Integration of Mental Health and Wellbeing into HIV Prevention and Treatment Research and Practice

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## Integration of Mental Health and Wellbeing into HIV Prevention and Treatment Research and Practice

- What do we mean "and wellbeing"?
- Why are we talking about mental health and well-being in the context of HIV care and prevention?
- How can we get to goals for mental health and well-being?

#### **Key Messages**

- Well-being should be a part of our work
- Challenges to mental health (MH) and wellbeing have created a global crisis
- Amplified crisis for people with and at risk for HIV because of overlapping social/structural determinants
- MH and well-being interventions tailored to people with and vulnerable to HIV are available AND
- New approaches that are local and community driven are needed

## Mental Health and Wellbeing

- What do we mean "and wellbeing"?
- Why are we talking about mental health and well-being in the context of HIV care and prevention?
- How can we get to goals for mental health and well-being?



#### **Mental Health and Well-being**





**Mental Health** 

men·tal health

a person's condition with regard to their psychological and emotional wellbeing.

#### Well-being

well-be·ing /'wel\_bēiNG, wel'bēiNG/

the state of being comfortable, healthy, or happy.



Mental health includes our emotional, psychological, and social **well-being**. It affects how we think, feel, and act, and helps determine how we handle stress, relate to others, and make choices.- SMHSA

#### **Mental Health and Well-being**



Mental health includes our emotional, psychological, and social **well-being**. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.---CDC

Mental health is a state of mind characterized by emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life.---APA

a person's condition with regard to their psychological and emotional well-

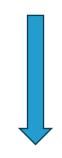
being.

Well-being well-being /'wel\_beiNG, wel'beiNG/ Mental health is 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. **It is an integral component of health and well-being** that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. -WHO

the state of being comfortable, healthy, or happy.

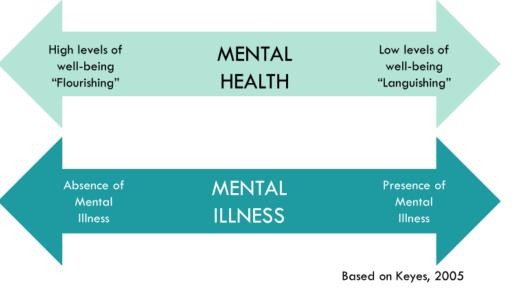


#### Mental Health VERSUS Well-being



- Improvement from Mental Illness approach
- Concerns emerge over reliance on "health" (medical model)
- Retains historical association with presence/absence of illness
- Diagnosable conditions
- Stops short of positive

# The same and different





#### Mental Health VERSUS Well-being





- Improvement from Mental Illness approach
- Concerns emerge over reliance on "health" (medical model)
- Retains historical association with presence/absence of illness
- Diagnosable conditions
- Stops short of positive

- Positive psychology and frameworks
- Sense of self and connection
- Stability, coping, happiness, confidence, balance, grounding
- And... social well-being (sense of belonging to a community)



#### Mental Illness/ Health

VS.

#### Mental Wellness/ Well-being

**Pathogenic** 

**Clinical Care** 

Stigma, Isolating

**Scientific & Objective** 

Salutogenic

**Self Care** 

**Empowering, Shared Humanity** 

**Personal & Subjective** 



Not a simple continuum from mental illness to wellness.



Mental illness and wellness can co-exist.



Mental wellness can mitigate mental illness.

Source: Global Wellness Institute

#### Mental Illness/ Health

VS.

#### **Mental Wellness/** Well-being

an approach to wellness focusing on health and not on disease

**Pathogenic** 

Clinical Care

Stigma, Isolating

Scientific & Objective

Resilience Resistance Salutogenesis Safety

An assets approach

Hardiness

Empathy (Eisenberg)

Learned resourcefulness

Gratitude

(McGullough)

(Rosenbaum)

Learned optimism (Seligman)

Learned hopefulness (Zimmerman)

Sence of coherence (Antonovsky)

Men

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Emotional intelligence (Goleman, Akerjordet et al)

Cultural capital (Bourdieu)

Self-efficacy

(Bandura)

Quality of Life (Lindström)

Connectedness

Flourishing (Keyes)

(Kobasa)

Social capital

(Putnam)

Resilience

(Werner)

Action (Klein) competence (Bruun Jensen)

Locus of control (Rotter)

Coping (Lazarus)

Wellbeing

Humour

(Martin)

Will to meaning (Frankl)

Empowerment

(Freire)

Ecological system theory (Bronfenbrenner)

Interdiciplinarity

Attachment (Bowlby)

Source: Global Wellness Institute

to wellness.

Not a simple

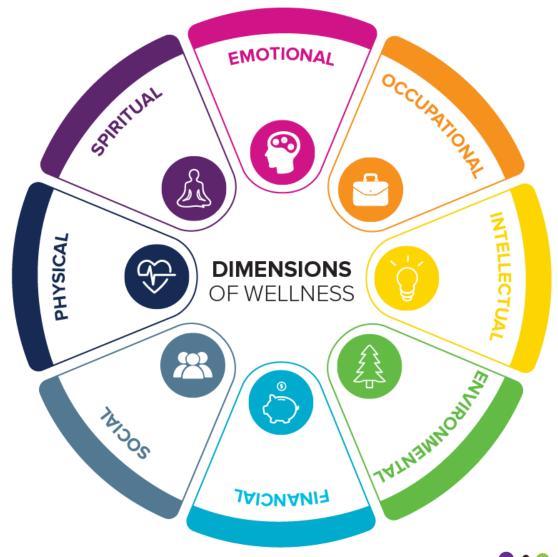
mental illness

continuum from

https://www.sciencedirect.com/topics/social-sciences/salutogenesis

#### Mental Health and Well-being

"the capacities of each and all of us to feel, think, and act in ways that enable us to value and engage in life." -Wren-Lewis & Alexandrova 2021





"Clinically significant disturbance in an individual's cognition, emotional regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes that underlie mental and behavioral functioning."

[Neurodevelopmental disorders; ADHD; Autism]

"Severe mental health problems and strain, impaired functioning associated with distress, symptoms and diagnosable mental disorders." [Schizophrenia; bipolar disorder]

Mental disorders

Mental illness

Mental health problems

"A broad concept covering both less serious mental strain and more severe symptoms, fulfilling criteria for a diagnosable mental illness"

"State of being in which an individual realizes their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"

**hedonic** (happiness or pleasure)

## Wellbeing (mental health)

eudemonic (striving for, achieving something more—either personal growth or something outside the self)



MAIN POINTS HERE...
We should be talking about mental health problems, disorders and illness...

We urgently need to attend to these!

We can also be engaging in promotion of well-being across the spectrum of mental health functioning *if and when ever possible* 

...and it is arguably <u>always</u> possible

Mental health <u>AND</u> Well-being pushes beyond the individual and promotes cultural inclusivity

Mental disorders Mental illness Mental health problems

Wellbeing (mental health)



Figure 2.2: A dynamic model of mental well-being for assessing mental well-being impact

Resulting in and Influenced by access to resources...

The four protective factors are influenced by population Environment Meaningful activities characteristics, wider MEANINGFUL ACTIVITY - Employment - Volunteering determinants and the core **ENVIRONMENT** Public SpaceGreen Space economy. All of which are Safe play space Spirituality influenced by levels equity Neighbourhood and social justice. **Quality Food** CLASS Safety GOOD QUALITY PHYSICAL SECURITY RESILIENCE/ COMMUNITY ASSETS FOOD – Affordable – Healthy - Housing - Safety at home - Safe in Accessible Neighbourhood Mental Health GENDER Embedded and well-being in/Interacting with **Transport** 1. Family TRANSPORT – Affordable Leisure Accessible CONTROL 2. Neighborhood LEISURE - Arts & Creativity Sustainable - Culture 3. Community Sports AGE 4. Civil Society Economic Civil Society 5. Home Education FINANCIAL SECURITY EDUCATION - Life long Income - Credit Wealth Learning



#### 4 Core Factors

- 1. RESILIENCE and COMMUNITY ASSETS
- 2. PARTICIPATION
- 3. CONTROL
- 4. INCLUSION

That are challenged or amplified by positionality in

- 1. Class
- 2. Ethnicity
- 3. Gender
- 4. Ability
- 5. Age
- 6. Sexuality
- 7. Health

Source: Lynne Friedli



#### Mental Health and Well-being...

We use both here to appreciate the complexities of the many factors that influence our lived experiences and to advocate for efforts to include well-being





The Global AIDS Strategy calls for 90% of people living with HIV and people at risk...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.--- WHO

## Mental Health and Wellbeing

 Why are we talking about this in the context of HIV care and prevention?



## Challenges to mental health and well-being are present around the world

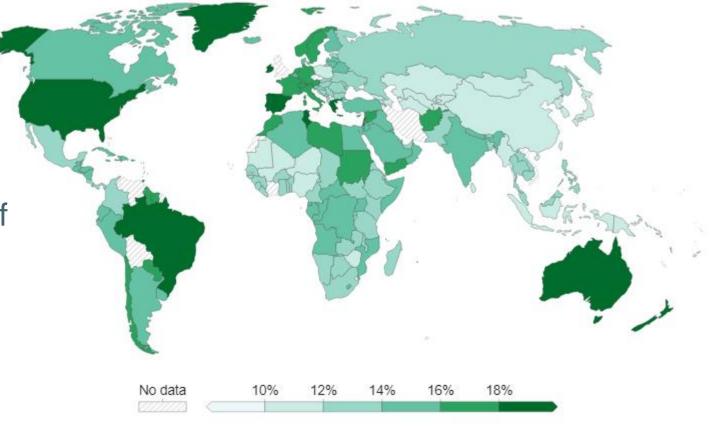
#### Share of population with mental disorder, 2021



Share of population with any mental health or development disability disorder, not including alcohol or drug use disorders. This share has been age-standardized assuming a constant age structure to compare prevalence between countries and through time. Figures attempt to provide a true estimate (going beyond reported diagnosis) of prevalence based on medical, epidemiological data, surveys and meta-regression modelling.

Burden of mental health challenges

Dark green= 18% or more of population



https://ourworldindata.org/grapher/sharewith-mental-health-or-developmentdisorder

Data source: IHME, Global Burden of Disease (2024)

## Global Mental Health Crisis

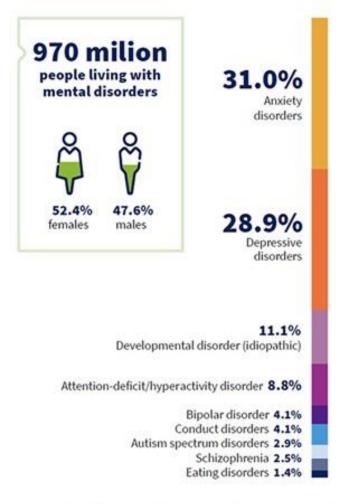
- 970M people affected
- 1 in 4 people will experience a mental " course
- 1 in 7 youth (10 to 19) have a mental he 24M Schizophrenia
- 1 in 5 people in conflict/war environme 14M Easting Disorders health disorder (114M people line in co
- Estimate cost of mental health disorde 2030

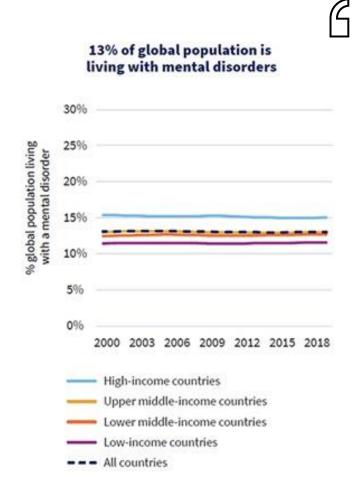
#### **WHO 2019 Estimates**

- 280M Depression
  - 23M children and adolescents
- 40M Bipolar Disorder
- - 3M children and adolescents



## Global Mental Health Crisis





mental disorders remained among the top ten leading causes of burden worldwide, with no evidence of global reduction in the burden since 1990.

Global Burden of Diseases, Injuries, and Risk Factors Study (GBD)

https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366%2821%2900395-3/fulltext#fig2

AIDS Clinical Trials Network



## MH Service Crisis

- An estimated 70-75% will not receive treatment globally
- An estimated 85% do not receive care in low and middle income countries go without care— Endale et al 2020
- Africa averages 1.4 mental health workers per 100,000 people (versus a global average of 9 per 100,000)
- Mental health care in many countries rely on out of pocket payments
- Many countries have no or below 5% government allocation for

mental health expenditures

Severe MH stigma impacting service

Accessing Mental Health Services in Africa: Current state, efforts, challenges and recommendation

Aderinto Nicholas\* and Opanike Joshua

Department of Medicine and Surgery, Ladoke Akintola University of Technology, Ogbomoso, Nigeria

Oladipo Elizabeth

Department of Medical Laboratory Science, Federal Neuropsychiatric Hospital, Yaba, Lagos, Nigeria

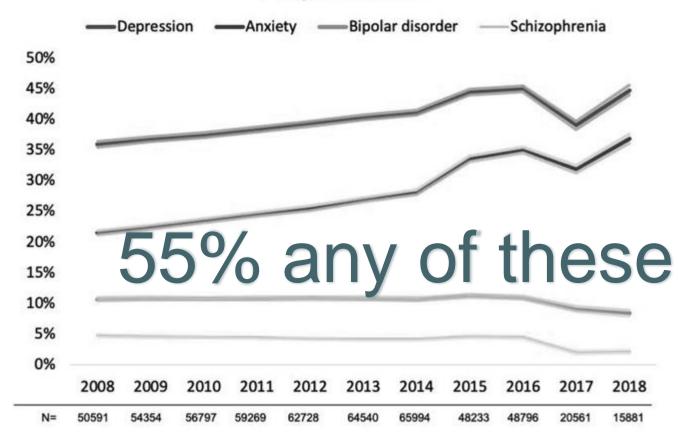
Mental health challenges and low investment in well-being is particularly consequential in efforts to support PWH and reduce vulnerabilities to HIV.



#### **Mental Health and HIV**

- Mental Health challenges (disorders) are more common among PWH (~3 times higher)
- Those with mental health challenges have 4 to 10 fold higher risk for HIV acquisition

#### Prevalence of Mental Health Disorders among People with HIV



Lang et al 2022 reported diagnoses among over 122K people in the North American AIDS Cohort Collaboration

Lifetime prevalence of any MHD US 46%



#### Mental Health and HIV- Reasons for concern

- Mental Health Challenges are experienced more commonly among adults and youth at risk for or living with HIV
- Depression estimated to impact 24% of PWH in sub-Saharan Africa (compared to 3% in general population)
- A US study reported 48% of PWH had substance use disorders
- Youth have higher prevalence of anxiety and depression
- PWH are more likely to report suicidal thoughts and to die from suicide
- -13% of older adults with HIV experience major depression
- Often goes undiagnosed and untreated
   WHO Integration of mental health and HIV interventions: Key considerations



#### Mental Health and HIV- Reasons for concern

 Social and structural determinants elevating risk for HIV are similar to those that elevate risk for challenges to MH and wellbeing



## MH, well-being and health among YLWH

- Poverty
- Food and housing insecurity
- Recurring healthcare expenses for youth with

Ssewamala et al., 2023; Stelmach et al., 2021; Katana et al., 2020; Lentoor, 2019

- Disparities in healthcare access
- Barriers to transition from pediatric to adult clinics

Bhana et al., 2021; Cluver et al., 2022; Poku et al., 2023; Tassiopoulos et al., 2020; Sudjaritruk et al. 2021 Mental Health and Health Challenges AYAHIV

- Limited access to educational resources
- Education disrupted due to health and economic factors

Buda et al., 2021; Shiau et al., 2020; Kimera et al., 2020; Merville et al., 2021

- Early loss of caregivers
- Familial substance use & mental health problems
- Discrimination and HIVrelated stigma

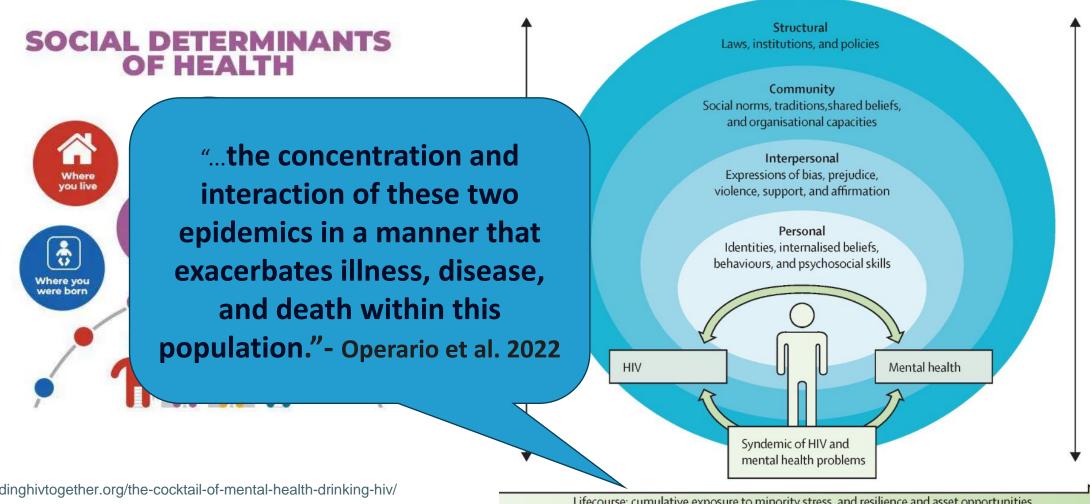
Aurpibul et al., 2021; Sirois et al., 2022; Merril et al., 2020; Perez et al., 2022; Cluver et al., 2022

- Disadvantaged communities
- High rates of neighborhood violence and crime
- Exposure to trauma

Kang et al., 2011, 2019; Sherr et al., 2021; Merrill et al., 2021



### **Shared determinants for Mental Health Challenges and HIV**syndemic



https://endinghivtogether.org/the-cocktail-of-mental-health-drinking-hiv/

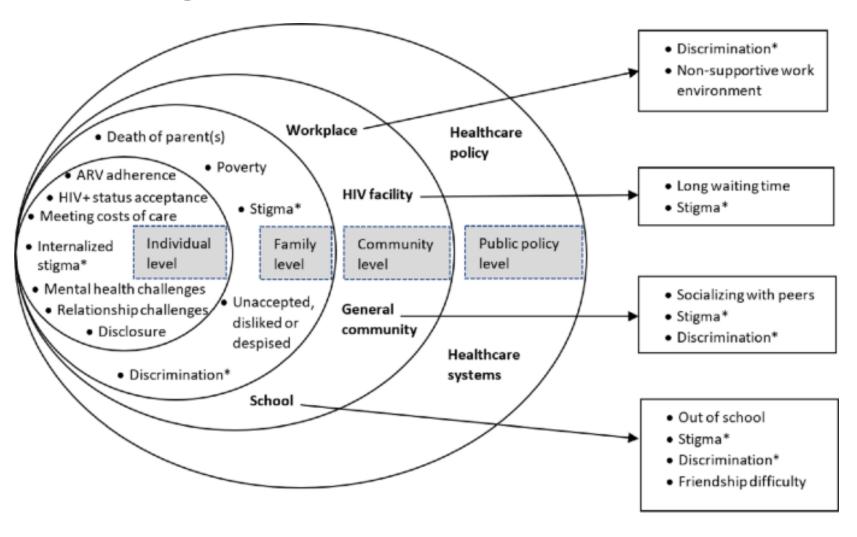
Lifecourse: cumulative exposure to minority stress, and resilience and asset opportunities

## Challenges can disrupt HIV prevention and care

Mental health conditions can delay access to and outcomes of HIV prevention, testing and linkage to care. They can also reduce adherence to and retention in HIV treatment and care.--WHO



## Challenges can disrupt HIV prevention and care



- Qual study with 22 young adults LWH in rural Kenya
- Mental health influenced by LWH
  - Challenged adherence



#### **Protective Factors**

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Ssewa al., 20 2019\_

#### Medical

- Connections to providers
- Support services
- Frequent monitoring

#### **Family Systems**

- Family functioning
- Caregiver-youth relationship, communication, involvement
  - Family social support

#### Adolescent Development

- · Self-esteem, coping
- Future orientation, Cognitive functioning

# Mental Health and Health

#### Socio-economic Factors

 Caregiver and AYA access to resources

#### **Environment**

- Less neighborhood stress
- Less exposure to violence

#### Bhana e Poku et 2020; S

#### Peers

- Better peer norms re: substances and conduct
  - Support

#### Trauma and Stressful Life Events

Fewer major life events

Bather, 2021; Cluver, 2022; Hermetet-Lindsay, 2017; Judd et al., 2020; Kacenek, 2016; Kang, 2012; Liotta et al., 2023; Marhefka, 2008; Mellins, 2009, 2011, 2017; Morrison et al., 2024; Mutumba, 2016; Nichols,

#### Poku et al 2024

## well-being promotes better HIV outcomes and whole-person perspective

Social Support Pos Reappraisal Resilience Safety

Positive coping **Spirituality** Resistance

• Increasingly – work is including resilience, resistance, resources, life satisfaction, social influence, community connectedness, joy, satisfaction...

"Imany youth living with or affected by HIV do not merely survive but thrive.- Harrison & Li 2019

<sup>E</sup>resilience is an important resource that can aid WLWH in coping constructively with adversity by capitalizing on intrapersonal traits and states, interpersonal and institutional resources, and spiritual and/or religious practices. - Fletcher et al 2020

**GG...many AYAHIV have shown resilience with positive assets and resources** and few health or mental health problems.-Poku et al 2024

## Mental health and well-being are critical parts of one's life experience and prevention and treatment of HIV

Why prioritize mental health and well-being in HIV prevention and care?

We posit that it will be impossible to significantly 'bend the curve' and approximate an ending of the HIV epidemic without dramatically altering our approach to diagnosing and addressing comorbid mental health (including substance use) problems among people most vulnerable to HIV. – Remien et al 2019

Being able to thrive, flourish, and live life fully is critical to human dignity and community health.

Follow guidelines and efforts to meet MH and well-being "targets"

Why prioritize mental health and well-being in HIV prevention and care?



#### **Global AIDS Strategy**

By 2025, 90% of people living with HIV or at risk will be connected to integrated services for mental health and other needs

#### **PEPFAR**

Pillar 1

Health Equity for Priority Populations: Prioritize the use and collection of national **mental health data** to characterize potential barriers and identify potential gaps in health equity (including stigma and discrimination) that may prevent priority populations from accessing HIV and TB services.

#### Pillar 2

Sustaining the Response: In collaboration with the Ministries of Health, ensure comprehensive **mental health and substance use disorder services** (recognized as a key element of UHC) are **accessible** at all PEPFAR-supported facilities. Such services include mental health screening, psychologic treatments, psychosocial support, referrals, and psychiatric medications.



## Integration of mental health and wellbeing in HIV prevention and care can help reach goals

Calls from WHO, UNAIDS, PEPFAR, CDC, others for integration of mental health care within HIV care and prevention services.

- Integration into existing services
  - -Cost savings/efficiencies
  - Can normalize MH needs when integrated into common services
  - -Allows for screening and differentiated service delivery
  - Can maximize reach of support if co-located within systems serving populations in need

What and how are only now taking shape.



## Integration of Mental Health and Well-being

Considerations for supporting mental health and well-being?

- What to integrate?
- How to integrate?
- Consider how IMPAACT can contribute



Adapting evidence-based MH interventions to local context and delivery by those with training (versus those with MH degrees) Nurses, CHWs, Peers

Examples of success with

CBT (with adherence and depression focus) in South Africa-

Safren et al 2021

Problem-solving therapy

Parent-focused interventions

Ongoing work with facilitated trauma groups, vocational, family, neighborhood interventions, and poverty relief

From surviving to thriving: Integrating mental health care into HIV, community and family services for adolescents living with HIV (Cluver et al 2022)

https://pubmed.ncbi.nlm.nih.gov/35750063/

The social determinants of mental health and disorder: evidence, prevention and recommendations (Kirkbride et al 2024)

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10786006/

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Overview of recommendations for action to intervene on social determinants to improve population ments and reduce inequities in mental health problems  $\mathsf{HIV}$ 

- 1. Make social justice central to all public mental health interventions. Mental health problems are inequitably distributed between and within populations, principally arising from systemic structural inequalities. Making social justice core to all public mental health interventions and policies would reduce these inequities.
- 2. Invest in interventions that pay off in multiple domains. Few social determinants solely affect mental health. Investing in interventions that target key social determinants will improve physical, mental and social outcomes for individuals and communities.
  Intervention programs should routinely measure mental health alongside these other outcomes.
- 3. Invest in interventions that target critical windows of the life course to interrupt intergenerational transmission of mental health inequalities. Providing good-quality and accessible parental and familial support early in life can interrupt the intergenerational transmission of mental health inequalities within families or communities.
- 4. Prioritize interventions that focus on poverty alleviation. Any comprehensive public health approach to reduce the burden of poor mental health must include efforts to reduce poverty. Poverty is inextricably linked to most social determinants of mental health, and could be considered a root cause.
- 5. Strengthen causal inference in research on social determinants of mental health

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#### Promote Inclusivity (radically)

The field and practice of psychopathology (psychiatry and psychology) has a history of use for **oppression** and **violence** leading many to call for concerted efforts to **decolonize mental health** 

- Decentering Global North and Western ideologies about mental health, challenges, and illness
- Center indigenous stories and strategies
- Consider healing from diverse perspectives
- Challenge the absence of traditional healing practices from the evidence base
  - o Connection to land, ceremonies, elders, sport, art



Expansion of approaches

Much of the current evidence-base for MH interventions focus on addressing mental health challenges or diagnosed conditions...and originate from Global North and West

#### **MUST ASK**

What is not in the evidence base because it was excluded (systematically, intentionally)?

Indigenous knowledge & healing



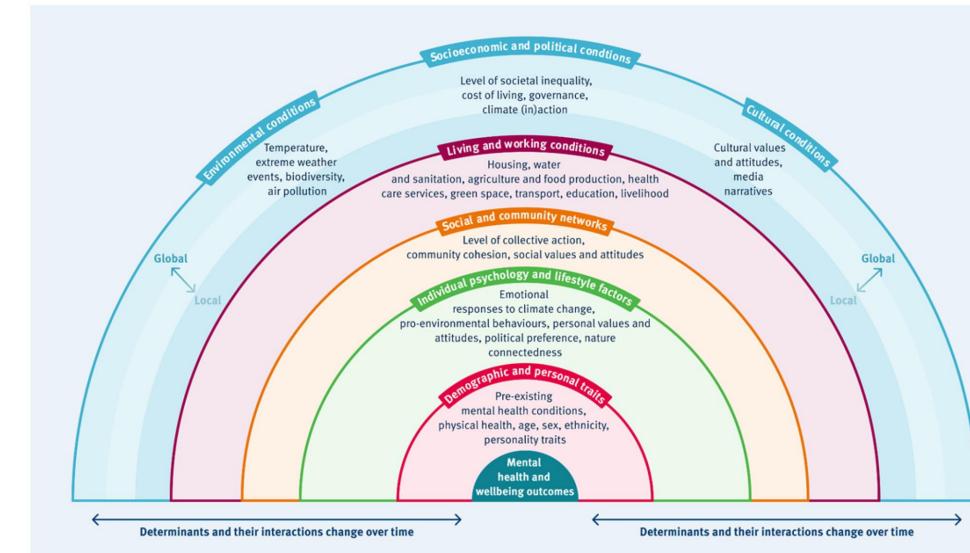
Expansion of understanding of multiple determinants *deserving of intervention* 

- Include well-being!
- Think about how we determine intervention features and "targets"
- Challenge neo-liberal notions of what "should" be included in interventions
  - Economic "incentives" vs stabilizing economic security
  - Why don't we bundle medication with food?
- Expand our understanding of how planetary global events shape mental health and well-being



Expansion of understanding of multiple determinants deserving of

intervention



Interventions, programs and services for improvement or sustainment of well-being are less well represented in the literature

IMPROVING OR SUSTAINING WELL BEING

Environment

Meaningful activities

**Quality Food** 

Leisure

Education

Economic

Safety

Neighbourhood deprivation

Social Capital

Social and emotional functioning

Warwick Edinburgh Mental Well-Being Scale

Social Support

Pos Reappraisal

Resilience

Safety

Positive coping Spirituality

Resistance



## How to integrate

#### Effects of integrating MH in HIV programs?

- 29 Published Articles
  - 23 from higher/6 from lower resourced countries
- Focus largely on integration within single facility
- Reduced
  - Depression
  - Alcohol use
  - Self-stigma
  - Psychiatric symptoms
  - MH stigma in facilities
- Increased
  - Social functioning
  - Positive mood
- Highlighted promising results from task shifting

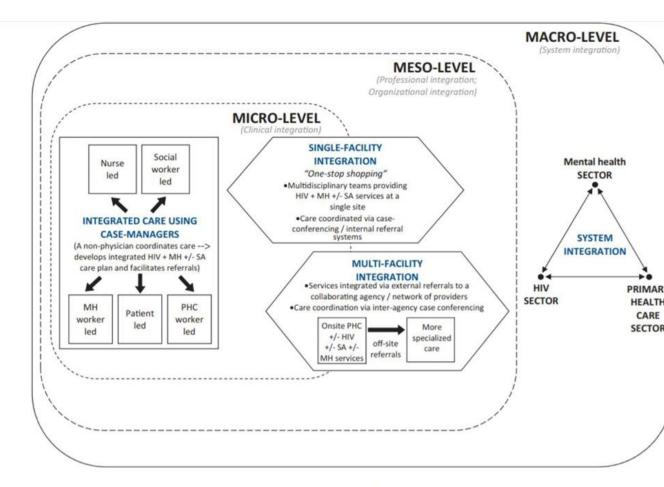


Fig. 2 Integration models for HIV, mental health, and substance abuse services[9]

## How to integrate

Community driven, participatory, grounded

Community and culture-grounded approaches to mental health science, research and promotion are needed to correct for decades of exclusion.

Investment in whole-person whole-community approaches in defining integration strategies best suited for a given community.

Careful consideration of community needs and resources for mental health and well-being FIRST (not after).



## How to integrate

Expansion of evidence base to include global/local (glocal) interventions

- ©© One approach to decolonizing mental health care in Africa is the move toward a critical and "context-based" approach to mental health—Network Approach to Mental Health Alemu, Osborn, Wasanga 2023
- The field of global mental health will likely continue to be informed by evidence and perspectives originating increasingly from low- and middle-income countries along with ongoing global events and centering of relevant stakeholders. -- Moitra et al 2023

Global Mental Health: Where We Are and Where We Are Going https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10230139/



## What and How to integrate?

Create strategies for integration, intervention and support that are the result of partnerships between communities, affected individuals and their loved ones, mental health providers, and other stakeholderscelebrate complexities of well-being.



## Integration of Mental Health and Well-being

- Include measures of MH and well-being in studies to characterize prevalence, need, resources, and potential impact of treatments under study
- **g?**
- Don't stop at mental health problems, invest in understanding if and how aspects of well-being influence outcomes (including adherence and retention)
- Make investments in improving well-being when needed (ask about unmet need, link to services, provide services)
- Contribute to the science of identifying effective mental health and well-being interventions for mothers and children
- Consider how IMPAACT can contribute



### Any questions/comments/discussion?



You can find me at ramico@umich.edu

Without addressing mental health, there will be no end to HIV or to TB.

HIV, TB and mental and substance-use disorders are inextricably linked -

Poor mental health is a risk factor for HIV and TB infection.

Once infected, having HIV and/or TB is a huge risk factor for developing mental disorders.

In times of intense crisis, such as COVID-19, it is understandable that research is heavily directed towards addressing the ways in which people are wounded and weakened. However, this need not come at the expense of also investigating the ways in which people are sustained and strengthened.—Waters et al 2021

