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
43rd PCB meeting

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Overview

Intersection between mental health and HIV

Background paper and key recommendations

43rd 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

2030 | Ending the AIDS epidemic
SDGs and social determinants of mental health
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

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!