HIV Learning Network The CQUIN Project for Differentiated Service Delivery www.cquin.icap.columbia.edu



Mental Health and HIV Integration within DSD Programs

HIV Coverage, Quality, and Impact Network



Housekeeping

- 90-minute webinar with framing presentations followed by a panel discussion with Q&A
- Slides and recording will be available on the CQUIN website (<u>www.cquin.icap.columbia.edu</u>)
- Please type questions in the Q&A box located on the toolbar at the bottom of your screen
- If you would prefer to speak, please use the "raise hand" function on the toolbar and we will unmute you so that you have control of your microphone
- If you are a French or English speaker, please ask your question in your language of choice and the interpreters will translate as needed





Welcome/ Bienvenue



Peter Preko CQUIN Project Director ICAP at Columbia University

- Be sure you have selected the language of your choice using the "Interpretation" menu on the bottom of your screen.
- Assurez-vous d'avoir sélectionné la langue de votre choix à l'aide du menu <<Interprétation>> en bas de votre écran Zoom.



Background – 1

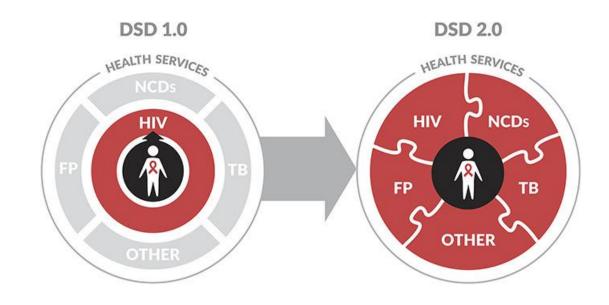
- CQUIN 2.0 has an expanded focus that includes the integration of non-HIV services into HIV programs (and, more specifically, into DSD models) with the goal of providing holistic person-centered care
- In 2023, CQUIN will focus on:
 - ✓ SRH / Triple Elimination: starting with integration of **FP services** [June webinar]
 - ✓ NCDs: starting with integration of HTN services [July] and Mental Health services [today's webinar]
 - ✓ TB: continued focus on integrating TPT and case finding into DART models



Background – 2

CQUIN conceptual framework:

- Integration is a means not an end the goal is not integration itself, but improved coverage, quality, and impact of health services
- Differentiated approaches contribute to this goal by delivering person-centered services that meet the needs and expectations of recipients of care
- ✓ Our hypothesis is that integrating non-HIV services into HIV programs will expand and accelerate these efforts



Ehrenkranz P, Grimsrud A, Holmes CB, Preko P, Rabkin M. Expanding the Vision for Differentiated Service Delivery: A Call for More Inclusive and Truly Patient-Centered Care for People Living With HIV. *J Acquir Immune Defic Syndr*. 2021 Feb 1;86(2):147-152. PMID: 33136818; PMCID: PMC7803437.

Background – 3

If we do not clearly define what we mean by "integration", our discussions will not lead to program improvement and improved health outcomes

- Level of integration: Systems, services, or both?
 - Systems: "Upstream" policies, financing, training, procurement, M&E, etc.
 - Services: Point of care organization co-location, co-scheduling, coordination of medications, etc.
- Direction of integration:
 - Integration of non-HIV services into HIV programs?
 - Integration of HIV services (e.g., testing and prevention) into non-HIV programs?
 - Both?



Welcome and introductions: Peter Preko, ICAP at Columbia University

Framing Remarks: Wole Ameyan- Technical Officer, Adolescent HIV, Global HIV, Hepatitis and Sexually Transmitted Infections Programmes, WHO

Panel Discussion: Co-Moderators: Juliet Nwamaka, Network of People Living with HIV and AIDS in Nigeria (NEPHWAN) & **Gillian Dougherty**, ICAP Columbia University

- Kareem Samsudeen Adebola, National Deputy Coordinator, Association of Positive Youth Living with HIV in Nigeria (APYLIN)
- **Milton Wainberg**, Professor of Clinical Psychiatry at Columbia University/New York State Psychiatric Institute
- Mary Mugambi, ICAP Kenya, (Former Kenya MOH lead for Mental Health) Flagship MAT program in Nairobi
- Charles Mukuma, Communication officer, African Sex Workers Alliance (ASWA), Nairobi, Kenya



Moderators





Juliet Nwamaka Network of People Living with HIV and AIDS in Nigeria

Gillian Dougherty ICAP Columbia University

Session Objectives

Provide sensitization regarding the importance of mental health and HIV integration in the context of differentiated service delivery following guidance published by WHO and UNAIDS

> Panel discussion with experts of global leaders (MoH, IP and RoC) who can provide various perspectives on the current state and future directions of MH/HIV integration for DSD



How important do you think it is to address mental health within the context of global efforts to combat HIV/AIDS?

- a. Extremely important
- b. Somewhat important
- c. Not important
- d. Unsure



2a. Are there any initiatives aimed at promoting mental health and HIV integration currently being implemented in the country where you work?

- a. Yes
- b. No

2b. If Yes, what country do you work in? (Free Text)



Wole Ameyan WHO Switzerland





Integrating mental health and HIV services Framing remarks





Dr. Wole Ameyan Global HIV, Hepatitis and Sexually Transmitted Infections Programmes World Health Organization, Geneva, Switzerland



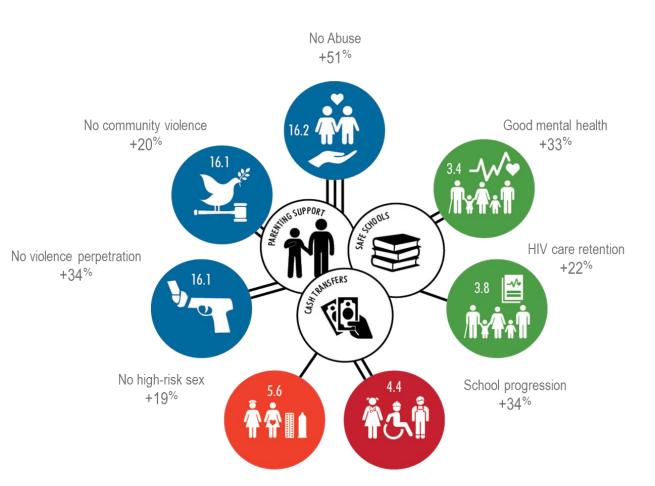
Why mental health and HIV?

- It is about burden, but burden does not tell the full story
- Bidirectionality and Intersecting vulnerabilities between HIV and mental health cannot be ignored.
- A systemic review and meta-analysis found that people living with HIV have a 100-fold higher suicide death rate compared with the general population rate
- Adolescents living with HIV generally have a higher prevalence of mental health conditions compared with their HIV-negative peers
- Key populations, often affected by stigma and discrimination and social marginalization, have elevated rates of emotional distress and mental health conditions



2 Why mental health and HIV?

- People living with HIV with depression less likely to achieve optimal treatment adherence.
- People with mental health conditions at greater risk for HIV (injecting drug use, unsafe sex, sexual abuse) and less likely seek information and health services
- It is also about multiple cascading effects!
- Linkages with other SDGs



Cluver, Orkin, Toska, Campeau, Webb, Carlqvist, Sherr, (2019) Lancet CAH





Key messages from WHO guidance





Integrate it



Deliver it





Key messages from WHO guidance

Recommendation

included in the package of HIV care services for all individuals

Package it

4

World Health Organization living with HIV

GUIDELINES

Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach

Assessment and management of depression should be

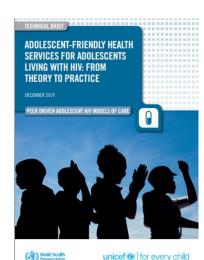




Start young!

 Adolescence is a time of transition, development, and identity exploration; a common window for new mental health challenges to emerge

Package it



- For adolescents and young adults who are living with HIV, there are additional psychosocial challenges linked to navigating this period while managing a chronic condition
- The majority (75%) of mental health conditions seen in adulthood develop by the age of 24 years, and 50% occur by the age of 14 years



Key	Provide psychosocial interventions
6 messages	
from WHO	New Recommendation
guidance	Psychosocial interventions should be provided to all
	adolescents and young people living with HIV
	(Strong recommendation; moderate-certainty evidence)
	Improves adherence to ART and reduction in viral load
Package it	outcomes.
World Health Organization	Peer driven approaches, integration within existing
	package of services, quality are important
	implementation considerations
	Young people need to lead from the front in
THE TREATMENT AND CARE OF PEOPLE LIVING WITH HIV	implementation just as they were a huge part of the
APRIL 2021	guideline development process!

eople living with HIV lerate-certainty evidence)



Integrating psychosocial interventions and support into HIV services for adolescents and young adults

APRIL 2023



Integrating psychosocial interventions

Exploring psychosocial interventions: what do they look like?

How can these interventions be delivered?

Who delivers them?

What factors support uptake of these interventions?

Key strategic actions for integrating psychosocial interventions into HIV services

Case studies



Integrating psychosocial interventions and support into HIV services for adolescents and young adults

This technical brief seeks to establish the importance of implementing psychosocial interventions to optimize HIV outcomes and support mental health for adolescents and young people living with HIV; to provide evidence included in the recent WHO guidelines to educate on how this can and has been done; and to chart a way forward for the integration of mental health and HIV services for this population.

www.who.int

(8) ====

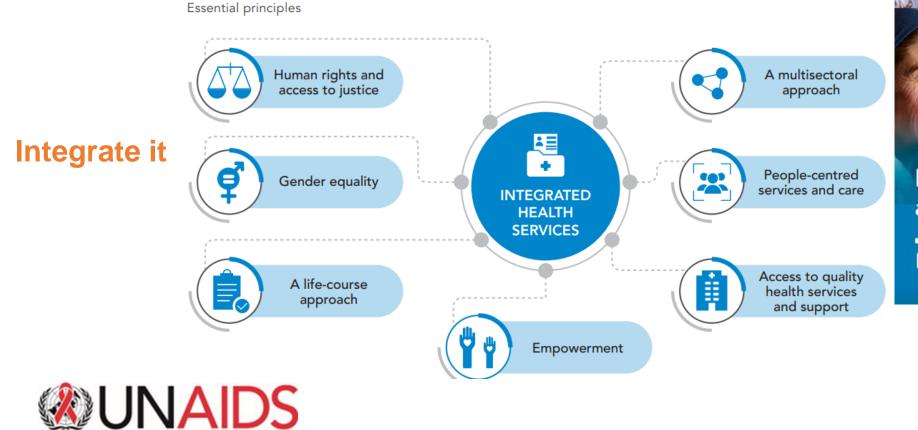
Key messages from WHO guidance

8

2022 UNAIDS-WHO guide

Key considerations to integrate HIV and mental health interventions | UNAIDS

(available in English, French, Spanish and Russian)



Integration of mental health and HIV interventions

Key considerations



2022 UNAIDS-WHO guide

Key considerations to integrate HIV and mental health interventions

(available in English, French, Spanish and Russian)



Integrate it

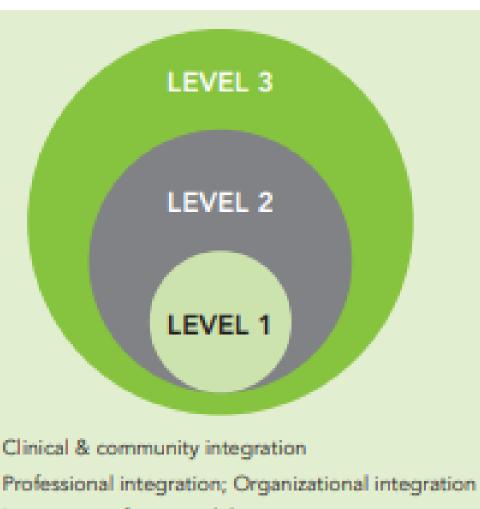
Key

messages

from WHO

guidance

9



Integration of service delivery systems

- Integration at the health system level; convergence of lows, policies, planning, and budgeting processes
- Across organizations or facilities
- Clinical integration Single-Facility Integration, Multi-Facility, Integrated care with case managers

Each level requires distinct interventions Synergy, interaction and coordination of integration activities within and between levels



Key messages 10 from WHO guidance

Tools to facilitate programming and implementation of adolescent mental health promotion and protection

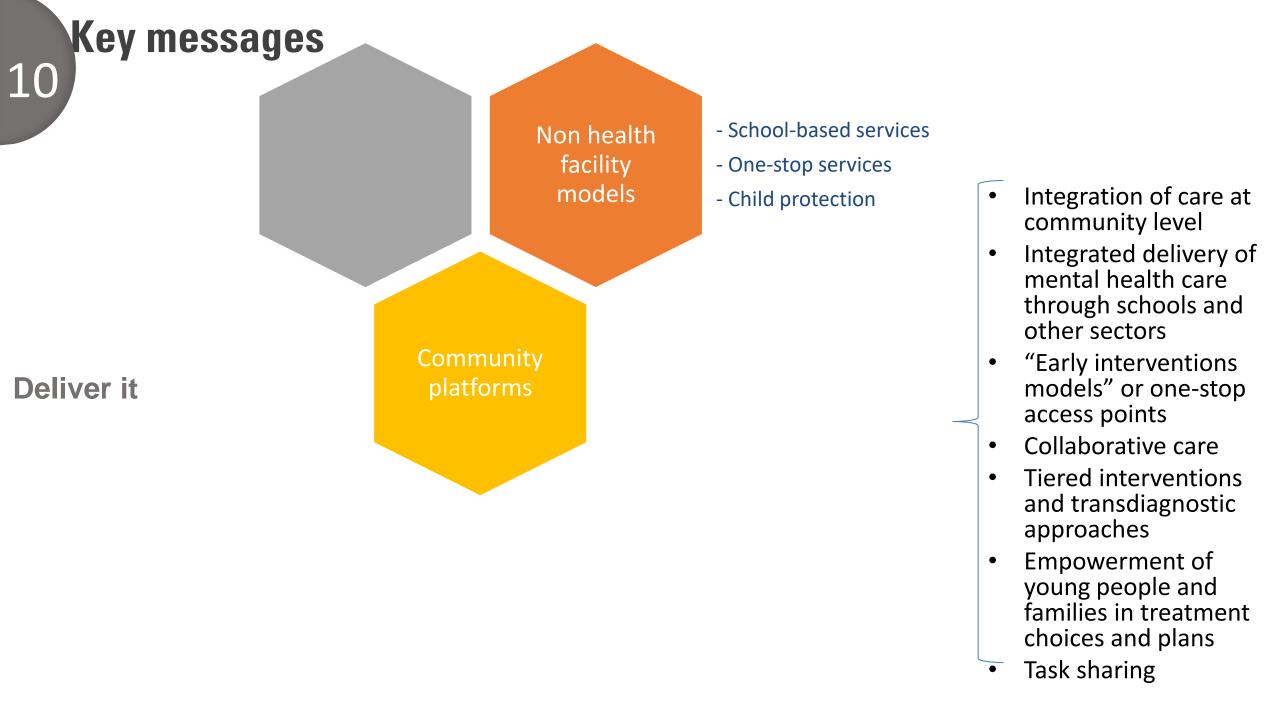


Deliver it

Integrating psychosocial interventions and support into HIV services for adolescents and young adults

APRIL 2023

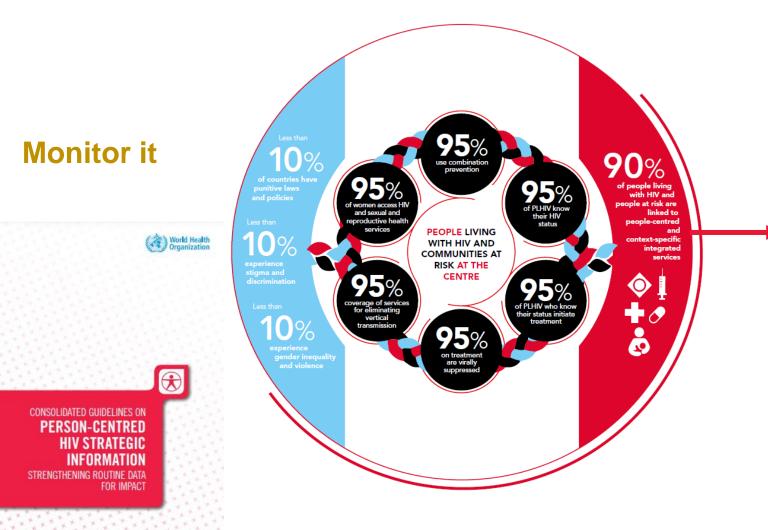




12 Key messages from WHO guidance 202

Global HIV-mental health integration targets

2025 GLOBAL HIV TARGETS



90% of PLHIV and individuals at \uparrow risk of HIV linked to and access NCDs, **mental health** and other services for their overall health and wellbeing

Population-specific:

- 90% PLHIV have access to HIV treatment and CVD, Cx Cr, mental health, diabetes services, health education, smoking cessation, PA
- 90% of gay men and other MSM, sex workers, transgender people have access to HIV services integrated with/linked to mental health and PSS
- 90% of PWID have access to comprehensive harm reduction, including mental health, services
- 90% of AGYW have access to SRHR services, including HPV/cervical cancer screening and treatment, that integrate HIV services



Final thoughts

161

Conversations to support

Refine and Define it – what we are talking about and what we aren't talking about!

Rationalize it – why should we do this but also why should we invest in it

Untangle it – who does what and where, role of multiple layers of policy, service delivery, community

Promote it – Not a buzz word. Put the message out there and convince ourselves

Discuss it – platform for leaning and sharing

Implement it – support for implementation and documentation of best practice models

Measure it – what SMART indicators can show what is working and what is not



Panel of Experts



Kareem Samsudeen Adebola Association of Young people living with HIV in Nigeria Milton Wainberg, M.D. Columbia University New York State Psychiatric Institute

Mary Karimi Mugambi ICAP Kenya **Charles Mukoma** African Sex Worker Alliance



Slides and recordings from today's session will be posted on the CQUIN website: https://cquin.icap.columbia.edu/

Join us for the next CQUIN webinars:

August 22nd = DSD for Adolescents (co-hosted with PAHLCA and WHO) September 5th = AHD Supply Chain Management Systems (co-hosted with CHAI)



HIV Learning Network The **CQUIN** Project for Differentiated Service Delivery HIV Learning Network The CQUIN Project for Differentiated Service Delivery



Thank you!

