Next steps
Reflections after the webinar on Mental Health within HIV Guidelines
9 November 2023
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The recording of this virtual roundtable and speakers’ presentations are available here.
Executive Summary

The presentations and discussions at this final EATG webinar for 2023 on HIV and mental health can be grouped under five themes: integrating mental health within HIV guidelines and standards; functioning as a continuum of care; co-designing HIV and mental health guidelines; providing person-centred care; and addressing key obstacles to free, easy access, stigma-free services.

Three EATG follow-up or action steps for 2024-2025 can then be drawn from the discussion of these themes:

1. Undertake research on HIV and mental health guidelines in Europe and Central Asia.
2. Organise webinars and training events for lay and professional healthcare workers.
3. Use the opportunity of AIDS 2024 to expand the conversation on integrating HIV and mental health care.

Background

Clear, evidence-based links have been identified between HIV infection and a higher prevalence of mental health conditions compared to the general population. EATG has been exploring these links in depth over the past few years, including through three webinars in 2023. The last of these webinars for this year occurred on 9 November 2023 when EATG hosted a webinar on Mental Health within HIV Guidelines, exploring issues involved in updating existing standards of mental health care for people living with HIV in Europe and Central Asia.

This third and final webinar in the current series built on two previous webinars earlier in the year – one internal to EATG and one open to wider participation – focusing on community-based/led mental health services and their place within the wider continuum of HIV and mental health services. The first webinar demonstrated that there is already significant experience among EATG members in the HIV and mental health continuum of care. The second webinar 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. Five priorities for follow-up were identified:

- Legitimise 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.

Acknowledgements

This report was written in 2023 by Bryan Teixeira. EATG would like to express its gratitude to Bryan Teixeira, Elena Nechosina, Mario Cascio, Peter Zajc and Tomás Campbell for their participation and contributions to the webinar.
These two previous webinars also set the stage for the third webinar on Mental Health within HIV Guidelines by noting that standards relative to the mental health of people living with HIV could be more comprehensive, including serious as well as more common conditions, impacts of ageing, stigma, referral protocols back and forth across clinical and community settings, issues specific to adolescents, competencies for all providers whether professionals or lay/peers, etc.

There were 230 registrants for Mental Health within HIV Guidelines, with 80 individuals participating live on the day. Tomás Campbell, Royal Hospital Donnybrook, Ireland, presented on the topic of Psychological support for adults and adolescents living with HIV: Improving standards of care; Lena Nechosina, Independent Expert on Public and Mental Wellbeing, Turkey, presented on Uniting the Mental Health and HIV Care Continuums: Improving standards and services; and Peter Zajc, HIV Clinic, University Psychiatric Clinic, Slovenia, presented on Mental Healthcare Standards – Perspectives from the HIV Clinic, Ljubljana. The webinar was chaired by Mario Casio, Chair of EATG’s Quality of Life Programme, and discussions were moderated by Bryan Teixeira, EATG member.

**Key themes emerging from the webinar**

Several key points about increasing a mental health focus within HIV guidelines were discussed. They are summarised in the following five themes:

**Integrate mental health within HIV guidelines and standards:** Standards and guidelines for psychological care need to be better integrated or embedded with clinical standards and guidelines. This will reinforce the reality of seeing mental health as a core component of physical health and help avoid underestimation by clinicians of the strong interconnection between mental health and physical health. Regardless of HIV status, we are biopsychosocial beings.

**Function as a continuum of care:** Mental health care can be described across a continuum or by using a stepped care model. Such models demonstrate the range of possible mental health issues and highlight the corresponding range of competences needed to address those issues, moving from people who have relatively minor difficulties and/or common conditions that may be addressed by peer support and self-help to those who require increasing specialism, experience and expertise. The range of possible mental health issues includes personal crisis; post-traumatic stress; anxiety and panic; mood disorders; depression; substance use; cognitive disorders; sleep disorders; medication side effects; loneliness; and isolation from families. Similarly, there is a range of possible interventions, e.g. individual or group peer support; self-help; problem solving; cognitive, behavioural, or interpersonal counselling; mindfulness meditation; relaxation techniques; motivational interviews; antidepressants and antipsychotics.

**Co-design HIV and mental health guidelines:** One reason why there may be inadequate usage of mental healthcare guidelines within HIV services is that the guidelines may have been imposed from above, lacking ownership by workers in the field. We need to co-design these guidelines, including clearer referral pathways across the continuum of care, ensuring they are practical, agile and implementable. Workers do not have the time to use complicated or rigid standards or guidelines. Most basically, workers need to be aware of existing guidelines, e.g. via BHIVA or EACS. However, in lower income countries or countries with low HIV prevalence, HIV and mental health guidelines and standards may be particularly difficult to find.
Provide person-centred care:
HIV and mental health care needs to be based on the assumption that everyone is different; care needs to be tailored to the person. This may be particularly so relative to vulnerable or marginalised sub-populations, e.g. people who practice Chemsex; MSM; children and adolescents; homeless people; people who use drugs; migrants and refugees. A key aspect of what these people face in common is learning to cope with internalised and external stigma and discrimination, often carrying the burden of additional intersecting stigmas.

Address key obstacles to free, easy access, stigma-free services:
- **Lack of training** – Lay and professional workers need to be more aware of current standards of HIV and mental health care. They need to be more comfortable in having conversations about people's mental health and not just about clinical matters. They need to be better able to refer patients across the continuum of HIV and mental health care.
- **Inadequate staff time** – If you are working in a busy healthcare setting, your focus may be on taking people's bloods, checking their weight, talking about medication, checking side effects, etc. Workers often do not have time to talk about mental health issues.
- **Lack of political will** – If mental health care is not prioritised at the policy level, then there will likely be insufficient resources set aside to meet the need. Policy makers (and funders) need to be constantly encouraged to prioritise mental health within HIV care.
- **“It’s not my job”** – ‘Mental health is not what I was trained to address, I don’t know how to do it properly and I’m afraid of making things worse.’ Workers may assume that it is some other person’s job to provide a comfortable, non-stigmatising environment. Instead, it should be seen as the job of everyone in the healthcare setting, from the receptionist to the cleaner, to the porter, to the doctors, to the nurses, and whoever else works in the setting.
- **Burnout** – Service providers also have their own mental health needs. Given the obstacles identified above, worker burnout with subsequent loss of staff time can be a real challenge. We need improved mechanisms to address burnout among HIV and mental healthcare providers.

**Next steps**
This third and final HIV and mental health webinar for 2023 was intended to further EATG’s conversation with stakeholders on this topic. The conversation is expected to continue, with the next HIV and Mental Health project.

The first two webinars of 2023 identified five priority areas for follow up (SEE above). As a result of this final seminar focused on HIV and mental healthcare standards and guidelines, three additional priorities for follow up can be added:

1. **Undertake research on HIV and mental health guidelines in Europe and Central Asia:** HIV and mental health standards and guidelines have been produced by BHIVA, EACS, and professional psychiatric and psychological associations. However, it is not clear what is the reach/impact of these guidelines, or whether these guidelines are based in a continuum or stepped care model, or if existing guidelines are agile enough for use with highly vulnerable populations, low prevalence countries, or in resource poor settings. **What guidelines do exist and are used across all of Europe and Central Asia? Where guidelines exist, how can they be improved?**
2. Organise webinars and training events for lay and professional healthcare workers: The final webinar noted that everyone working the field is responsible for ensuring a stigma-free healthcare environment, and everyone across the continuum of care needs ongoing training to better integrate HIV and mental health needs. This suggests at least two training focus where EATG can lead: (i) Basic anti-stigma awareness-raising and skill for all HIV and mental health workers, and (ii) tailored training events for lay and peer community HIV and mental health workers.

3. Use the opportunity of AIDS 2024 to expand the conversation on integrating HIV and mental health care: EATG can use the opportunity of AIDS 2024 to share its story and key messaging on integrating HIV and mental health care, focusing on acceptance of the essential role of community-based and -led services within the continuum of care, and the need for improved and integrated HIV and mental health care guidelines and standards across Europe and Central Asia.

Appendices

1. Webinar Agenda

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<td>Introduction of Webinar and Speakers – Mario Cascio, Webinar Chair.</td>
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<td>Tomás Campbell: Psychological support for adults and adolescents living with HIV: Improving standards of care.</td>
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<td>Lena Nechosina: Uniting the Mental Health and HIV Care Continuums: Improving standards and services.</td>
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<td>Questions for clarification – Bryan Teixeira</td>
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<td>Peter Zajc: Mental Healthcare Standards – Perspectives from the HIV Clinic, Ljubljana.</td>
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<td>Questions for clarification – Bryan Teixeira</td>
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2. Speaker Bios

Mario Cascio, Webinar Chair.

Mario has been living with HIV for over 40 years. He is a founding member of NPS Italia APS, the first Italian network of people with HIV and is former chair and currently the Quality of Life Programme Chair of the European AIDS Treatment Group (EATG). He is also a steering group member of the HIV Outcomes Initiative, focusing on improving the long-term management and health-related quality of life of people with HIV. And recently he is a founding member of iCOPe HIV, the International Coalition of Older People living with HIV, giving voice and advocating for the emerging and often neglected needs of ageing and older people living with HIV.

Tomás Campbell, Psychological support for adults and adolescents living with HIV: Improving standards of care.

Tomás is a chartered clinical psychologist with additional specialised training on STIs and on clinical neuropsychology. He has worked with people living with HIV since 1990. Tomás was involved in the development of BHIVA's Standards for psychological support for adults living with HIV, and is an active member of the current working group to update them. He is the Chair of Trustees for WhizzKids United, a charity that operated South Africa’s only adolescent HIV clinic and which currently runs sexual health programmes for young people in Ghana. He has worked in Zambia for 2 years in an NGO focused on improving quality of life for people living with HIV and their families. He has a particular interest in working with young people living with HIV and their families.

Elena Nechosina, Uniting the Mental Health and HIV Care Continuums: Improving standards and services.

Elena is an Independent Expert on Public and Mental Well-being. She has prior specialization in Public Administration with professional upgrade in Public Health, Social Services and Mental Health. She has than 25 years of experience in HIV/AIDS, tuberculosis control, policy analysis, advocacy, strategic planning, monitoring and evaluation. Trainer-facilitator on various subjects offline and online, author of numerous analytical and educational publications, online-courses. Over the period of last 7 years, she is deeply involved in Mental Health activities in EECA region and Ukraine, including depression screening, advocacy of services and Mental Well-being promotion. Elena believes in holistic approach of Human Well-being and shares the value of No Health without Mental Health.

Peter Zajc, Mental Healthcare Standards - Perspectives from the HIV Clinic, Ljubljana.

Peter is a psychiatrist and clinical sexologist. He works in the University Psychiatric Clinic in Ljubljana, Slovenia. For more than 12 years, Peter runs the outpatient psychiatric clinic for people living with HIV in collaboration with the HIV clinic in Ljubljana. He is a member of the Society for Sexual Medicine in Slovenia (ESSM), Slovenian Sexological Association, and Slovenian Medical Association. He has training in cognitive behavioural therapy, psychodynamic psychotherapy and group psychoanalytic therapy.

Bryan Teixeira, Discussion Moderator.

Bryan has over 25 years’ experience working at a senior level in NGOs mainly among marginalised communities in the fields of sexual and mental health. He holds a PhD in psychology with specialisation in organisational development. Prior to this, he was a social worker providing clinical counselling.
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.

For more information, please visit [www.eatg.org](http://www.eatg.org)