

# Global Mental Health

Mental, neurological, and substance use disorders represent an immense and growing global health burden. The global burden of mental and substance use disorders has increased by nearly 50% in the last 25 years.<sup>1</sup> These disorders now account for 1 in every 10 years of lost health globally. In addition to their direct impact on an individual's wellbeing, common mental disorders (CMDs), such as depression, anxiety, and alcohol use, are highly comorbid with other diseases and conditions.

People living with HIV experience higher rates of CMDs, which pose a significant threat to the success of treatment programs and contribute to lower adherence to antiretroviral therapy and retention in care. Despite the devastating impact on individual health, communities, and society, access to treatment for CMDs is grossly insufficient. However, there is increasing evidence that integrated care models based on delivering interventions via non-specialist workers may provide a cost-effective approach to providing crucial CMD treatment, particularly in low-resource settings. I-TECH programs in **Mozambique** and **South Africa** integrate mental health services into existing HIV care, increasing access to mental health treatment and improving adherence and engagement in HIV care.



## I-TECH Case Study: Lay Mental Health Counselors in Mozambique

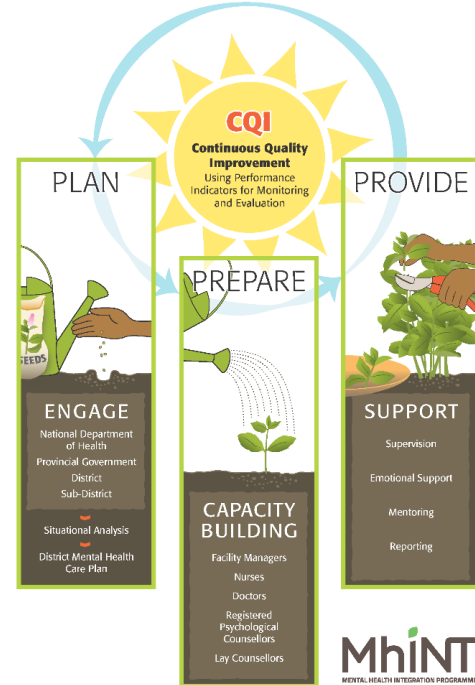
In Mozambique, I-TECH is funding a project conceived by Health Alliance International (HAI) to develop and implement a demonstration project of integrated mental health care for HIV-positive individuals with common mental disorders. In early 2019, lay counselors were trained in the Common Elements Treatment Approach (CETA), a proven, inexpensive, widely accessible trans-diagnostic treatment that can reduce the burden of disability due to common mental problems. The approach was developed specifically for low-resource settings and relies on lay counselors working within sustained supervisory systems. It can be used to treat individuals with any combination of depression, anxiety, substance use, trauma, and stress-related disorders. It expands upon traditional treatment approaches designed to focus on one specific disorder; it has been proven through multiple rigorous trials to reduce the burden of multiple common mental health problems and improve functionality among patients. The benefit of CETA is that trained and supervised lay providers can provide the approach to people in their own communities, paired with a stepped-care model utilizing existing psychiatric technicians and psychologists for treatment of severe illness or for those individuals who do not respond to standard psychological treatments.

Preliminary results indicate that, following technical training and a period of mentorship, 13 CETA lay counselors and 5 lay supervisors are successfully providing mental health screening to all newly diagnosed HIV-positive individuals in five high-burden health facilities in Beira City, Mozambique. As of the July 2019, 148 newly diagnosed HIV-positive patients had been screened, with a higher-than-expected percentage of 55% screening positive for a mental health problem. The project has helped clients to cultivate healthy behavioral and emotional responses to adverse mental health symptoms affiliated with their HIV status, which will hopefully increase their engagement and retention in HIV care.

## I-TECH Case Study: Integrating Mental Health Care in South Africa

Approximately 16.5% of South Africans suffer mood, anxiety, or substance use disorders each year,<sup>2</sup> and these rates are elevated among persons living with HIV, TB, and other chronic diseases.<sup>3</sup> A recent study outside Johannesburg found that individuals diagnosed with depression or alcohol use disorder at antiretroviral therapy initiation were less likely to be retained in care.<sup>4</sup> Nonetheless, only one in four South Africans with CMDs have access to mental health treatment of any kind.<sup>5</sup>

In partnership with the NDOH, the University of KwaZulu-Natal (UKZN), and the University of Cape Town (UCT), I-TECH has developed and implemented an evidence-based scale up of an integrated collaborative care intervention package for CMDs called the **Mental Health INTegration (MhINT) Program**. The primary aim of MhINT is to integrate psychosocial counseling for depression and ART adherence into the existing primary health care system. Instead of heavily burdened health care professionals such as nurses and clinicians providing counseling, the task is shifted to lay people (i.e., task-shifting).



The MhINT Program provides a comprehensive package of intervention components ranging from initial stakeholder engagement to sustained program support and management. The program utilizes standardized tools to conduct situational analyses and develop district mental health care plans to adapt to local contexts and foster community collaboration. At the core of the intervention are the structured MhINT trainings, workshops, and tools that provide support for strengthening patient referral pathways and building capacity among existing service providers within the health system. Continuous Quality Improvement (CQI) tools and mentorship serve as the vehicle for adaptive implementation, expeditiously addressing barriers and improving efficiency. The MhINT Program has also developed supervision, management, and monitoring and evaluation (M&E) tools that are essential for ensuring sustained outcomes in integrated task-sharing intervention models.

I-TECH has developed a MhINT Operations Manual, which in collaboration with the NDOH and the U.S. Centers for Disease Control and Prevention (CDC), will be used to scale the intervention in CDC priority districts through a network of district support partners.

1. Patel V, Saxena S, Lund C, Thornicroft G, Baingana F, Bolton P, et al. The Lancet commission on global mental health and sustainable development. *Lancet*. 2018;392:1553-98
2. Williams D, Herman A, Stein D, et al. Twelve-month mental disorders in South Africa: prevalence, service use and demographic correlates in the population-based South African Stress and Health Study. *Psychological medicine*. 2008;38(2):211-220.
3. Freeman M, Nkomo N, Kafaar Z, Kelly K. Factors associated with prevalence of mental disorder in people living with HIV/AIDS in South Africa. *AIDS care*. 2007;19(10):1201-1209.
4. Cichowitz C, Maraba N, Hamilton R, Charalambous S, Hoffmann CJ. Depression and alcohol use disorder at antiretroviral therapy initiation led to disengagement from care in South Africa. *PLOS ONE*. 2017;12(12):e0189820.
5. Seedat S, Williams DR, Herman AA, et al. Mental health service use among South Africans for mood, anxiety and substance use disorders. *South African medical journal = Suid-Afrikaanse tydskrif vir geneeskunde*. 2009;99(5 Pt 2):346-352.



### For more information, contact:

Ivonne "Chichi" Butler, Associate Center Director  
+1 206-685-6844  
[ixbutler@uw.edu](mailto:ixbutler@uw.edu)