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# Mental Health and HIV/AIDS

**PROMOTING HUMAN RIGHTS,  
AN INTEGRATED AND PERSON-CENTRED  
APPROACH TO IMPROVING  
ANTIRETROVIRAL ADHERENCE,  
WELL-BEING AND QUALITY OF LIFE**

**Follow up to the Thematic Segment from the  
43<sup>rd</sup> PCB meeting**

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**Tim Martineau  
Director, Fast Track Implementation**



# Overview

Intersection between mental health and HIV

Background paper and key recommendations

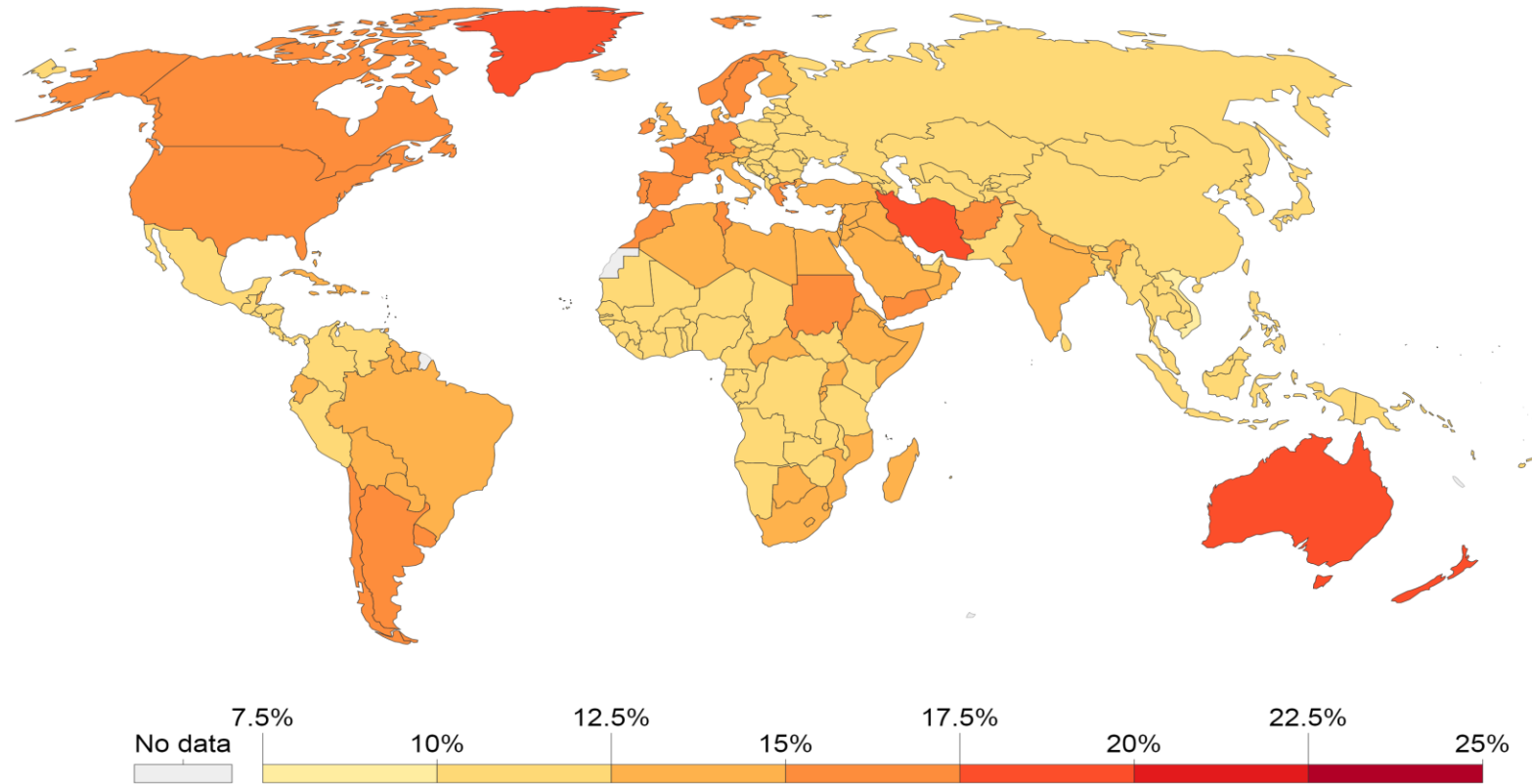
43<sup>rd</sup> PCB Thematic Segment on Mental Health and HIV/AIDS, and follow up

Justification for the proposed PCB Decision Points



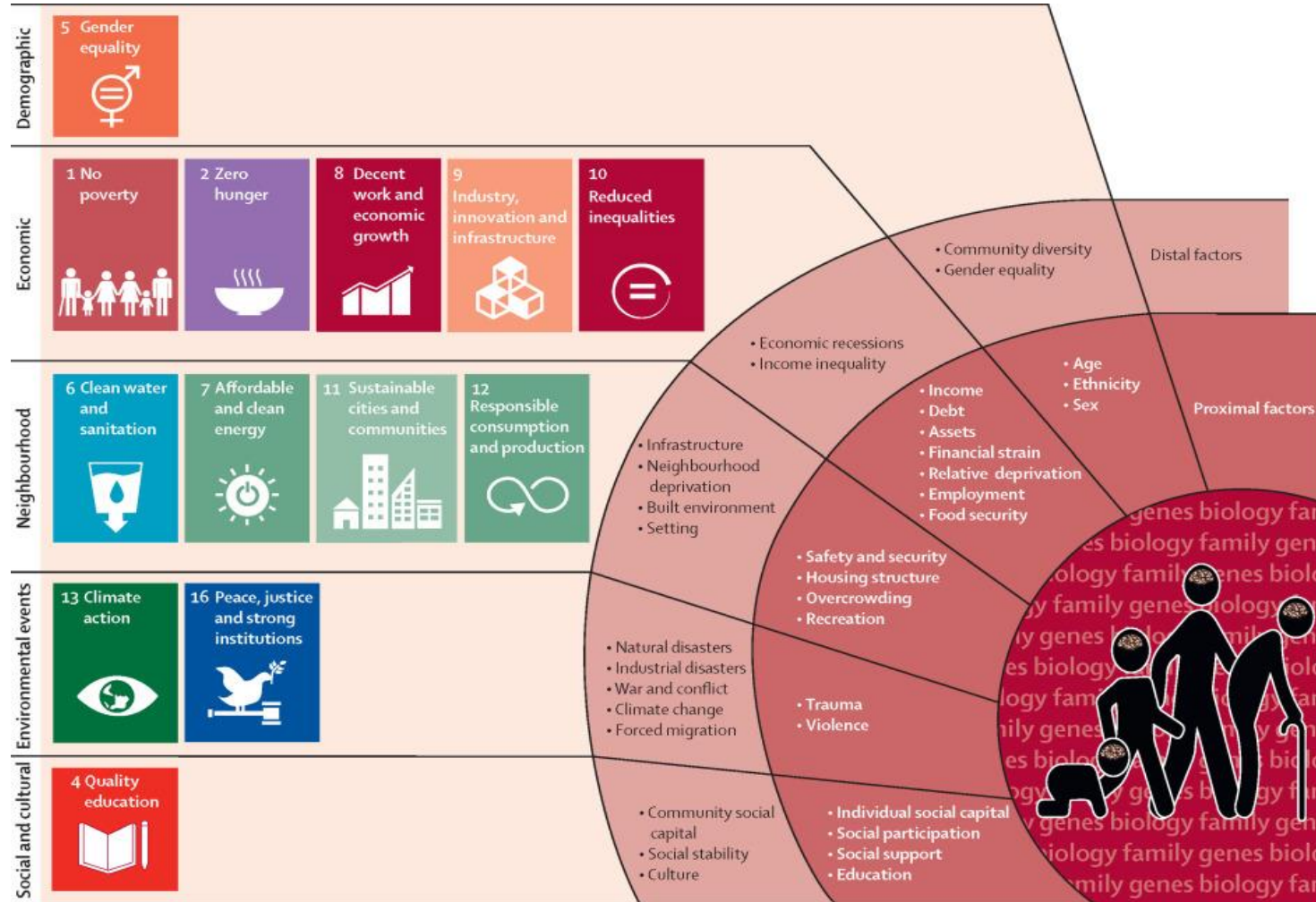
# Proportion of population with any mental health or substance use disorders, 2017

*Includes depression, anxiety, bipolar, eating disorders, schizophrenia, or alcohol or drug use conditions*



Source: IHME, Global Burden of Disease

# SDGs and social determinants of mental health



*The Lancet Commission on global mental health and sustainable development – The Lancet, Vol. 392, issue 10157, pp. 1553-1598, OCTOBER 27, 2018*

## Bi-directional relationship between HIV and mental health

People with mental health conditions at greater risk for HIV (injecting drug use, unsafe sex, sexual abuse) and less likely seek information and health services

Depression and anxiety - the most common mental health conditions among people living with and at risk of HIV

Adolescents and young adults - the age cohort at most risk for HIV and the presentation of mental health conditions

Mental health conditions associated with increased HIV mortality

Elevated suicide rates are associated with HIV



## Bi-directional relationship between HIV and mental health *(continued)*

Mental health conditions impact access to HIV testing and treatment, and ART adherence

Trauma and other mental health conditions impact the health of people living with HIV

HIV is associated with an array of neurocognitive disorders

HIV treatment can cause a wide range of mental health related side-effects

Stigma and discrimination associated with poorer health, health disparities and quality of life for people living with HIV, key populations and people with mental health conditions

Double stigma

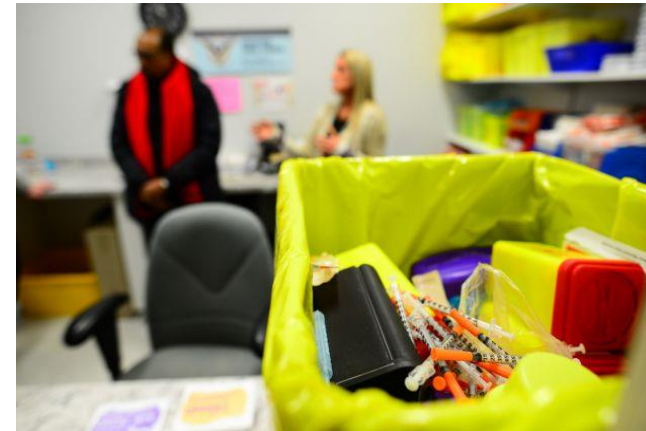


## Bi-directional relationship between HIV and substance use

More than half of the people who inject drugs are living with viral hepatitis C and 1 in 8 are living with HIV

Alcohol consumption associated with HIV risk and HIV/AIDS mortality - 33,000 (3.3%) deaths from HIV/AIDS in 2016

Alcohol-ARV interactions and toxicity, and the risk of resistance to ARVs



# UNAIDS Programme Coordinating Board's 43rd meeting Thematic Segment – 13 December, 2018

“Mental Health and HIV/AIDS — promoting human rights, an integrated and person-centred approach to improving antiretroviral therapy (ART) adherence, well-being and quality of life.”





## Recommendations

Develop and implement evidence-based, people-centred, human rights and community-based integrated policies, practices and services:

- Mental health and HIV, including in prisons and for key populations
- Substance use prevention and treatment, and HIV
- Quality of life
- Stigma and discrimination related to HIV, mental health and substance use

Address social determinants of mental health and HIV, including through social protection

Community engagement



## Immediate follow up actions

UNAIDS and WHO have begun developing an implementation guide on the integration of mental health and substance use services into HIV services

PEPFAR has included a new technical area on mental health and HIV, and the support for Stigma Index 2.0 into the 2019 Country Operational Plan Guidance



## Way forward


Addressing HIV and mental health together with a life cycle approach is win-win

Mental health and substance use interventions must be integrated in HIV strategies and programmes to reach HIV prevention and 90-90-90 targets, and SDGs 3.3, 3.4 and 3.5

Integration is feasible as mental health and substance use prevention and care are not costly



# Thank you!




Lessons Learned

...after the long process.

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#ZERODISCRIMINATION

 #ZERO DISCRIMINATION

*“ I believe we need to focus on mental health and personally encourage people living with HIV to live with confidence and integrate into society. It will be difficult at the start, but with the passage of time, their confidence will compel the rest of the society to accept them. ”*

Faiza Nayyer  
Punjab AIDS Control Programme, PAKISTAN