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Key Approaches, Practices, Gaps And Recommendations

HIV AND CAREGIVER COMMON MENTAL DISORDERS

Synergistic impacts on child development
and entry points for interventions

Background and context

Children must have their needs met in multiple domains and across their full course of development in order to thrive, yet in low- and middle-income countries (LMIC), it is estimated that 250 million children under the age of five are not meeting their developmental potential.¹ Poverty, HIV and other disease burdens, coupled with common mental disorders, including alcohol and other substance use disorders, post-traumatic stress disorder, clinical and postnatal depression, distress and anxiety, impact how caregivers meet the needs of children.

Between 34 and 39.8 million people are living with HIV globally.² Within the context of LMICs, the burden of this infection on the 17.8 million women of childbearing age often intersects with socioeconomic status, which makes this population particularly vulnerable to the negative effects of HIV.³ Studies show that the prevalence of depression among mothers living with HIV (MLH) is between 41% and 64%.⁴ HIV is often comorbid with depression and other mental health disorders, and plays a substantial role in children's long-term outcomes. HIV can diminish the physical and psychological resources of caregivers living in contexts characterized by poverty and psychosocial stressors, putting them at a greater risk for developing mental health disorders, and the children under their care for negative behavioral and developmental outcomes,⁵ including impacts on the mother-child relationship, exposure to violence, poor health and nutrition outcomes, behavioral and emotional problems, mental health issues, school dropout, increased stigma and others.⁶

Entry Points and Delivery Platforms

In order to deliver effective interventions to caregivers and children affected by HIV in LMICs, a combination of interventions at various entry points and through multiple delivery platforms is required. Possible delivery platforms and entry points fall into three categories: community, health system and population (see Table 1). Interventions may be usefully conceptualized as targeting the risk factor pathways between maternal/caregiver mental health, HIV and child outcomes. Delivering effective interventions will strongly depend on “enabling environments,” such as supportive legal frameworks, transformative policies, qualified workforces, accessible services and active community support and awareness. Communities and community-based organizations (CBOs) play a vital role in reaching key marginalized families and increasing families’ access to and uptake of health services.

Starting within the family unit seems to be of special relevance to interventions with mothers and children affected by the dual burden of HIV and depression. A family-based approach has the potential to ensure that broader implications of HIV and depression are not ignored and that interventions can leverage resources around and within families and communities. Family-based interventions for preventing youth risk behaviors in families coping with parental HIV resulted in fewer family conflicts, which in turn was associated with less adolescent sexual risk behavior⁷ and less substance abuse in later years, suggesting that family-



The health system is a key entry point for integrating mental health care into HIV treatment and a number of screening instruments and promising interventions can be applied in the health care setting.

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based interventions have high potential for facilitating more resilient mental health and developmental trajectories.⁸

Screening tools and interventions

Delivering mental health services becomes difficult because 44% of African countries do not have a mental health policy and 33% do not have a mental health plan.⁹ The World Health Organization (WHO) suggests that integrating mental health care into HIV treatment provides an opportunity for psychological services to be incorporated with primary health care.¹⁰ In addition to general health and self-reporting questionnaires, a number of screening instruments have been developed for use in primary care, and a number of interventions are showing promising results on improving mental health:

SCREENING INSTRUMENTS	PROMISING INTERVENTIONS
<ul style="list-style-type: none">▪ The Kessler Scales▪ Hopkins Symptom Checklist for Depression▪ Edinburgh Postnatal Depression Scale▪ Hamilton Anxiety Rating Scale▪ Depression Scale for Anxiety (HADS-A)	<ul style="list-style-type: none">▪ Stepped Care Models▪ Problem-solving Therapy▪ Cognitive Behavior Therapy▪ Task-sharing Counseling

Conclusion and Recommendations

Children affected by concurrent maternal HIV and depression may be more negatively affected than they would be by either one on its own, and the vulnerabilities they experience are multifaceted, enduring and may accumulate over time. MLH with depression experience a host of socio-emotional stressors, and poverty, the transmission of opportunistic infections, the burden of caring for adults placed on children, stigma, poor social support, and exposure to diminished maternal physical and emotional capacity exacerbate the

negative impact on children. The links between HIV and mental health are bi-directional and cumulative. Strategies must aim to ensure a more integrated and holistic response to HIV infection, risk and caregiver depression, and could include:

- Strengthening linkages between communities and health care systems, and integrating mental health referrals and services into the broader HIV/poverty prevention and response systems.
- Enabling schools to be an entry point to refer to clinical tier platforms that use nurses to screen and refer children for

mental health problems, and making quality home visits an essential component of community-level service provision.

- Improving screening at primary health care and community levels (engaging community health workers, as well as case managers, para-social workers, and social workers).
- Reducing family stressors through integrated assistance, care, support and problem-solving and parenting programs, as opposed to single-intervention approaches.

Table 1: Platforms, Interventions, Identification and Risk Pathways

PLATFORMS, INTERVENTIONS, IDENTIFICATION AND RISK PATHWAYS			
Platform	Intervention	Identification	Risk Pathway
Community			
<i>Neighborhood and Family</i>	<ul style="list-style-type: none"> • Support groups and family-centered interventions for people living with HIV • Family-based interventions delivered via CBO-level platforms • Home-visiting interventions for caregivers at risk • Community-based organization-delivered interventions • Problem-solving and social support interventions 	Universal access in LMICs Screening of vulnerable children	<ul style="list-style-type: none"> • Parenting stress and parenting skills • Social support • Maternal behavior • Maternal mental health • Parenting stress, parenting skills and social support
<i>Schools</i>	<ul style="list-style-type: none"> • Life skills for HIV prevention and mental health promotion (universal or targeted) • School-based stigma and discrimination prevention 	Referral for at-risk children and caregivers	<ul style="list-style-type: none"> • Youth risk-behaviour reduction • Stigma • Child variables
Health System			
<i>Primary Health Care</i>	<ul style="list-style-type: none"> • Stepped care • Psychosocial interventions • Home visiting with linkage between community-based support (CHW) and primary health care system 	Screening of caregiver mental health—universal Screening of vulnerable children	<ul style="list-style-type: none"> • Maternal mental health • Child variables (behavioral or emotional problems)
<i>Specialized Care</i>	<ul style="list-style-type: none"> • Case management 	Screening of caregiver mental health—universal Second-stage screening and diagnosis	<ul style="list-style-type: none"> • Maternal mental health • Child mental health
Population			
<i>Legislation/Policy</i>	<ul style="list-style-type: none"> • Social protection • Focus on creating enabling environments 	Universal	<ul style="list-style-type: none"> • Poverty • Structural disadvantage • Poverty
<i>Structural</i>	<ul style="list-style-type: none"> • Microfinance • Cash transfers • Cash plus care 	Universal Means test	<ul style="list-style-type: none"> • Structural disadvantage • Unequal access

This summary paper reports on the findings from the review of published literature, “HIV and caregiver common mental disorder: Synergistic impacts on child development and entry points for interventions,” released by 4Children in 2018 and available at www.ovcsupport.org

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