# Integration of mental health and HIV interventions

## Key considerations

# Contents

# Definitions and key terms

## Integrated services

Area Development Committee Health services managed and delivered so people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services, coordinated across the different levels and sites of service delivery within and beyond the health sector, and according to their needs throughout the life course. People may receive all or some elements of one service incorporated into the regular functioning of another service *(1, 2)*.

## Key populations

Groups of people who are more likely to be exposed to or to transmit HIV, and whose engagement is critical to a successful HIV response. These populations often have legal and social issues related to their identities, locations and behaviours that increase their vulnerability to HIV. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs, and sex workers and their clients are at higher risk of exposure to HIV than other groups. People in prisons and other closed settings are also particularly vulnerable to HIV. Each country should define the specific populations that are central to their epidemic and response, based on the local epidemiological context *(3–5)*.

## Linkages to health or HIV services

Actions and activities that support access to health or specific HIV services at health-care facilities in communities or other non-health facility settings through collaborative relationships between health-care, community and non-health settings, such as education, justice, legal, immigration and social services *(6)*.

## Linkage to HIV care

Actions and activities that support access to HIV treatment and care services for people living with HIV. Refers mainly to entry into specialized HIV care after diagnosis—that is, the time between HIV diagnosis and first clinic attendance date, first CD4 count or viral load date, or HIV treatment start date, with prompt linkage and retention measured within a few months *(7)*.

## Mental health status

Continuum from well-being and no distress, through mild distress and early signs of disorder, to defined syndromes for which people may seek services and care. In this document, mental health conditions capture the broad range of experiences of mental health problems that may or may not necessarily entail a diagnosed clinical syndrome *(8)*.

## Mental, neurological and substance use conditions

Clinically recognizable set of symptoms or behaviours associated, in most cases, with distress and with interference with personal functions. Mental health conditions are generally characterized by a combination of abnormal thoughts, perceptions, emotions, behaviours or relationships with other people. Substance use conditions include drug or alcohol dependence or harmful use, and related disorders due to substance use and health conditions such as bloodborne infections and overdose. We use these terms to refer to clinical syndromes and conditions that benefit from intervention, consistent with the International Classification of Diseases. The grouping of these terms in this document does not imply that these conditions are necessarily co-occurring or that one causes the other; for example, people who use drugs do not necessarily have mental, neurological or substance use conditions.

## People who use drugs

We use this term to remind readers that drug use and drug dependence should not be conflated. People may use drugs in the absence of health problems, for pleasure, or to manage the symptoms of mental health conditions. Access to mental health services and care and community supports can be particularly important for some people who use drugs. Barriers to services, care and support should therefore be addressed.

## Vulnerable populations

Groups of people who are particularly vulnerable to HIV in certain situations or contexts, such as adolescents and young people, orphans, street children, people with disabilities, and migrant and mobile workers. These populations are not affected by HIV uniformly across all countries and epidemics. Although this document does not specifically address all vulnerable populations, much of the guidance can apply to them. Additional specific resources are available for adolescent mental health *(9)*.

# Introduction

As efforts to end the AIDS epidemic intensify, communities of people living with, at risk of or affected by HIV, clinicians, researchers and advocates are increasingly calling for attention to support mental health and well-being in the context of HIV prevention, treatment and care *(10, 11)*. This requires a holistic approach to person-centred HIV services that ensures HIV prevention, treatment and care address the needs of people with mental, neurological or substance use conditions in all their diversity.

Such services should also meet the needs of people experiencing mild to moderate distress and people living with HIV seeking to maintain their well-being and improve their quality of life.

Context-specific integrated interventions are a priority for delivering quality services and care to people living with, at risk of or affected by HIV, people with mental, neurological or substance use conditions, key populations, and other vulnerable groups.

The mobilization for integration builds on more than 20 years of research showing that mental health conditions are common among people living with, at risk of or affected by HIV, often at higher rates than in the general population *(12–23)*.

According to a review of the literature, the prevalence of depression across surveys of people living with HIV in sub-Saharan Africa is estimated at 24%, compared with less than 3% for the general population *(18, 23)*. A study in the United States of America found a prevalence of 48% (between-site range of 21–71%) for substance use disorders among people living with HIV linked to treatment and care *(22)*. Adolescents living with HIV generally have a higher prevalence of mental health conditions (e.g. depression and anxiety) compared with their HIV-negative peers *(24)*.

People living with HIV are significantly more likely to have suicidal thoughts and to die by suicide compared with the general population *(25–27)*. A systemic review and meta-analysis found that people living with HIV have a 100-fold higher suicide death rate compared with the general population rate *(27)*. Key populations are often affected by stigma and discrimination and social marginalization, which, along with vulnerability to HIV and rights violations, lead to elevated rates of emotional distress and mental health conditions *(28–30)*.

Studies and surveys have shown that lesbian, gay, bisexual, transgender and intersex (LGBTI) adolescents and young people experience high rates of mental health conditions and are at a disproportionately higher risk of suicide than other adolescents and young people *(31, 32)*.

As access to lifesaving HIV treatment increases, the proportion of people living with HIV who are aged 50 years and over has increased, from 8% in 2000 to 16% in 2016 and 21% in 2020 *(33, 34)*. Ageing and older people living with HIV are more likely to experience mental health conditions (e.g. due to social isolation) and decline in neurocognitive performance, and they are at higher risk of developing noncommunicable diseases, including depression. An estimated 13% of adults living with HIV experience major depression *(35)*.

Mental health conditions increase the risk of HIV infection, and people living with HIV have increased risk of mental health conditions *(36)*. Mental health conditions are associated with lower adherence to HIV treatment, increased risk behaviours, and lower engagement with HIV prevention *(37, 38)*.

Although an increasing body of evidence shows that effective treatments for common mental health conditions, including depression and anxiety, and substance use conditions in people living with HIV exist and can be implemented in low- and middle-income countries, treatment and care for mental, neurological and substance use conditions are often not integrated into packages of essential services and care *(36, 39)*, including for HIV. Harm reduction services for people who use drugs also lack adequate reach and integration *(40)*.

Integration of mental health and psychosocial support with HIV services and interventions, including those led by communities, is one of the key priority actions in the Global AIDS Strategy 2021–2026 *(3)*. This highlights the need for person-centred and context-specific integration of services for HIV, mental health, psychosocial support, and other services across the life course, with a focus on people living with HIV and key populations. This should be fully considered across governments' and partners' health, social and economic strategies, recovery plans and budgets, and community support activities.

The global HIV targets for 2025 in the Global AIDS Strategy 2021–2026 *(3)* and the United Nations Political Declaration on HIV and AIDS *(4)* include specific targets for the integration of HIV and mental health *(41)*. The Global AIDS Strategy calls for 90% of people living with HIV and people at risk (e.g. gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs) to be linked to people-centred and context-specific integrated services for other communicable diseases, noncommunicable diseases, sexual and gender-based violence, mental health and other services they need for their overall health and well-being, by 2025.

The COVID-19 pandemic continues to have a serious impact globally on physical and mental health, including elevated distress, anxiety, depression, insomnia, and increased levels of alcohol and drug use, and countries have reported disruptions to mental health, substance use and HIV services *(42–46)*.

Inequalities between and within countries, violence, stigma and discrimination create further barriers to ending the COVID-19 and AIDS pandemics and improving mental health *(37)*. The 2021 World Health Assembly called for strengthened integration of mental health in public health emergencies preparedness and responses. The World Health Assembly also urged Member States to develop and strengthen comprehensive