HIV MENTAL HEALTH SA
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Effect of a Primary Care-Based Psychological Intervention on Symptoms of Common Mental Disorders in Zimbabwe: A Randomized Clinical Trial.

Chibanda D1, Weiss HA2, Verhey R1, Simms V2, Munjoma R1, Rusakaniko S1, Chingono A3, Munetsi E1, Bere T1, Manda E1, Abas M4, Araya R5. JAMA. 2016 Dec 27;316(24):2618-2626. doi: 10.1001/jama.2016.19102.
THREE ASSUMPTIONS

✓ Mental Disorders are #prevalent, persistent and pervasive
✓ The #value of Mental Health is understood in terms of individual and systems level outcomes
✓ That Mental Health Care can’t only be the business of MH Providers

THREE CHALLENGES

➢ Why is it so hard to do #barriers
➢ What MH issues need addressing #MentalDisorders
➢ How do we do it #MHSkills
#BARRIERS_ONE- AVAILABILITY OF MENTAL HEALTH CARE PROVIDERS IS INADEQUATE

Median number of mental health workers per 100,000, by World Bank income group

Psychiatrists /nurses per 100,000, by World Bank region

Source: WHO, Mental Health Atlas, 2014
#BARRIERS_TWO - AGREEMENT BETWEEN LAY COUNSELOR AND MH NURSES ON THE SAMISS AND IHDS

BARRIERS_TWO - AGREEMENT BETWEEN LAY COUNSELOR AND MH NURSES ON THE SAMISS AND IHDS

- Overall SAMISS- LAC “diagnosed” 68/209 “cases” > MH Nurses,
- but “missed only 9/150
- On IHDS, LAC “diagnosed 70/85 “cases” > MH nurses,
- AND “missed” 15/30

Breuer E, Stoloff K, Myer L, Seedat S, Stein DJ, Joska J. Reliability of the lay adherence counsellor administered substance abuse and mental illness symptoms screener (SAMISS) and the International HIV Dementia Scale (IHDS) in a primary care HIV clinic in Cape Town, South Africa. AIDS Behav. 2012 Aug;16(6)
#MENTALDISORDERS- WHAT NEEDS ADDRESSING

• #STIGMA_DISCLOSURE
• #MINOR_MAJOR_DEPRESSION
• #ALCOHOL_SUBSTANCE_ABUSE
• #PSYCHOLOGICAL_TRAUMA
• #NEUROCOGNITIVEDISORDERS_ART_TOXICITY
#MENTALDISORDERS- WHEN TO SCREEN AND INTERVENE

Takuva, Simbarashe; Brown, Alison; Pillay, Yogan; Delpech, Valerie; Puren, Adrian. The continuum of HIV care in South Africa: implications for achieving the second and third UNAIDS 90-90-90 targets. AIDS. 31(4):545-552, February 20, 2017.
External HIV stigma SA

I can’t change my HIV status but you can change your attitude

“…particular emphasis…among PLWH… where existing support groups should be utilized…to implement psycho-social support… a greater process of involvement of PLWH in support groups (and taking ownership) in order to manage their own health and well-being…”

Internal HIV stigma SA

<table>
<thead>
<tr>
<th>Feelings experienced</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashamed</td>
<td>29</td>
</tr>
<tr>
<td>Guilty</td>
<td>28</td>
</tr>
<tr>
<td>Blaming oneself</td>
<td>31</td>
</tr>
<tr>
<td>Blaming others</td>
<td>19</td>
</tr>
<tr>
<td>Having low self-esteem</td>
<td>22</td>
</tr>
<tr>
<td>Should be punished</td>
<td>11</td>
</tr>
<tr>
<td>Suicidal</td>
<td>11</td>
</tr>
</tbody>
</table>
#MENTAL_ILLNESS_STIGMA
Takuva, Simbarashe; Brown, Alison; Pillay, Yogan; Delpech, Valerie; Puren, Adrian. The continuum of HIV care in South Africa: implications for achieving the second and third UNAIDS 90-90-90 targets. AIDS. 31(4):545-552, February 20, 2017.
SUD at baseline and 6 months- AUDIT plus SAMISS: 57-34%

Kessler 10 Distress at baseline and 6 months: 42-12%

Joska et al, Psychiatric Disorder, Substance Abuse, and Distress during the first six months of Anti-retroviral Treatment, AIDS 2016, Durban
#MENTALDISORDERS- WHEN TO SCREEN AND INTERVENE

Takuva, Simbarashe; Brown, Alison; Pillay, Yogan; Delpech, Valerie; Puren, Adrian. The continuum of HIV care in South Africa: implications for achieving the second and third UNAIDS 90-90-90 targets. AIDS. 31(4):545-552, February 20, 2017.
> 51% history of sexual abuse and 75% reported physical intimate partner violence (physical IPV).
> Among those with traumatic experiences (n = 57), 70% met screening criteria for PTSD.
> Among women reporting sexual abuse, 61% were disclosing their experience for the first time during the screening.

The ImpACT Intervention Trial


WHAT COULD A #COMPLETE_MENTAL_HEALTH_SERVICE LOOK LIKE

<table>
<thead>
<tr>
<th>Specialist care</th>
<th>PHC: Co-located care</th>
<th>PHC: Integrated care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MH role players</strong></td>
<td>Patients, MH nurses, MH Doctors, Clinical Psychologists, Specialists</td>
<td></td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>Training+outreach, Specialist clinics</td>
<td></td>
</tr>
<tr>
<td><strong>Treatments</strong></td>
<td>Psychotherapy, Meds</td>
<td></td>
</tr>
<tr>
<td><strong>MH role players</strong></td>
<td>Patients, MH nurses, MH doctors, Outreach Teams, On-site Substance Abuse services</td>
<td></td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>screening, General Care</td>
<td></td>
</tr>
<tr>
<td><strong>Treatments</strong></td>
<td>Basic Psychotherapy, Meds</td>
<td></td>
</tr>
<tr>
<td><strong>MH role players</strong></td>
<td>Patients, CHW, ARV nurses, ARV doctors, Social Workers</td>
<td></td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>building resilience, screening “at-risk” groups</td>
<td></td>
</tr>
<tr>
<td><strong>Treatments</strong></td>
<td>Basic counselling, Meds</td>
<td></td>
</tr>
<tr>
<td>WHO</td>
<td>ROLE</td>
<td>SKILLS</td>
</tr>
<tr>
<td>----------------------------</td>
<td>----------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Patients</td>
<td>Index player</td>
<td>Central role players, have insider knowledge</td>
</tr>
<tr>
<td>Community Health Workers</td>
<td>Case finders, links</td>
<td>Community-mindedness, peers</td>
</tr>
<tr>
<td>Lay Counsellors</td>
<td>Information-givers, adherence support</td>
<td>Basic counselling and adherence support</td>
</tr>
<tr>
<td>ARV Nurses</td>
<td>Clinical triage, NIMART</td>
<td>Nurse training, mainly biomedical</td>
</tr>
<tr>
<td>ARV Medical Officers</td>
<td>Clinical assessment and management</td>
<td>Medical generalists</td>
</tr>
<tr>
<td>Social Workers</td>
<td>Psycho-social, grants, social services</td>
<td>Social development and services, counselling</td>
</tr>
<tr>
<td>MH Nurses</td>
<td>PHC MH services</td>
<td>Chronic MH care, MH services</td>
</tr>
<tr>
<td>Clinical Psychologists</td>
<td>Specialised therapy and supervision</td>
<td>Psychological therapies, training</td>
</tr>
<tr>
<td>MH doctors</td>
<td>Specialised assessment, treatment</td>
<td>Psychiatric assessment and treatment</td>
</tr>
</tbody>
</table>
Sensitivity and specificity of clinician administered screening instruments in detecting depression among HIV-positive individuals in Uganda.


The Substance Abuse and Mental Illness Symptoms Screener (SAMISS)

**Part 1: Substance Abuse**

1. **How often do you have a drink containing alcohol?**
   - Never
   - 1-2 times a month
   - 3-4 times a month
   - 5 times or more

2. **How many drinks do you have on a typical day when you are drinking?**
   - 0-1 drunk
   - 2-3 drinks
   - 4 or more

3. **How often do you have four or more drinks on one occasion?**
   - Never
   - 1-2 times a month
   - 3-4 times a month
   - 5 or more

**Part 2: Mental Illness**

8. **During the past 12 months, when not high or intoxicated, did you ever feel extremely energetic or irritable and more talkative than usual?**
   - Yes
   - No

9. **During the past 12 months, were you ever on medication or antidepressants for depression or nerve problems?**
   - Yes
   - No

10. **During the past 12 months, were there times when you felt sad, blue, or depressed for 2 weeks or more in a row?**
    - Yes
    - No

11. **During the past 12 months, were there times when you felt sad, blue, or depressed for 2 weeks or more in a row?**
    - Yes
    - No
“Overall, we found that antidepressants may improve depression compared to placebo, but we have little confidence in this result due to the low quality of the evidence…”

SYSTEMATIC REVIEWS AND META-
ANALYSES OF MENTAL AND BEHAVIORAL
HEALTH INTERVENTIONS FOR PLWHA

• 181 studies in total across low-, middle-, and high-income countries
• Total Participants >20,000 (representing all populations)
• Types of Studies: RCTs, Pilot/Feasibility Studies, and Quasi-experimental Designs
• Types of Interventions: (duration range 1-30 hours, 1-54 weeks, 1-48 sessions, follow-up range 1-17 months)
  • Pharmacological intervention (e.g., administration of psychotropics)
  • Symptom-oriented intervention (e.g., cognitive and/or behavioral therapy, stress management, motivation interviewing, interpersonal therapy)
  • Supportive intervention (e.g., support, psycho-education)
  • Meditation intervention (e.g., mindfulness, meditation, relaxation)

Source: van Luenen et al, AIDS and Behavior, 2018; Sikkema et al, Global Mental Health, 2015; Sherr et al, Psychology, Health, and Medicine, 2011,
KEY TAKEAWAYS FROM REVIEWS

• Small to moderate positive effects on mental health- *Reduce depression and anxiety, improve quality of life and psychological well-being*

• Biggest effects with lengthier and multi-level interventions

• Interventions that are primarily **focused on mental health AND also delivered by mental health care professionals** most effective

• There is an increased focus on – and demand for – brief interventions; and there is evidence for success with certain brief interventions- *Manualized and able to be administered by a wider range of staff*

• Level of intervention intensity needs to vary depending on the severity of the problem(s) and the level of need for the patient
  
  ➢ **Local Adaptation and Implementation= law, policy, uptake, skills-sharing**
  
  ➢ **Stepped Care Algorithms, with > dose for those with > severity and complexity**

Slide acknowledgement: Bob Remien
LAY COUNSELLORS AS AGENTS OF MH CARE DELIVERY

• A cohort of individuals added to the health system dedicated to improving HIV/chronic disease care through early ART program policy
• Lay- less intensively trained and therefore cost effective
• Have been a cornerstone of the HIV testing and adherence program
• Trainable, can deliver manualized healthcare information, basic counselling, and some motivational interviewing (behavioral change therapy)*

• A cohort of individuals added… not in direct Health system / NGO / no career pathway
• Lay- less intensively trained… vary enormously in “MH-mindedness” and skills
• Often “saddled” with non-adherent patients, without regard to their limits
• Probably cant deliver more complex treatments requiring abstraction, flexibility. Struggle with “client-centeredness” / may become “judgmental”…**

#MENTALHEALTHTOOLS

- Refer patient for counselling, ideally cognitive behavioural therapy, with counsellor, social worker or psychologist.
- Treat the patient with moderate-severe depression with an antidepressant. Refer the patient who is pregnant, breastfeeding or bipolar for specialist care.
- Emphasise the importance of adherence even if feeling well and to stop antidepressants only with the guidance of a clinician.
- Antidepressants can take 4–6 weeks to start working. Review 2 weekly until stable, then monthly. Refer if no response after 8 weeks.