Integrating Peer-Led Problem-Solving Therapy with HIV Prevention and Treatment to Address Mental Health Issues Among Key Populations: Lessons from a Pilot Project in Harare, Zimbabwe

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Background

- **Key Populations (KPs) and their partners accounted for 65% of HIV infections worldwide** in 2021. KPs include female sex workers (FSW), men who have sex with men (MSM), people who inject drugs (PWID), and transgender (TG).
- KPs have overlapping and intersecting vulnerabilities (social & legal barriers, stigma, discrimination, human rights abuses) and these lead to increased risk of HIV and mental health conditions.
- Mental health has been neglected in Sub-Saharan Africa, especially among KPs. **The stigma and discrimination KPs experience, including in health facilities, puts them at risk of undiagnosed common mental disorders**, as well as exclusion from the HIV prevention, treatment and care continuum.
- **Pangaea Zimbabwe AIDS Trust partnered with Friendship Bench to integrate problem-solving therapy (PST) into an existing KP HIV prevention, care, and treatment program**. Community Facilitators (CFs), who are KPs lay cadres, mobilise and create demand for HIV services in their communities.
- Friendship Bench is brief psychological therapy delivered by trained community lay health workers. This approach is based on PST and has been rigorously tested through several clinical trials, including a cluster randomized controlled trial.
- **Piloting the intervention involved four stages** *(figure 1)*:

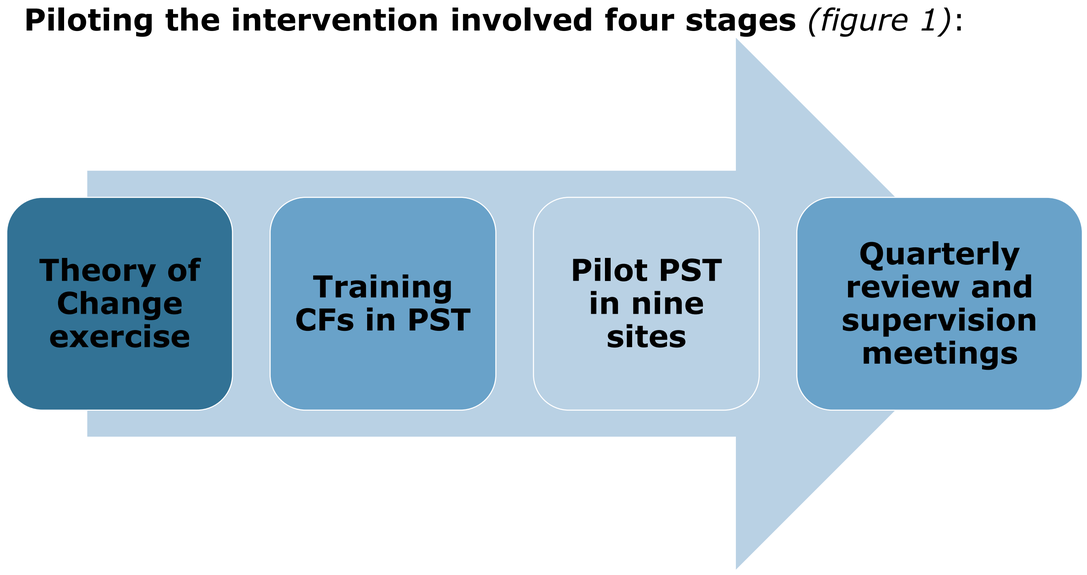


Figure 1: Process of integrating the Friendship Bench model into existing KP program

Description

- Between January and September 2022, **30 CFs, who are KP peer lay cadres, were trained to screen for common mental disorders** (CMDs) and provide counselling to fellow KPs using the Friendship Bench model.
- Topics covered during **the eight-day training** included counselling; psychoeducation; introduction to PST, psychosis, and substance use; and familiarization with the Friendship Bench Card, the Shona Symptom Questionnaire – 14 (SSQ-14), psychological disorders, and PST steps implementation, including role plays and self-care.
- Daily tests assessed understanding of previous day's concepts. **Average marks of the participants were above 75% of the possible mark on each of the six tests**.
- Trained CFs used the SSQ-14 to screen KPs for CMDs during HIV prevention literacy sessions in communities across nine learning sites.
- Those who scored SSQ ≥8 were offered PST. In addition, those who answered 'Yes' to either questions 5 or 11 were 'red flagged' *(see below)* and were immediately referred to nurses at facilities.

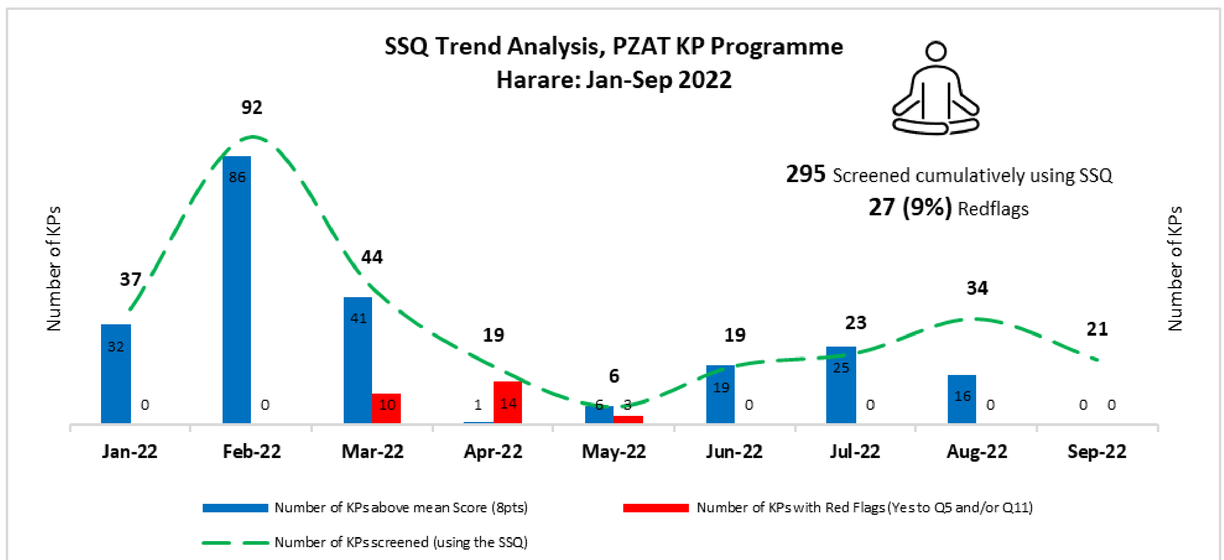
Red Flag Questions	
Q5	Did you sometimes see or hear things others could not see or hear?
Q11	Did you sometimes feel like committing suicide?

- Two feedback and supervision meetings were conducted, and Friendship Bench trainers provided technical support as needed
- **Data were captured in a database and feedback from supervision meetings informed and strengthened continued implementation**.

Image 1: Community Facilitator and a KP peer during a PST session in Hatfield, Harare

Lessons Learned

- Over nine months of piloting PST, **295 KPs were screened for CMDs using the SSQ-14**.
- **202 KPs were above the mean score of 8 and were offered PST**. The maximum number of sessions one can have is six, and depending on nature of problem and counselling progress, KPs were free to stop sessions at any point. The number of sessions one attends depends on their problem; 180 returned for session one, 73 returned for session two, 27 returned for session three, 12 returned for session four, 3 returned for session five and none returned for session six.
- **The number of KPs returning after the first session dropped**; which is consistent with other organisations providing PST for different populations in Zimbabwe.
- 27 KPs had red flags, however only 12 were successfully referred to nurses and accessed services at respective facilities.
- KPs with red flags were not comfortable being referred outside their KP community, fearing stigma and discrimination from service providers who may not be KP friendly.
- **CFs embraced PST despite time demands that accompany integration of mental health into HIV prevention and treatment**.
- **Trained CFs also require mental health support** as they face the same vulnerabilities as their peers.



Conclusions

- **Strengthened KP-friendly referral structures could increase the acceptance of referrals and service uptake**.
- **Integrating mental health care in HIV prevention, care, and treatment interventions for KPs could help deliver effective and affordable solutions** to bridge the mental health treatment gap, leading to improved health outcomes.
- **An evaluation is required to assess acceptability and feasibility of PST** among KPs and understanding of best practices for future implementation.

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