

Mental health and pre-exposure prophylaxis (PrEP) service integration in Vietnam: an important opportunity for boosting PrEP adherence, continuation, and service quality

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Background

Mental health issues may limit key populations' (KP) uptake of and continuation on pre-exposure prophylaxis (PrEP) and reduce overall quality of life. The USAID/PATH STEPS project integrated mental health screening, assessment, and treatment at five KP-led one-stop shop (OSS) clinics in Vietnam as part of an effort to advance comprehensive and person-centered PrEP services.

Description

PrEP users at five OSS clinics are screened for mental health using an online form or provider-led tools including the DASS21, AUDIT-C and Functioning Suicide Risk screening, and ASSIST. Clients are triaged based on their screening results and offered counseling for any mental health conditions identified. Clients with mild- and moderate-level mental health conditions are counseled in-clinic and receive psychoeducation support, while clients with severe- or very severe-level mental health conditions are counseled and referred to expert psychiatric care, while continuing to receive counseling, PrEP, and other services at the clinics.

Figure 1. Mental health pathway of care at KP-led private OSS clinics



During follow-up visits, PrEP clients are re-screened and supported with ongoing management of their mental health conditions. PrEP behavior change campaigns incorporated information on mental health to enhance awareness and service uptake among new and current PrEP users.

Lesson Learnt

From January to December 2022, 6,298 PrEP clients received mental health screening, of whom 10.6% presented with a mental health condition (7.3%, 7.0%, and 4.6% presenting clinical symptoms of stress, anxiety, and depression, respectively), as shown in Figure 2. The majority (55%; N=367) of these clients presented with one type of mental health condition, while 300 (45%) presented with two or more mental health conditions (Figure 3).

Mental health morbidity was higher among partners of people living with HIV (18.9%) and transgender people (16.7%) compared to female sex workers (10.8%) and men who have sex with men (9.7%), as shown in Figure 4.

Regression analysis showed significant association between mental health morbidity and reduced PrEP continuation: PrEP clients with mental health conditions were **50% more likely to drop out of PrEP after three months** compared to those without mental health conditions (OR=1.5, p<0.001, 95%CI 1.2-1.8), and mental health conditions were also associated with **44 fewer days on PrEP on average** (p<0.001, 95%CI -67 to -20).

Of 667 PrEP clients with mental health conditions, 235 (35%) received follow-up care at least once; of these, 79% exhibited a significant reduction in the severity of their mental health symptoms (Figure 5). The sooner clients received counseling and care after identification of mental health conditions, the higher their likelihood of recovery (OR = 4.1, p = 0.03, 95%CI 1.8-9.2).

Conclusions

We found significant association between mental health morbidity and reduced PrEP continuation, indicating that integrative mental health and HIV related services may play an essential role in improving PrEP outcomes. Further scale-up of mental health services within public and private PrEP sites will be undertaken to support greater quality of PrEP services and accelerate progress toward AIDS elimination and health for all.

Figure 2. Mental health morbidity among PrEP clients at 5 one-stop shop clinics (Jan-Dec 2022).

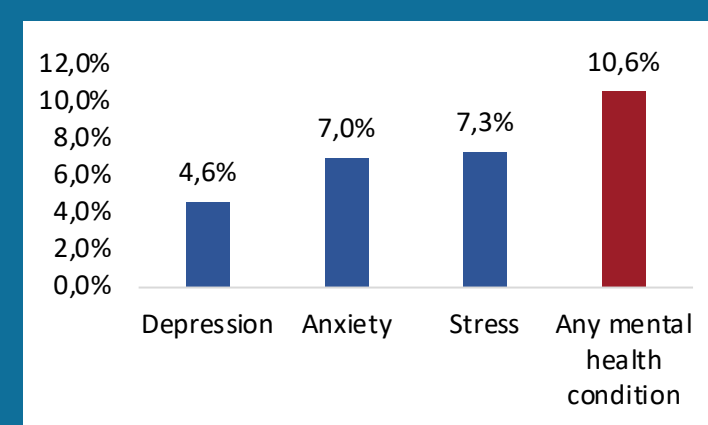


Figure 3. Number of mental health conditions identified among PrEP clients with mental health morbidity (N=667).

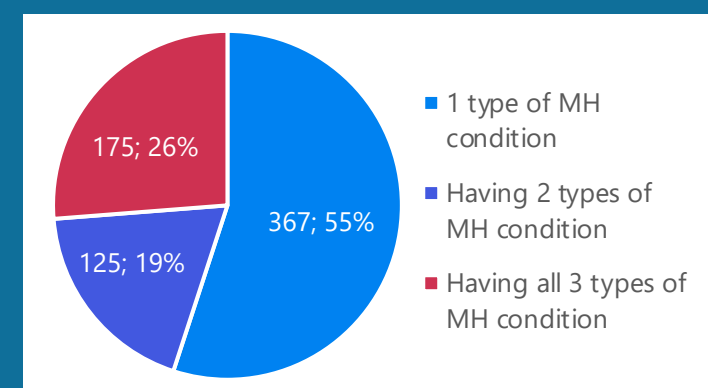


Figure 4. Mental health prevalence among different population groups at five one-stop shop clinics (Jan – Dec 2022).

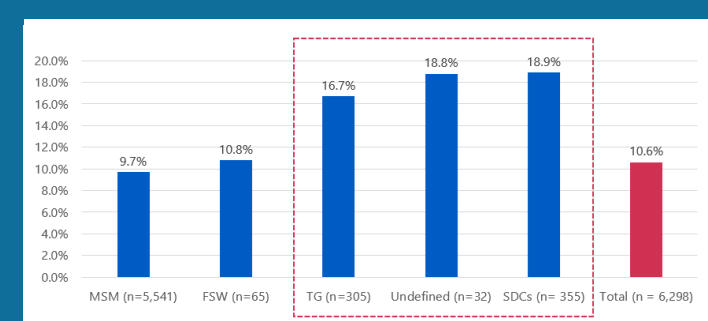


Figure 5. Mental health screening to care cascade (Jan – Dec 2022).

