Interventions and approaches to integrating HIV and mental health services: a systematic review

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Background
The frequency in which HIV/AIDS and mental health problems co-exist, and the complex bi-directional relationship between them, highlights the need for effective care models combining HIV and mental health services. This systematic review aimed to synthesize the literature on interventions and approaches integrating these services.

Methods
Eligible studies included those that described or evaluated an intervention or approach integrating HIV and mental health care. We searched multiple databases from inception, screened articles for inclusion, conducted data extraction, and assessed evaluative papers for risk of bias.

Results
Of the 45 articles included, we identified three models of integration at the meso and micro levels: single-facility integration, multi-facility integration, and integrated care coordinated by a non-physician case manager. Single-site integration enhances multidisciplinary coordination and reduces access barriers for patients. However, the practicality and cost-effectiveness of providing a full continuum of specialized care on-site for patients with complex needs is arguable. Integration based on a collaborative network of specialized agencies may serve those with multiple co-morbidities but fragmented and poorly coordinated care can pose barriers. Integrated care coordinated by a single case manager can enable care continuity but requires appropriate training and support for case managers. Involving people living with HIV as key actors in facilitating integration within their own treatment plan is a promising approach.

Conclusions
This review reveals a diversity in integration models combining HIV and mental health services which can yield positive patient and service delivery outcomes through contextually appropriate implementation. As policy makers consider new and innovative ways of financing, implementing and evaluating integrated care for HIV and mental health services, the evidence presented can contribute to this process.

Key messages:
- Single-site HIV and mental health service integration augments coordination of care reducing access barriers, while multi-facility integration may be more beneficial for multi-morbid patients.
- Active case management through task-shifting offers considerable advantages, particularly in low resource settings and when people living with HIV are involved in their own care integration.