HIV and Mental Health

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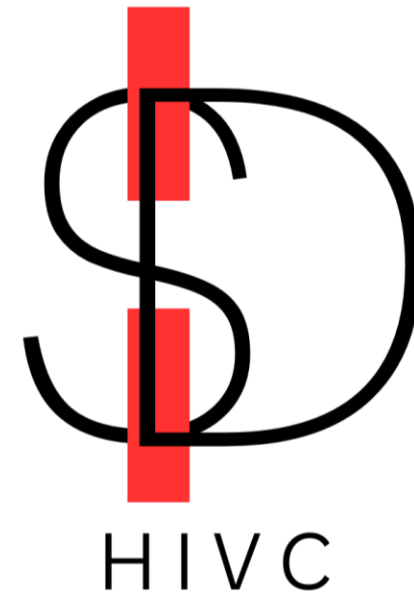

www.sdhivc.org

What is mental health?

- Mental health is part of health.
- Many in our San Diego community prefer to talk about mental health wellbeing, to promote maintaining mental health, and preventing mental health problems.

Ask your provider for Mental Health Screening.

- PHQ-2
- PHQ-9
- Recommended by Lorraine Cheng, check email.

Mental Health

- As efforts to end the AIDS epidemic intensify, communities of people living with, at risk of or affected by HIV, clinicians, researchers and advocates are increasingly calling for attention to support mental health and well-being in the context of HIV prevention, treatment and care.
- This requires a holistic approach to person-centered HIV services that ensures HIV prevention, treatment and care address the needs of people with mental, neurological or substance use conditions in all their diversity. (WHO, 2022)

Outline

Anything new with :

1) Ask your provider for Mental Health Screening.

Diagnoses, eg, depression in HIV?

2) therapeutics?

3) Prevention?

4) Non medical therapies

5) Understanding, pathogenesis—UCSD abs IAS 2024 Munich, probably not HIV causing depression. Probably PTSD from life events that also increase risk of HIV.

6) Integating Mental health into HIV services

7) What happened during covid pandemic to PLH?
8) Mental Health Challenges in PLH

9) Interventions to improve mental health in HIV.

Mental health challenges for people with HIV

- In 2022, 27% of people with HIV who needed mental health services didn't receive them. People with HIV are at higher risk of mental health conditions, such as depression, due to HIV-related stress.
  - https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-mental-health#:~:text=Are%20people%20with%20HIV%20at,recover%20from%20poor%20mental%20health.
  - ____
    More work is needed to meet national quality of life goals—including physical health, mental or emotional health, and housing, financial, and food security—and HIV stigma. In 2022, 70% of people with HIV reported good or better self-rated health and 27% had unmet needs for mental health services among those with a need. People with HIV experienced challenges with unstable housing or homelessness (18%), unemployment (11%), hunger/food insecurity (19%), and with HIV stigma.
  - https://www.cdc.gov/hiv-data/mmp/behavioral-clinical-characteristics-pwh.html#:~:text=At%20a%20glance,%25)%2C%20and%20with%20HIV%20stigma.
-

Mental health and COVID-19

- A study found that during the COVID-19 pandemic, nearly one-third of people with HIV experienced worsened mental health. The main reasons for this were concerns about COVID-19, social isolation, and anxiety/stress.

- People with HIV (PWH) are at risk for adverse mental health outcomes, which could be elevated during the COVID-19 pandemic. This study describes reasons for changes in mental health among PWH during the pandemic. Data come from closed- and open-ended questions about mental health changes from a follow-up to a cohort study on PWH in Florida during part of the COVID-19 pandemic (May 2020–March 2021). Qualitative data were analyzed using thematic analysis. Among the total sample of 227 PWH (mean age 50.0, 49.7% men, 69.2% Black/African American, 14.1% Hispanic/Latino), 30.4% reported worsened mental health, 8.4% reported improved mental health, and 61.2% reported no change. The primary reasons for worsened mental health were concerns about COVID-19, social isolation, and anxiety/stress; reasons for improved mental health included increased focus on individual wellness. Nearly one-third of the sample experienced worsened mental health. These results provide support for increased mental health assessments in HIV treatment settings.

- https://pmc.ncbi.nlm.nih.gov/articles/PMC8736305/#:~:text=Abstract,assessments%20in%20HIV%20treatment%20settings.

Stigma and Discrimination

- Multiple forms of stigma (enacted, anticipated, perceived, structural and internalized stigma) and discrimination create obstacles to health and well-being for people with mental health, neurological and substance use conditions. Stigma and discrimination may be associated with HIV, substance use, mental health conditions and certain behavioral symptoms. Multiple or intersectional stigmas (e.g. stigma associated with HIV and drug use or mental health conditions) can lead to discrimination and social exclusion, making access to services difficult. (WHO, 2022)

Stigma and Discrimination

- Health-care providers may stigmatize and discriminate against people living with HIV, key populations, people with mental health, neurological or substance use conditions, and other vulnerable groups. Dismissive or disrespectful interactions with health-care workers can lead to denial or delays in services and create ongoing barriers to quality care. Health-care providers may not have the skills or training to detect psychological symptoms or may fail to take the necessary action for further assessment, management and referral even if they detect symptoms. (WHO, 2022)

Prevalence

- According to a review of the literature, the prevalence of depression across surveys of people living with HIV in sub-Saharan Africa is estimated at 24%, compared with less than 3% for the general population. A study in the United States of America found a prevalence of 48% (between-site range of 21–71%) for substance use disorders among people living with HIV linked to treatment and care. Adolescents living with HIV generally have a higher prevalence of mental health conditions (e.g. depression and anxiety) compared with their HIV-negative peers. (WHO, 2022)

Suicide Risk

- People living with HIV are significantly more likely to have suicidal thoughts and to die by suicide compared with the general population. A systemic review and meta analysis found that people living with HIV have a 100-fold higher suicide death rate compared with the general population rate. Key populations are often affected by stigma and discrimination and social marginalization, which, along with vulnerability to HIV and rights violations, lead to elevated rates of emotional distress and mental health conditions. (WHO, 2022)

Suicide Risk

- Studies and surveys have shown that lesbian, gay, bisexual, transgender and intersex (LGBTI) adolescents and young people experience high rates of mental health conditions and are at a disproportionately higher risk of suicide than other adolescents and young people. (WHO, 2022)

PWH >50yo

- As access to lifesaving HIV treatment increases, the proportion of people living with HIV who are aged 50 years and over has increased, from 8% in 2000 to 16% in 2016 and 21% in 2020. Ageing and older people living with HIV are more likely to experience mental health conditions (e.g. due to social isolation) and decline in neurocognitive performance, and they are at higher risk of developing noncommunicable diseases, including depression. An estimated 13% of adults living with HIV experience major depression. (WHO, 2022)

PWH >50yo

- HIV is associated with accelerated ageing that HIV treatment only partially reverses. Rates of age-related comorbidities, such as noncommunicable diseases (cardiovascular diseases, diabetes, depression and neurocognitive (including HIV-associated) disorders) are generally higher among people living with HIV than people without HIV. Ageing and older people living with HIV may have multi-morbidities (multiple comorbid conditions) because of HIV-related risk factors and age-related conditions. One comorbidity may increase the risk of others, and as the number of conditions increases, so does the number of medicines taken, which may lead to adverse effects on physical and mental health and cognitive functions. Substance use conditions further increase the risk of cognitive impairment. (WHO, 2022)

PWH >50yo

- Accelerated ageing among people living with HIV underlines the need for integrated screening and care for various comorbidities, including mental health and neurological conditions. This should specifically target ageing and older people through holistic and person-centered integrated approaches that focus on well-being and quality of life, in addition to health outcomes, across the life course. (WHO, 2022)

Mental Health Care Gaps

- There is increasing evidence that people with mental health conditions and substance use (especially young people, ageing people, and people from key populations) who are not accessing mental health and substance use treatment and support have limited access to and worse outcomes of HIV prevention, testing, treatment and care. (WHO, 2022)

Mental Health Care Gaps

- Although an increasing body of evidence shows that effective treatments for common mental health conditions, including depression and anxiety, and substance use conditions in people living with HIV exist and can be implemented in low- and middle-income countries, treatment and care for mental, neurological and substance use conditions are often not integrated into packages of essential services and care, including for HIV. Harm reduction services for people who use drugs also lack adequate reach and integration. (WHO, 2022)

WHO Guidelines

- Ensuring access to and uptake of HIV treatment and care for people with mental health, neurological and substance use conditions WHO recommends the following priority actions and interventions: Optimize and harmonize training of health-care providers:
- > Include key areas of HIV prevention, testing, treatment and care in specialist and non-specialist mental health training curricula, including identification and management of chronic conditions and comorbidities.
- > Ensure health and HIV service providers have the knowledge and skills required to screen for, identify and manage mental health conditions and provide psychosocial support for people seeking services and care for different health conditions, including HIV.
- > Train health-care providers to ask about use of alcohol and drugs and to offer brief intervention and psychosocial support where indicated.
- > Equip health services providers to support stigma-free adolescent-friendly, women-friendly and LGBTI-friendly health services to ensure engagement, treatment adherence, retention in care and improved outcomes.
- > Be aware that cultural factors may influence the presentation of physical and mental symptoms. Ensure access and referral to HIV prevention, testing, treatment and care in specialty treatment facilities, general hospitals and other health settings for people with mental health, neurological and substance use conditions. Provide integrated, individual needs-responsive, human rights-based services and care for people with mental health, neurological and substance use conditions:
- > Provide treatment and care services for mental health, neurological and substance use conditions and HIV in community-based and non-specialized health-care settings.
- > Increase coverage of evidence-based interventions for severe conditions. Use a network of community-based mental health services, including short-stay inpatient and outpatient services and care, care in general hospitals, comprehensive mental health centers and day care centers.
- > Ensure HIV services across the prevention, testing, treatment and care continuum are accessible for all people in need across the life course. Use continuous quality improvement mechanisms in mental health and HIV services:
- > Monitor and evaluate quality of services and implementation of programs to reduce mortality among people with mental health, neurological and substance use conditions.
- > Integrate and coordinate holistic and comprehensive services, care and support to meet the mental and physical health-care needs of people of all ages, and facilitate the recovery of people with mental health, neurological and substance use conditions.
- > Supervise and provide quality improvement training for health-care providers who deliver mental health and psychosocial support services.
- > Encourage shared decision-making for service users and providers. Increase awareness and address stigma and discrimination limiting access to services and care for people with mental health, neurological and substance use conditions, including those living with, affected by and at risk of HIV:
- > Disseminate information about mental health and substance use conditions and improve staff attitudes towards people with mental health, neurological and substance use conditions.
- > Engage constructively with the media to ensure non-stigmatizing portrayal of people with mental health and neurological conditions, people who use drugs and people with harmful use of alcohol.

Global AIDS Strategy

- The global HIV targets for 2025 in the Global AIDS Strategy 2021–2026 and the United Nations Political Declaration on HIV and AIDS include specific targets for the integration of HIV and mental health. The Global AIDS 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-centered 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, 2022)

Investing in Mental Health

- The AIDS pandemic cannot end without addressing the mental health of people living with, at risk of or affected by HIV through integrated approaches and ensuring universal health coverage. It also pays off: every US$ 1 invested in treatment for depression and anxiety leads to a return of US$ 4 through better health outcomes. Investing in mental health and psychosocial support, and ensuring the integration of mental health and HIV interventions, are critical for achieving universal health coverage, ensuring health equity and ending the AIDS epidemic. (WHO, 2022)

Interventions to improve mental health

- Interventions that can help improve mental health include:
  - Regular exercise
  - Mindfulness meditation
  - Cognitive-behavioral therapy
  - Stress management
  - https://www.hiv.gov/hiv-basics/staying-in-hiv-care/other-related-health-issues/mental-health#:~:text=Exercise:%20Regular%20exercise%20may%20help,a%20wellness%20plan%20for%20yourself.

- Exercise: Regular exercise may help improve symptoms of depressionExit Disclaimer and decrease stress. When you exercise, your brain releases chemicals called endorphins. These chemicals help improve your mood.
- Meditation: Recent studies suggest that mindfulness meditation can help ease depression, anxiety, and stress.
- Other interventions such as cognitive-behavioral therapy and stress management can help to promote your mental health.

Intervention and Services

- Tools to address mental health, neurological and substance use conditions include psychosocial and pharmacological interventions. Some psychosocial interventions are sufficient on their own to support well-being and quality of life and reduce distress. Pharmacological interventions may be needed for more severe conditions. They can be used along with psychosocial interventions when necessary and should be monitored alongside delivery of antiretroviral therapy for people living with HIV. (WHO, 2022)

Integrating mental health services

- A publication by WHO and UNAIDS emphasizes the importance of integrating mental health services into HIV care. The Global Fund to Fight AIDS, Tuberculosis, and Malaria's 2023–2028 strategy also recognizes the importance of mental health services in ending HIV.

- 1) Prioritizing Mental Health within HIV and Tuberculosis Services in PEPFAR
- Volume 30, Number 4—April 2024
- https://wwwnc.cdc.gov/eid/article/30/4/23-1726_article#:~:text=In%20the%20same%20year%2C%20the,HIV%20and%20TB%20(17).
- **2) Integrating HIV and mental health services for better overall health**
- https://www.who.int/news/item/02-05-2022-integrating-hiv-and-mental-health-services-for-better-overall-health#:~:text=2%20May%202022,t%20have%20to%20be%20expensive.%E2%80%9D
- https://www.who.int/publications/i/item/9789240043176
- https://iris.who.int/bitstream/handle/10665/353571/9789240043176-eng.pdf?sequence=1

Substance Abuse Interventions

- > Core evidence-based treatment, pharmacological and psychosocial interventions can be integrated into HIV services. Interventions may include (WHO, 2022):
- – Screening, brief interventions and referral to treatment.
- – Harm reduction services for people who inject drugs (in particular, needle and syringe programs and opioid substitution therapy).
- – Management of acute substance intoxication and substance withdrawal.
- – Management of substance-induced mental health conditions (e.g. psychosis, depression).
- – Psychosocially assisted opioid substitution therapy with methadone or buprenorphine.
- – Pharmacological management of other substance dependence.
- – Management and relapse prevention of conditions due to use of other substances (e.g. alcohol, psychostimulants, cannabis, benzodiazepine).
- – Prevention, identification and management of substance overdose (including use of naloxone for opioid overdose).
- – Recovery management and after-care.
- > Psychosocial interventions may include:
- – Cognitive-behavioral therapy.
- – Contingency management.
- – Motivational interviewing and motivational enhancement therapy.
- – Family-oriented treatment approaches.
- – Community-based approaches (e.g. mutual-help groups, peer support).

What’s new in Mental Health in PLH

- “Bot” therapists reported at International AIDS Conf Munich July 2024.
- Many patients preferred BOT to live therapist.
- BOT therapists much more available and affordable.

- Previously stigmatized therapies:

  Psylocybin

  Ketamine

Mental Health Research in HIV

- There are currently no open mental health clinical trials for PLH in San Diego, but some are planned.
- The San Diego HIV Consortium, a program of Pozabilities, interviewed 54 PLH Oct to Dec 2024, and plans to interview another about 50 PLH.
- Almost all respondents had difficulties accessing mental health services, advocating for themselves with their medical providers, no therapists after trying for years, crises arising while waiting for mental health care. Few had suggestions about how to improve research in mental health, or felt prepared to make such recommendations.

Digital Intervention Tools

- The following digital tools have been used for mental health and psychosocial support or care, although not all have been rigorously evaluated (WHO, 2022):
- > Social networking sites with mental health content.
- > Personal health trackers enabling people to track their goals, behaviors and emotional state.
- > Mental health apps and games.
- > Meditation and mental wellness apps.
- > Online support forums for mental health and substance use conditions.
- > Online information and education.
- > Data systems to improve and manage service delivery.
- > Digital assessment, including rapid assessment tools (e.g. use of algorithms to track
- risk of suicide or mental health conditions using personal smartphone data or short questionnaires).
- > Human, computer and self-guided therapies, including chatbots basic counselling and information.
- > Virtual training and clinical decision support.

Psilocybin/Ketamine and PLH

Psilocybin

- Psilocybin therapy demonstrated feasibility, relative safety, and potential efficacy in group-therapy setting for demoralization older long-term AIDS survivor men.
- Brian T. Anderson UCSF 2020

Psilocybin

- Study findings demonstrated promise for the potential of psilocybin therapy in addressing shame, a pervasive issue among PWH that is associated with disparities in mental and physical health outcomes. Further research is needed.
- Nicky Mehtani, Scientific Reports, 2024

Ketamine

- UCSF not yet enrolling patients for “Ketamine Therapy for Methamphetamine Use Disorder & HIV” study for patients 18-69yo.
- Nicky Mehtani, MD MPH