

# **HIV MENTAL HEALTH SA 2018**

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# THE ZIMBABWE “FRIENDSHIP BENCH” INTERVENTION



TED Ideas worth spreading

WATCH DIS



[Chibanda D<sup>1</sup>](#), [Weiss HA<sup>2</sup>](#), [Verhey R<sup>1</sup>](#), [Simms V<sup>2</sup>](#), [Munjoma R<sup>1</sup>](#), [Rusakaniko S<sup>1</sup>](#), [Chingono A<sup>3</sup>](#), [Munetsi E<sup>1</sup>](#), [Bere T<sup>1</sup>](#), [Manda E<sup>1</sup>](#), [Abas M<sup>4</sup>](#), [Araya R<sup>5</sup>](#). *JAMA*. 2016 Dec 27;316(24):2618-2626. doi: 10.1001/jama.2016.19102. **Effect of a Primary Care-Based Psychological Intervention on Symptoms of Common Mental Disorders in Zimbabwe: A Randomized Clinical Trial.**

# #MENTAL HEALTH / #INTEGRATION / #SKILLSHARING



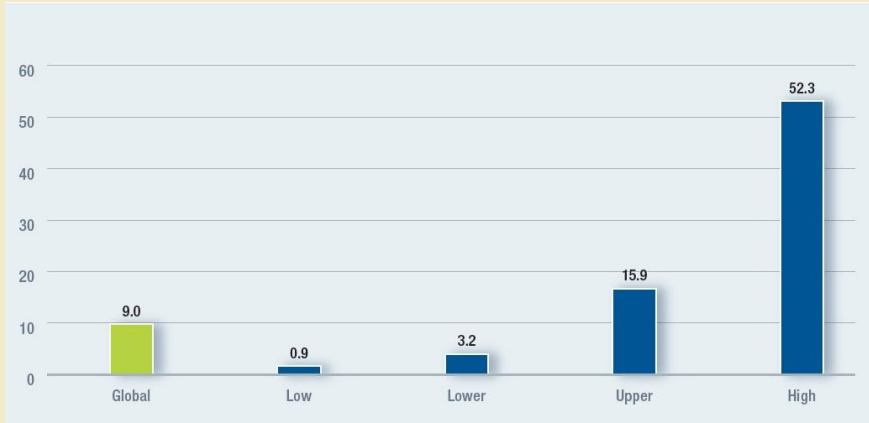
## THREE ASSUMPTIONS

- ✓ 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

	Psychiatrists (median rate per 100,000 population)				Nurses (median rate per 100,000 population)			
	N	2014	2011	Change	N	2014	2011	Change
<b>Global</b>	<b>118</b>	<b>0.93</b>	<b>0.99</b>	<b>-6%</b>	<b>106</b>	<b>5.31</b>	<b>3.89</b>	<b>37%</b>
<b>WHO region</b>								
AFRO	32	0.07	0.05	34%	29	0.70	0.76	-8%
AMRO	24	1.09	1.08	1%	21	6.08	3.73	63%
EMRO	12	0.78	0.98	-21%	13	3.10	2.12	46%
EURO	28	7.43	7.65	-3%	21	22.07	21.93	1%
SEARO	7	0.36	0.28	27%	5	2.74	2.92	-6%
WPRO	15	0.91	0.90	1%	17	3.79	4.88	-22%
<b>Income group</b>								
Low	24	0.05	0.05	-2%	23	0.36	0.26	41%
Lower-middle	33	0.38	0.33	15%	30	2.73	2.26	20%
Upper-middle	34	1.39	1.61	-13%	32	8.20	7.09	16%
High	27	7.47	8.18	-8%	21	33.24	30.76	8%

# #BARRIERS\_TWO- AGREEMENT BETWEEN LAY COUNSELOR AND MH NURSES ON THE SAMISS AND IHDS



	N +	N -	Total	$\kappa$	95% confidence interval	P-value
<b>SAMISS</b>						
Overall SA and mental disorder				0.39	0.29–0.49	<0.01
LAC +	141	68	209			
LAC -	9	51	60			
Total	150	119	269			
Alcohol and substance abuse				0.62	0.52–0.72	<0.01
LAC +	50	35	85			
LAC -	5	179	184			
Total	55	214	269			
Overall mental disorder				0.36	0.25–0.43	<0.01
LAC +	109	87	196			
LAC -	7	66	73			
Total	116	153	269			
<b>IHDS</b>						
Dementia				0.11	0.00–0.27	0.02
LAC +	15	70	85			
LAC -	15	159	174			
Total	30	229	259			

N + screened positive by nurses, N - screen negative by nurses,  
LAC + screened positive by LAC, LAC - screened negative by LAC

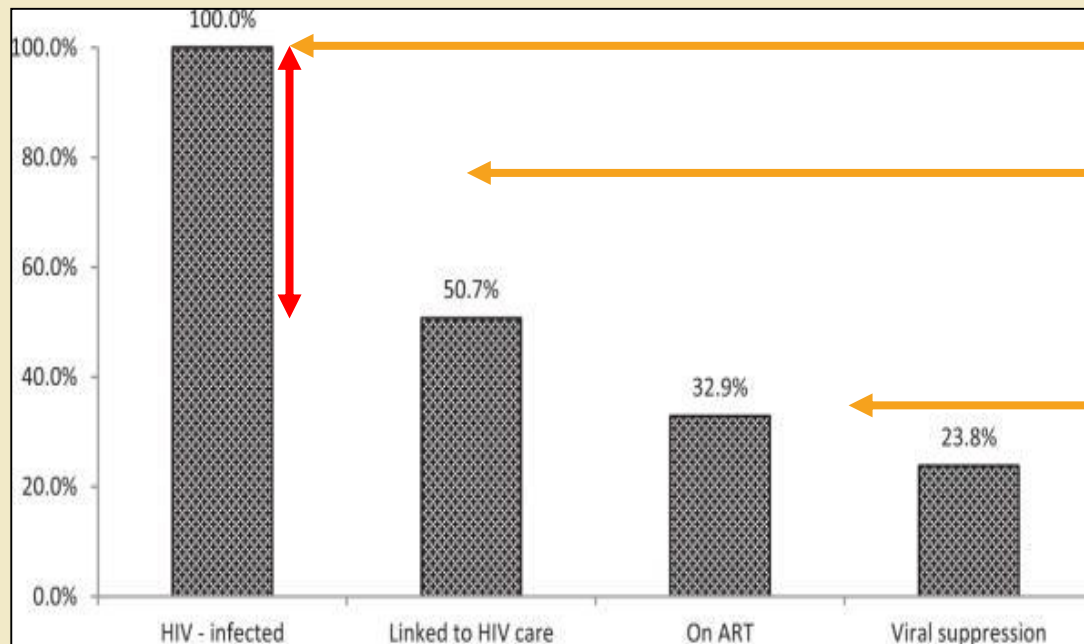
- Overall SAMISS- LAC "diagnosed" 68/209 "cases" > MH Nurses,
- but "missed" only 9/150
- On IHDS, LAC "diagnosed 70/85 "cases" > MH nurses,
- AND "missed" 15/30

# #MENTALDISORDERS- WHAT NEEDS ADDRESSING



- #STIGMA\_DISCLOSURE
- #MINOR\_MAJOR\_DEPRESSION
- #ALCOHOL\_SUBSTANCE\_ABUSE
- #PSYCHOLOGICAL\_TRAUMA
- #NEUROCOGNITIVEDISORDERS\_ART TOXICITY

# #MENTALDISORDERS- WHEN TO SCREEN AND INTERVENE



#STIGMA\_DISCLOSURE

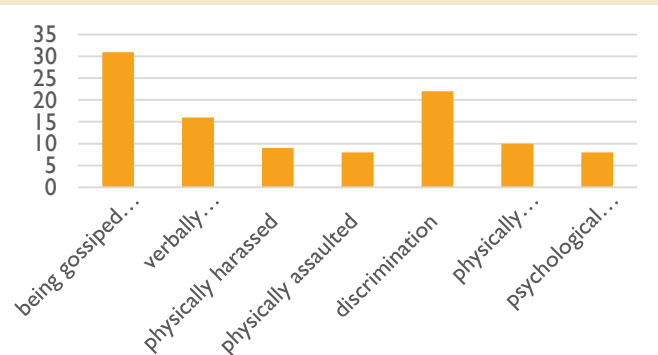
#ALCOHOL\_SUBSTANCE\_ABUSE  
#PSYCHOLOGICAL\_TRAUMA

#MINOR\_MAJOR\_DEPRESSION  
#NEUROCOGNITIVEDISORDERS\_  
ART TOXICITY

# #STIGMA\_DISCLOSURE



## External HIV stigma SA



## Internal HIV stigma SA

Feelings experienced	%
Ashamed	29%
Guilty	28%
Blaming oneself	31%
Blaming others	19%
Having low self-esteem	22%
Should be punished	11%
Suicidal	11%



“...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...”

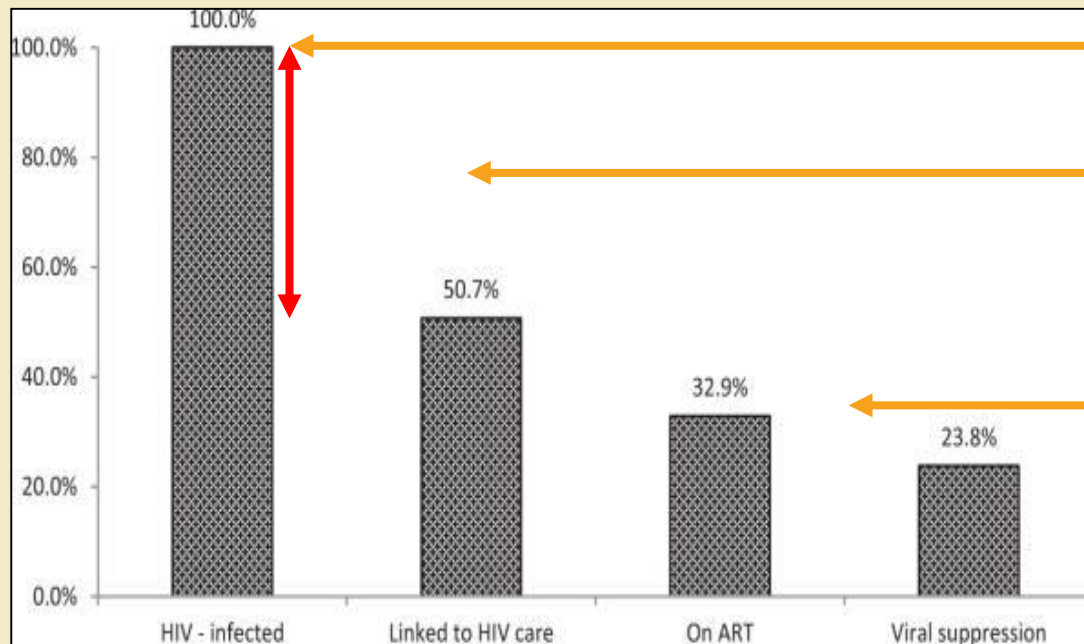
# #MENTAL\_ILLNESS\_STIGMA



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# #MENTALDISORDERS- WHEN TO SCREEN AND INTERVENE



#STIGMA\_DISCLOSURE

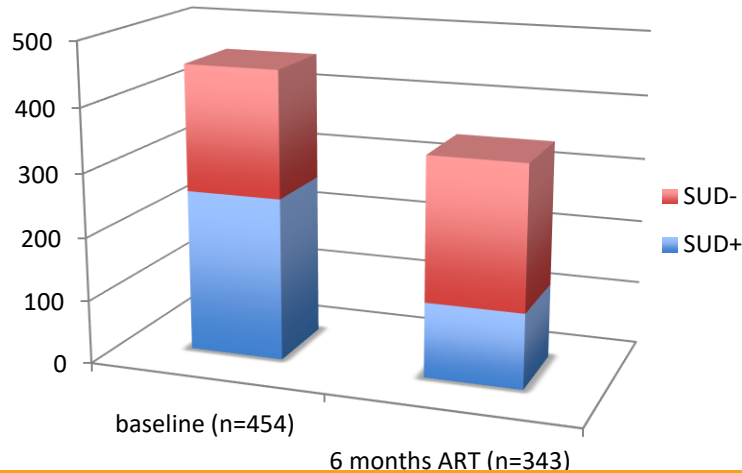
#ALCOHOL\_SUBSTANCE\_ABUSE

#PSYCHOLOGICAL\_TRAUMA

#MINOR\_MAJOR\_DEPRESSION

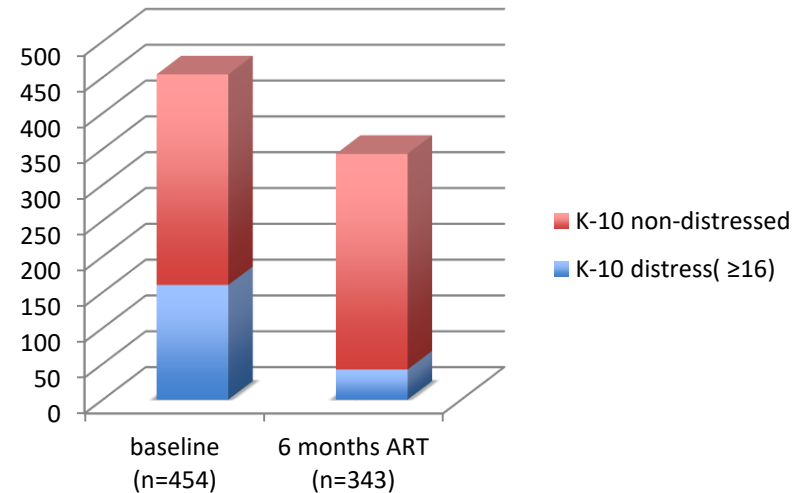
#NEUROCOGNITIVEDISORDERS\_  
ART TOXICITY

# #MINOR\_MAJOR\_DEPRESSION #ALCOHOL\_SUBSTANCE\_ABUSE

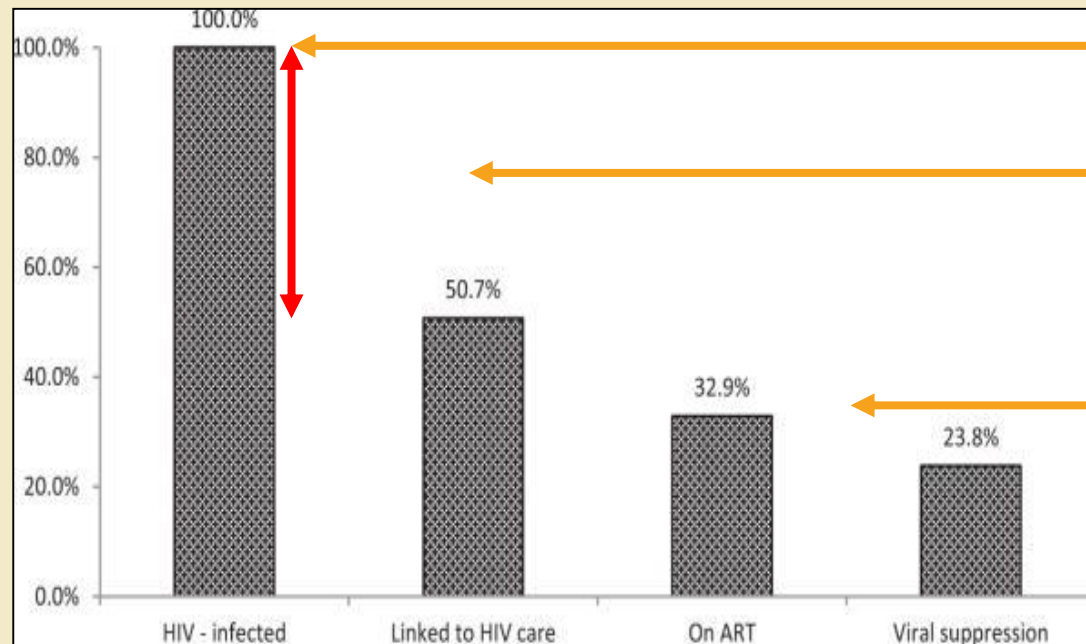


**SUD at baseline and 6 months- AUDIT  
plus SAMISS: 57-34%**

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



# #MENTALDISORDERS- WHEN TO SCREEN AND INTERVENE



#STIGMA\_DISCLOSURE

#ALCOHOL\_SUBSTANCE\_ABUSE

#PSYCHOLOGICAL\_TRAUMA

#MINOR\_MAJOR\_DEPRESSION

#NEUROCOGNITIVEDISORDERS\_  
ART TOXICITY

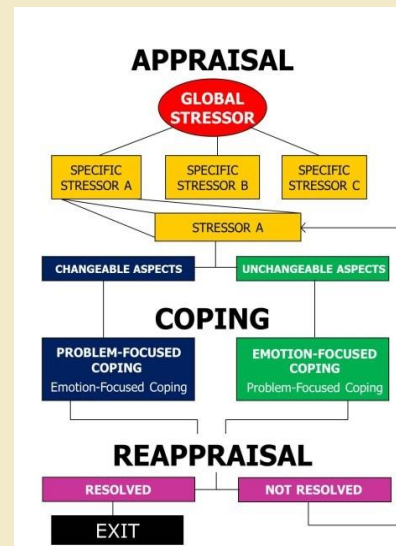
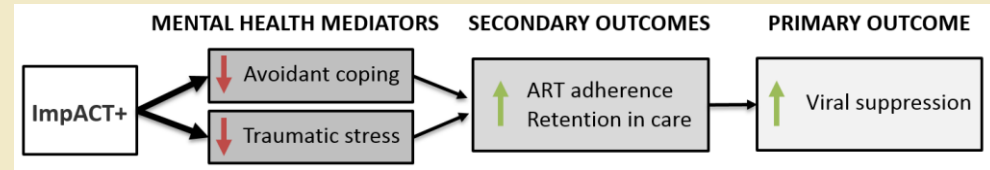
# #PSYCHOLOGICAL\_TRAUMA



>51% history of sexual abuse and 75% reported physical intimate partner violence (physical IPV).

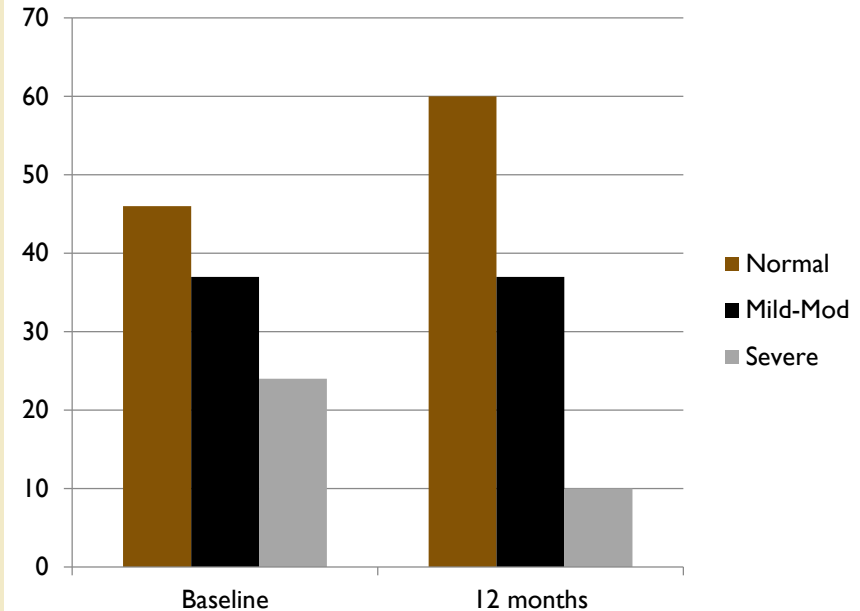
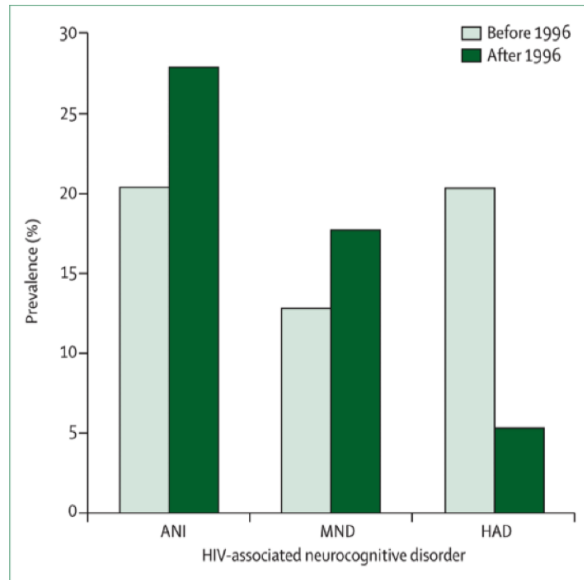
>among those with traumatic experiences (n = 57), 70% met screening criteria for PTSD

> Among women reporting sexual abuse, 61% were disclosing their experience for the first time during the screening



The ImpACT Intervention Trial

# #NEUROCOGNITIVEDISORDERS\_ART TOXICITY



1. **Nightingale S, Winston A**, Letendre S, Michael BD, McArthur JC, Khoo S, Solomon T. Controversies in HIV-associated neurocognitive disorders. Lancet Neurol. 2014 Nov;13(11)
2. Joska JA, Westgarth-Taylor J, Hoare J, Thomas KG, **Paul R**, Myer L, Stein DJ. Neuropsychological outcomes in adults commencing highly active anti-retroviral treatment in South Africa: a prospective study. BMC Infect Dis. 2012 Feb 15;12:39

# WHAT COULD A #COMPLETE\_MENTAL\_HEALTH\_SERVICE LOOK LIKE



Specialist  
care

PHC: Co-  
located care

PHC: Integrated  
care

**MH role players**= Patients, MH nurses, MH Doctors, Clinical Psychologists, Specialists  
**Activities**= Training+outreach, Specialist clinics

**Treatments**= Psychotherapy, Meds

**MH role players**= Patients, MH nurses, MH doctors, Outreach Teams, On-site Substance Abuse services

**Activities**= screening, General Care

**Treatments**= Basic Psychotherapy, Meds

**MH role players**= Patients, CHW, ARV nurses, ARV doctors, Social Workers

**Activities**= building resilience, screening “at-risk” groups

**Treatments**= Basic counselling, Meds

# WHO IS RESPONSIBLE FOR #MENTAL\_HEALTH



WHO	ROLE	SKILLS	BARRIERS	OPPORTUNITIES
<b>Patients</b>	Index player	Central role players, have insider knowledge	Over-whelmed, stigmatized, education	Could be a resource for self- and others
<b>Community Health Workers</b>	Case finders, links	Community-mindedness, peers	Limited MH skills, career pathing	Enhancing linkages to care
<b>Lay Counsellors</b>	Information-givers, adherence support	Basic counselling and adherence support	Limited MH skills, career pathing, supervision	Could develop MH skills for basic counselling
<b>ARV Nurses</b>	Clinical triage, NIMART	Nurse training, mainly biomedical	Numbers, require broad skills	Could screen more effectively
<b>ARV Medical Officers</b>	Clinical assessment and management	Medical generalists	Numbers, require broad skills	Could screen, developed confidence in Psychotropic prescribing
<b>Social Workers</b>	Psycho-social, grants, social services	Social development and services, counselling	Over-whelmed by social context, few	Could be #mental_health_champions
<b>MH Nurses</b>	PHC MH services	Chronic MH care, MH services	Chronic MH disease burden	Skills transfer for basic therapies
<b>Clinical Psychologists</b>	Specialised therapy and supervision	Psychological therapies, training	Too few of them	Develop into health systems vs individual therapists
<b>MH doctors</b>	Specialised assessment, treatment	Psychiatric assessment and treatment	Too few of them	Develop into health systems vs individual therapists

# #MHSCREENING #TOOLS



## The Substance Abuse and Mental Illness Symptoms Screener (SAMISS)

### Part 1: Substance Abuse

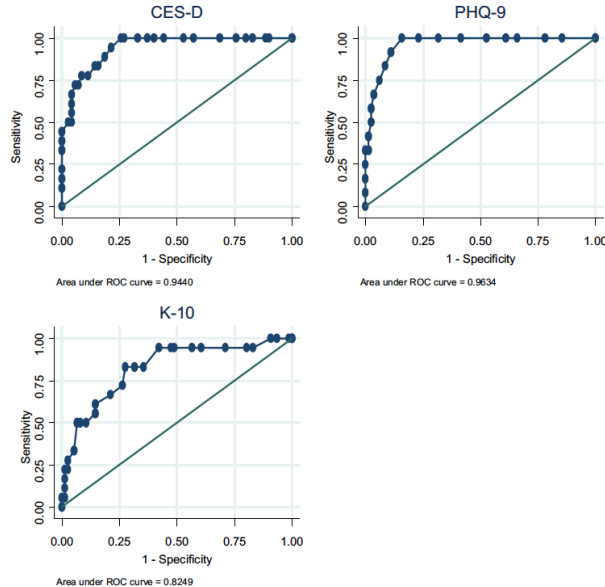
Respondent screens positive if sum of responses to questions 1-3  $\geq 5$ , sum of responses to questions 4-5  $\geq 3$ , or sum of responses to questions 6-7  $\geq 1$ .

1. How often do you have a drink containing alcohol?
  0. Never
  1. Monthly or less
  2. 2 - 4 times a month
  3. 2 - 3 times a week
  4. 4 or more times a week
2. How many drinks do you have on a typical day when you are drinking?
  0. 1 or 2
  1. 3 or 4
  2. 5 or 6
  3. 7 - 9
  4. 10 or more
3. How often do you have four or more drinks on one occasion?
  0. Never
  1. Monthly or less
  2. 2-4 times a month
  3. 2-3 times a week
  4. 4 or more times a week
4. In the past year, how often did you use non-prescription drugs to get high or to change the way you feel?
  0. Never
  1. Monthly or less
  2. 2-4 times a month
  3. 2-3 times a week
  4. 4 or more times a week
5. In the past year, how often did you use drugs prescribed to you or to someone else to get high or change the way you feel?
  0. Never
  1. Monthly or less
  2. 2-4 times a month
  3. 2-3 times a week
  4. 4 or more times a week
6. In the past year, how often did you drink or use drugs more than you meant to?
  0. Never
  1. Monthly or less
  2. 2-4 times a month
  3. 2-3 times a week
  4. 4 or more times a week
7. How often did you feel you wanted or needed to cut down on your drinking or drug use in the past year, and were not able to?
  0. Never
  1. Monthly or less
  2. 2-4 times a month
  3. 2-3 times a week
  4. 4 or more times a week

### Part 2: Mental Illness

Respondent screens positive if response to any of questions 8-16 is "Yes."

8. During the past 12 months, when not high or intoxicated, did you ever feel extremely energetic or irritable and more talkative than usual?
  1. Yes
  2. No
9. During the past 12 months, were you ever on medication or antidepressants for depression or nerve problems?
  1. Yes
  2. No
10. During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row?
  1. Yes
  2. No
11. During the past 12 months, was there ever a time lasting 2 weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?
  1. Yes
  2. No
12. During the past 12 months, did you ever have a period lasting 1 month or longer when most of the time you felt worried and anxious?
  1. Yes
  2. No
13. During the past 12 months, did you have a spell or an attack when all of a sudden you felt frightened, anxious, or very uneasy when most people would not be afraid or anxious?
  1. Yes
  2. No
14. During the past 12 months, did you ever have a spell or an attack when for no reason your heart suddenly started to race, you felt faint, or you couldn't catch your breath? [If respondent volunteers, "Only when having a heart attack or due to physical causes," mark "No."]
  1. Yes
  2. No
15. During your lifetime, as a child or adult, have you experienced or witnessed traumatic event(s) that involved harm to yourself or to others? [IF YES: During the past 12 months, have you been troubled by flashbacks, nightmares, or thoughts of the trauma?]
  1. Yes
  2. No
16. During the past 3 months, have you experienced any event(s) or received information that was so upsetting it affected how you cope with everyday life?
  1. Yes
  2. No

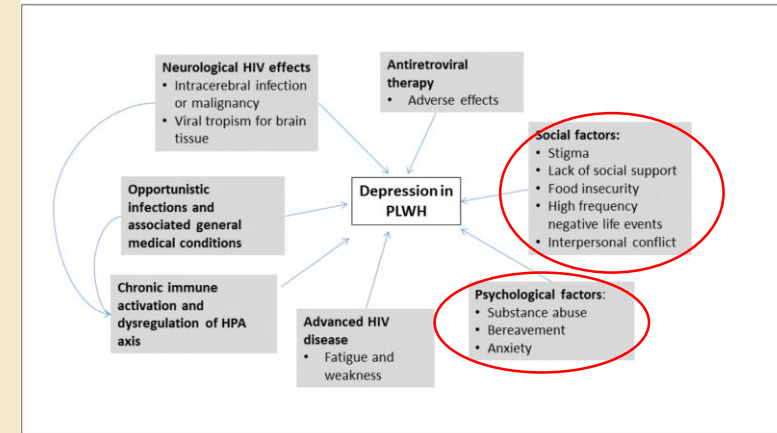
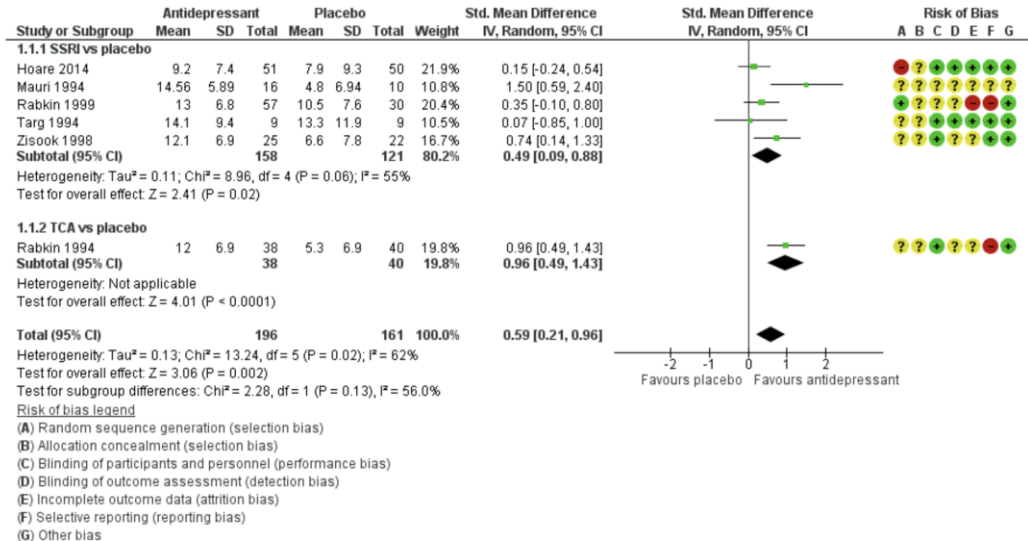


Akena D<sup>1</sup>, Joska J, Obuku EA, Stein DJ. *AIDS Care*. 2013;25(10):1245-52. Sensitivity and specificity of clinician administered screening instruments in detecting depression among HIV-positive individuals in Uganda.

The validity of the Substance Abuse and Mental Illness Symptom Screener (SAMISS) in people living with HIV/AIDS in primary HIV care in Cape Town, South Africa. Breuer E, Stoloff K, Myer L, Seedat S, Stein DJ, Joska JA. *AIDS Behav*. 201. Jun;18(6):1133-41

Pence BW, Gaynes BN, Whetten K, Eron JJ Jr, Ryder RW, Miller WC. Validation of a brief screening instrument for substance abuse and mental illness in HIV-positive patients. *J Acquir Immune Defic Syndr*. 2005 Dec 1;40(4):434-44

# ANTIDEPRESSANTS IN HIV



“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)

# 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**

# LAY COUNSELLORS AS AGENTS OF MH CARE DELIVERY



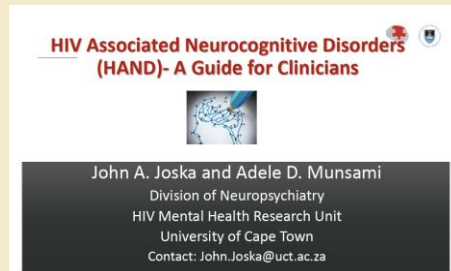
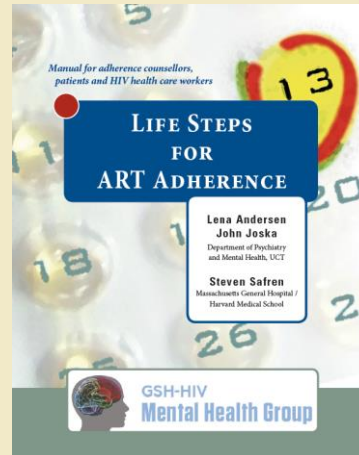
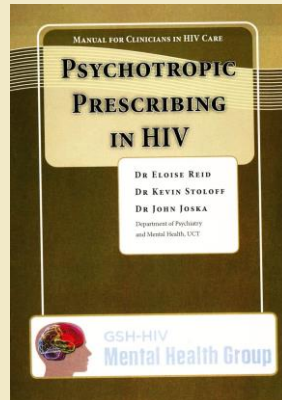
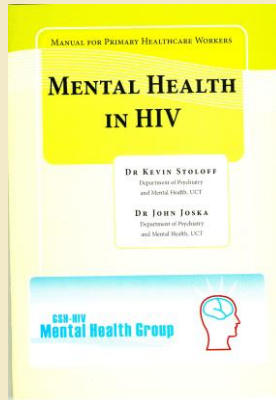
- A cohort of individuals added to the health system dedicated to improving HIV/chronic disease care through early ART program policy
- Lay- less intensively trained and therefore cost effective
- Have been a cornerstone of the HIV testing and adherence program
- Trainable, can deliver manualized healthcare 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”...\*\*

\*Dewing S<sup>1</sup>, et al. *AIDS Behav.* 2015 Jan;19(1):157-65. **Improving the counselling skills of lay counsellors in antiretroviral adherence settings: a cluster randomised controlled trial in the Western Cape, South Africa.**

\*\*Dewing S, Mathews C, Schaay N, Cloete A, Louw J, Simbayi L. “It’s important to take your medication everyday okay?” An evaluation of counselling by lay counsellors for ARV adherence support in the Western Cape, South Africa. *AIDS Behav.* 2013;17(1):203–12.

# #MENTALHEALTHTOOLS



2013/14



## Treat the patient with depression and/or anxiety

- 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.