Mental wellbeing

Africaid’s mental health tools

BY VIRGILIO SUANDE, PROGRAMME OFFICER, REGIONAL PSYCHOSOCIAL SUPPORT INITIATIVE (REPSSI)

Research shows that adolescents and young people living with HIV have higher rates of depression and mental health problems than others of their age. This often affects adherence. Some stop taking their medication as a way of dealing with difficult feelings and experiences. This can be a form of passive suicide.

Africaid’s mental health screening tool is an easy to use questionnaire that assesses adolescents and young people living with HIV for risk of depression, anxiety, post-traumatic stress, substance abuse and psychosis. After training, community adolescent treatment supporters (CATS) use the tool to support their peers. We found that 29% of those screened were at risk of mental health conditions. Depression is the most common, followed by anxiety. About one in five (17%) report suicidal thoughts. Those at risk are referred for assessment and support.

Body mapping is a tool we’ve used. Young people paint a picture of themselves and we ask them questions. This helps them express their feelings, thoughts and experiences, using colours and images. The CATS who drew this body map said, “The small hearts are the love I showed the child. When I first visited her, she was playing alone. She thought that’s what you do if you’re HIV-positive. She thought that stopping treatment so she’d die was the best thing because there was nothing she could do. But the love and support I gave that child motivated her to keep taking her medication.”

Overcoming trauma after Cyclone Idai

BY VIRGILIO SUANDE, PROGRAMME OFFICER, REGIONAL PSYCHOSOCIAL SUPPORT INITIATIVE (REPSSI)

In March 2019, the central region of Mozambique was hit by heavy rain and strong winds, caused by Cyclone Idai. I was in Beira at the time. We had no food or money for the first two days and I couldn’t tell anyone I was alive. By 7th April, over 600 people were reported dead.

The office of our READY+ partner in Beira was destroyed by the cyclone and seven CATS’ homes lost their roofs. Some CATS couldn’t take their medication for three days and most lost their belongings. READY+ health facilities were damaged. Most beneficiaries lost their homes and had to live in camps.

From a mental health point of view, the situation has caused fear and hopelessness, and heightened stress among adolescents, CATS and their families. A 15-year-old READY+ beneficiary said, “I still have no place to sleep. I have to stay with neighbours and I’m not sure how long I can stay there. READY+ helped me and my family after the cyclone. We’re doing our best to overcome the trauma; I still go to school but it’s difficult.”

As soon as we could, we met with all the CATS and implementing partners to hear their experiences during the cyclone. We offered our support, hugged each other and encouraged them. Most CATS and beneficiaries were concerned about confidentiality and how to take medication without disclosing their status. To restore their dignity and hope it was important that they felt loved and cared for. REPSSI implementing partners continue to provide individual, practical support to CATS and their families.
Self-stigma

BY LYNETTE MUKUNGUI, ACTING CEO, REPSSI

People who experience stigma and discrimination may begin to believe what others think about them is true. An internalised stigma is an internalised stigma that eats away at self-esteem and self-belief. People often lose confidence and may isolate themselves from others.

Stigma associated with HIV status is found in healthcare settings, communities, places of worship, schools and families. Discrimination, stigma and self-stigma all discourage people living with HIV from seeking health services, including HIV prevention, testing and treatment.

At REPSSI’s Psychosocial Support Forum in August 2019, we heard from PATA that peer supporters and health workers cited stigma as the main reason why people don’t adhere to treatment. Preconceptions looked at ways in which adolescents living with HIV can be supported to counter stigma and self-stigma. Extending social networks through patient support groups and receiving help from a trained peer supporter, is helpful. Peer supporter models, including the READY+ one, were highlighted. Peer supporters or CATS, with support from others in safe spaces, help adolescents to express themselves and gain confidence, which encourages them to access health services and adhere to treatment. We also heard how mobile phones, including apps such as WhatsApp, enable adolescents and young people living with HIV to get support and stay connected: all positive ways to reduce stigma and improve mental wellbeing.

Our understanding of how to combat self-stigma is limited. But we know from experience that interventions which promote community resilience and dialogue seem promising.

Integrated care for young people living with HIV

BY TINASHA RUFURINDA, COMMUNICATIONS OFFICER, GLOBAL NETWORK OF YOUNG PEOPLE LIVING WITH HIV (Y+)

There’s more to being HIV-positive than having to swallow a pill every day. Adolescents and young people living with HIV also have to deal with stigma and discrimination, and rejection in their relationships because of their status.

Depression, grief, anxiety and suicidal thoughts were made worse by the lack of tailored mental health information and support. According to UNAIDS, in Zimbabwe 1.3 million people are living with HIV. Yet there are only four mental health facilities in four cities. This is a real concern when we consider universal health coverage.

To achieve health for all, mental wellbeing must be incorporated as part of the HIV service delivery package at the health facility and community levels. As Bakita Kasadha, Chair, Y+ Board, said, “People that have lived with HIV who have an undetectable viral load, but are mentally unwell, are not living well.

Health service providers need to know the importance of looking beyond the biomedics when we think about the lives of people living with HIV.”

In August 2019, Y+ launched its three-year strategic plan. Under science – one of the five broad areas – Y+ will be focusing on the mental health issues experienced by adolescents and young people who provide peer support. We need to look after our young peers supporters. And that includes their mental health too.

Anxiety and depression among adolescents and young people living with HIV

BY AUDREY INABUKUNDO, EXECUTIVE DIRECTOR, RÉSEAU DES JEUNES VIVANT AVEC LE VIH (RNJ+),

Adolescents and young people living with HIV feel anxious every day. Some adolescents, including stigma and discrimination in the family, community, school and workplace. This can lead to feelings of guilt, helplessness and despair. Hurtful words and thoughtless questions can fuel anxiety and depression.

In RNJ+ support groups we hear how adolescents and young people living with HIV feel that shared feelings, when his friends ask, “Do you still have parents? How is this possible when you have HIV? And how did you get it?” His friends’ parents don’t let them play with him, saying, “Don’t touch him or you’ll be contaminated!”

Some adolescents don’t take their antiretroviral therapy (ART) correctly. When asked why she had stopped taking her medication, ‘L.K.’ said, “I’m tired of taking ART every day. If you can’t give me just one tablet, I won’t take it anymore.”

‘C.M.’ is open about her status, but she’s anxious. “I don’t know if I can get married and have children.”

When asked why he wasn’t on ART treatment, ‘A.G.’ shared how he feels helplessness and despair. Hurtful words and thoughts, questions can fuel anxiety and depression. She takes 10 tablets a day. If you can’t give me just one tablet, I won’t take it anymore.”

‘C.M.’ is open about her status, but she’s anxious. “I don’t know if I can get married and have children.”

With an estimated two million adolescent mothers living with HIV in sub-Saharan Africa, they need mental health support that is non-stigmatising, engaging and accessible.

Ask-Boost-Connect-Discuss (ABCD) is a package of care delivered by peer supporters to young mothers living with HIV to reduce depression by:

■■ screening their psychosocial support needs (ASK)
■■ conducting cognitive behaviour therapy group sessions based on WHO’s ‘Thinking Healthy’ programme (BOOST)
■■ linking them to professional care (CONNECT)
■■ providing ongoing supervision and self-care (DISCUSS).

ABCD is a pilot study testing the feasibility of a mobile app. Developed in March 2019 by PATA, the Universities of Cape Town and Oxford, adolescent mothers and peer supporters, the app has been used to provide structured support groups to 157 young mothers living with HIV and pregnant young women in Malawi, Tanzania, Uganda and Zambia. Encouraging ‘thinking healthy,’ the groups have supported young mothers to meet and share experiences. The app has helped identify mothers with mental health issues, who have then referred for professional care. It has also boosted peer supporters’ capacity, knowledge and understanding of mental health, pregnancy and psychosocial interventions, and linked them with facility counsellors for strengthened referral channels. One young mother said, “Ever since I downloaded the ABCD app, I feel better. I feel great. I can now think clearly for my child and she has been crying less.”

Systematic mental health review

BY NICOLE EMMANUEL AND LINDA WHITBY, SUPPORT OFFICERS: PROGRAMMES, FRONTLINE AIDS

There are key gaps in research into the effectiveness of mental health interventions for adolescents and young people living with and affected by HIV in low- and middle-income countries. A better understanding should enable us to work together to provide targeted support. Therefore the READY+ consortium commissioned a comprehensive systematic review of evidence on what has and hasn’t worked to improve the mental health of adolescents and young people living with and affected by HIV. Of nearly 3,000 relevant studies, only 17 met our criteria for inclusion. And yet we were able to construct an image of what works.

Family strengthening interventions look most likely to foster positive change, particularly around resilience, depression, anxiety and self-esteem. Interventions included education on HIV transmission, responsive parenting, stress and conflict management, disclosure strategies, economic empowerment, and managing stigma. But it’s difficult to know precisely which elements are most effective in contributing to mental wellbeing.

Adolescents have diverse needs, and interventions to address mental wellbeing must be equally diverse. Engaging young people living with and affected by HIV in the design of interventions is crucial to create focused, unique approaches that speak to their particular needs.

Look out for ‘What works?’ Systematic mental health review’ and other READY resources on Frontline AIDS’ resources page.

Thank you!

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Dates for the diary FOLLOW THE MOVEMENT!

25 November International Day for the Elimination of Violence against Women
25 November 16 Days of Activism against Gender-Based Violence
1 December World AIDS Day
1 December International Conference on AIDS and STIs in Africa (ICASA)
ICASA, Kigali, Rwanda
2-7 December ICASA, Kigali, Rwanda
10-12 December UNAIDS Programme Coordinating Board
9-10 December Human Rights Day
10-12 December Universal Health Coverage Day
1 March Zero Discrimination Day
2 March SheDecides Day
8 March International Women’s Day
9-20 March UN Commission on the Status of Women (CSW) 2020
11 April International Day for Maternal Health and Rights

Support the READY movement by following these events and posting to:

@READYMovement @READYMovement @readymovement

using #WeAreREADY #READY4UHC. Also visit https://frontlineaids.org/ready and www.yplusnetwork.org/ready-movement/ for news and updates.