



11 October 2022

STATEMENT

Integration of women's community-led mental health services into the HIV response in the EECA region

The Eurasian Women's Network on AIDS shares the global advocacy stance ***“No health without mental health!”***.

According to the European AIDS Treatment Group survey¹, over half (51.5%) of the sample of people living with HIV reported feeling bad about their HIV status and consider that HIV has had a negative impact on their ability to engage in relationships and social activities (55.9%), and in their sex life (56%). 63.4% consider HIV stigma to have had a negative role on their mental well-being.

Women living with HIV experience higher rates of depression, anxiety and post-traumatic stress symptoms than men living with HIV and women who do not have HIV. Women with mental health, neurological or substance use conditions have less access to treatment than men with the same conditions².

Women's leadership and presence in HIV activism make it possible to embody the "Nothing About Us Without Us" principle of participation. Activists often have to act as caretakers, providing emotional support and physical care. Activists experience difficulties with balancing emotional engagement in the workplace, suffer from overwork, burnout and depression. These conditions are getting worse amid repressive policies, the COVID-19 pandemic and wars. Special efforts are needed to avoid such a situation where women help others to their own detriment. These efforts can be covered by the concept of sustainable activism³.

The assessment of access to mental health services among HIV-positive women from the EECA region⁴ has shown that the respondents frequently experience insomnia (62%), depressed mood for at least two weeks (62%), severe shock in the last year (68%). Despite this, women rarely turn to specialists for help. Only 30% of the respondents indicated that a psychologist and a psychiatrist work on the staff of the medical institution where they are at the dispensary observation due to HIV. However, 86% of them did not seek help from these specialists during the last 6 months. 14% of those asking for help in the last year indicated the

¹ Mental health of people living with HIV and staff of organisations working in the field of HIV in the WHO European Region. EATG, 2021 <https://www.eatg.org/wp-content/uploads/2021/06/eatg-hiv-and-mental-health-short-report-english.pdf>

² Integration of mental health and HIV interventions. Key considerations, UNAIDS-WHO. 2022. https://www.unaids.org/sites/default/files/media_asset/integration-mental-health-hiv-interventions_en.pdf

³ Обзор практики поддержки активисток в вопросах психического здоровья, ЕЖСС, 2022 [Overview of Mental Health Support Practices for Female Activists, EWNA, 2022]. <http://www.ewna.org/wp-content/uploads/2022/09/EWNA-Activists-Support-Practice.pdf>

⁴ 187 HIV-positive women from 7 EECA countries took part in the online survey. EWNA, 2020

following reasons for seeking help: 33% depression, 33% accepting the diagnosis/fear of death due to the diagnosis, 33% taking ART. The vast majority of respondents (90%) believe that the AIDS Centre staff requires specialists who could provide help with mental health issues. According to the survey participants, now the key duties of the AIDS Centre psychologist include help in accepting the diagnosis, motivation to take / return to taking ART, which does not include help with mental health issues that are not related to HIV.

According to the findings of the community-led research in Ukraine, the vast majority of HIV-positive women who had experienced physical abuse had mental health consequences, such as feelings of fear, anxiety, panic attacks, depression, loneliness, and one in four women considered committing suicide⁵. HIV-related stigma and mental health-related stigma play a relevant role both in mental health itself and in seeking help.

Based on the findings of the screening for depression in HIV-positive women in the EECA countries⁶, at least a quarter of the participants in the express assessment have experienced depressive episodes of varying severity. Most of the respondents suffer from mental distress, which can contribute to the development of severe forms of depression, especially in the presence of chronic diseases, difficult and crisis life circumstances.

Women are one of the groups most acutely affected by the negative impact of the COVID-19 pandemic, with spikes in domestic violence and declining resources for mental health support⁷.

According to the experience of women-led organisations, projects based on mutual support, including psychological and psychiatric support services, significantly increase women's ability to take care of their own health, reduce the level of emotional burnout among HIV activists, reduce the risks of gender-based violence and discrimination⁸.

Mental health is not only the absence of suffering or illness, it is also a sense of well-being, maintaining relationships with other people, self-evaluation of one's significance and productivity in society, as well as an effective and reasonable response to common causes of stress. Mental health should be considered on a continuum that ranges from well-being to disorder. It is important to form a wide variety of interventions in the EECA countries to promote, prevent, support and restore mental health, integrate HIV-related care of physical and mental health.

On October 11, 2022, the Eurasian Women's Network on AIDS held a Regional consultation for the EECA countries "Expanding access to mental health services for women living with HIV and women from key populations" in order to identify priority measures for the integration

⁵ Мониторинг насилия среди женщин, живущих с ВИЧ, в программах профилактики, ухода и поддержки в связи с ВИЧ. БО «Позитивные женщины», 2020 [Monitoring violence among women living with HIV in HIV prevention, care and support programs. CO "Positive Women", 2020] http://www.pw.org.ua/wp-content/uploads/2021/02/PW-Violence-Report_2020.pdf

⁶ Depression vs well-being: findings of express assessment of screening for depression in HIV-positive women in the EECA countries, EWNA, 2021. https://ewna.org/wp-content/uploads/2022/10/ewna_unfpa_screening-for-depression_2021_eng.pdf

⁷ Women, HIV and COVID-19 in countries of Eastern Europe and Central Asia. Report on the results of the women and community-led research. EWNA, 2021. https://ewna.org/wp-content/uploads/2022/10/women-hiv-and-covid-19_eng_full.pdf

⁸ Обзор практики поддержки активисток в вопросах психического здоровья, ЕЖСС, 2022 [Overview of Mental Health Support Practices for Female Activists, EWNA, 2022]. <http://www.ewna.org/wp-content/uploads/2022/09/EWNA-Activists-Support-Practice.pdf>

of community-led HIV-related mental and physical health prevention, care and support services for women living with HIV and women from key populations.

KEY MESSAGES:

1. INTEGRATION OF HIV AND MENTAL HEALTH

Integrating gender-responsive and gender-transformative HIV and mental health strategies, guidelines, services and programs is a critical need and an effective approach to achieve global and country-level goals in the HIV and mental health response.

2. COMMUNITY-BASED AND LED SERVICES

Communities help reduce stigma, discrimination and social exclusion faced by people with mental illness and people living with HIV. Meaningful community involvement in the development of policies and interventions, as well as the direct delivery of integrated services, contribute to the successful integration of HIV and mental health.

3. SUPPORT FOR ACTIVISTS

Special efforts and resources are needed to avoid such a situation where women help others to their own detriment. These efforts should focus on sustaining activism, including education, self-care skills, mental health screening tools, safe spaces, mental health mobilization and advocacy for female activists.

4. ACCESS TO PSYCHOTHERAPEUTIC AND PSYCHIATRIC CARE

The design and delivery of mental health services in programs often comes down to self-help groups and psychological counseling. However, in order to ensure a comprehensive access, it is necessary to develop professional psychotherapy and mental health care programs that are provided by friendly specialists and address unmet mental health needs in the HIV response, as well as to develop new partnerships with patient communities of people living with mental disorders and professionals who provide them with assistance.