▸
	▸
Family-oriented treatment approaches, including parenting skills	▸
	▸
Common elements treatment approach	▸
	▸

Source: mhGAP intervention guide for mental, neurological and substan
Organization; 2016.

mhGAP operations manual

mhGAP operations manual: mental health Gap Action Programme (mhGAP). Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

What to integrate?

From surviving to thriving: Integrating mental health care into HIV, community and family services for adolescents living with HIV (Cluver et al 2022)

https://pubmed.ncbi.nlm.nih.gov/35750063/

Table 1. Effective interventions: State of the evidence.

Evidence-based interventions	Additional protective factors	Evidence-based delivery approaches	Strategies for integration into HIV care
Problem-solving/ CBT[49]	Government cash transfers[60]	Peer supporters and mentor mothers[67,68]	Support healthcare staff to understand mental health[28]
Social protection/economic strengthening[50,51]	Caregiver support[61,62]	Community and clinic lay health workers[69]	PRIME model – integration into primary care[71]
Evidence-based parenting programmes[52-55]	Good parenting[9,63,64]	Support groups[61]	Routine mental health screening[72,73]
Bereavement support[56]/Memory work[57]	Good caregiver mental health[63]	Community-based organisations[64]	Training healthcare staff in mhGAP[71,74]
Mindfulness[58,59]	Palliative care for pain and end of life[65]	Initial evidence for digital delivery	Simple, immediate referral systems[28]
	Respect and non-stigmatising healthcare[66]	Professional support where available[70]	

improving What to integrate?

Promote Inclusivity (radically)

The field and practice of psychopathology (psychiatry and psychology) has a history of use for **oppression** and **violence** leading many to call for concerted efforts to **decolonize mental health**

- Decentering Global North and Western ideologies about mental health, challenges, and illness

- Center indigenous stories and strategies

- Consider healing from diverse perspectives

- Challenge the absence of traditional healing practices from the evidence base
  - Connection to land, ceremonies, elders, sport, art

improving What to integrate?

Expansion of approaches

Much of the current evidence-base for MH interventions focus on addressing mental health challenges or diagnosed conditions...**and originate from Global North and West**

MUST ASK

What is not in the evidence base
because it was excluded
(systematically, intentionally)?

Indigenous knowledge & healing

improving What to integrate?

Concepts, screeners and labels

" *One approach to decolonizing mental health care in Africa is the move toward **a critical and "context-based" approach to mental health**–* Network Approach to Mental Health   Alemu, Osborn, Wasanga 2023

MUST ASK
How are struggles and strengths understood locally?
What factors influence mental health locally?

" *The field of global mental health will likely continue **to be informed by evidence and perspectives originating increasingly from low- and middle-income countries** along with ongoing global events and **centering of relevant stakeholders**. --* Moitra et al 2023
Global Mental Health: Where We Are and Where We Are Going
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10230139/

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improving What (and how) to integrate?

(1) Task shifting approaches (versus task dumping) within a system of stepped (differentiated) care

→ Screening, diagnosis, management of common but less 'complex' mental health challenges

(2) Include brief psychotherapeutic interventions

→ Do not rely only on psychopharmacology

(3) Promote community-based recovery-oriented interventions

→ Culture, context, simplification, transdiagnostic

(4) Invest in training and supervision

→ Training is a continuous process...several months of intensive training and months of supervision are needed

(5) Engage with communities as partners

→ CHWs and in-community orgs can mobilize, screen and support

(6) Policy support is essential

→ takes resources to start and sustain

(7) Balance between curative and preventative approaches

→ Attend to social/structural determinants, optimize wellbeing

Mental Health **and Well-being**

"

Mental Health

men·tal health

a person's condition with regard to their psychological and emotional well-being.

Well-being

well-be·ing

/ˈwelˌbēiNG, ˌwelˈbēiNG/

the state of being comfortable, healthy, or happy.

Mental health includes our emotional, psychological, and social **well-being**. It affects how we think, feel, and act, and helps determine how we handle stress, relate to others, and make choices.- SMHSA

Mental Health **and Well-being**

Mental health is a state of mind characterized by emotional **well-being**, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life.---APA

"
"
Mental Health
men·tal health

Mental health includes our emotional, psychological, and social **well-being**. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.---CDC

a person's condition with regard to their psychological and emotional well-being.

Mental health is a state of mental **well-being** that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. **It is an integral component of health and well-being** that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. -WHO

Well-being
well-be·ing
/ˈwelˌbēiNG,ˌwelˈbēiNG/

the state of being comfortable, healthy, or happy.

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The same and different

- Mental Health *VERSUS* Well-being

↓

- Improvement from Mental Illness approach
- Retains historical association with presence/absence of illness
- Diagnosable conditions

The same and different

- Mental Health *VERSUS* Well-being

Paradigm Shift
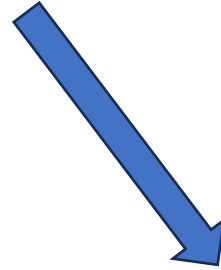
- Improvement from Mental Illness approach
- Retains historical association with presence/absence of illness
- Diagnosable conditions

- Positive psychology and frameworks
- Stability, coping, happiness, confidence, balance, grounding

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Mental Illness/ Health

VS.

Mental Wellness/ Well-being

Mental Illness/Health	Mental Wellness/Well-being
Pathogenic	Salutogenic
Clinical Care	Self Care
Stigma, Isolating	Empowering, Shared Humanity
Scientific & Objective	Personal & Subjective

✓ Not a simple continuum from mental illness to wellness.

✓ Mental illness and wellness can co-exist.

✓ Mental wellness can mitigate mental illness.

Source: Global Wellness Institute

© 2020 Global Wellness Institute

Mental Illness/ Health VS. **Mental Wellness/ Well-being**

an approach to wellness focusing on health and not on disease

Pathogenic

Clinical Care

Stigma, Isolating

Scientific & Objective

Resilience
Resistance
Safety

Salutogenesis

An assets approach

Gratitude (McGullough)

Self-efficacy (Bandura)

Hardiness (Kobasa)

Empathy (Eisenberg)

Humour (Martin)

Coping (Lazarus)

Learned resourcefulness (Rosenbaum)

Cultural capital (Bourdieu)

Social capital (Putnam)

Empowerment (Freire)

Locus of control (Rotter)

Learned optimism (Seligman)

Quality of Life (Lindström)

Resilience (Werner)

Will to meaning (Frankl)

Wellbeing (Diener)

Learned hopefulness (Zimmerman)

Connectedness (Blum)

Flourishing (Keyes)

Ecological system theory (Bronfenbrenner)

Sence of coherence (Antonovsky)

Action competence (Bruun Jensen)

Interdiciplinarity (Klein)

Attachment (Bowlby)

Emotional intelligence (Goleman, Akerjordet et al)

✓ Not a simple continuum from mental illness to wellness.

✓ Ment and can

Source: Global Wellness Institute

https://www.sciencedirect.com/topics/social-sciences/salutogenesis

MAIN POINTS HERE...
We _should_ be talking about mental health problems, disorders and illness...

We urgently need to attend to these!

We can _also_ be engaging in promotion of well-being across the spectrum of mental health functioning

Mental health _AND_ Well-being pushes beyond the individual and promotes cultural inclusivity
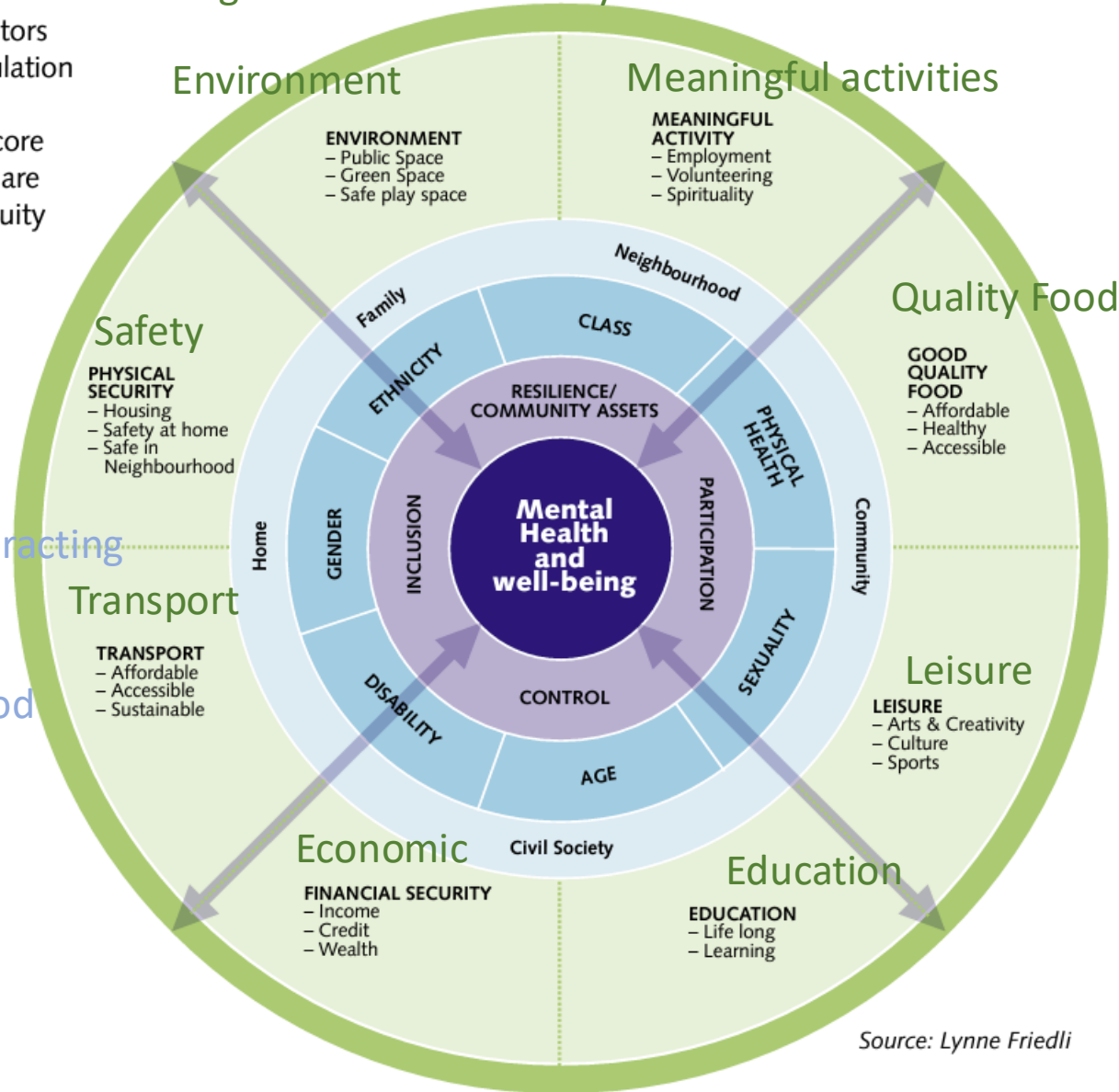

Granlund et al 2021

Figure 2.2: A dynamic model of mental well-being for assessing mental well-being impact

The four protective factors are influenced by population characteristics, wider determinants and the core economy. All of which are influenced by levels equity and social justice.

Resulting in and Influenced by access to resources…

Environment

Meaningful activities

Quality Food

Safety

Transport

Leisure

Education

Economic

ENVIRONMENT
– Public Space
– Green Space
– Safe play space

MEANINGFUL ACTIVITY
– Employment
– Volunteering
– Spirituality

GOOD QUALITY FOOD
– Affordable
– Healthy
– Accessible

PHYSICAL SECURITY
– Housing
– Safety at home
– Safe in Neighbourhood

TRANSPORT
– Affordable
– Accessible
– Sustainable

LEISURE
– Arts & Creativity
– Culture
– Sports

FINANCIAL SECURITY
– Income
– Credit
– Wealth

EDUCATION
– Life long
– Learning

Mental Health and well-being

RESILIENCE/ COMMUNITY ASSETS

PARTICIPATION

CONTROL

INCLUSION

ETHNICITY — GENDER — DISABILITY — AGE — SEXUALITY — PHYSICAL HEALTH — CLASS

Family — Neighbourhood — Community — Civil Society — Home

Source: Lynne Friedli

Embedded in/Interacting with
1. Family
2. Neighborhood
3. Community
4. Civil Society
5. Home

4 Core Factors
1. RESILIENCE and COMMUNITY ASSETS
2. PARTICIPATION
3. CONTROL
4. INCLUSION

That are challenged or amplified by positionality in
1. Class
2. Ethnicity
3. Gender
4. Ability
5. Age
6. Sexuality
7. Health

Mental Well-being Impact Assessment

A toolkit for well-being
Mental Well-being Impact Assessment (MWIA) enables people and organisations to assess and improve a policy, programme, service or project to ensure it has a maximum equitable impact on people's mental well-being.
Published by the National MWIA Collaborative (England) May 2011

Members of the National MWIA Collaborative (England)

MWIA: Toolkit National Mental Wellbeing Impact Assessment (MWIA) Collaborative (England)

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well-being promotes better HIV outcomes and whole-person perspective

Increasingly – work is including resilience, resistance, resources, life satisfaction, social influence, community connectedness, joy, satisfaction...

Social Support   Positive coping
Pos Reappraisal   Spirituality
Resilience   Resistance
Safety

" *many youth living with or affected by HIV do not merely survive—but **thrive**.*– Harrison & Li 2019

" *resilience is an important resource that can aid WLWH in coping constructively with adversity by **capitalizing on intrapersonal traits and states, interpersonal and institutional resources, and spiritual and/or religious practices**.*– Fletcher et al 2020

" *...many AYAHIV have shown **resilience** with **positive assets** and **resources** and few health or mental health problems.*-Poku et al 2024

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• Mental Health _and_ Well-being

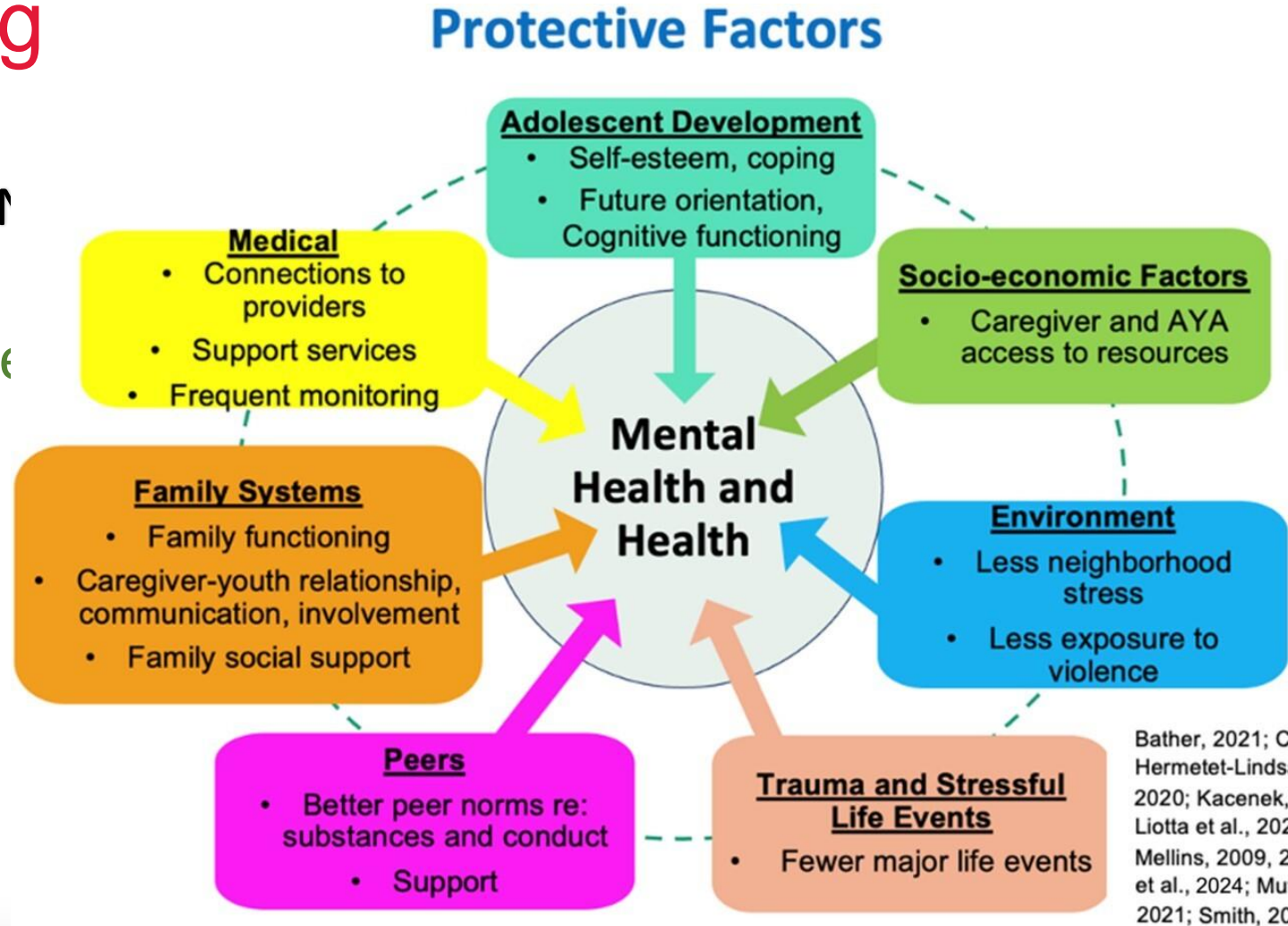"the capacities of each and all of us to feel, think, and act in ways that enable us to value and engage in life." -- Wren-Lewis & Alexandrova 2021

Planetary Public Health
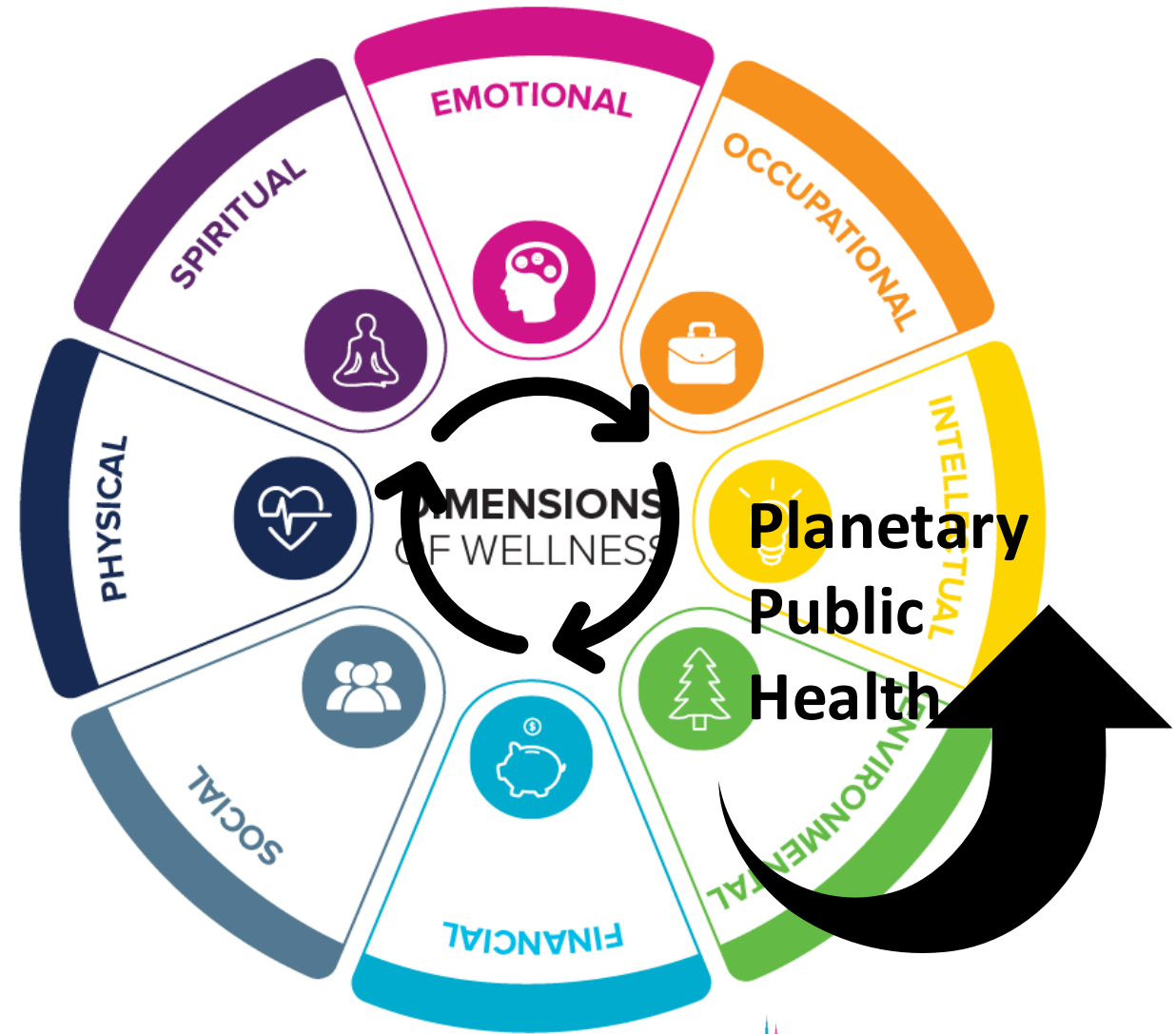
The What (and how) of integration SHOULD include wellbeing

IMPROVING OR SUSTAIN

Environment

Meaningful activitie

Quality Food

Leisure

Education

Economic

Safety

Protective Factors

Adolescent Development
- Self-esteem, coping
- Future orientation, Cognitive functioning

Medical
- Connections to providers
- Support services
- Frequent monitoring

Socio-economic Factors
- Caregiver and AYA access to resources

Mental Health and Health

Family Systems
- Family functioning
- Caregiver-youth relationship, communication, involvement
- Family social support

Environment
- Less neighborhood stress
- Less exposure to violence

Peers
- Better peer norms re: substances and conduct
- Support

Trauma and Stressful Life Events
- Fewer major life events

Bather, 2021; Cluver, 2022; Hermetet-Lindsay, 2017; Judd et al., 2020; Kacenek, 2016; Kang, 2012; Liotta et al., 2023; Marhefka, 2008; Mellins, 2009, 2011, 2017; Morrison et al., 2024; Mutumba, 2016; Nichols, 2021; Smith, 2018; Vreeman, 2017

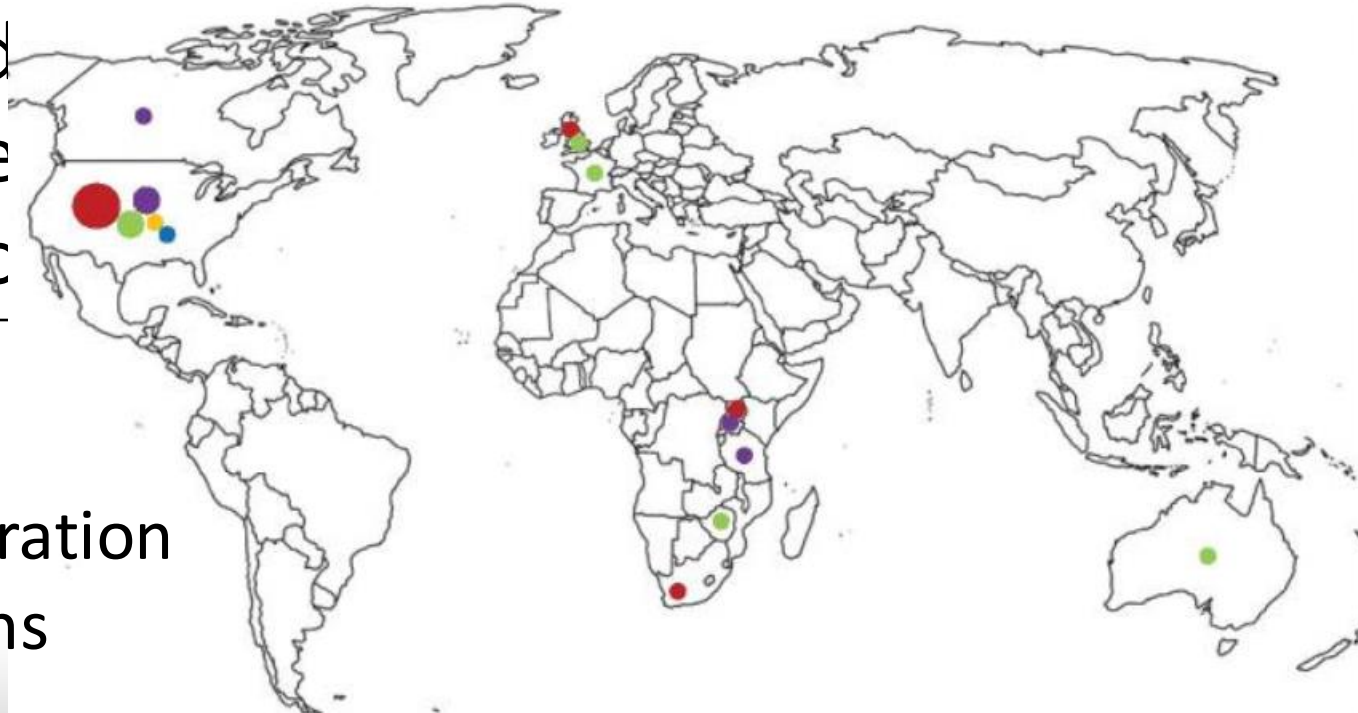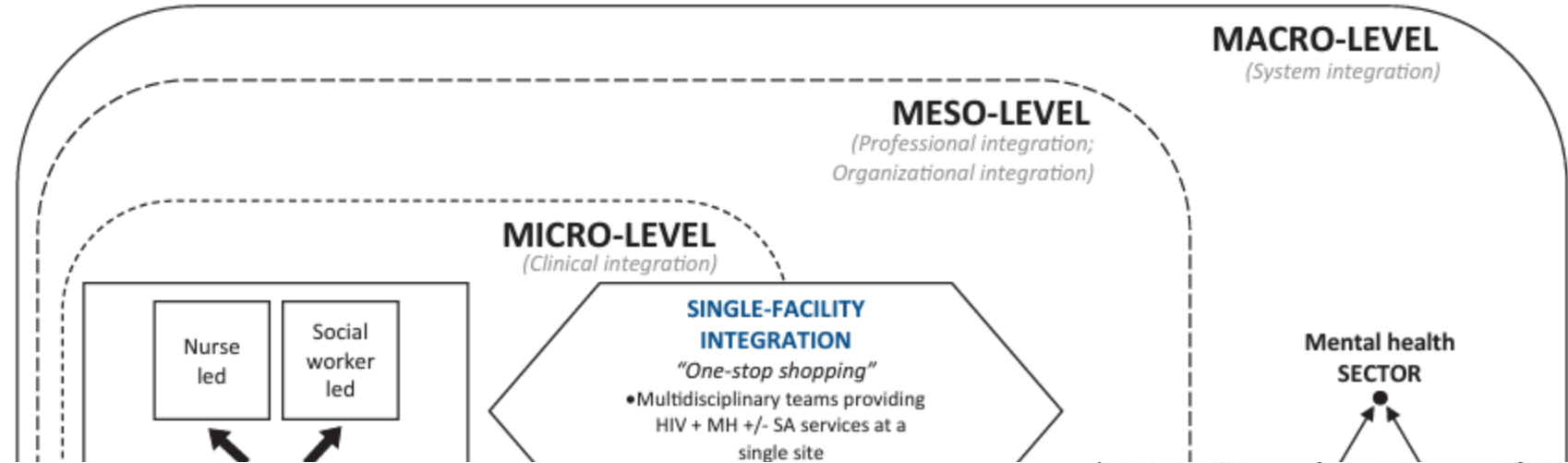Poku et al 2024

LESSONS IN INTEGRATION

- What to integrate?

- How to integrate?

Chuah et al 2017

- 45 Papers on integr
  mental health and s
  abuse treatment int
  with HIV services (t

Dominated
multiple se
care/servic

FEW defined integration
or process decisions

| Integration	Country	No.
Single-facility integration	USA	15
	UK	2
	South Africa	1
	Uganda	2
Multi-facility integration	USA	6
	UK	1
	Australia	1
	France	1
	Zimbabwe	1
Integration through task-shifting	USA	8
	Canada	1
	South Africa	1
	Uganda	1
	Tanzania	1
System integration	USA	2
Combination of models	USA	1

Chuah et al 2017

Micro Level
- Convenient for service user
- Can be costly
- Still need a coordinator
- May not be possible for complex conditions
- Almost all examples are of bringing in MH care to HIV services

Micro/Meso Level
- Can be fragmented
- MUST have a coordinator
- Need cross-facility collaboration
- Less convenient to service user

Macro Level
- Few examples (1 study/case)
- Mental health and HIV services coordinated within a single local (state level) system
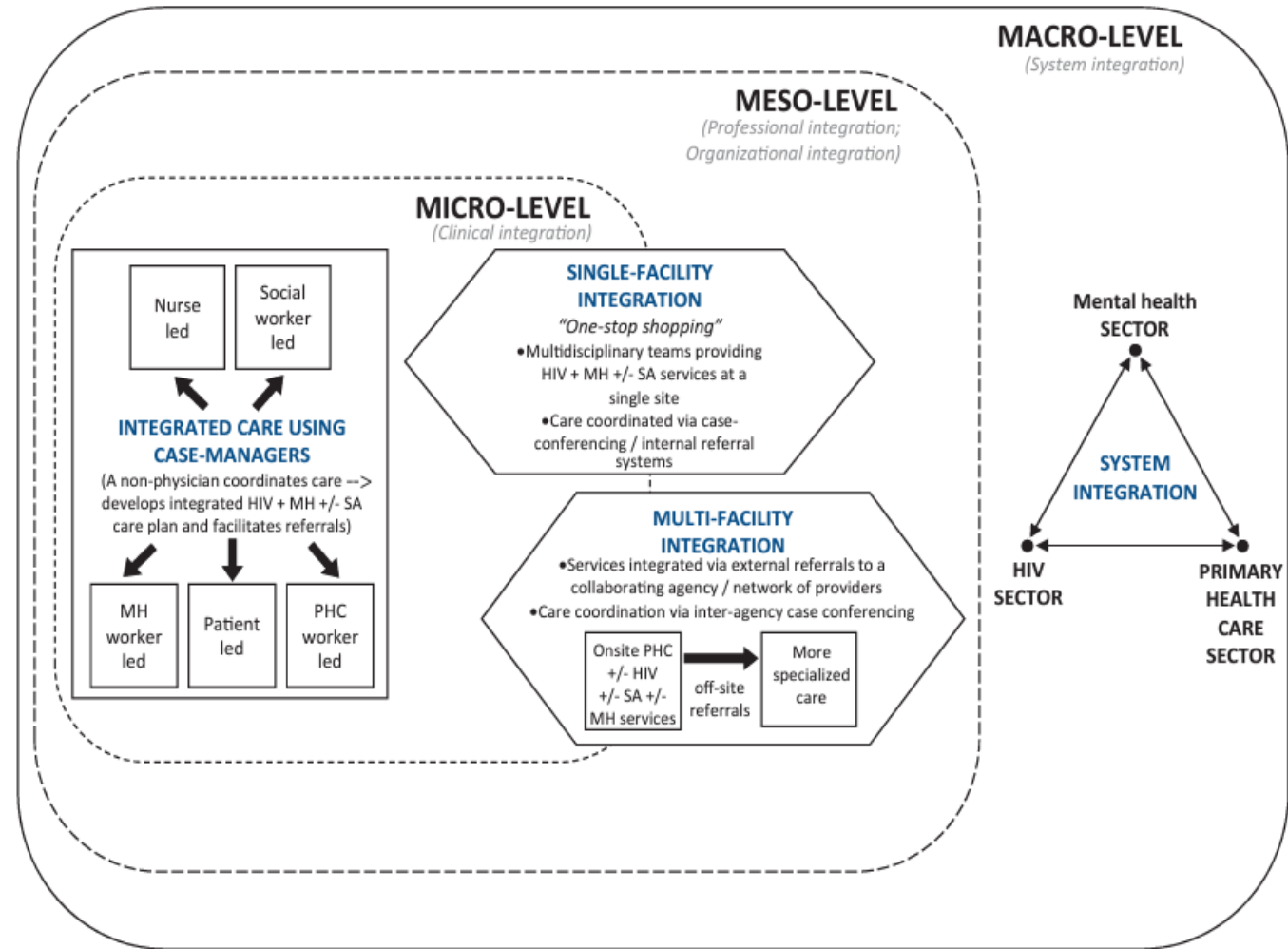
re 3. Integration models for HIV, mental health and substance abuse services at the macro, meso, and micro-level.

HOW TO INTEGRATE?

Conteh et al 2023

Conteh *et al. BMC Health Services Research* (2023) 23:396
https://doi.org/10.1186/s12913-023-09359-x

BMC Health Services Research

RESEARCH   **Open Access**

Mapping the effectiveness of integrating mental health in HIV programs: a scoping review

Ndeshiteelela K Conteh[1*], Ashley Latona[2] and Ozayr Mahomed[1]

Abstract

Introduction Mental health and substance abuse issues are increasing among HIV-positive people, and it negatively impacts health outcomes like engagement, retention in HIV care, and adherence to ART. Thus, national ART programs must include mental health management. The scoping review sought to map evidence on the efficacy of combining HIV and mental health care.

Methods The Arksey and O'Malley methodological framework was used to map the existing research on integrating HIV and mental health services to identify knowledge gaps. Two independent reviewers screened articles for inclusion. Studies on HIV-mental health integration were considered. We searched numerous sources, extracted data, and summarized publications by integration model and patient outcomes.

- 29 Published Articles
  - 23 from higher/6 from lower resourced countries
- Focus largely on integration within a single facility
- Reduced
  - Depression
  - Alcohol use
  - Self-stigma
  - Psychiatric symptoms
  - MH stigma in facilities
- Increased
  - Social functioning
  - Positive mood
- Highlighted promising results from task shifting

HOW TO INTEGRATE?

FACILITATING INTEGRATION

- adequate resourcing
- shared values
- effective communication
- IT infrastructure
- flexible administrative organizations
- role clarity and accountability
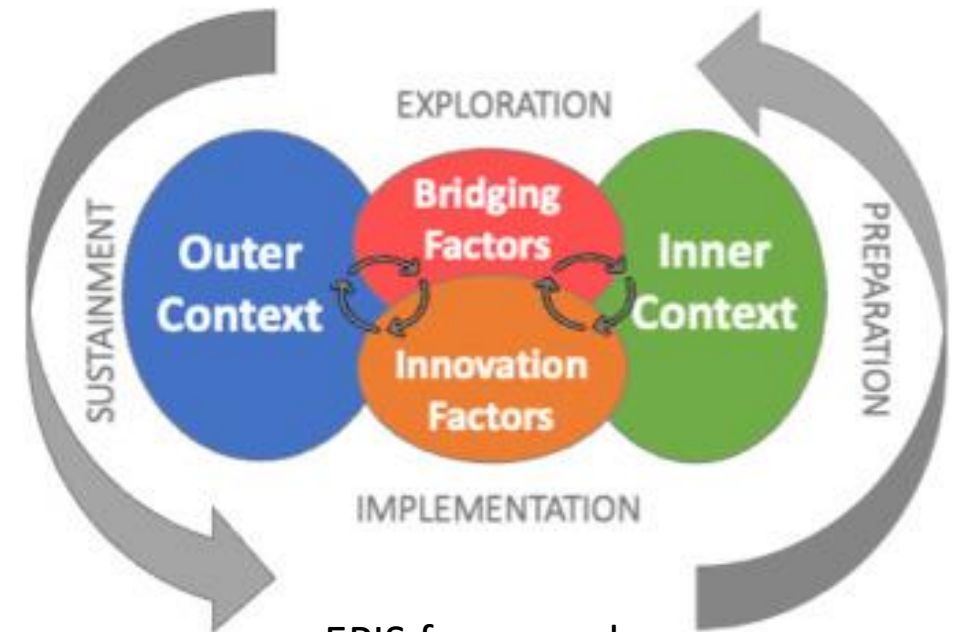- staff engagement and training

BARRIERS

- attitudes regarding program acceptability, appropriateness, and credibility
- knowledge and skills
- motivation to change
- management and leadership
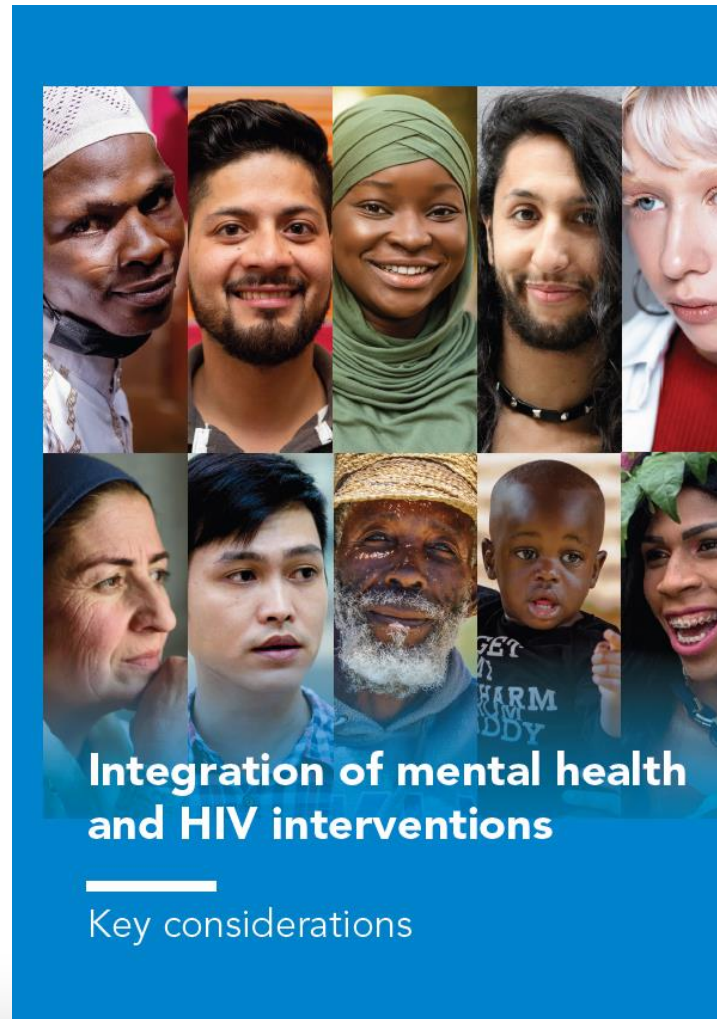- financial resources

Coates et al 2022

EPIS framework
Moullin et al 2019

HOW TO INTEGRATE?

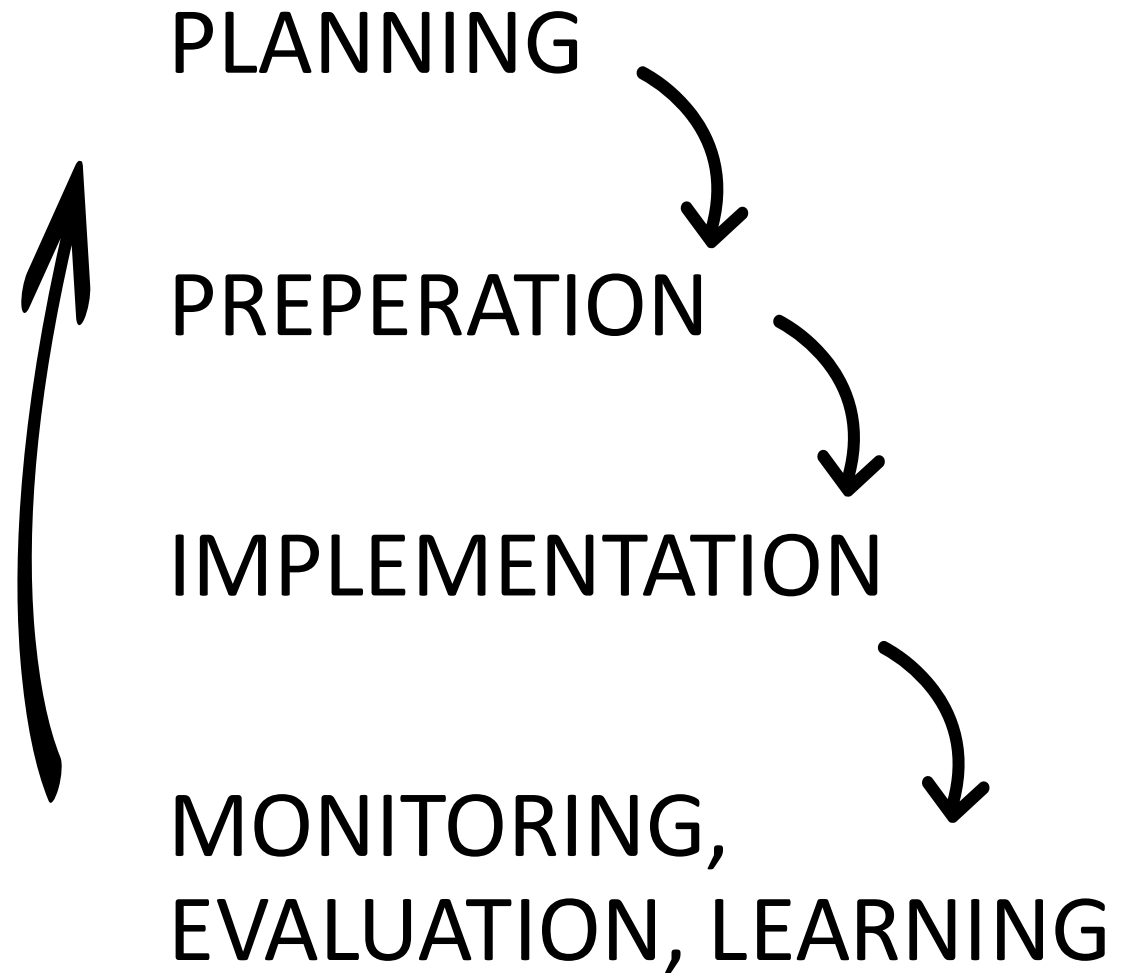

© Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization, 2022

HOW TO INTEGRATE?

LEVEL 3
LEVEL 2
LEVEL 1

Clinical & community integration
Professional integration; Organizational integration
Integration of service delivery systems

Adapted from Chuah et al 2017

PLANNING

PREPERATION

IMPLEMENTATION

MONITORING, EVALUATION, LEARNING

improving How to integrate

Community driven, participatory, grounded

Community and culture-grounded approache
science, research and promotion are needed
decades of exclusion.

Investment in whole-person whole-communit
integration strategies *best suited* for a given c

Careful consideration of community needs an
health *and* well-being FIRST (not after).

Continue to apply and innovate on implement

mhGAP operations manual: mental health Gap Action Programme (mhGAP). Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

Improving mental health **and wellbeing** through integration of HIV services

- ☑ Is there support?

- ☑ Is there a need?

- ☑ Is it urgent?

YES

- ☑ Is there progress?

- ☑ Is there room for improvement?

PARIS
FAST-TRACK CITIES 2024

What does 'everyone has the right to mental health' mean?

Mental health is a basic human right for all people. Everyone, whoever and wherever they are, has a deserving and inherent right to the highest attainable standard of mental health.

This includes:
the right to available, accessible, acceptable and good quality care; and
the right to liberty, independence and inclusion in the community.

WHO Mental health: Promoting and protecting human rights 6 October 2023 | Q&A

Thank you!

ramico@umich.edu

PARIS
FAST-TRACK CITIES 2024