



No Health Without Mental Health: Integrating Mental Health into HIV Care

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USAID
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GSH-HIV
Mental Health Group



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“No Health Without Mental Health”:

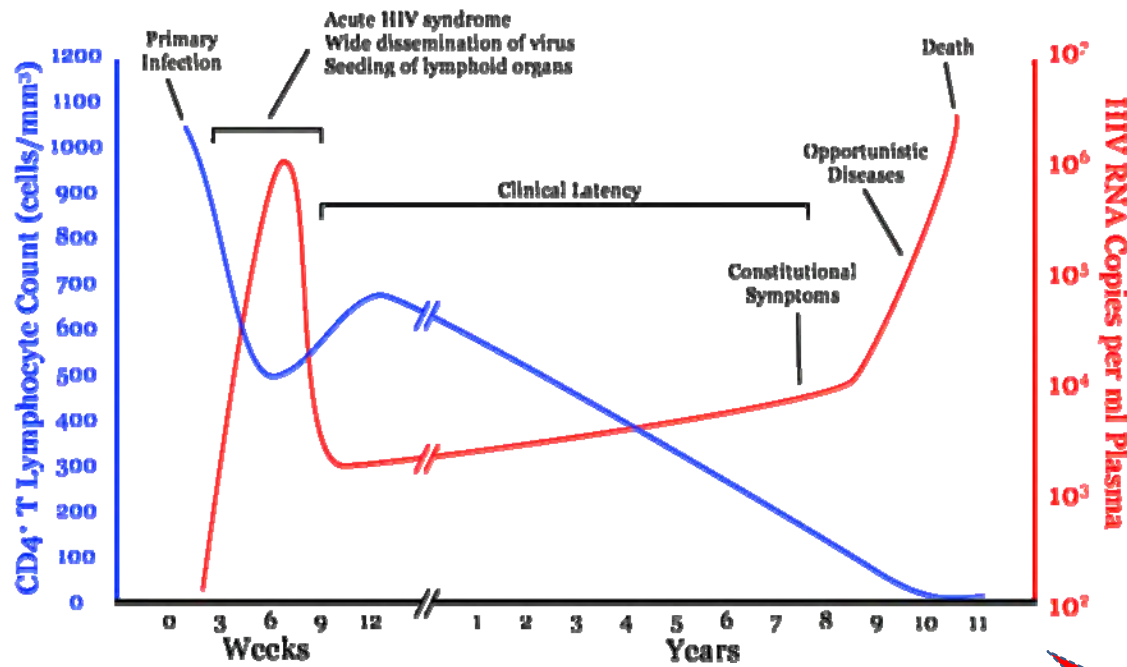
http://www.who.int/mental_health/who_urges_investment/en/index.html

- “One in four patients visiting a health service has at least one mental, neurological or behavioural disorder but most of these disorders are neither diagnosed nor treated.
- Mental illnesses affect and are affected by chronic conditions such as cancer, heart and cardiovascular diseases, diabetes and HIV/AIDS. Untreated, they bring about unhealthy behaviour, non-compliance with prescribed medical regimens, diminished immune functioning, and poor prognosis.
- Cost-effective treatments exist for most disorders and, if correctly applied, could enable most of those affected to become functioning members of society.
- Barriers to effective treatment of mental illness include lack of recognition of the seriousness of mental illness and lack of understanding about the benefits of services. Policy makers, insurance companies, health and labour policies, and the public at large – all discriminate between physical and mental problems.
- Most middle and low-income countries devote less than 1% of their health expenditure to mental health. Consequently mental health policies, legislation, community care facilities, and treatments for people with mental illness are not given the priority they deserve.”



INTEGRATING MENTAL HEALTH INTO HIV CARE

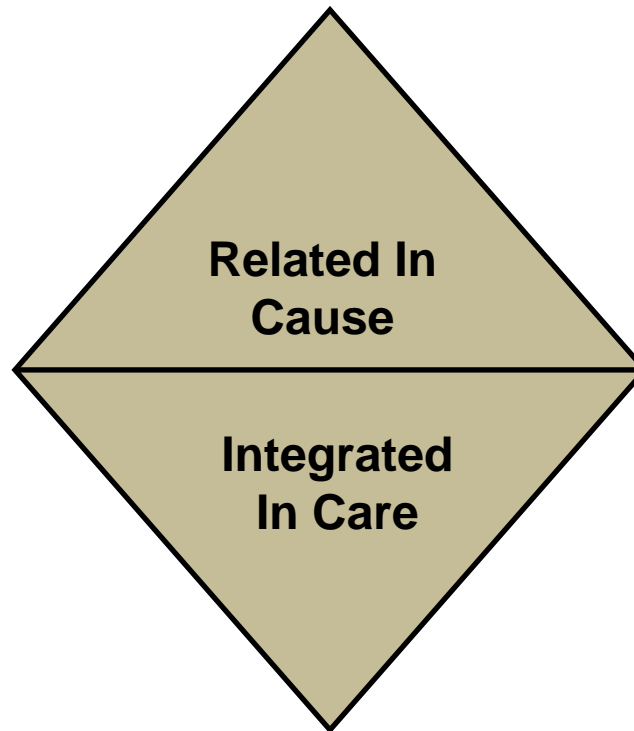
This is how clinicians tend to think of HIV...

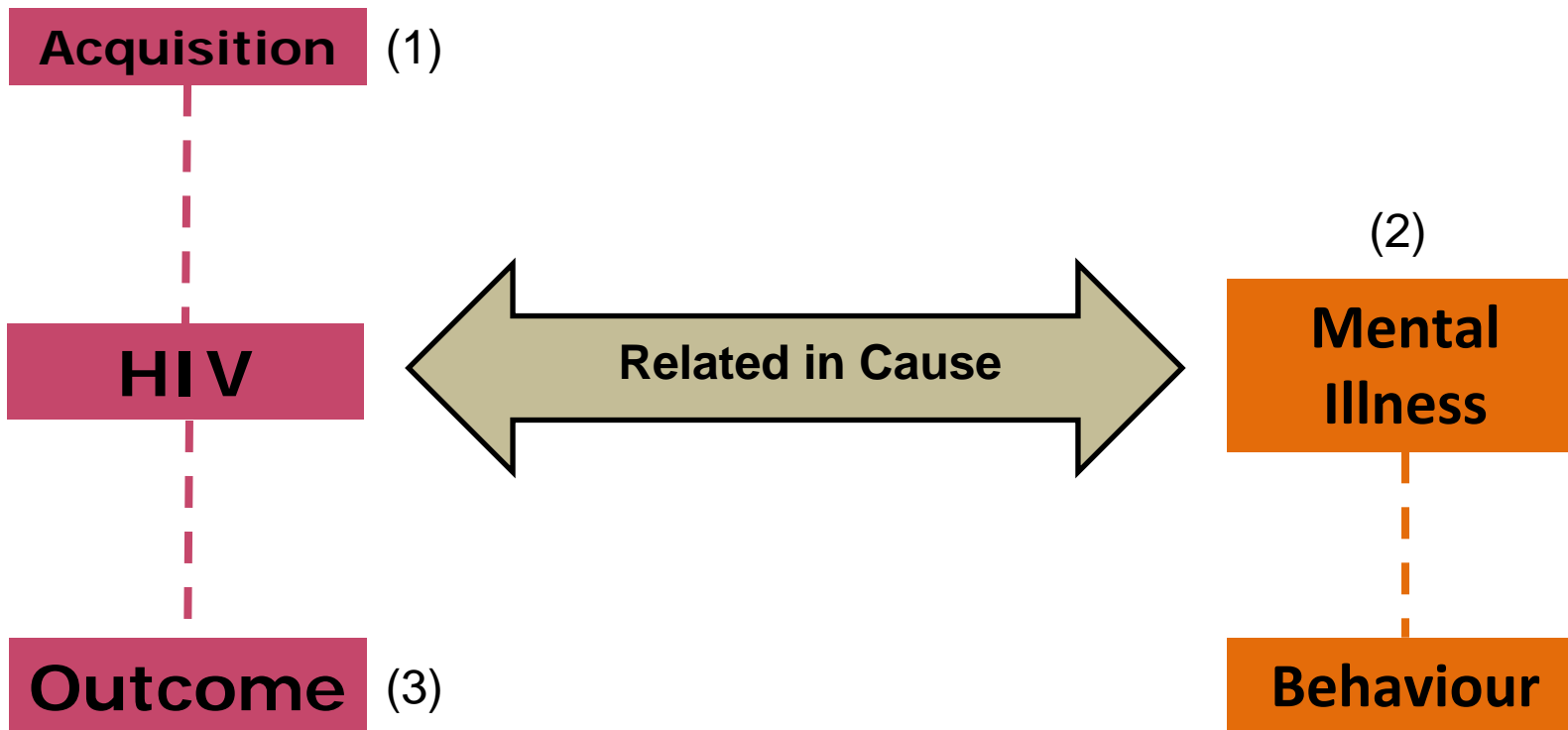


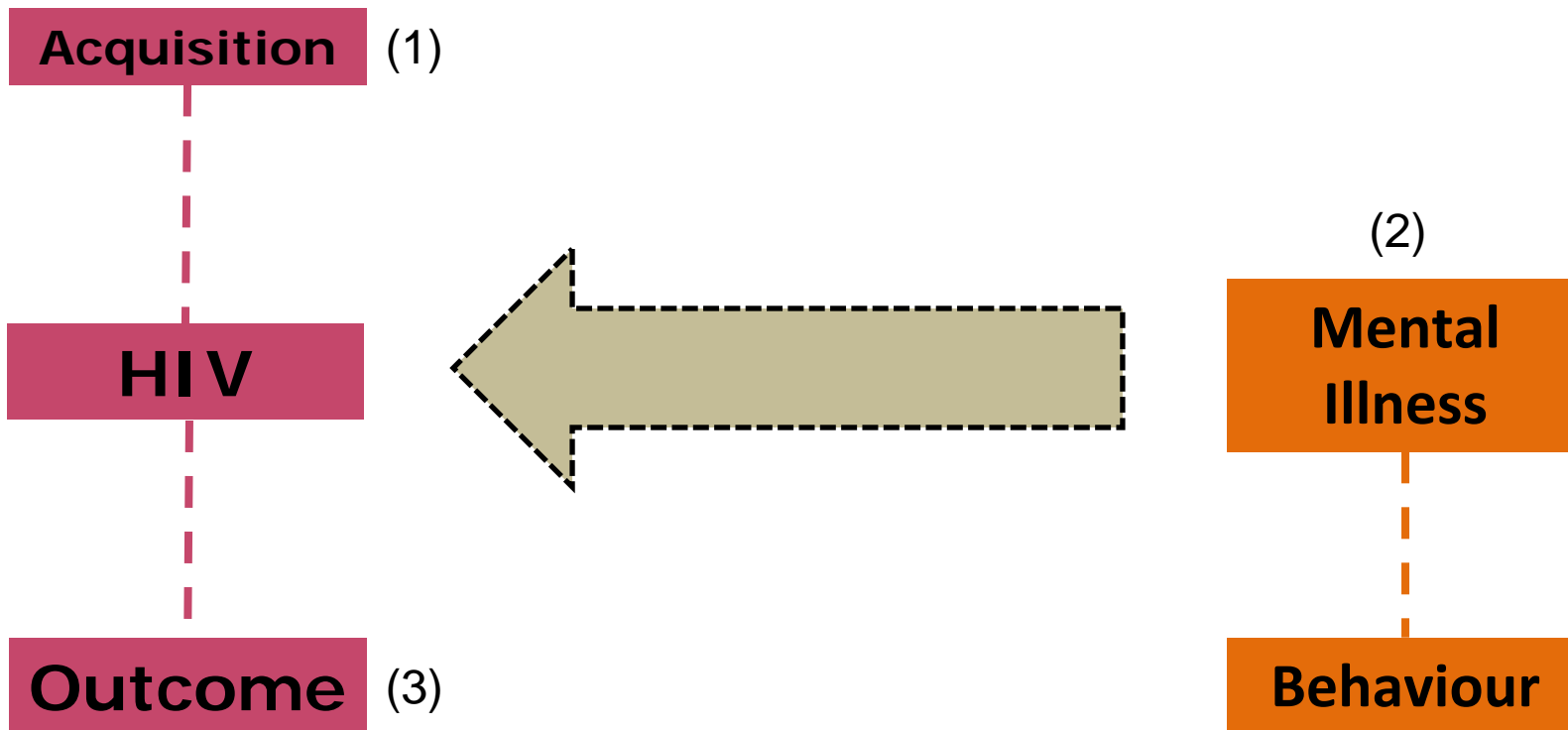


When *Behaviours* Are Intrinsic to Acquisition, Illness / Wellness, Adherence



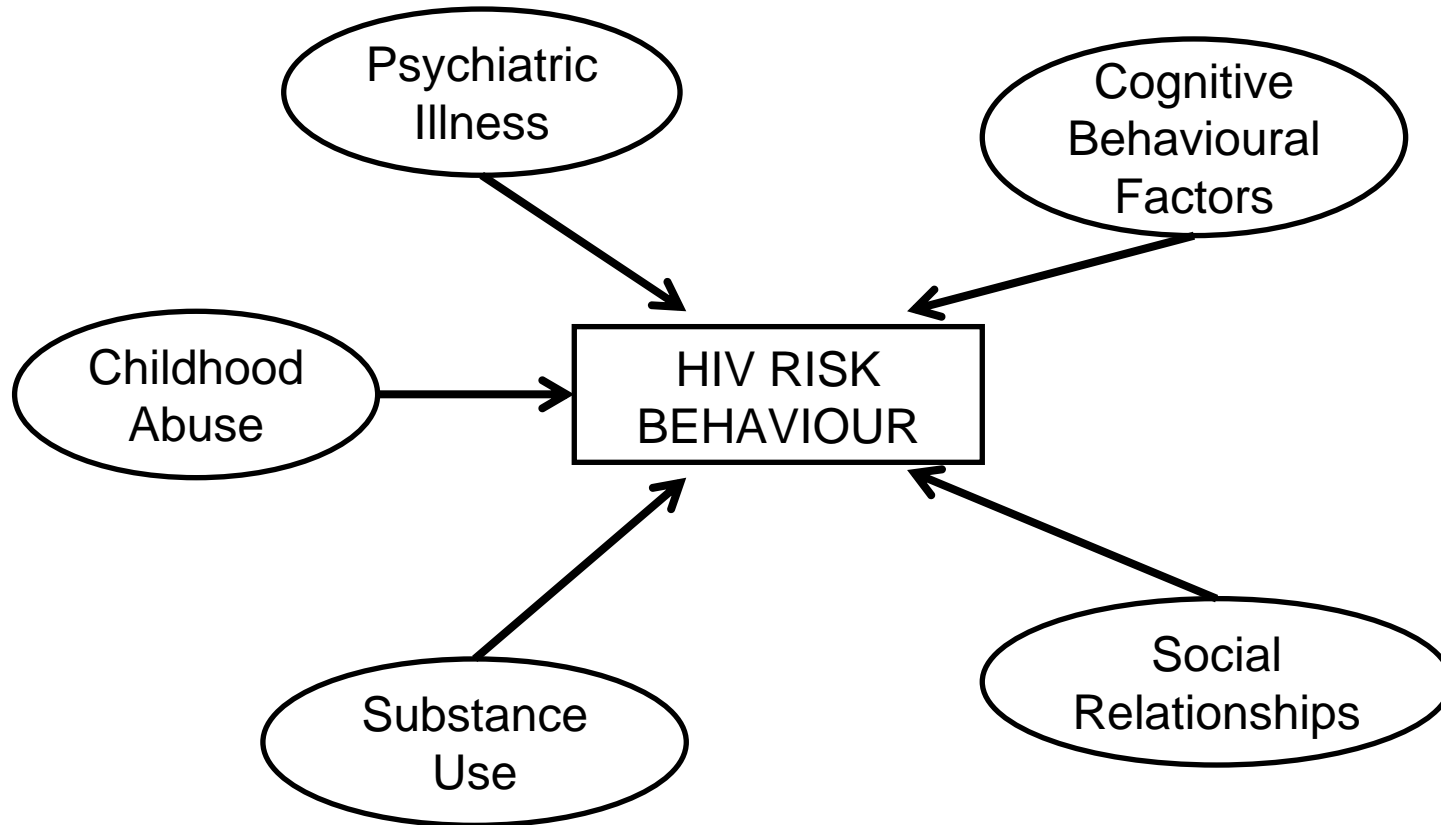








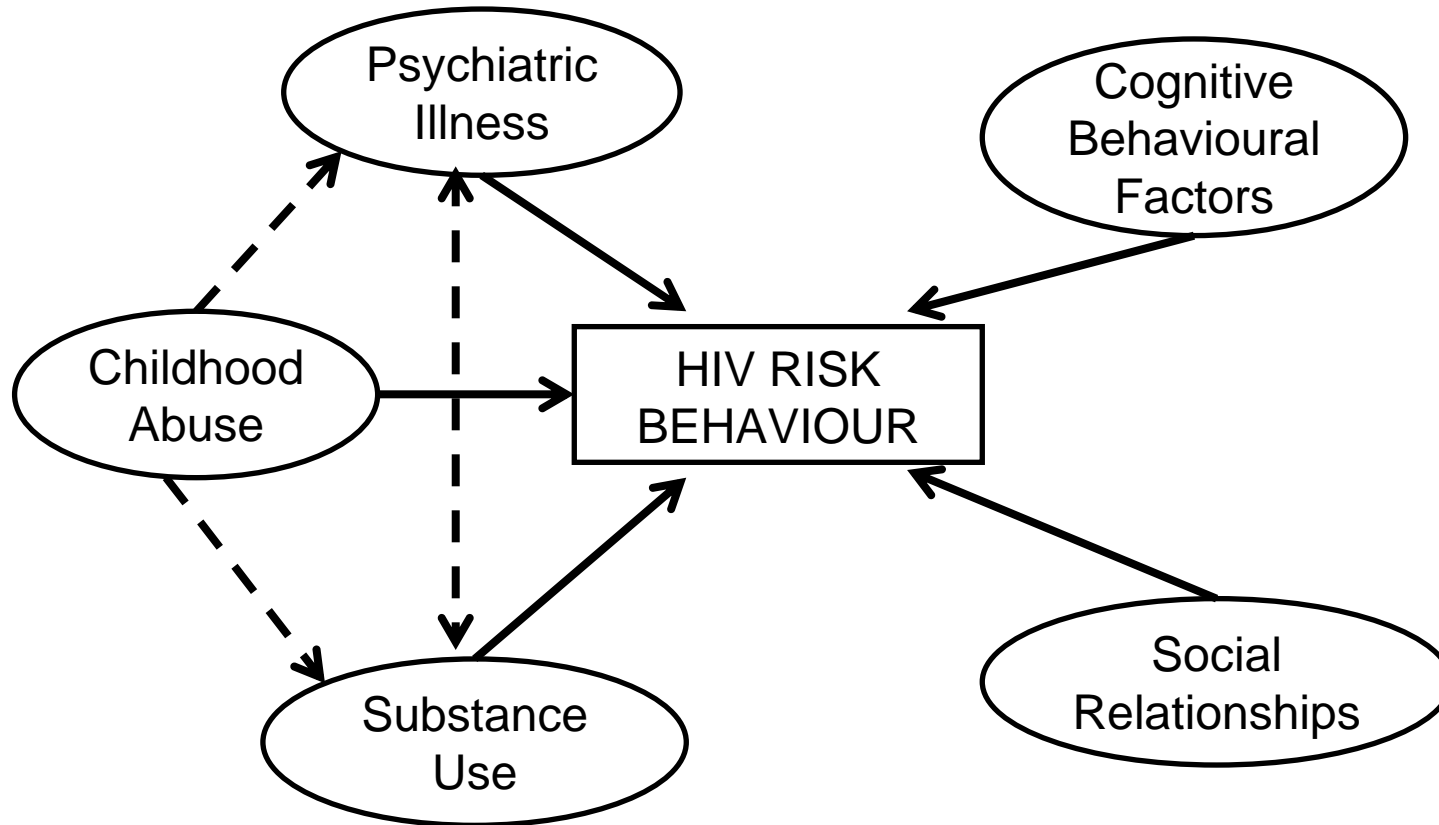
HIV Risk Behaviour and Associations with good evidence



Meade and Sikkema 2005

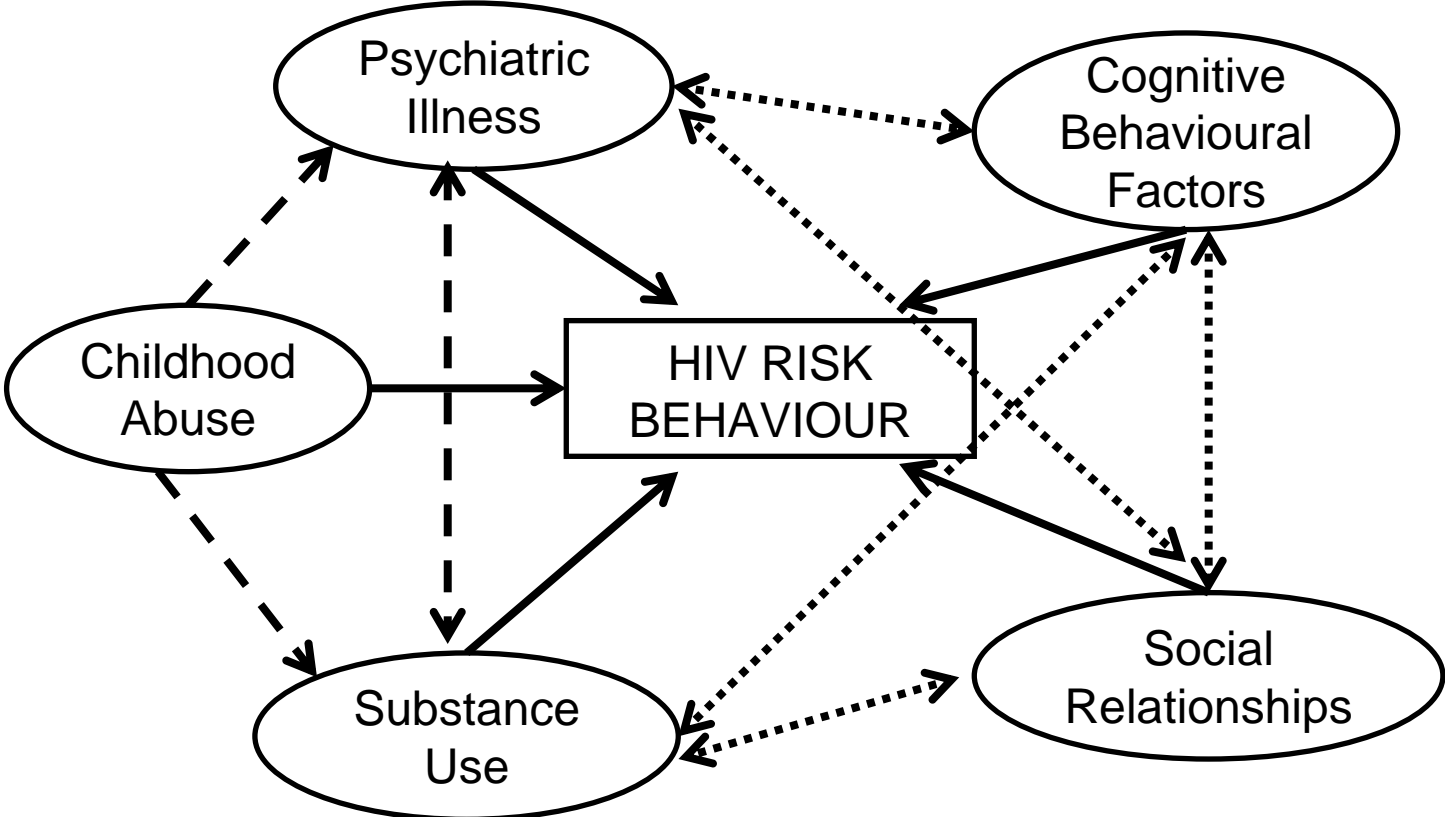


Additional HIV Risk Behaviour and Associations with good evidence

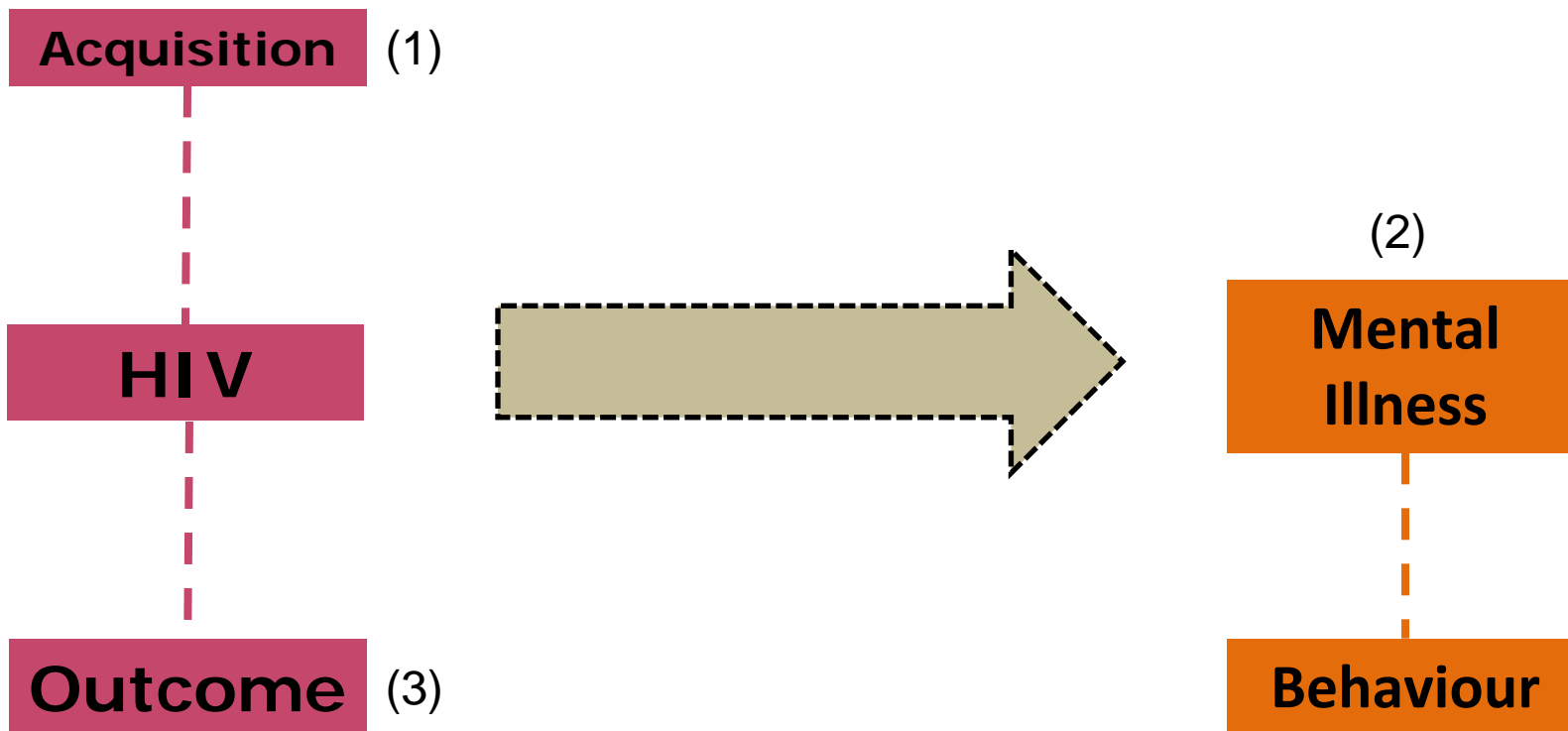


Meade and Sikkema 2005

Additional HIV Risk Behaviour and Associations with *unconfirmed* evidence



Meade and Sikkema 2005





HIV causes Mental Illness in PLWHA

- Higher rates of all mental illness
- Probably a combination of bio-psycho-social factors
- Associated with numerous adverse health, economic and personal outcomes



INTEGRATING MENTAL HEALTH INTO HIV CARE

Psychiatric Disorders Are More Prevalent in HIV-Infected Patients

- HIV Cost and Services Utilization Study (HIV-infected patients) compared with National Comorbidity Survey Replication (noninfected population) vs SA studies

Psychiatric disorder	Prevalence (%)			
	HCSUS (N = 2864)	*HSRC* (n=900)	NCS-R (N = 9282)	SASH (N=4351)
Major depression	36.0	11.1	16.6	9.8
Dysthymic disorder	26.5	29.9	2.5	-
General anxiety disorder	15.8	0.4	5.7	2.7
Panic disorder	10.5	0.1	4.7	1.2
Any drug or alcohol use disorder	50.1	12.4 (AD)	27.8	13.3

Bing EG et al. Arch Gen Psychiatry. 2001;58:721-728.

Burnam MA et al. Arch Gen Psychiatry. 2001;58:729-736.

Kessler RC et al. Arch Gen Psychiatry. 2005;62:617-627.

Freeman, M et al. SA J Psychology. 2008.

Herman, A et al. SAMJ, May 2009.



Prevalence of Mental Disorders based on Nurse-administered SAMISS at Langa, Cape Town (n=360)

Mental illness symptoms	Prevalence
Depression	21%
Adjustment disorder	19%
Anxiety	19%
Substance abuse	13%
Alcohol abuse	11%
Mania	5%

Note: 1/5 patients at least; on stable HAART, has a Mental Disorder

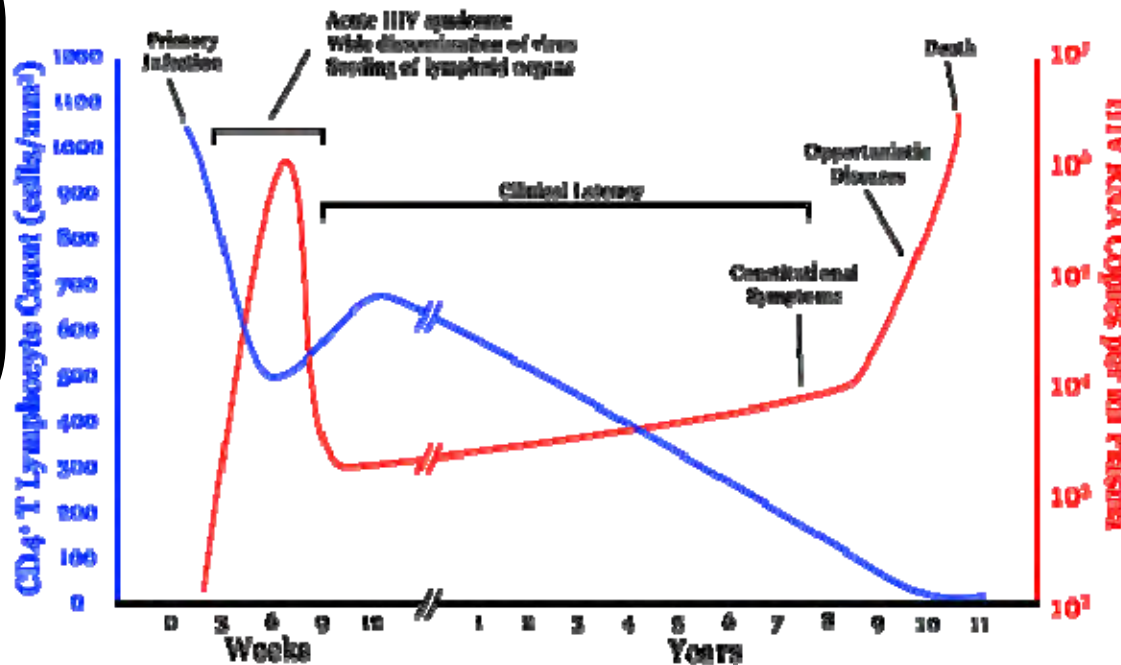
Breuer et al, under review



INTEGRATING MENTAL HEALTH INTO HIV CARE

Biological Factors:

- *neuroInvasion
- *Systemic Illness
- *Co-Infection
- *HAART
- *Substance Abuse



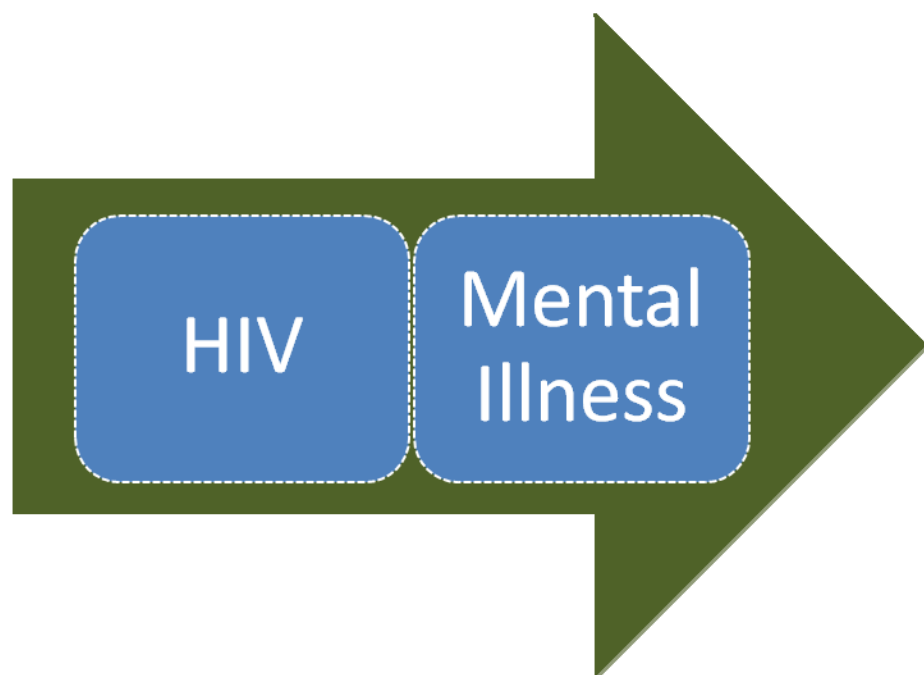
Psychological Factors:

- *Diagnosis
- *Bereavement
- *Coping- systems
- *Coping-relationships
- *Coping-employment / finances

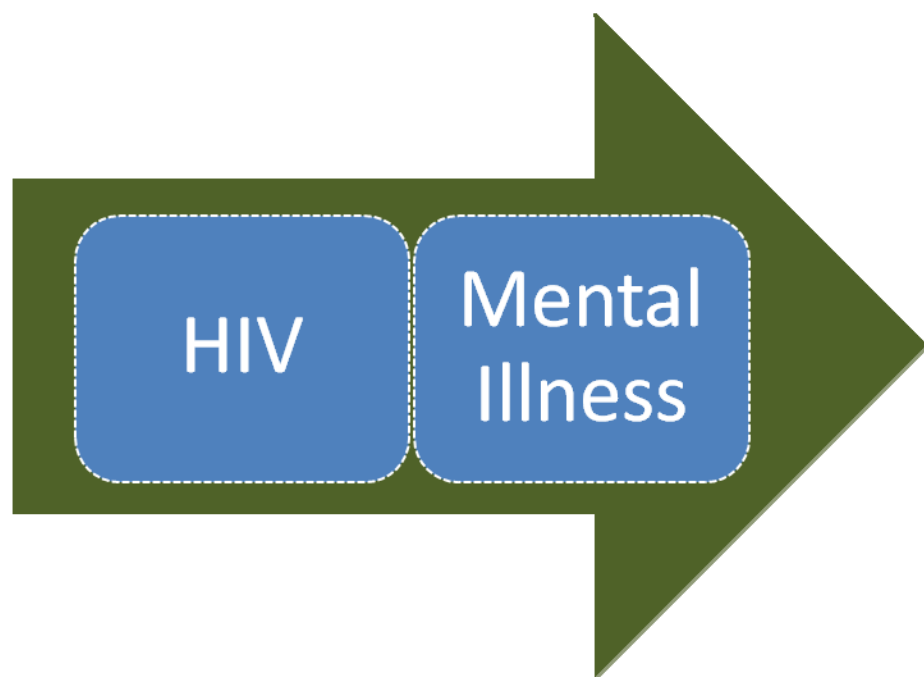
Social Factors:

- *Poverty
- *Employment
- *Loss / stigma
- *Access to services





- “Loss of Wellness”
 - Delayed initiation of ART
 - Erratic Adherence
 - ?Decreased retention in care
 - Increased mortality in PLWHA with MI
 - Faster progression to AIDS (with impact on services)

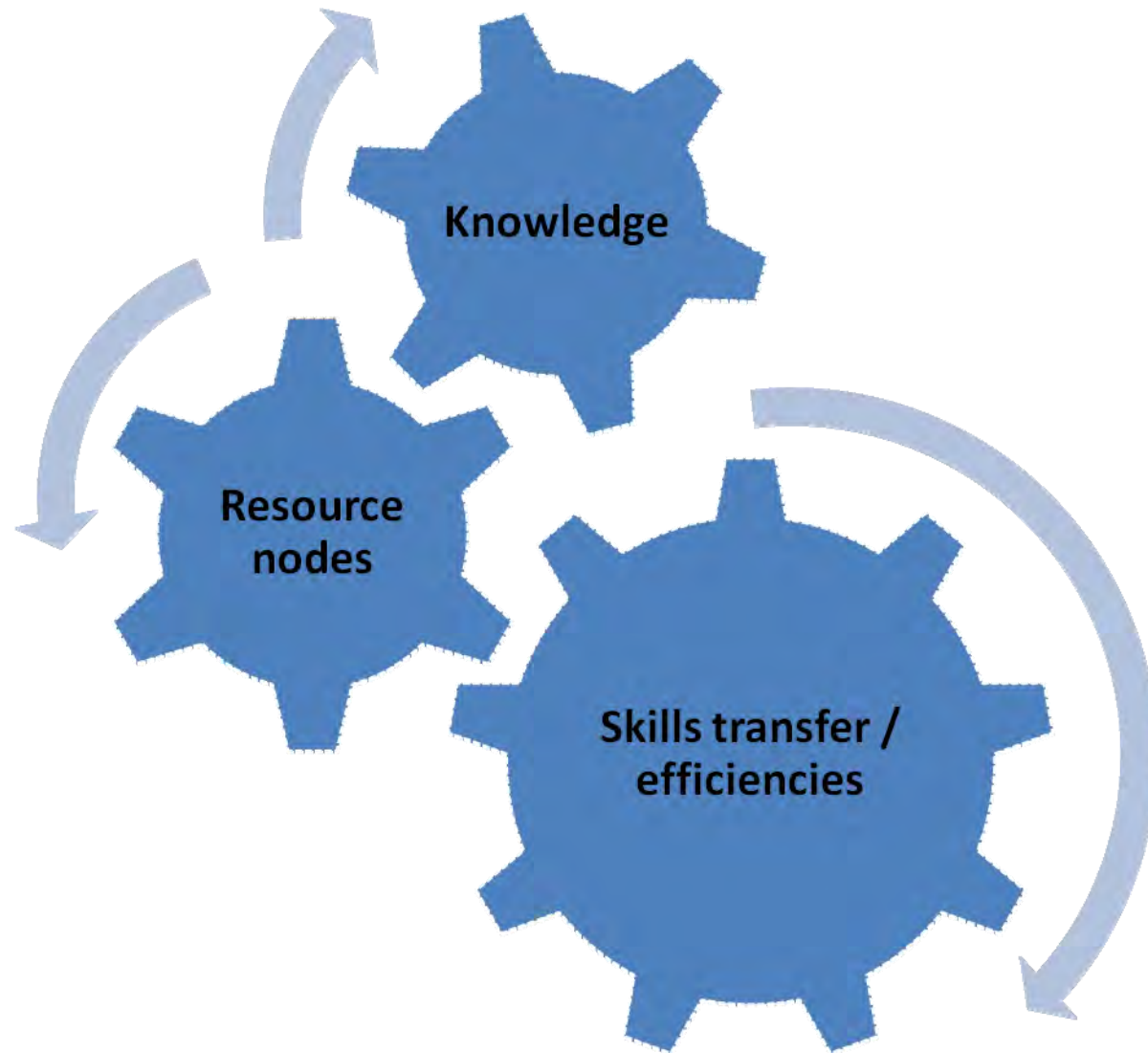


- Improving Outcomes

- Delayed initiation of ART:
Screening, Diagnosis and Treatment at entry
- Erratic Adherence: TF and Annual Screening
- ?Decreased retention in care:
Integration of MH approach at all levels
- Raising awareness of “treat-ability” of MI with all stakeholders



Generating An Integrated MH/HIV Service



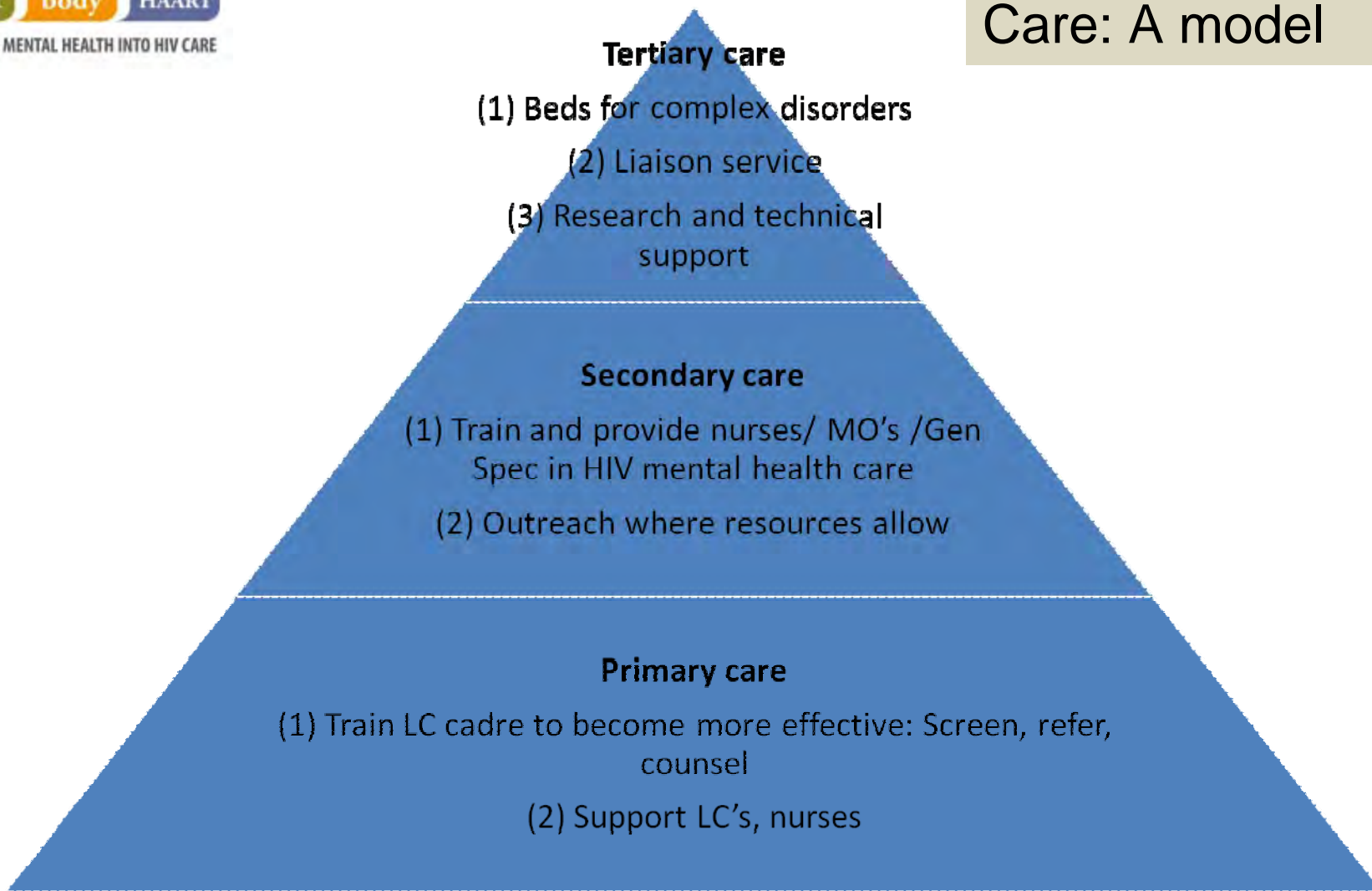


HIV and Mental Health: Integration in Care

- Integration:
 - All HIV providers need to offer MH services
- Co-location:
 - MH services need to occur same place and ideally same visit
- Skills:
 - All HIV providers require the skills, knowledge and support needed to provide this



Integration in Care: A model





- “For people to engage in healthy sexual partnerships; to seek treatment timeously; to cope with the diagnosis of HIV; to engage with treatment programs fully and effectively:
- Services must be ready to address the burden of mental disorders, maladaptive coping and stigma”
- “No Health Without Mental Health”



www.hivmentalhealth.co.za

