

POLICY BRIEF

HIV and Mental Health

The problem:

- It is estimated that about 20% of people living with HIV will also have a mental disorder, most frequently depression or anxiety. People living with HIV are more than twice as likely to experience a mental disorder than those without HIV.
- Research in Zimbabwe has shown over 50% of people living with HIV accessing primary care have common mental disorders or depression.
- To strengthen integration of mental health in HIV services, the Zimbabwean Ministry of Health and Child Care (MOHCC) recommends all clients for HIV care be screened for anxiety and depression during their annual review.
- However, nationwide, there is no routine documentation of coverage or outcomes of recommended mental health screening in HIV care. Mental health services for those who screen positive are very limited.

What we did:

In March 2019, OPHID conducted a scoping of mental health services within HIV care settings in 24 Districts supported by its Families and Communities for Elimination of HIV (FACE-HIV) Program.

This brief describes the scoping findings and the implications of these findings in the context of ongoing efforts to strengthen mental health services in Zimbabwe.



Mental Health Scoping Districts

What we found:

Despite being at greater risk of mental disorders, people receiving care in HIV settings had limited access to mental health screening, support and referral for mental health care.

- Among 24 Districts serving a population of 499,256 people living with HIV on ART, only 3 practicing psychiatrists were identified, each located at central-level hospitals, which are far from many clinics.
- **Only 37% of Districts reported that they were actively conducting mental health screening in HIV care.**
- Districts have begun to develop mental health resources. The majority of districts (75%; 18/24) reported having a District Mental Health Focal person currently active, and 92% (22/24) of Districts reported that nurses had been trained in mental health.
- Existing mental health resources are not tailored to the specific needs of people living with HIV.
- Reasons for failure to screen clients in HIV care for anxiety and depression were **lack of health care worker awareness of the screening tool, inadequate health care worker knowledge and confidence to use the tool, and lack of available referral networks for patients who screen positive.**
- **Primary care facilities in remote rural districts** where clients face the greatest barriers to uptake of mental health service referrals have the **least number of nurses trained in mental health.**
- **Psychiatric medicines were reported to be in short supply**, and HIV care provider confidence in prescribing psychiatric medications was low.

The solution:

Screening and treatment access for depression and anxiety should be priority strategies for achieving and maintaining 95-95-95 and improving the quality of life for all people living with HIV, not an afterthought.

Existing Policy & Programs on Mental Health and HIV	
MENTAL HEALTH	HIV
<ul style="list-style-type: none">In line with the National Strategic Plan for Mental Health Services (2019-2023), MOHCC is increasing the capacity of non-specialists (nurses) to treat mental illness through training with the WHO Mental Health Gap Action Programme (not HIV specific).MOHCC and partners (Kushinga and Friendship Bench) are implementing evidence-based programs to strengthen awareness of, access to and quality of mental health services across Zimbabwe.	<ul style="list-style-type: none">MOHCC HIV prevention, care and treatment service delivery standards (2016) provide guidance and tools for depression screening.OPHID currently supports HIV care and treatment at over 660 public health facilities across Zimbabwe.Researchers have developed culturally validated strategies to support mental health in HIV Care Settings (Task-shifting to treat Depression and non-Adherence to HIV medication – TENDAI).

The policy and partner commitment to strengthen both HIV & mental health screening, treatment and support exists – yet funding for targeted capacity-building of existing HIV care providers in routine depression screening, basic counselling, clinical treatment and appropriate referrals based on severity is lacking.

Under the leadership of Ministry of Health and Child Care AIDS & TB and Mental Health Units, we propose to develop the ***Kushandira Pamwe* (Shona vernacular “to work together”) coalition to build on existing training and programs to strengthen mental health in HIV services in Zimbabwe** through 3 priority actions:

- 1) **Develop and implement simple, evidence-based tools** that health workers can use to do mental health screening, provide basic treatment, and refer patients to community- and facility-based mental health resources.
- 2) **‘Upskill’ existing cadres providing HIV care** in evidence-based mental health screening, treatment and referral pathways
- 3) **Actively monitor mental health service cascades in HIV care settings** to strengthen evidence generation on integrated HIV/mental health service delivery and its impact on HIV outcomes.

Kushandira Pamwe: Local partnerships seeking to advance evidence-based solutions to support mental health for clients in HIV care.

About us:



OPHID is a Zimbabwean organization that develops and implements innovative approaches and strategies to strengthen the provision of quality HIV prevention, care and treatment services. This mental health and HIV program scoping and policy brief were produced by OPHID through support from the President’s Emergency Plan for AIDS Relief (PEPFAR) through USAID for the FACE-HIV Program (AID-613-A-12-00003). For more, see <http://www.ophid.org/> or email: kwebb@ophid.co.zw



Kushinga is a registered non-profit trust in Zimbabwe devoted to mental health system strengthening. Kushinga’s mission is to promote mental health for Zimbabwe’s most vulnerable populations through research, advocacy, capacity building, community awareness, and intersectoral collaboration. For more, see <https://www.kushinga.org/>



The Task-shifting to treat Depression and non-Adherence to HIV medication (**TENDAI**) study (2018-2023) is supporting task shifting to treat depression and HIV medication nonadherence in low resource settings. <https://www.centreforglobalmentalhealth.org>



Friendship bench is an evidence-based intervention developed in Zimbabwe to bridge the mental health treatment gap. Our mission is to enhance mental well-being and improve quality of life through the use of problem solving therapy delivered by trained lay health workers. <https://www.friendshipbenchzimbabwe.org/>