

Successful integration of screening and management of depression among PLWHIV in the community-based HIV services delivery settings of Ethiopia

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1. Background

- People living with HIV (PLHIV) often struggle with unidentified and untreated mental disorders, including depression.
- Studies document that mental health problems are more prevalent among PLHIV and reduce their adherence to treatment.
- Interpersonal group therapy (IPT-G) is a successful model to manage depression but neither had it been implemented in Ethiopia before nor it was integrated into a community HIV program.

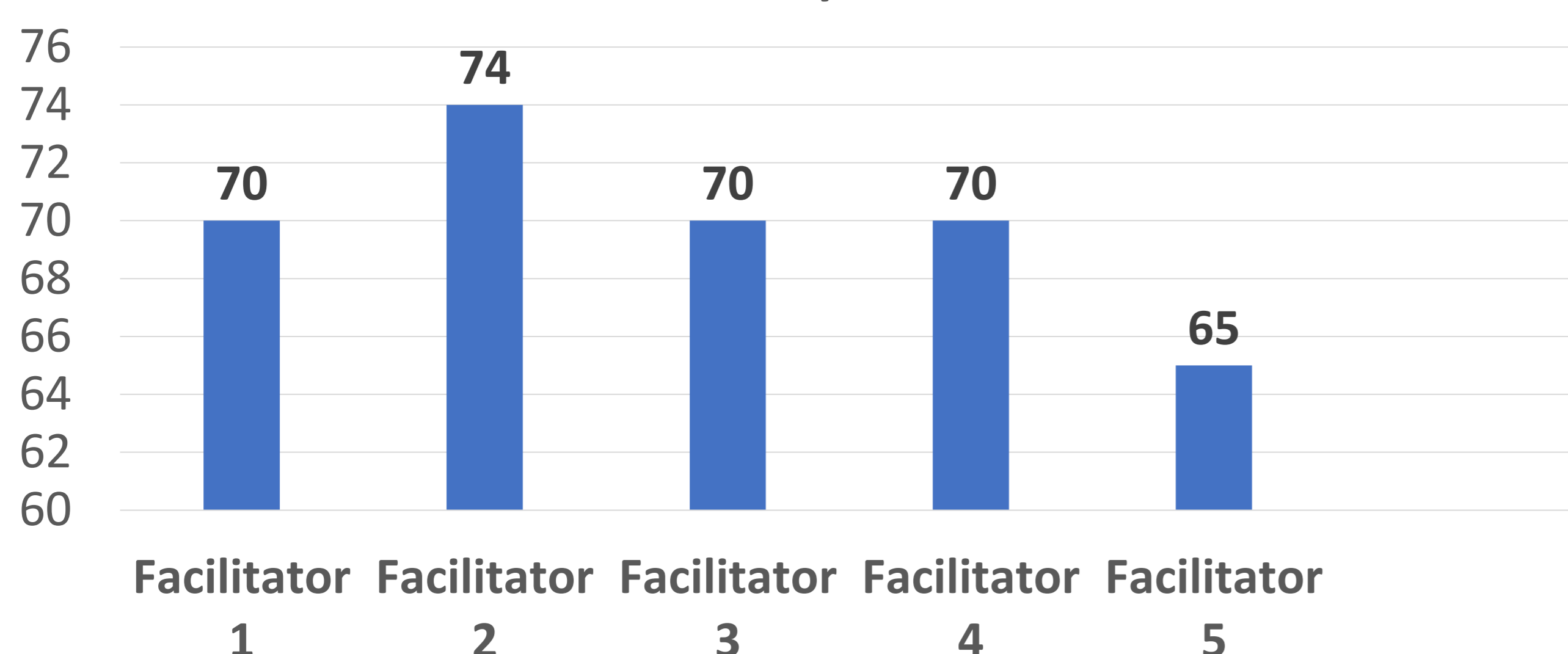
2. Program Description

- Under the USAID/PEPFAR-funded Community HIV Care and Treatment (CHCT) program, we piloted the integration of IPT-G for depression in PLHIV in seven selected sub-national units/towns.
- Fifty (50) Community Health Care Workers (CHWs) and volunteers were trained in IPTG methodology to conduct screening/pre-assessment of PLHIV using PHQ4 and then pre-group assessment using PHQ9 for the eligible ones to determine level of depression and eligibility for enrollment.
- Those with suicidal ideation will be identified and referred immediately.
- Each therapy group had 10-12 clients and sessions ran for eight consecutive weeks.
- PHQ-9 assessment is repeated at mid-line (4th session) and graduation (8th session).
- Mentoring was provided to IPT-G facilitators and quality assurance (QA) was done including facilitator skills assessment and clinical observations.
- Performance review and self-care session was conducted for supervisors two months after initial training.
- Descriptive analysis of data extracted from client registers was done to assess the performance of IPT-G

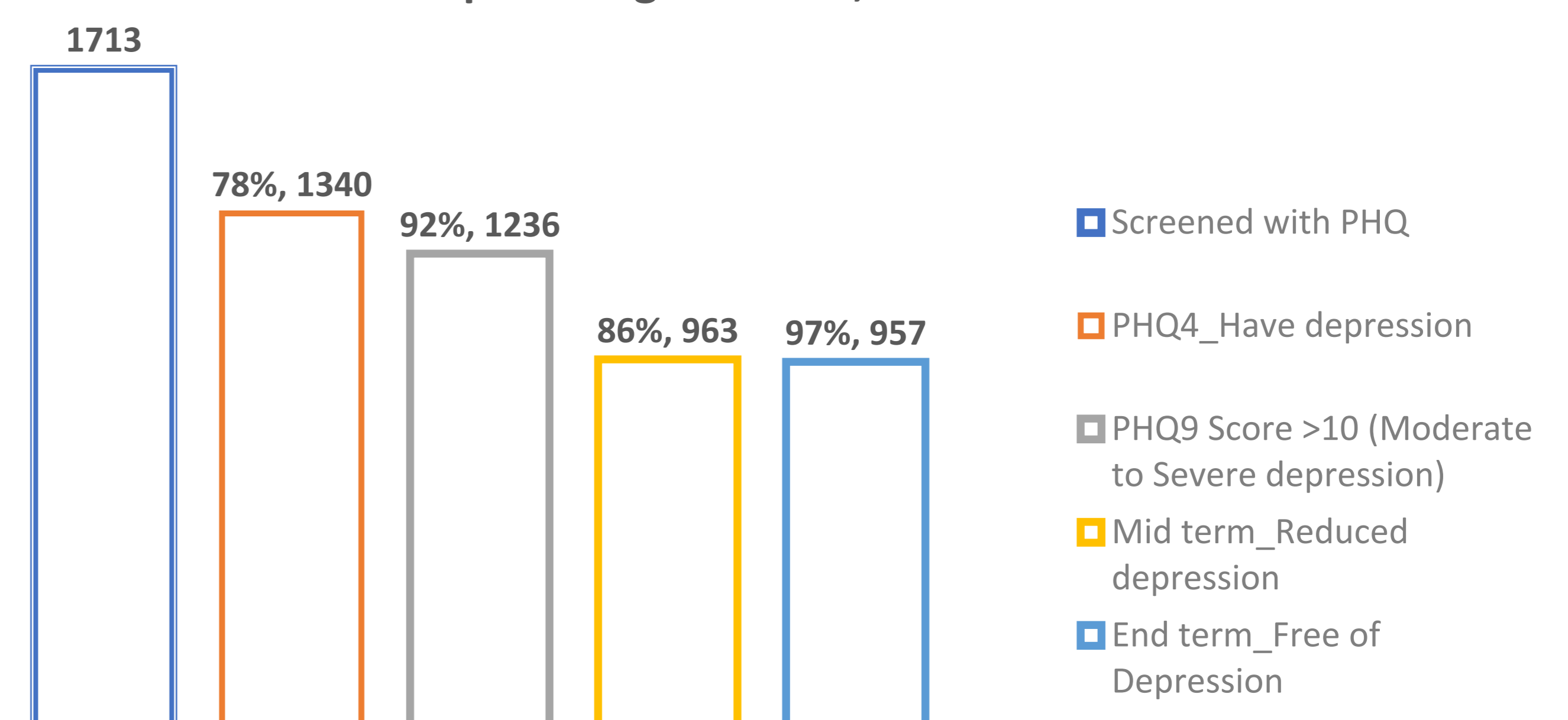
3. Results

- Facilitators conducted mobilization and sensitization among PLHIV to create awareness on MHPSS issues and promote availability of services. Between March 2023 and June 2023, A total of 1,713 PLWHIV were screened for depression of whom 1,340 scored 5 \geq on PHQ4.
- Of these, 1236 (96%) scored \geq 10 on PHQ9 and were thus enrolled to 108 IPT -groups. Majority of the clients were females (90%), married (46%) and unemployed (55%).
- Major triggers reported by clients were grief/death of loved one 124(10%), life change 575 (47%), disagreement 298 (24%), isolation /Loneliness/ 239 (19%).
- Mild, moderate, and severe depression was treated among 215, 224 and 13 PLHIV respectively.
- QA visits documented scores above 65% demonstrating competent therapy facilitators and adequate clinical quality of sessions.
- As of June 30, 2023, 963(77%) clients were re-assessed at 4th week of therapy with 89.5% reporting reduced severity of depression; and 97% of 957 clients who completed 8th week of therapy reported to be free of depression.

Quality Assurance Scores of selected IPT-G Facilitators, First cycle



Cascade of screening and management of depression using IPT-G in People living with HIV, March-June 2023



4. Next step

- Community based IPT-G through trained and mentored CHWs and volunteers improves identification and treatment of depression among PLHIV.
- The service is highly accepted by clients and can be implemented through existing personnel and resources.
- Depression management could contribute to averting its negative impacts on adherence to HIV treatment if appropriate sensitization and capacity building is provided to integrate routine screening and management through IPT-G.
- We need to analyze data for all clients, use them for program improvement and population wide impact on optimizing AART adherence and retention

5. References

- StrongMinds - Treating Depression in Sub-Saharan Africa, Website: <https://strongminds.org>
- Raynell Lang, et al. The Prevalence of Mental Health Disorders in people with HIV and the effects on the HIV Care Continuum. <https://www.medrxiv.org/content/10.1101/2022.04.19.22273931v1.full.pdf>