HIV &
Mental Health

DISCUSSION PAPER

COMMUNITY-BASED HIV & MENTAL HEALTH CARE

The role of community-based services within the continuum of HIV and mental health care

EATG
European
AIDS Treatment
Group

Contents

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Executive Summary

Clear, evidence-based links have been identified between HIV infection and a higher prevalence of mental health conditions compared to the general population. This discussion paper draws on existing policy and good practice to identify key policy themes and types of interventions for improving community-based HIV and mental health care.

The paper also references two EATG-sponsored stakeholder events. The first event, which was internal to EATG, demonstrated that there is already significant experience among members about the HIV and mental health continuum of care. The second event included stakeholders external to EATG. The discussion made it very clear that WHO and others have been working on building a solid HIV and mental health continuum of care for years now. Presenters shared examples of lay workers and clinicians collaborating at the community and institutional/hospital levels, adapting what they do to national needs and the shape of their HIV epidemic.

The paper recommends focusing ongoing discussion on three main questions:

- What is community-based HIV and mental health service provision?
- What services are best provided in community-based HIV and mental health care?
- How important is capacity building in providing community-based services?

In addition, the paper recommends five priorities for follow-up action:

- Legitimize community-based HIV and mental health services in local, national and global policy and practice
- Make community-based services the top priority for investment and growth
- Deliver community-based HIV and mental health services through an integrated network of 'friendly', stigma-free service providers
- Focus community-based mental health services for people living with HIV on common mental health conditions, mental health and wellbeing, and mental health rights.
- Establish a comprehensive approach to capacity building of the community-based HIV and mental health workforce, both professional and non-professional/lay

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1. Introduction

The World Health Organisation (WHO, 2022) defines mental health as *"a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community"*. Mental health is essential to health and wellbeing. It is not simply about the absence of mental illness.

The European AIDS Treatment Group (EATG) is a patient-led advocacy NGO, with a geographic remit that spans Europe and Central Asia. At its General Assembly in 2022, EATG updated its Mission Statement:

> *Equitable, timely and sustainable access to effective prevention, diagnoses, treatment and holistic care for all people living with and affected by HIV and associated infections and morbidities.*

From 2020 to 2021, EATG's delivered its first HIV & Mental Health Project. This Project included a number of initiatives, e.g. a literature review, a community survey, four stakeholder events, and publication of a Briefing Paper in October 2021 setting out an initial set of EATG recommendations to improve mental health service delivery to people living with and vulnerable to HIV. During this earlier project, several follow up ideas emerged, e.g. create an online HIV & Mental Health Platform to foster dialogue and collaboration among HIV and mental health service providers, promote an annual HIV & Mental Health campaign that would culminate on World Mental Health Day each year, promote capacity building and training in HIV and mental health, and produce the first European and Central Asia Conference on HIV & Mental Health.

One of the key steps to ensuring mental health for all is developing community-based mental health services capable of effectively participating in achieving Universal Health Coverage (UHC) inclusive of mental health. This discussion paper draws on a review of existing policy, guidance and good practice as well as a stakeholder consultation process to clarify the role of community-based services within the wider continuum of HIV and mental health services, e.g. clinicians, hospitals, etc. The paper addresses the question: How can the competencies of community-based HIV workers – especially lay/non-professional or peer workers – be improved so that they can provide high quality mental health and psychosocial services and play an acknowledged part in the continuum of care?

2. Overview of Policy and Good Practice

2.1. Key policy and advocacy themes

Research has identified many links between HIV and mental health, e.g. higher rates of depression, substance use disorders, suicidal thoughts and death by suicide among people living with HIV compared to the general population; higher prevalence of mental health conditions and higher risk of suicide among HIV-positive adolescents as well as among lesbian, gay, bisexual, transgender and intersex (LGBTI) adolescents; and higher risk of mental health conditions (e.g. due to social isolation) and decline in neurocognitive functions among older people with HIV. HIV and mental health stigma and human rights violations are a key drivers of these higher levels of risk.[1]

The conversation on HIV and mental health, including the role of community-based services, has been going on for quite some time prior to EATG's more recent intentional entrance to this scene. As a result, there is a significant amount of policy and guidance on the subject, e.g. from the UN, WHO, as well as from regional and national bodies. Key documents include the *UN Convention on the Rights of Persons with Disabilities* (2006); Goal 3 of the Sustainable Development Goals adopted by all UN member states (2015); WHO's *Comprehensive Mental Health Action Plan* (2013); and the *EU Global Health Strategy* (2022).

Within that ongoing conversation, several major policy themes have emerged and become established as quality markers for improved mental health service provision. This paper will highlight eight of these themes as the backdrop to its aim of clarifying the role of community-based services in HIV and mental health.

Common conditions[2]

Common mental health problems include depression, anxiety, panic attacks, phobias, substance abuse, as well as obsessive-compulsive disorder (called OCD for short) and post-traumatic stress disorder (called PTSD for short). These mental health problems are called 'common' because combined they affect more people than other mental health problems, and some people may have more than one of them at a time.

Mental health problems may also be experienced at different levels: mild, moderate and severe. A mild mental health problem is when a person has a small number of symptoms with limited impact on daily life. A moderate mental health problem is when a person has more symptoms that can make their daily life difficult. A severe mental health problem is when a person has many symptoms that can make their daily life extremely difficult. Mild to moderate levels of common mental health conditions are particularly amenable to community-based interventions.

Community-based mental health care

Community-based mental health care may include professional/clinical counselling and therapies, trained lay/peer support and counselling, psychosocial groups, self-help groups, personal support and buddies, home visits, assistance with food and housing, mental health prevention and promotion, care-giver support, as well as policy work and human rights advocacy on mental health. Such care is not limited to 'one-stop' shops or clinics for community mental health services. It can also be provided by integrating mental health services into general health care, as well as into non-health settings like key social services or schools.

Community-based HIV and mental health service provision could include initial screening for common mental health conditions (ideally provided by mental health professionals, but also possibly by trained community workers/peers when sufficient professionals are unavailable); individual and group psychosocial support; self-care and self-help training; formal referral linkages to mental health professionals whether they work from within that community base or elsewhere.

1 UNAIDS and WHO, *Integration of mental health and HIV interventions. Key considerations,* 2022.

2 NICE, *Getting help and support for common mental health problems,* 2011.

Physical health problems are often prioritised over mental health. The value of community-based mental health care is still not recognized or appropriately funded. *'On average, countries dedicate less than 2% of their health care budgets to mental health. More than 70% of mental health expenditure in middle-income countries still goes towards psychiatric hospitals.'*[3] It is no wonder that many HIV treatment centres lack funding to provide needed professional mental health and psychosocial services.

Deinstitutionalisation

Deinstitutionalisation is a process of developing a range of mental health services in the community in order to minimize or even eliminate the need for institutional care. The goal is to enable individuals with mental health challenges to live and participate in their communities despite any impairments or support needs they may have. Achieving deinstitutionalization and maximization of community-based mental health care involve collaboration with a range of other community services, including culture, education, employment, and recreation.

Integrated services

Achieving the aims of the Global AIDS Strategy 2021-2026: End Inequalities. End AIDS requires the integration of HIV into all systems for health, social protection, and humanitarian and pandemic responses.[4] The 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, non-communicable diseases, sexual and gender-based violence, mental health and other services they need for their overall health and well-being, by 2025. The integration of right-based mental health and psychosocial support with HIV services, including community-based/led services, is one of the key priority actions in the Strategy.

Service integration results in a continuum of health care across an individual's life course, spanning health promotion, disease prevention, diagnosis, treatment, care, and wellbeing. Integrated health services break down service siloes and enable people to access all or some aspects of one service while attending another service. Service integration would be especially useful to people with HIV experiencing mild to moderate mental distress or who wish to improve their quality of life.

Psychosocial interventions

Psychosocial interventions are activities that target intrapersonal, interpersonal or social aspects of a person's HIV and mental health, e.g. behavioural, cognitive, emotional, and environmental. These activities aim to alleviate distress and improve quality of life, using psychotherapies, individual peer and group work, career and vocational support, problem solving, etc.

Self-help

Self-help is a non-drug form of treatment that a person can do on their own or with some support from a healthcare worker, e.g. using a book, a computer programme, joining a peer support or self-help group. The aim of self-help relative to mental health is to better understand one's problems or challenges, develop more effective ways of coping, and improve one's quality of life.

Stigma and discrimination

HIV-related stigma is a key driver of mental distress and ill health: stigma, including self-stigma, and discrimination can undermine the health and well-being of people living with HIV. Stigma and discrimination may be directed at someone's HIV status as well as at mental health conditions and associated infections and morbidities; this can result in difficulties in accessing essential health and social services. Stigma and

3 WHO, *World mental health report: transforming mental health for all. Executive summary,* 2022.

4 UNAIDS, 2021.

discrimination can have an impact at each step of the continuum of care, from discouraging getting tested and seeking healthcare services, to poor adherence to treatment and medications, inadequate retention in care, and low quality of life. This negative impact on the continuum of care is particularly destructive when stigma and discrimination comes from healthcare providers, which is still too often the case.

Addressing stigma and discrimination will require capacity building; promoting a person-centred, rights-based approach; creating community-based/led and recovery-oriented services; conducting advocacy to influence the reform and making of policies and legislation.

Task-sharing[5]

Scaling up treatment and psychosocial support for common conditions (SEE above) makes a lot of sense. Capacity building among community-based and primary health-care providers can expand HIV and mental healthcare services: psychosocial interventions at least for mild distress can be delivered effectively by trained and supervised lay health workers or peers. Training and task-sharing with peers, lay health workers, treatment adherence counsellors, or other community-based or community-led workers are useful ways to expand evidenced-based psychosocial support to more people living with or vulnerable to HIV. This is most needed in settings where there are insufficient HIV and mental healthcare providers.

2.2. Key community-based good practices

Research has also identified various interventions that may be used within community-based services as part of the HIV and mental health continuum of care. This paper will highlight seven major types of interventions and examples of associated good practices that are particularly appropriate for community-based work.

Table 1. Community-based HIV and mental health interventions[6]

Interventions	Good Practice Examples
HIV Prevention	• Harm reduction • Behaviour change counselling • Condom distribution • PrEP • Community-based and provider-initiated HIV counselling and testing, including self-testing, linked to HIV and mental health services • Addressing myths about mental health/sexuality/substance use
Policy and Advocacy	• Advocating for legal and policy commitment to HIV and mental health service integration • Advocating for deinstitutionalization and the maximization of community-based HIV and mental health service provision • Advocating for decriminalization of key populations • Advocating for interventions to address discrimination and violence against key populations, including the newly diagnosed with HIV and mental health concerns

5 WHO, *Task shifting – rational redistribution of tasks among health workforce teams: Global Recommendations and Guidelines.* 2008.

6 UNAIDS and WHO, *Integration of mental health and HIV interventions. Key considerations,* 2022.

Interventions	Good Practice Examples
Psychosocial support	• Psychotherapy, e.g. cognitive behavioural therapy (CBT), interpersonal counselling • Individual and group peer work, including buddy programmes and home visits • Career counselling • Evidence-based awareness raising and training on a variety of relevant topics, e.g. depression, dementia, links between HIV and mental health, mental health and side effects of HIV medications, effective treatments for alcohol and drug dependency • Care-giver support, including self-care • Providing support to people living with mental health conditions to enable independent living and engaging in community activities • Treatment adherence support, e.g. peer counsellors, text message reminders, cognitive-behavioural or behavioural skills therapies
Service integration	• Engaging with schools on rights-based support for adolescents and others living with HIV and mental health challenges • Connecting people living with HIV and mental health challenges to needed resources, including employment opportunities and training to develop their interpersonal and coping skills
Anti-Stigma/ discrimination	• Stigma reduction training for peer workers, champions and psychosocial support group • Community outreach and campaigning to change attitudes, e.g. towards PrEP, key populations engaging with HIV and mental health interventions, alcohol use relative to HIV risk and adherence to antiretroviral medicines
Substance use conditions	• Training HIV and mental health workers, including lay workers and peer counsellors, in prevention, identification and care relative to substance use and common mental health conditions • Community-based support for key populations who are having difficulties with the use of alcohol or drugs
Suicide prevention	• Capacity building of staff, including peer workers, in community-based HIV and mental health services to support suicide prevention, e.g. combatting myths and barriers to service, identifying warning signs, referrals to specialists • Addressing psychosocial drivers of suicide, e.g. lack of affordable housing and meaningful work; violence and discrimination against key populations

Summary

Clear, evidence-based links have been identified between HIV infection and a higher prevalence of mental health conditions compared to the general population, e.g. people living with HIV have higher rates of depression, substance use disorders, suicidal thoughts, and suicide. There is also extensive policy and guidance as well as examples of good practice relative to the HIV and mental health continuum of care, including community-based services. Based on such prior documentation, this discussion paper proposes eight policy themes or concepts that are highly relevant to clarifying the role of community-based HIV and mental health services: common conditions, community-based mental health care, deinstitutionalisation, integrated services, psychosocial interventions, self-help, stigma and discrimination, and task-sharing. In addition, it proposes seven major types of interventions and examples of associated good practices that are particularly appropriate for such community-based interventions: HIV prevention, policy and advocacy work, psychosocial support, service integration, anti-stigma/discrimination, support for substance use conditions, and suicide prevention.

3. Stakeholder Consultation Events

EATG held two stakeholder events to gather information about the HIV and mental health continuum of care, with a special focus on the role of community-based interventions. The first event explored the experiences of EATG members who were involved in providing HIV and mental health services to people living with HIV. The second event was an open event and included stakeholders from a wide range of organisations.

EATG stakeholder event, 24 January 2023

EATG's HIV & Mental Health project sponsored an online discussion among our members working in this field. The discussion explored the various kinds of community-based activities in HIV and mental health provided by the members. It also highlighted the many challenges they face. Participants came from many countries across Europe and Central Asia: Albania, Armenia, Croatia, Greece, Ireland, Italy, Netherlands, Poland, Spain, Turkey, and Ukraine.

The EATG members shared their various activities in HIV and mental health, including:

- Buddy projects, projects that provide emotional and peer support, peer-to-peer counselling, support for the newly diagnosed and for treatment adherence, lifestyle change
- Supervision and training for community HIV and mental health workers/peers
- Provision of community-based professionals on staff, e.g. psychologist, psychotherapist, sexologist, social worker
- PrEP provision
- Couple/family/carer support
- Addressing stigma, including as a result of professionals' ignorance/lack of info, as well as self-stigma
- Ensuring a network of referrals to 'friendly' specialists and clinics, including relationship-building with wider HIV and mental health systems, e.g. with services for people with disabilities, with municipalities
- Support for people facing gender-related issues, e.g. gender identity, gender-based violence
- Support via social media/WhatsApp groups
- Support to refugee and migrant PLHIV

Pursuing these activities resulted in many challenges that indicate the need for more work beyond direct interpersonal services, i.e. at the structural or political level to remove a range of barriers blocking people living with or vulnerable to HIV from accessing mental health services. The barriers highlighted in the meeting can be grouped under the following headings:

- **Lack of updated training and guidelines for mental health practitioners on HIV, as well as lack of the same for HIV practitioners on mental health issues**, including lack of awareness of the complexity of issues faced by PLHIV and those who suffer double or multiple marginalisation; and use of outdated mental health diagnostic criteria or guidelines, e.g. transgender seen as a mental health disorder
- **Lack of holistic or integrated approach within HIV treatment centres** to both the physical and mental health needs of people living with HIV; where people living with HIV have mental health challenges, they too often have to find needed help on their own which may mean accessing professionals who are not trained on the complexities of living with HIV.
- **Lack of political/policy/legislative/structural change strategy** to ensure speedy access to state-of-the-art HIV and mental health services – need for awareness raising for policy and decision makers, e.g. round tables, advocacy messaging, events.
- **Outdated medicalised/biological/pathologising approaches** to mental health vs. biopsychosocial approaches, and need for more non-stigmatising mental health services and professionals

- **Lack of a systematic continuum of care and sufficient 'friendly' referral pathways** from community to specialist services and vice versa
- **Lack of valuing/validation of peer support** in HIV and mental health systems
- **Lack of clarity about the types of services that can be legitimately provided by trained non-professional/lay community mental health workers,** e.g. supporting mild or common mental health issues, providing baseline assessments
- **Lack of state-funded mental health services in emergency/humanitarian situations,** e.g. during the war in Ukraine, or in refugee/migration situations where there are also linguistic and cultural challenges
- **Lack of mental health support within HIV treatment centres and elsewhere for people with drug use disorders or who are dealing with problematic chemsex,** including lack of knowledge among professionals about new recreational drugs
- **Lack of sustainable funding for community-based mental health care,** especially in EECA and in rural areas, leading to unnecessary competition among service providers, lack of continuity of programs, and centralised service provision - need for awareness raising of governments and other funders on the centrality of mental health for people living with HIV
- **Long waiting lists** to see overloaded mental health professionals
- **Cultural gaps in understanding/appreciating the role of mental health** and related professionals, e.g. in parts of Europe and Central Asia, among some migrants - need for awareness raising on need for/value of mental health services

Multi-stakeholder event, 20 February 2023

On 20 February 2023, EATG hosted a multi-stakeholder webinar on HIV and mental health entitled **"Towards a continuum of care: Ensuring good mental health outcomes for people living with HIV".** The aim of the webinar was *to explore ways to ensure a more effective continuum of care as people living with HIV move across the various levels of the HIV and mental health systems.* The event was intended to build more collaboration resulting in better services. There were 70 registrants for the webinar with just over half actually attending. Registrants came from a range of relevant backgrounds from across Europe and Central Asia.

There were presentations from four guest speakers:[7]

- **Key messages from recent WHO guidance on HIV and mental health,** by Wole Ameyan, Technical Officer, WHO Global HIV, viral hepatitis and STIs department of WHO Headquarters.
- **Providing mental health services from the community – experience from Spain/Sevilla,** by Diego García, Director, Adhara/Sevilla Checkpoint.
- **Challenges in addressing the mental health needs of people living with HIV and TB - experience from Ukraine**, by Anna Anikieieva, Mental Health Specialist, Alliance for Public Health, Ukraine.
- **Managing HIV and mental health care across the health system - experience from Croatia,** by Sanja Belak Skugor, prof.psych, Psychologist at University Hospital for Infectious Diseases/President NGO Lux Vitae, Croatia.

Wole Ameyan provided a consolidated overview of WHO guidance on HIV and mental health. He noted the mental health burden borne by people living with HIV, including depression and high rates of suicide. He noted the concept of 'no health without mental health', and highlighted how mental health requires collaboration beyond health services including education and social services. Wole also stressed the crucial period of adolescence when many mental health challenges faced by adults actually begin.

7 To view webinar videos, including slide presentations, click on https://www.hivandmentalhealth.org/videos.

Diego Garcia described their ground-breaking community-based work providing mental health services especially to people newly diagnosed with HIV, their care-givers, people who use chemsex, and others with various sexual health problems. He provided details of the central role of peer workers, including having strong referral networks when more professional services may be needed. Peer workers were located in the hospital as well as community settings, and also reachable via tele-services. Their accredited training included face-to-face work in a 'School of Peers' as well as exchange programmes where they could learn from each other, a dedicated webpage for sharing educational materials, and a database of interventions.

Anna Anikieieva described a hospital-based project in the Ukraine that has been going since 2021 working across HIV, TB (including MDR-TB) and mental health, especially as people initiate treatment. During this early period, individuals – including young adults - faced many key challenges that can be complicated by overlapping HIV and TB diagnoses, e.g. when or to who to disclose, stigma and discrimination, isolation. She described the range of mental health services available, from various types of psychological counselling to more psychiatric interventions as needed. She also pointed out the mental health challenges that can result from ART itself as well as from other drug-drug interactions.

Sanja Belak provided an overview of HIV and mental health services in Croatia, for individuals as well as coupes and families. Given the size of the country and its low prevalence HIV epidemic, this national work is centralised in a Zagreb hospital. Although the services are based in a hospital outpatient facility, they can be accessed directly, without referral from a physician and without having health insurance. A key strategy is developing a strong referral network of 'friendly' physicians and other clinicians. The need for a friendly provider network across the nation is crucial since stigma and discrimination are still strong, and Zagreb can be a long way to go for services. This also highlights the need for expanding the number of peer workers already available, as well as ensuring safe online spaces to connect with each other.

After the presentations, open discussion ranged over many topics, e.g.

- Selecting the 'right' therapist to refer someone
- Providing training and supervision for lay and professional providers
- Have a clear understanding of what is mental health and wellbeing
- Emphasizing more community-based HIV and mental health service provision, and better linking between centralised and community services
- Prioritising quality 'standards': clarifying what is meant by quality services
- Living with HIV is not enough to qualify one to be a peer worker
- Providing continuous training in standards, core knowledge and tools for peers to navigate in different situations, be able to support other peer workers, and to know when to refer to someone with more specialised skill

Summary

There is already significant experience within EATG about the HIV and mental health continuum of care, at the community level and also at clinical specialist and tertiary levels. EATG members are engaged as trained peer workers and as clinical professionals. Nevertheless, there is a keen recognition that there is a lot of work still to do, e.g. updating training for mental health practitioners at all levels, addressing barriers to accessing care, challenging stigma and discrimination, expanding the number of 'friendly' providers, strengthening and validating peer work.

There is excellent policy and guidance already available as well as good practice that can be replicated and scaled up. This was particularly obvious during the multi-stakeholder event on 20 February 2023. WHO and others have been working on HIV and mental health for years and all the basic frameworks for building a solid HIV and mental health continuum of care are accessible in various documents. There are examples of peer workers and clinicians who collaborate at the community and institutional/hospital levels, adapting what they do to national needs and the shape of their HIV epidemic. However, these examples are still too few and sporadic; in most European and Central Asian countries, such collaboration is just not the case.

4. Key Discussion Points & Next Steps

Based on existing evidence-based policy, guidance and good practice, as well as the experience and expertise of European and Central Asian stakeholders, this discussion paper proposes a clearer and stronger role for community-based services within the wider continuum of HIV and mental health services (e.g. clinicians, hospitals, etc.). In addition, it proposes improving the competencies of community-based HIV workers, especially lay/non-professional or peer workers.

Three questions for discussion are proposed:

- *What is community-based HIV and mental health service provision?*
- *What services are best provided in community-based HIV and mental health care?*
- *How important is capacity building in providing community-based services?*

What is community-based HIV and mental health service provision?

Community-based HIV and mental health care is about ensuring easy, local access to relevant services and minimising the need for institutional or tertiary level care. People may access these services directly, without needing a physician's referral – an essential component since stigma and discrimination mean that still too few people disclose to their general practitioners. These services are intended to enable people living with mental health conditions to remain connected to and active in their communities. The services may be provided by professional as well as trained non-professional/lay workers; some workers of both groups may also be peers, i.e. people living with HIV. Ongoing training and support of peer workers is a core element of effective community-based service provision.

Community-based services can be provided out of one location, e.g. a community-based NGO or one-stop shop. However, they can also be provided by being part of an integrated community network or referral pathway of 'friendly' service providers and peer workers that includes both health as well as other relevant services, e.g. social, cultural, employment, recreational, educational, drug, suicide, youth, transgender, migration, disability. The particular blend of integrated services will vary depending on the national profile of the HIV epidemic and existing service networks.

What services are best provided in community-based HIV and mental health care?

Community-based HIV and mental health care is particularly suited to supporting mild to moderate forms of common mental health conditions among people living with HIV, e.g. mild to moderate depression, anxiety, panic attacks, phobias, substance abuse.[8] A wide range of health services are also possible spanning traditional community as well as primary to secondary care levels, e.g. initial screening for common mental health conditions; professional/clinical counselling and therapies for individuals and their loved ones; trained lay/peer support and counselling; harm reduction relative to drug use and to chemsex; support for people with gender-related issues; individual and group psychosocial support; personal support and buddies; self-care/help; home visits; assistance with food, housing, and medication delivery; vocational support; mental health prevention and promotion; PrEP; care-giver support; as well as policy work and human rights advocacy on mental health.[9]

8 More serious or severe forms of these conditions are addressed in secondary or tertiary care.

9 For more examples of possible services, SEE above - ***Table 1. Community-based HIV and mental health interventions***.

How important is capacity building in providing community-based services?[10]

Community-based service provision needs to be strengthened and expanded by ongoing, targeted capacity building focused on ensuring the high quality of available services, with associated face-to-face and online training and supervision; this is especially important where there is a lack of speedy or easy access to quality mental health care for people living with HIV. Such capacity building would be made available both to professional and lay workers. A key focus within capacity building would be addressing stigma and discrimination against people living with HIV and/or mental health conditions; such training and supervision would emphasise a person-centred, rights-based approach both within service provision as well as relative to advocating for appropriate legislative, regulatory and diagnostic changes.

In addition to the above three questions for discussion, this paper proposes the following five priorities for follow-up action:

- **Legitimize community-based HIV and mental health services in local, national and global policy and practice** as a fundamental element of the care continuum, and ensure that people who need these services have easy, stigma-free access to them and are able to maintain engagement with their communities.
- **Make community-based services the top priority for investment and growth** in HIV and mental health care.
- **Deliver community-based HIV and mental health services through an integrated network of 'friendly', stigma-free service providers,** supported by trained lay/peer workers.
- **Focus community-based mental health services for people living with HIV on three programmatic themes:** (1) responding to mild to moderate forms of common mental health conditions, (2) promoting mental health and wellbeing, and preventing/avoiding mental ill-health, and (3) advocating for the mental health rights of people living with HIV and against stigma and discrimination.
- **Establish a comprehensive approach to capacity building of the community-based HIV and mental health workforce, both professional and non-professional/lay,** providing ongoing training and supervision on a range of topics, including rights-based, stigma-free service provision; initial or baseline screening for common mental health conditions; lay/peer support and counselling; harm reduction relative to drug use and to chemsex; support for people with gender-related issues; individual and group psychosocial support, including buddy and care-giver support; self-care/help and self-management; career counselling; suicide prevention; and local, national and global mental health rights advocacy.

10 For examples of such capacity building, SEE: (1) Caulfield A, et al. 'WHO guidance on mental health training: a systematic review of the progress for non-specialist health workers.' *BMJ Open 2019; (2) Goodman Sibeko, Mental Health Training For Community Health Workers In The Western Cape,* University of Cape Town, 2016; (3) Goodman Sibeko, et al. 'Piloting a mental health training programme for community health workers in South Africa: an exploration of changes in knowledge, confidence and attitudes.' *BMC Psychiatry (2018);* (4) Koly KN, et al, 'Educational and Training Interventions Aimed at Healthcare Workers in the Detection and Management of People With Mental Health Conditions in South and South-East Asia: A Systematic Review.' *Front. Psychiatry (2021).*

5. Conclusion

Drawing on evidence-based policy, guidance and good practice as well as a stakeholder consultation process, this discussion paper proposes a clearer and stronger role for community-based services – including local, national and global policy and advocacy - within the wider continuum of HIV and mental health care. In addition, it suggests a range of capacity building, training and supervision for improving the competencies of community-based HIV workers, especially lay/non-professional or peer workers.

The AIDS pandemic will not end unless we address the mental health of people living with and vulnerable to HIV. Investing in the integration of community-based HIV and mental health/psychosocial interventions, especially community-based interventions, is crucial to ending AIDS and ensuring an integrated continuum of HIV care. It is also time to extend the integration of mental health not only into HIV care – which is the specific subject of this discussion paper - but also into all global healthcare policy and practice. This is especially timely as the UN looks to hold three High-Level Meetings in the latter half of September 2023: on Pandemic Prevention, Preparedness, and Response; on TB; and on UHC. Ensuring mental health, including community-based service provision, is prioritised in the political declarations issuing from these three HLMs is an idea whose time has come.

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European
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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 150 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.

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