



Mental health and HIV: The Emerging and Critical dimension in fighting HIV.

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Objectives

- Know the Epidemiology of Mental Health and HIV
- Explain the importance of integrating mental health in HIV care
- Define mental health and mental illness
- List common mental health conditions and symptoms
- Understand the link between mental health and HIV/AIDS
- Identify the crisis points for HIV infected individuals
- Familiarise with the mental health screening tools



EPIDEMIOLOGY OF MENTAL HEALTH

- Globally 1 in every 8 persons lives with a mental disorder (WHO 2019)
- less than 3% of the general population has depression
- The prevalence of Depression in PLWHA in sub-Saharan Africa is estimated at 24% .
- Female are more at risk of depression compared to male individuals
- There is an increase in mental health conditions among PLWHIV. This can be attributed to the lifelong benefits of ART

HIV EPIDEMIOLOGY

- HIV continues to be a major global public health issue, having claimed 40.1 million [33.6–48.6 million] lives so far.
- **In 2021**, 650 000 [510 000–860 000] people died from HIV-related causes and 1.5 million [1.1–2.0 million] people acquired HIV.
- There were an estimated 38.4 million [33.9–43.8 million] people living with HIV at the end of 2021, two thirds of whom (25.6 million) are in the WHO African Region.
- According to WHO, in Namibia PLHIV are 220 000 – 240 000 (adolescents, adults and children)



Definitions



- **Mental Health** : is a state of well being in which the individual:
 - realizes his or her own abilities,
 - can cope with the normal stresses of life,
 - can work productively and fruitfully, and
 - is able to make a contribution to his or her own community.
- **Mental illness**: can be defined as **impairment** in one's mood, thinking and behaviour due to multifactorial reasons.
- OR clinically significant **disturbance** in an individual's cognition, emotional regulation or behaviour.



Common mental health conditions in PLHIV

- Depression
 - Anxiety
 - Psychosis
 - PTSD
 - Dementia
 - Self harm/Suicide
 - Disorders due to substance use (SUD)
- (mhGAP intervention guide version 2.0)



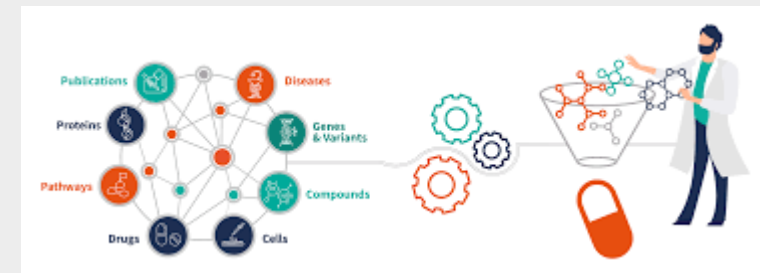
Link between mental health and HIV/AIDS

- The relationship between Mental health and HIV is bi-directional
- PLWHIV have an increased risk of developing Mental health conditions
- Mental health conditions increase the risk of HIV infection due to risk behaviours and lower engagement with HIV prevention services
- Mental health conditions impact access to HIV testing and treatment, and ART adherence
- Lower retention in HIV care, treatment failure and increased HIV mortality are associated mental health conditions among PLWHIV



Link between mental health and HIV/AIDS

- Mental health care of PLWHIV improves adherence, retention into care and suppression
- Changes in mental state can be acute or chronic
- Changes can be due to the four main links:
 - Co-morbidities
 - Pre existing mental disorders
 - ARV drugs side effects
 - Primary mental health complications of HIV/AIDS



Integration of Mental Health in HIV/AIDS Services

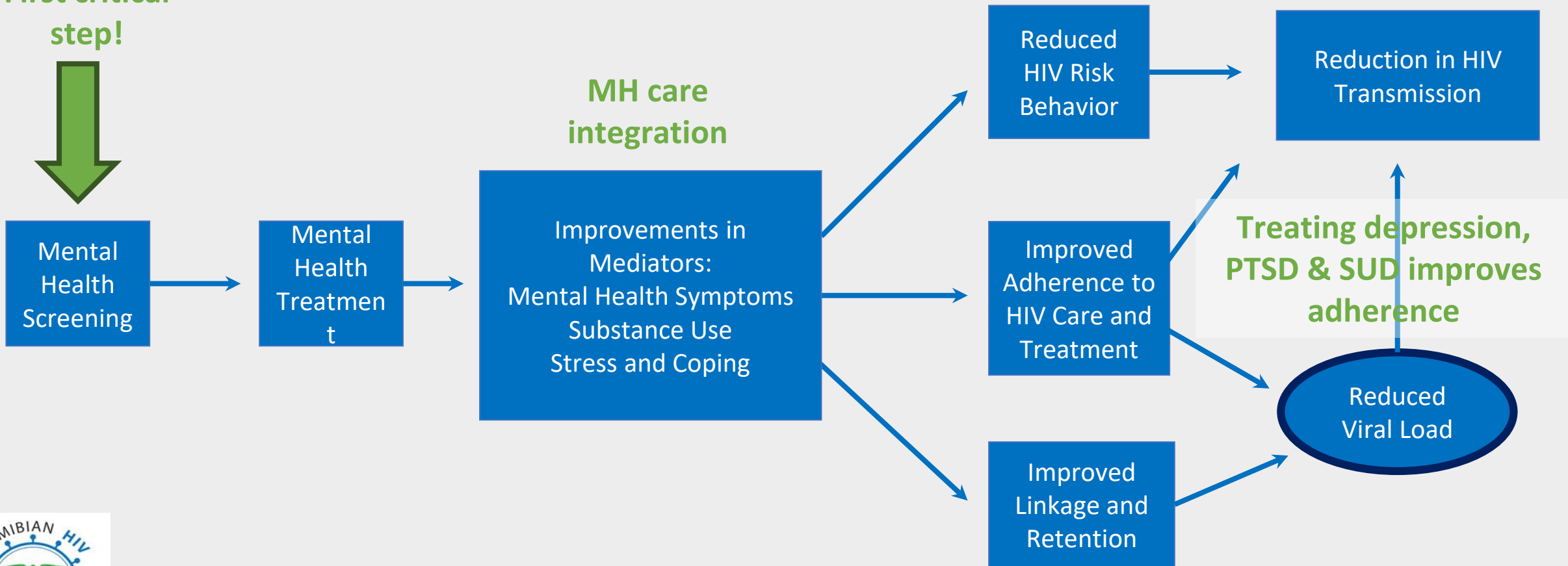
The purpose of integrating Mental Health in HIV/AIDS services:

- Promote prevention opportunities
- Task shifting and decentralization of mental health services
- Ensure equal access to diagnosis, medical care, mental health care, treatment and support services
- Comprehensive care that lead to better health outcomes (VLS), overall well-being and quality of life
- Early interventions of mental health disorders
- Reduce morbidity and mortality



Benefits of integrating mental health screening and treatment into HIV care

First critical
step!



Potential Areas For MH Integration and HIV

HIV Prevention

- Integrate PrEP with MH and substance use Screening



HIV Testing

- Post test counselling that include MH screening and referral



ART Initiation

- Screen for MH
- HIV counselling including psychosocial support
- Peer support groups
- ART in accordance with concurrent MH condition and side effects/interactions

Adherence and VL suppression

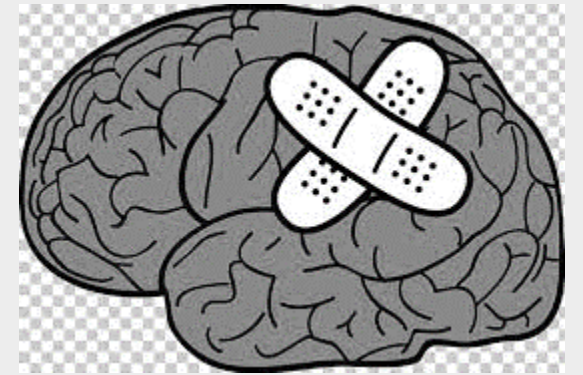
- Psychosocial interventions- e.g. peer counsellors, texts, reminders
- Regular screening for MH for high VL patients
- Having suspicion and detection of neurological complications

Crisis Points for PLWHIV

- Learning of HIV positive status
- Disclosure of HIV status
- Introduction of medication
- Occurrence of any physical illness (OIs and other) or progression of disease
- Stigma and shame (internal or external)
- Necessity of hospitalization
- Death of a significant other
- Diagnosis of AIDS

Mental Health Disorders warning signs

- Lack of acceptance of HIV diagnosis
- A change in treatment adherence
- Inability to make life choices
- Unexplained medical complaints
- Substance abuse
- Repeated HIV testing or opening of treatment files at different places while patient knows he is on HIV treatment.



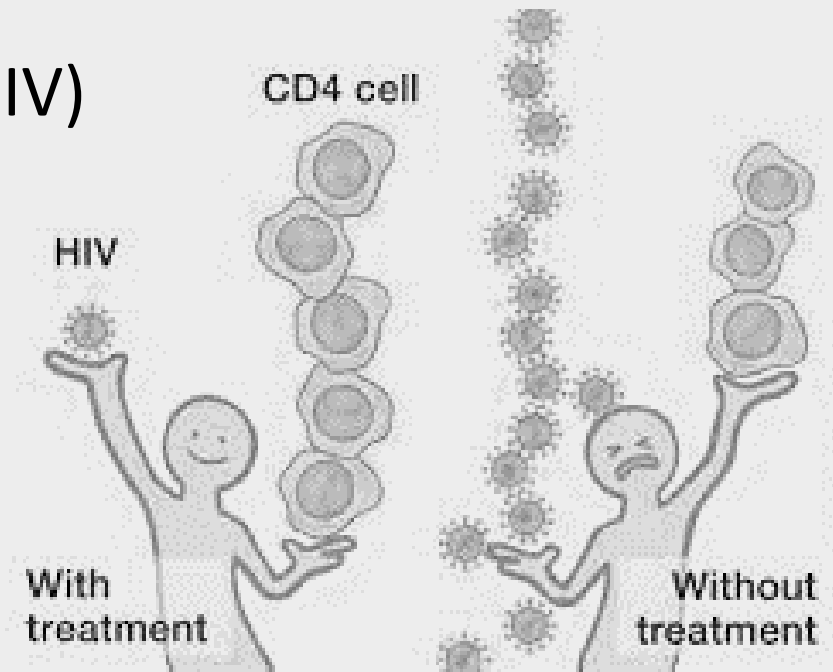
Primary Mental Health complication of HIV/AIDS

- Adjustment disorders
 - a new diagnose,
 - disclosing status,
 - medication use
- Depression
- Anxiety disorders
- Substance abuse disorders
 - used as a coping mechanism



Effects of mental health conditions on HIV treatment outcomes

- Non-adherence
- High VL and treatment failure
- Increase risk of HIV transmission (eg MTCT of HIV)
- Increased mortality and morbidity



Reframing Delivery of Mental Health services



Simplify

- Find less complex ways to deliver care, promote increased care and lower cost while retaining efficacy and quality

De-medicalize

- Elements of MH screening and care task shifted to other HCWs including lay providers

Differentiate

- Adapt the who, where, when and what based on the clients preferences, needs and other factors

Integrate

- Where possible MH services should be embedded in all PHC services and all other health delivery points

Screening tools of HIV patients for mental health

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

ID #: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).

TOTAL:

10. If you checked off <i>any</i> problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1; More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

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Screening tools of HIV patients for mental health

CAGE Questionnaire

- Have you ever felt you should **C**ut down on your drinking?
- Have people **A**nnoyed you by criticizing your drinking?
- Have you ever felt bad or **G**uilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**E**ye opener)?

Scoring:

Item responses on the CAGE are scored 0 or 1, with a higher score an indication of alcohol problems. A total score of 2 or greater is considered clinically significant.

Developed by Dr. John Ewing, founding Director of the Bowles Center for Alcohol Studies, University of North Carolina at Chapel Hill, CAGE is an internationally used assessment instrument for identifying alcoholics. It is particularly popular with primary care givers. CAGE has been translated into several languages.

The CAGE questions can be used in the clinical setting using informal phrasing. It has been demonstrated that they are most effective when used as part of a general health history and should NOT be preceded by questions about how much or how frequently the patient drinks (see "Alcoholism: The Keys to the CAGE" by DL Steinweg and H Worth; American Journal of Medicine 94: 520-523, May 1993).

The exact wording that can be used in research studies can be found in: JA Ewing "Detecting Alcoholism: The CAGE Questionnaire" JAMA 252: 1905-1907, 1984. Researchers and clinicians who are publishing studies using the CAGE Questionnaire should cite the above reference. No other permission is necessary unless it is used in any profit-making endeavor in which case this Center would require to negotiate a payment.

Source: Dr. John Ewing, founding Director of the Bowles Center for Alcohol Studies, University of North Carolina at Chapel Hill

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Screening tools of HIV patients for mental health

Generalized Anxiety Disorder Screener (GAD-7)

Over the <i>last 2 weeks</i> , how often have you been bothered by the following problems?	Not at all	Several Days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritated	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
	Add columns			
	Total Score			
8. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult

When did the symptoms begin? _____

Generalized Anxiety Disorder Screener (GAD-7)

Scoring and Interpretation:

GAD-2 Score*	Provisional Diagnosis
0-2	None
3-6	Probable anxiety disorder
GAD-7 Score	Provisional Diagnosis
0-7	None
8+	Probable anxiety disorder

*GAD-2 is the first 2 questions of the GAD-7

References:

- Spitzer RL, Kroenke K, Williams JB, Lowe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. Archives of internal medicine. May 22 2006;166(10):1092-1097. PMID: 16717171
- Kroenke K, Spitzer RL, Williams JB, Monahan PO, Lowe B. Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection. Annals of internal medicine. Mar 6 2007;146(5):317-325. PMID: 17339617
- Lowe B, Decker O, Muller S, et al. Validation and standardization of the Generalized Anxiety Disorder Screener (GAD-7) in the general population. Medical care. Mar 2008;46(3):266-274. PMID: 18388841

Ways to improve mental health in PLWHIV

- Start ART as soon as possible
- Regular screening for mental disorders every encounter
- Early identification of warning signs
- diagnosis, treatment and care for mental health conditions
- psychosocial support , peer led MH screening,
- Mental health promotion, decentralization and integration
- Early referral- (doctor, social worker, psychologist or psychiatrist)



Key Points

- HIV continues to be a major global public health issue
- Mental Health conditions are more common in PLWHIV
- Integration of Mental Health in HIV/AIDS Services reduces mental health and its complications in PLWHIV
- Mental Health Disorders warning signs can be used to used to identify PLWHIV at higher risk of mental health conditions
- Adjustment disorders, anxiety, depression and substance abuse are common complications of HIV
- mental health conditions have an impact on HIV treatment outcomes

References

- mhGAP volume 2
- IAS 2023 Presentations

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Thank You

