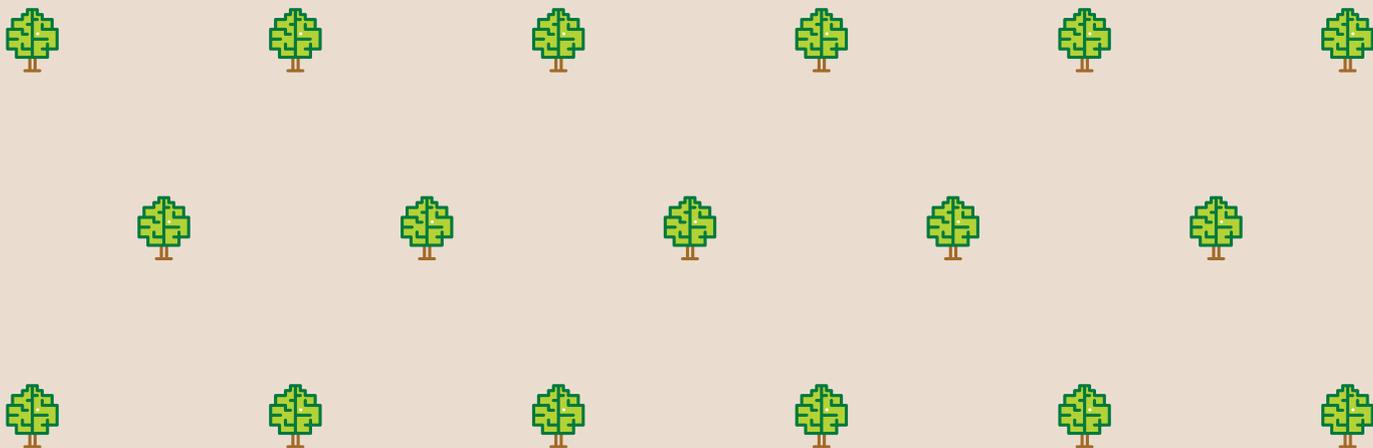


BRIEFING PAPER

MENTAL HEALTH OF PEOPLE LIVING WITH HIV

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In 2020 and 2021, EATG carried out a literature review, a community [survey](#) on mental health and HIV and convened two workshops to discuss results and implications for health service providers and community organisations. This document provides a summary of recommendations that emerged from these to improve the provision of mental health services for people living with and affected by HIV in Europe and Central Asia. Similarly, to what we have witnessed in approaching other complex subjects such as sexual practices, drug use or sex work, the attitudes and knowledge of HIV healthcare professionals regarding mental health vary. HIV specialists are not necessarily comfortable asking specific questions related to mental health symptoms and will not necessarily have the tools to carry out assessments of the mental health of people living with / affected by HIV. Additionally, HIV healthcare professionals are often not aware of the potential impact of mental health on the quality of life of people living with / affected by HIV (including adherence to treatment and risk-taking behaviours).

1. Overall 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 marginalised 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.

2. Recommendations for European and national level institutions, agencies and donors:

- a. Provide guidance on effective ways to implement MH support services as part of routine HIV care, including possible tools to be used for assessing mental health issues among people living with / affected by HIV.
- b. Develop region-specific guidance on how to adequately structure mental health support responses, including the multiple types of support services possible, and the levels at which they can be made available.
- c. Raise the profile of MH in general and the impact of MH issues in well-being and engage in dialogue to include mental health within existing interventions at the national and local levels,



- d. Provide funding for mental health responses, including for people living with / affected by HIV.
- e. Fund research on mental health, availability of mental health services, and their use, with particular emphasis on marginalised, criminalised, or underserved populations.
- f. Consider the meaningful difference in MH policies' environment, and access to MH services among people living with and affected by HIV in Western and Eastern (especially post-Soviet) European countries, and include the sub-regional specificities in MH and HIV agenda and further work implementation.

3. Recommendations 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.
- 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.



4. Recommendations for research institutions/researchers

The results of the literature review show gaps in our knowledge of the connections between HIV infection and mental health. When looking at available evidence on mental health in general, beyond the field of HIV, we rapidly understand this issue is transversal, and that information on mental health, in general, remains scarce in the Region.

A general recommendation on promoting research regarding mental health in Europe seems imperative.

Specifically, regarding HIV and mental health EATG recommends further research on:

- a. Side effects of ART in emotional mood (including sleep problems for example).
- b. Social determinants of mental health among people living with / affected by HIV, including stigma, discrimination, and marginalization of specific populations.
- c. Root causes of mental health issues: social inequality, childhood issues; underlying situations need to be better understood. (roughly 41% reported some sort of MH issue before diagnosis; 58% after diagnosis).
- d. The importance and contribution of non-professional emotional support (such as peer support and self-help groups) in the mental health status of people living with / affected by HIV.
- e. The mental health and access to mental health services of underserved, vulnerable, marginalized or criminalized communities (such as People Who use Injecting Drugs, African women, trans people, Men who have Sex with Men, etc.).
- f. Ensuring that knowledge produced, as well as existing evidence, reaches both decision-makers and clinical management teams, is crucial.

5. Recommendations for non-Governmental organisations (NGO), civil society and community-based organisations (CBO) working with people living with / affected by HIV 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.

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About the European AIDS Treatment Group:

The European AIDS Treatment Group (EATG) is a patient-led NGO that advocates for the rights and interests of people living with or affected by HIV/ AIDS and related co-infections within the WHO Europe region. Founded in 1992, the EATG is a network of more than 160 members from 45 countries in Europe. Our members are people living with HIV and representatives of different communities affected by HIV/AIDS and co-infections. EATG represents the diversity of more than 2.3 million people living with HIV (PLHIV) in Europe as well as those affected by HIV/AIDS and co-infections.

For more information, please visit www.eatg.org