

INTEGRATION OF MENTAL HEALTH AND HIV SERVICES IMPROVE PATIENT ENGAGEMENT & RETENTION

CETA paves the way for innovative methods to identify and treat mental health, suicidal or other violent thoughts, and HIV infection in Mozambique

"[Before CETA], I was a lost person. I felt lost. A person very... I asked myself 'am I a person?' and I would say 'No, I don't think I am a person'. I didn't like myself at all. I felt alone. But when I enrolled in this program, there were people who really helped me. They helped me during the first week we met. I was a person with full head but all of a sudden, that went away."

- PATIENT, MANGA-MASCARENHAS HEALTH FACILITY

Individuals who are HIV+ and suffering from depression face numerous hurdles to remain connected to care. Depression can limit access and adherence to HIV treatment, lessen the likelihood of viral suppression, and accelerate disease progression. Mental disorders such as depression are estimated to be a leading cause of disability in Mozambique, representing 23.1% of all years lived with disability for individuals aged 15-49.

The Common Elements Treatment Approach (CETA) project—led by Health Alliance International with funding from HRSA—aims to bridge this gap by expanding diagnosis and treatment of adverse mental health symptoms in people living with HIV. The CETA project trains lay HIV counselors in best evidence psychological treatments for common mental illnesses using a transdiagnostic approach. Post-training, CETA counselors provide evidence-based treatment for depression, anxiety, substance use, trauma and/or stress-related disorders to people living with HIV in their own communities.

In March 2019, **16 counselors completed 2-weeks of training in CETA counseling techniques, followed by 6-weeks of applied practice.** By May 2019, the newly trained counselors were screening and providing supervised care to HIV patients in five public health facilities in Sofala Province.

With fewer than two mental health providers per 100,000 people, and mental health services only available at ~7% of primary care facilities, CETA is a proven, inexpensive, and widely accessible approach that can reduce the burden of disability from common mental health problems among people living with HIV in Mozambique.



PRELIMINARY RESULTS FROM DEMONSTRATION PROJECT

As part of CETA, all recently diagnosed adult HIV+ patients are screened for common mental illnesses at participating facilities. Patients who meet the criteria for CETA enrollment can opt-in to participate in 6-12 sessions with a CETA counselor for 60 minutes per week. From April 24, 2019 – January 9, 2020, the CETA team screened 351 HIV+ patients for adverse mental health symptoms and referred 194 (55%) of those patients for treatment.

Among newly-diagnosed HIV+ individuals screened by CETA counselors, approximately 10% had current suicidal thoughts.

Notably, during the program's pilot period, average scores of symptoms of depression, anxiety, trauma, substance use, suicidal ideation, and other violent thoughts decreased among program participants over the number of visits with CETA counselors. Among CETA participants who attended 4 or more visits with a counselor, overall symptom scores declined more than 50% from baseline, while **symptoms among CETA participants who attended 6 or more visits declined more than 90% from baseline.**

Furthermore, the rate at which CETA participants were retained in HIV care was higher than the overall HIV retention in the same facilities. For example, 1-month retention among CETA participants attending 1 or more visit was 67.4%, compared to the combined one-month retention rate of 60% for all HIV+ patients. **Retention at three months among CETA patients attending 1 or more visits was 79.5%, compared to 64% among all HIV+ patients.**

Mozambique's centralized public healthcare system is the ideal structure for the implementation of integrated mental health services because 90-99% of the population has access to public healthcare services and HIV treatment occurs in the public system. While a more comprehensive evaluation of CETA's pilot period is forthcoming, initial results suggest that **CETA may be an effective way of reducing symptoms of mental health disorders among those engaged in HIV treatment, improving HIV treatment initiation and retention, and integrating mental health screening, care, and treatment into existing public care pathways in Mozambique.**

EXPERIENCE OF A LEAD CETA TRAINER

Chombalelo Makunta, a Zambia-based CETA technical expert and the program's lead trainer, has provided 400+ hours of in-person and remote technical support to the CETA team in Mozambique.

As the project moves into its next phase, Chombalelo will lead the process of transitioning CETA's lay counselor-supervisors into trainers and support the recruitment of a new cadre of lay counselors to engage in the next CETA training. The team is currently training an additional group of 19 lay counselors and 5 psychologists to further scale-up the CETA model; this will bring the overall CETA clinical team to 40 providers. The current supervisors from CETA Phase 1 are serving as co-trainers with the goal of developing a group of expert CETA trainers in Mozambique.

"I have always wanted to offer mental health services to communities, as the only form of counseling people [...] get is mostly HIV counseling. With CETA, I have been able to work closely with people in communities and offer them help to deal with anxiety, substance use, trauma, depression, and behavioral problems [...] I have a passion for CETA because anyone who has an interest in helping someone with common mental health problems [...] can get trained in it and make a difference in someone's life, teach people life skills, and help better their lives by helping change their unhelpful thoughts."

- CHOMBALELO MAKUNTA, CETA TECHNICAL EXPERT

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