



**HIV &
Mental Health**



European
AIDS Treatment
Group



Breach Symposium 2021

Mental health and HIV

Introduction and methodology:

- **Part of the EATG** HIV & Mental Health project and based on the findings of a literature review, conducted between February and August 2020.
- Exploratory, cross-sectional survey targeting two groups: people living with HIV and persons working in HIV organizations at the local, regional, or international level in the WHO European Region (OW). Launched on International Mental Health day 2020 (10 October), open for 3 weeks, until November 3, 2020 and available in 7 languages (English, French, Italian, Portuguese, Romanian, Russian and Ukrainian)
- **Objectives were:**
 - To provide an overview of the existing landscape of mental health services available in HIV organizations in the WHO European Region and commonly reported mental health issues in the organizational context.
 - To explore self-reported mental health status, symptoms commonly associated with mental health disorders, impact of HIV in mental health and use of mental health services by people living with HIV in the WHO European Region.

Key results

Respondent characteristics:

- Total of 646 PLHIV (389 EU/EEA; 257 non-EU/EEA; 17 Belgium) and 359 persons working in HIV organizations (OW) (187 EU/EEA; 172 non-EU/EEA; 8 Belgium);

Key results - OW

- Multiple issues related to mental health were reported to be raised in work context, specifically depression (64%); anxiety (68.4%), low self esteem (53.7%), isolation/loneliness (59%), shame (51.3%), among several others.
- Services provided include psychological support, peer support and self help groups, with non-EU/EEA countries reporting more frequently to provide all these services.
- 54.1% report increased mental health issues during the COVID-19 pandemic.
- Despite over 50% of respondents reporting availability of psychological support and therapy sessions, and 40% reporting help groups to be available, only 31% or less PLHIV report these services are provided by their local or regional organizations

PLHIV self reported mental health services provided by local/regional organizations and self report of services provided by OW's organizations

PLHIV: Are MH services provided to PLHIV by your local/regional organization		Sub-region			Missing	OW: services provided by organization		Sub-region			Missing
		EU/EEA	European Non-EU/EEA	Total				EU/EEA	European Non-EU/EEA	Total	
Psychological support	n	88	86	174	78	Psychological support	n	169	101	270	146
	% within sub-region	24.4%	37.9%	29.6%			% within sub-region	53.5%	49.8%	52.0%	
Therapy sessions	n	32	23	55		Therapy sessions	n	158	117	275	
	% within sub-region	8.9%	10.1%	9.4%			% within sub-region	50.0%	57.6%	53.0%	
Peer support	n	95	105	200		A referral system	n	91	50	141	
	% within sub-region	26.4%	46.3%	34.1%			% within sub-region	28.8%	24.6%	27.2%	
Help groups	n	91	91	182		Help groups	n	123	85	208	
	% within sub-region	25.3%	40.1%	31.0%			% within sub-region	38.9%	41.9%	40.1%	
None	n	25	16	41		Other	n	27	14	41	
	% within sub-region	6.9%	7.0%	7.0%			% within sub-region	8.5%	6.9%	7.9%	
I do not know	n	180	76	256							
	% within sub-region	50.0%	33.5%	43.6%							

Demographics - PLHIV

- 93.2% cisgender men and women.
- 52% heterosexual; 41 gay/lesbian.
- 56.6% 40 or more years of age; 43.4% 20-39 years of age.
- 56.6% living in capital or other big cities.
- 85.1% high school or higher education.
- 66.9% employed (including self-employed).

Key results - PLHIV

- 53.8% never had a mental health examination in their lives.
- 41.6% report diagnosis or experience of MH symptoms before their HIV diagnosis, increasing to 58.3% after the HIV diagnosis.
- 32.5% report family as their main source of support; 51.1% report friends. Only 13.2% report an HIV organization, and 11.1% their HIV clinic.
- Over 50% of respondents self-reported multiple symptoms commonly associated with depression;
- 51.5% report that they feel bad about their HIV status or themselves, or that they are a failure/let their family down;
- 55.9% report HIV having had a negative impact on their ability to engage in relationships and social activities,
- 63.4% report that HIV-related stigma and discrimination played a negative role on their mental health and well-being;
- 48.6% report COVID-19 to have had a negative impact on their mental well-being, but 65./ report not having received any type of support during COVID pandemic

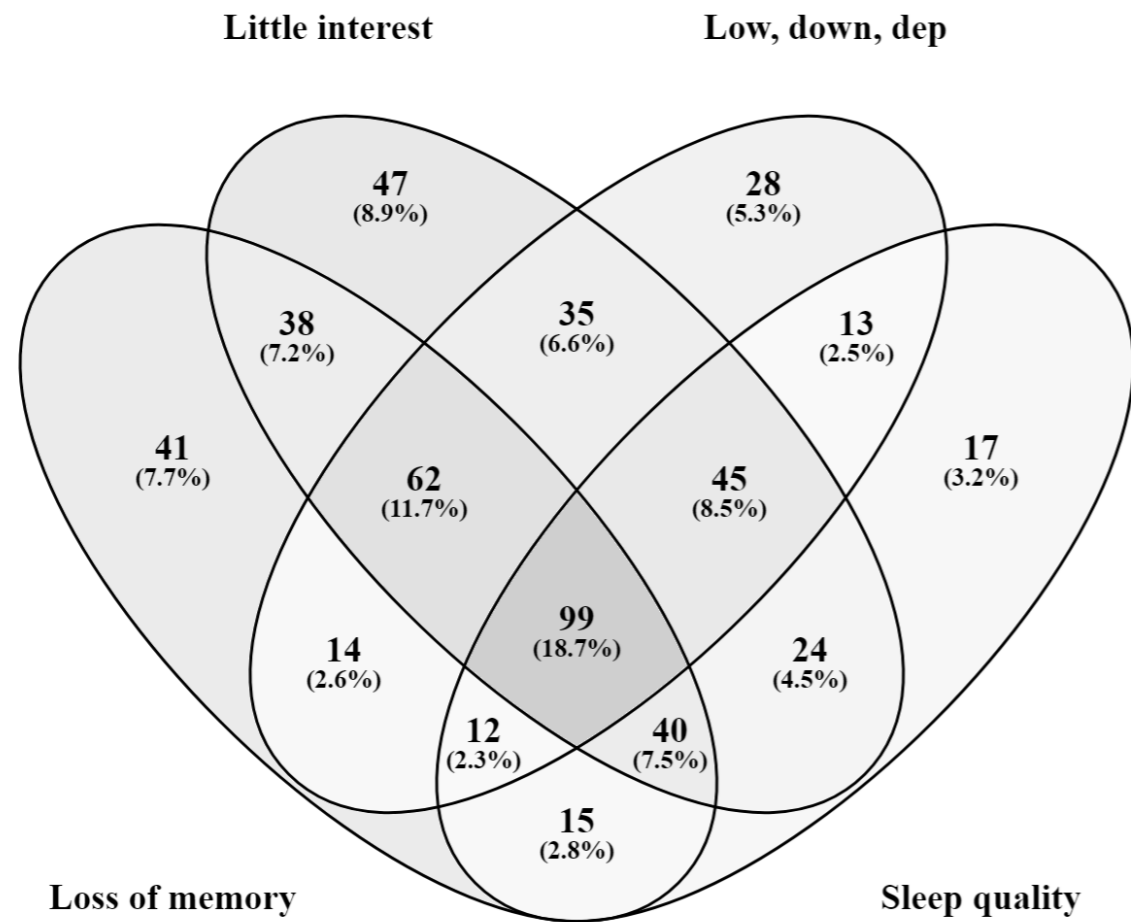
Use of Mental Health services, help seeking and availability of Mental Health services

When did you last get your mental health examination done?		Sub-region		Total	Missing
		EU/EEA	European Non-EU/EEA		
Less than 6 months ago	Count	60	24	84	72
	% within region	16.4%	10.6%	14.2%	
More than 6 months ago	Count	134	56	190	
	% within region	36.6%	24.7%	32.0%	
I have never had a mental health examination	Count	172	147	319	
	% within region	47.0%	64.8%	53.8%	
Total	Count	366	227	593	
	% within region	100.0%	100.0%	100.0%	
Have you visited a specialist in the last 6 months for Psi help or support		Sub-region		Total	Missing
		EU/EEA	European Non-EU/EEA		
Private therapist	Count	51	15	66	108
	% within region	14.7%	7.1%	11.8%	
Mental health consultant at the HIV clinic	Count	22	7	29	108
	% within region	6.3%	3.3%	5.2%	
Peer consultant (through HIV community organisations)	Count	31	51	82	108
	% within region	8.9%	24.3%	14.7%	
Therapist (through HIV organisations)	Count	19	17	36	109
	% within region	5.5%	8.1%	6.5%	
Other	Count	14	14	28	108
	% within region	4.0%	6.7%	5.0%	
None	Count	228	127	355	108
	% within region	65.7%	60.5%	63.7%	

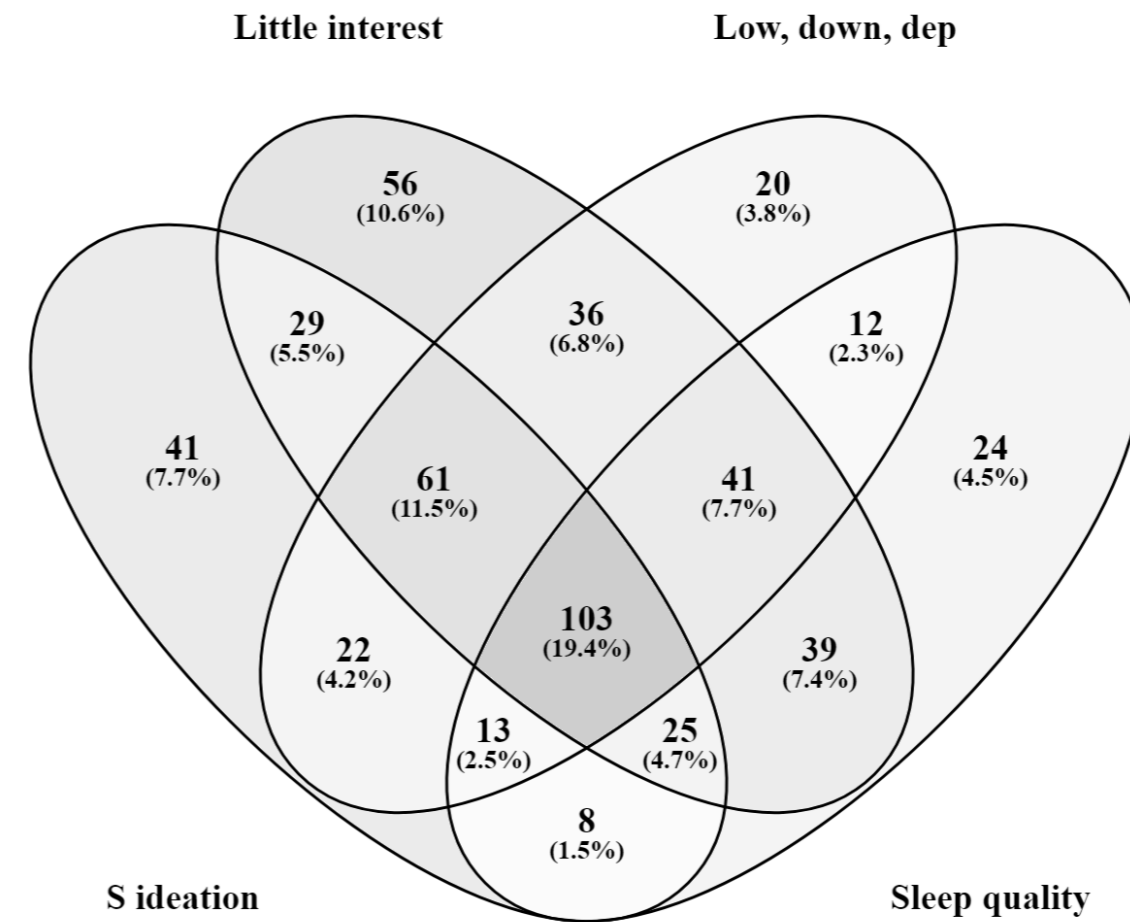
Self reported sources of support

Who do you ask for help?		Sub-region		Total	Missing
		EU/EEA	European Non-EU/EEA		
Family/relatives	N	98	92	190	80
	% within sub-region	27.1%	41.1%	32.5%	
Friends	N	207	92	299	
	% within sub-region	57.3%	41.1%	51.1%	
HIV organisations	N	47	36	83	
	% within sub-region	13.0%	16.1%	14.2%	
General practitioner	N	43	7	50	
	% within sub-region	11.9%	3.1%	8.5%	
HIV clinician/Nurse at the HIV clinic	N	44	21	65	
	% within sub-region	12.2%	9.4%	11.1%	
Social worker / Pscyhologist	N	82	49	131	
	% within sub-region	22.7%	21.9%	22.4%	
Other	N	60	43	103	
	% within sub-region	16.6%	19.2%	17.6%	

Overlaps among selected self-reported symptoms associated with depression



Inclusion of loss of memory



Inclusion of Suicidal ideation/self-harm

50.9% of respondents (using the 4 factors on the left diagram, which do not include suicidal ideation/self harm) and 53.3% of respondents (using the 4 factors on the right diagram, which include suicidal ideation/self harm) would benefit from a more thorough mental health assessment.

Impact of HIV in specific dimensions of daily life

			Sub-region		Total	Missing
			EU/EEA	European Non-EU/EEA		
Do you feel bad about yourself or your HIV status or that you are a failure or have let yourself or your family down?	Yes	N	201	113	314	55
		% within sub-region	53.9%	47.7%	51.5%	
Do you think your HIV status has had a negative impact on your ability to engage in relationships and social activities?	Yes	N	242	100	342	53
		% within sub-region	64.5%	42.2%	55.9%	
	I do not know	N	34	28	62	
		% within sub-region	9.1%	11.8%	10.1%	
Do you think your HIV status has had an impact on your sexual life?	Yes	N	215	128	343	53
		% within sub-region	57.3%	54.0%	56.0%	
	I do not know	N	27	8	35	
		% within sub-region	7.2%	3.4%	5.7%	
Do you think that HIV stigma and discrimination has played a negative role on your mental well-being?	Yes	N	251	133	384	59
		% within sub-region	67.7%	56.6%	63.4%	

Recommendations

On the provision of mental health services for people living with / affected by HIV to health systems:

- a.** Raise awareness regarding mental health issues among people living with / affected by HIV, due to both the increased impact of chronic conditions in mental health, as well as to the burden of stigma and discrimination among people living with / affected by HIV, particularly those from marginalized or criminalised populations.
- b.** Foster and improve coordination between mental health services/responses and other HIV services.
- c.** Ensure referral from HIV care services to mental health support services where mental health support services in HIV care is not possible.
- d.** Enhance dialogue between HIV specialists and mental health specialists to increase knowledge of existing needs, services and links from both sides.
- e.** Mental health care response should entail options responding to different levels of demand (including self-help groups; peer support; group support; MH professionals) and as well as empowerment of patients in self-management of their mental health issues, when possible.
- f.** Policies and guidelines should be updated to reflect diverse needs, including possibilities for de-medicalized services.
- g.** Include mentions to the need to differentiate cases where support requires pharmacological interventions and those where it does not.
- h.** Support research to generate evidence, define programmatic requirements and formally acknowledge trained peer work in the field of mental health.

For HIV healthcare professionals and speciality societies:

- a.** Integrate periodic mental health assessments as an integral part of HIV care.
- b.** Identify and implement tools to facilitate triage and referral of patients with mental health symptoms of disturbances to adequate mental health support services.
- c.** Include mental health support as part of the service bundle for people living with / affected by HIV.
- d.** Train health professionals who work with people living with / affected by HIV on issues regarding mental health.
- e.** Create, improve or scale-up referral networks to complementary mental health support, which include both professional interventions such as psychotherapy or psychiatric support, and lower threshold interventions such as peer support or self-help groups.
- f.** Improve communication between HIV specialists and mental health professionals, both nationally and at a European level, among specialist societies, to increase articulation among both responses.
- g.** Ensure that psychiatric medication is prescribed only by specialists and that medical doctors without specific training in psychiatry cannot start patients in psychiatric medication without a mental health evaluation conducted by a mental health specialist.

For HIV healthcare professionals and speciality societies:

- h.** Ensure the availability of training for HIV healthcare professionals to:
- Better understand the impact of mental health and the interaction between physical and mental health.
 - Increase awareness regarding MH “low threshold interventions”
 - Raise awareness regarding U=U, as a means to reduce self-stigma;
 - Increase awareness regarding needs/specificities of key populations/most affected communities (such as Sex workers, chemsex, older people, Injecting Drugs Users, Men who have Sex with Men, etc.), fostering a better understanding of context and its role in mental health.
 - Foster non-judgmental approaches when talking about mental health, sexuality, drug use and alcohol abuse, among other sensitive topics.

NGO, civil society and community based organisations working with PLHIV or at risk of HIV

- a. NGO's and CBO's should strive to include mental health support services as part of their service offer to people living with / affected by HIV.
- b. They should engage in national dialogue towards the definition of the role of community organizations and non-professional mental health support services (without MH technicians) in the mental health response, including as service providers, or triage and referral points, with adequate training and tools.
- c. Raise awareness among people living with / affected by HIV of the relevance of mental health and mental health support, as well as of available mental health services.
- d. Organizations that provide mental health support services are encouraged to engage in dialogue with local clinical services, to complement available referral options at a local level for people living with / affected by HIV

Recommendations and survey reports available through the links below:

Recommendations:

<https://www.eatg.org/publications/briefing-paper-mental-health-of-people-living-with-hiv/>

Full survey report:

<https://www.eatg.org/publications/survey-report-mental-health-of-people-living-with-hiv-and-staff-of-organisations-working-in-the-field-of-hiv-in-the-who-european-region/>

Short survey report:

<https://www.eatg.org/publications/short-report-mental-health-of-people-living-with-hiv-and-staff-of-organisations-working-in-the-field-of-hiv-in-the-who-european-region/>

Thank you!