Evidence For Action
on HIV treatment and care systems

Briefing Paper
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Screening for the mental health needs of people living with HIV

Introduction

Mental health disorders among HIV patients are important both because of the suffering they cause directly, and the negative effects they can have on adherence and disease outcomes of HIV. This policy brief summarises evidence on the prevalence of common mental health disorders (depression and/or anxiety) among HIV patients. It makes the case for routine screening of HIV patients for common mental disorders, and suggests two quick tools that are appropriate in resource-limited settings. This brief draws particularly on recent research in Zambia that assessed the level of common mental disorders among TB and HIV clinic patients, and validated two screening tools for use in this population. Finally, the policy brief emphasises the need to provide treatment and support services for those who are identified as having a mental health disorder. This brief is aimed at those who make decisions on what services are provided for people living with HIV in sub-Saharan Africa.

Levels of mental health disorders among people living with TB or HIV

Mental health and HIV are closely interlinked. People living with HIV are about twice as likely to experience mental health disorders than the general population. There seem to be several reasons for this: firstly, the difficulty of living with a chronic, life-threatening and highly stigmatised illness; secondly the direct effects HIV infection has on the central nervous system; and thirdly the side effects of antiretroviral therapy.

Major depressive disorders are very common among people living with HIV in some countries. Studies in South Africa, Zimbabwe and Uganda indicate that more than 40% of people living with HIV may have major depressive disorder. Alcohol use disorder is also common, with 7-13% of HIV patients in South Africa being dependent on alcohol.

The impact of mental health disorders

Mental health disorders are an important cause of morbidity in their own right. They are responsible for 3.2% of the burden of illness in low-income countries, and are the leading

Key Points

- Mental health disorders are an important problem for people living with HIV in sub-Saharan Africa. People living with HIV are more likely to have a mental disorder, and these conditions negatively affect drug adherence and HIV disease progression.
- HIV patients in sub-Saharan Africa should be routinely screened for common mental disorders. However, in many places this is not happening.
- CES-D and AUDIT are quick and simple tools that can be used to screen for major depressive disorder and alcohol use disorder by non-specialists or lay workers. They have been validated in a range of settings in Africa.
- More resources need to be put into ensuring that treatment services are available for people with common mental disorders in sub-Saharan Africa.

cause of morbidity in high and middle income countries. There are added complications for people living with HIV.

- There is evidence that depressive and anxiety disorders may speed HIV disease progression. These conditions are associated with decreased CD4 counts, increased viral load, greater risk for clinical decline and higher mortality.
- Mental health disorders, including alcohol use disorder, may reduce adherence to treatment. This is dangerous as it increases the chances of treatment failure and development of drug resistance.
- Mental health disorders may affect people's willingness or ability to access health care
- Mental health disorders may increase the risk of transmission or acquisition of HIV through risky behaviours

Given the large numbers of clients affected by mental disorders, and the negative impact this can have on HIV treatment outcomes, HIV treatment programmes need to include services to deal with these problems.

Barriers to providing mental health services in HIV treatment programmes

There is clearly a strong rationale for HIV treatment programmes tackling mental health disorders among their clients. However, many HIV treatment programmes in sub-Saharan Africa do not offer mental health screening or treatment. There are considerable barriers to doing so.

There is a shortage of health workers in many sub-Saharan African countries. HIV treatment programmes are often also affected by high attrition of health workers. This means that there is considerable pressure on staff to deal quickly with large numbers of patients. Appointments with clinical officers are often less than five minutes long. This makes it difficult to add additional responsibilities or tasks to already overburdened health workers.

Very few health workers in sub-Saharan Africa are skilled in detecting mental health conditions such as major depressive disorder or alcohol use disorder. Low income countries have approximately 1 psychiatrist for every 2 million people, and 1 psychiatric nurse per 625,000 people. This acts as a barrier to both detection and treatment of mental health disorders.

Specialist mental health services in some countries are weak because of lack of investment and human resources. This means that even when patients are identified as having a mental health disorder, they may not receive the treatment and support they need.

Finally, the stigma surrounding mental health disorders in some contexts may act as a further barrier, making patients reluctant to reveal their psychological state to health workers.

Steps to improving mental health provision for people living with HIV

Screening for common mental disorders

The first step to improving mental health provision for people living with HIV is to identify those with common mental disorders. The human resources limitations discussed above mean there is a need for short tools that can be used by non-specialists or lay workers to screen for common mental disorders.

The Center for Epidemiologic Studies Depression Scale (CES-D) is a short, simple tool for screening for major depressive disorder (see screening tools box). It can be administered by lay workers, and takes approximately 5-10 minutes to complete. It has been used in several African settings, including among people living with HIV in Uganda. It has been validated among people attending public sector HIV clinics in South Africa. It has also been validated among TB and HIV clinic patients in Zambia, and found to have good sensitivity and specificity, with a cut-off point of 22 and above for major depressive disorder.

AUDIT is a simple tool for identifying alcohol misuse. It is recommended by WHO for use in primary care settings. It has been validated in South Africa among public sector HIV clinic patients. It

has also been validated in Zambia among TB and HIV clinic patients. In both Zambia and South Africa it was found to have good sensitivity and specificity, with the Zambian study recommending a cut-off point of three or above for alcohol use disorder.

Providing mental health treatment and support for people living with HIV

Attention to psychosocial needs of people living with HIV should be an integral part of HIV care. Once people have been identified as having a mental health disorder, there need to be referral, and support mechanisms in place to treat them. In many places, home based caregivers do provide informal psychosocial support for their clients. However, as the mental health services for the population as a whole are often weak, formal treatment services may be inaccessible for those identified with a common mental disorder. Mental health services for the general population in Africa need strengthening to ensure all who need it can access appropriate care and support.

Effective linkages between HIV and mental health services need to be developed or strengthened, to ensure that patients of each service are able to access the other service where needed. This may include offering counselling and testing to patients of mental health services, given what is known about the links between mental health and HIV.

Another important issue is finding ways of increasing diagnosis and treatment of both HIV and mental health disorders among those who are currently not accessing either services. Most of the research to date on the links between HIV and mental health has been done among people who are already accessing health services. Little is known about how common mental health disorders are among people living with HIV who are not accessing treatment services. This may require particular attention, as people living with HIV who also have mental health disorders may face additional barriers to accessing care.

Conclusion

The burden of mental health disorders is high among people living with HIV. This is a cause of serious concern, as common mental disorders can accelerate HIV disease progression, and may reduce the effectiveness of HIV treatment programmes. This is a difficult issue to tackle, given the shortage of human resources in the health system, and particularly for mental health services. However, short screening tools that can be used by non-specialists and lay workers, such as the CES-D and AUDIT, offer a simple way of identifying those with common mental disorders. This is the first step in tackling the problems. Mental health services need to be strengthened, and effective linkages developed between HIV and mental health services, to ensure that those identified through screening are then offered appropriate treatment and support. Without these measures, morbidity and HIV mortality will remain unnecessarily high. Mental health services should be part of the package of treatment and care accessible to people living with HIV.

Screening tools

The Center for Epidemiologic Studies Depression Scale (CES-D) is a self-report scale with 20 items designed to measure depressive symptoms. This includes depressive mood, feelings of guilt and worthlessness, psychomotor retardation, loss of appetite, and sleep disturbance within the week prior to the interview. Each item is rated on a four point scale, with a minimum total score of zero and a maximum total score of 60. The CES-D scale can be found at http://www.depression-help-resource.com/cesd-depression-test.pdf

The AUDIT is a screening tool developed by WHO to identify harmful alcohol consumption. It consists of 10 questions about recent alcohol use, alcohol dependency symptoms and alcohol-related problems. It was developed and validated in multinational samples including Kenya. The AUDIT tool and guidelines on how to use it can be found at http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf

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Recommendations

- All HIV programmes should routinely screen patients for common mental health disorders.
- The CES-D and AUDIT screening tools are simple, short, can be administered by non-specialists, and have been validated in a number of settings in sub-Saharan Africa. Tools such as these should be used for screening HIV clinic patients.
- HIV programmes need to develop effective linkages with mental health services to ensure that people identified through the screening are able to access the treatment and support they need.
- Donors and national governments should provide increased support for mental health services in sub-Saharan Africa, given the high prevalence of common mental disorders and the associated morbidity and mortality.
- More research is needed on the prevalence of common mental disorders among people who are HIV positive but are not accessing care, and on ways to encourage these people to access health care.

Credits

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Recommended Readings

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Evidence For Action on HIV treatment and care systems

About Evidence for Action

Evidence for Action is an international research consortium with partners in India, Malawi, Uganda, UK and Zambia, examining issues surrounding HIV treatment and care systems.

The research is organised in four key themes:

1. What "package" of HIV treatment and care services should be provided in different settings?
2. What delivery systems should be used in different contexts?
3. How best should HIV treatment and care be integrated into existing health and social systems?
4. How can new knowledge related to the first three questions be rapidly translated into improved policy and programming?

Partners:

International HIV/AIDS Alliance, UK

Lighthouse Trust, Malawi

London School of Hygiene and Tropical Medicine, UK

Medical Research Council Uganda Research Unit on AIDS, Uganda

Medical Research Council Clinical Trials Unit / University College London, UK

National AIDS Research Institute, India

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