Mental Health, substance use and HIV/AIDS

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WEBINAR: Spirituality, Mental Health and Resilience during the dual pandemics of COVID-19 and HIV
Interlink between mental health, substance use and HIV (1)

Depression and anxiety are the most common mental health conditions among people living with and at risk of HIV.

People living with HIV are few times more likely to die by suicide.

Persons living with HIV and schizophrenia are at 25x higher risk of dying compared to those who have neither of these.

Drug use and harmful use of alcohol is associated with increased risk of HIV-infection.

Mental health issues and drug use affect initiation, adherence to ART and viral load suppression.
Interlink between mental health, substance use and HIV (2)

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.

Common social determinants include violence, stigma, discrimination and marginalization.

Vulnerable groups: Adolescents and young people, key populations, older people, migrant populations, racial and ethnic minorities.
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.
Addressing mental health and HIV – an imperative and an opportunity

Integrated people-centred and human rights-based strategies, interventions, service delivery and support focused on:

– Improving the mental health of people living with, affected by and at risk of HIV.
– Increasing access to HIV prevention, testing and treatment for people with mental health conditions, people who use drugs and with harmful use of alcohol

Eliminating stigma, discrimination, violence, coercion and abuse.

Improving the well-being and quality of life across the life course of people living with, at risk of, or affected by HIV.

2030 | Ending the AIDS epidemic
Mental Health and the COVID-19 pandemic

Rising distress, increased violence and discrimination experienced by many individuals and communities due to COVID-19 pandemic and related public health orders and lockdowns.

Alcohol and drug use levels increased.

Poor mental health and food insecurity are associated with lower quality of life among people living with HIV.

Over 60% of the 130 countries surveyed by WHO reported disruptions to mental health services, harm reduction programmes, support services.

Importance of addressing mental health in the context of heightened vulnerabilities to both COVID-19 and HIV - with communities
Ensure mental health, wellbeing and quality of life throughout the life course for people living with HIV, vulnerable and marginalized populations, including by addressing social determinants.

Invest in integrating mental health services and psychosocial support with HIV prevention, testing, treatment and care, and UHC.

Engage and support communities.

Address shortage and lack of capacity of cadres of both specialist and non-specialist providers for mental health.
Way Forward (2)

Address the effects of COVID-19

Address gaps in knowledge and programming on mental health conditions, drug and alcohol use in the context of HIV

Global and country level commitments for integrated, people-centred and local context specific programmes and services – new Global AIDS Strategy beyond 2021, new 2025 Global HIV Targets, national strategies and programmes
THANK YOU!