

Workshop for Integrating Mental Health into HIV Services in Zimbabwean Communities

“There is no health without mental health”

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MODULE 1

Introductory Activities

Objectives for Module 1

1. Identify other participants in the workshop
2. Cite the goals and objectives of the workshop
3. Decide upon and agree to group norms
4. Find and refer to the workshop schedule
5. Describe the structure of the pilot activity
6. Identify potential learning needs through pre-test

Goal of the Mental Health and HIV Integration Pilot Activity

- To integrate mental health screens into HIV services creating a network of referrals and linkages at the community level to support a stepped-care approach to meet the mental health needs of PLHIV in targeted communities in Zimbabwe.
- To develop a Standard Operating Procedure so that other communities interested in mental health integration can follow the model of this pilot activity

Goals of the Workshop

- Participants will understand the principles of mental health and how to integrate designated mental health screening tools into the services that they currently provide.
- Participants will understand how to create a strong network of referrals and linkages for mental health within their communities.
- Participants will plan for sharing the information learned at this workshop so that they may provide instruction for their colleagues to integrate mental health screenings into daily practice.

Objectives

1. Define and explain basic principles of mental health
 - a. Describe symptoms associated with various mental health problems and how they may impact HIV/AIDS outcomes

2. Define and explain basic principles of alcohol and substance use
 - b. Describe symptoms of harmful alcohol and substance use and the potential impact on HIV/AIDS outcomes

Objectives

3. Describe and practice utilization of the Shona Symptom Questionnaire (SSQ), CAGE-AID and Abbreviated Community screenings tools
 - a. Describe the designated referral protocol for clients who have additional mental health and substance use needs

4. Describe various therapeutic communication techniques to utilize in practice
 - a. Utilize a therapeutic communication tool for mental health problems
 - b. Utilize a therapeutic communication tool for alcohol and substance use

Objectives

5. Create a system of linkages utilizing referral protocols for mental health integration at the community level

6. Create a plan to train colleagues at their facility on integration activities

a. Practice facilitating a session on mental health integration in small groups during the workshop

7. Carry out mental health integration in practice with supportive supervision following the workshop

Integration Leaders

- Provide expert guidance for the community on integration
- Provide oversight for the referral system (to be discussed tomorrow)
- Provide oversight on integration protocol within their sites and for all sites in catchment area
- Communicate with AIDSTAR-One with questions/issues
- Lead the agenda for mental health integration in their communities and advocate for clients

Why Integrate Mental Health and HIV?

- Integration of mental health and HIV has the potential to improve health and social outcomes for PLHIV
 - CD4 count
 - Weight
 - Adherence
 - Retention
 - Mental health status

MODULE 2

The Basics of Mental Health

Objectives for Module 2

1. Explore their values, thoughts and perceptions surrounding mental health
2. Explain how HIV and mental health may be associated
3. Describe various signs and symptoms of mental health problems
4. Discuss case studies to identify potential mental health problems

Mental Health and HIV; what is the connection?

- Persons suffering from mental illness are more likely to contract HIV
- An HIV + diagnosis poses a significant psychological burden, increasing the risk of mental illness

Mental Health and HIV; what is the connection?

- Decreased adherence with mental illness
- Decreased HIV care and treatment seeking behaviors in persons with mental illness and substance use
- Greater HIV-related mortality with chronic depression

HIV and Mental Health Problem Vulnerability

Diagnosis

- Reactions to diagnosis are varied and may change over time
- May include anger, shock, denial

Disclosure

- Fear surrounding tell others
- Hiding status can lead to stress, avoidance of relationships, and interfere with treatment adherence

Stigma and Shame

- Internal
- External

Definitions

Health:

- "A state of complete physical, mental and social well-being, and not merely the absence of disease". (WHO)

Mental Health:

- The psychological or mental state of an individual

Mental Disorder:

- When a problem or symptom disrupts daily functioning in 1) home, 2) school, and/or 3) community.

Mental Illness:

- Any disease or condition affecting the brain that significantly influences or disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning.

Depression

- Low energy, fatigue, sleep and appetite changes
- Persistent sad or anxious mood; irritability
- Low interest or pleasure in activities that used to be interesting or enjoyable
- Multiple symptoms with no clear physical cause (aches, pains, palpitations, numbness)
- Difficulties in carrying out usual work, school, domestic or social activities

Suicide

Most common during crisis:

- At the time of initial HIV diagnosis
- When the CD4 count first declines and medication begins
- Complications in the course of the illness
- Chronic pain
- Rejection by a loved one
- Loss of a loved one

Increased risk to carry out an attempt:

- Severe depression and /or psychosis
- Drug or alcohol use

Suicidal Clients

- Ask the client if they are thinking of hurting themselves
- Ask if they have ever attempted suicide in the past
- Ask if they have a plan
 - Ask for more information as the client is willing to share
 - Bring the client to a provider who can carry out the necessary mental health referral to receive additional services
 - Involve the family and psychosocial services for additional support where appropriate and as the client agrees

If the client is cleared to go home, make an agreement with the client to notify a trusted individual immediately if the suicidal thoughts return!!

Anxiety

- Excessive fear and/or nervousness
- Commonly occurs in the setting of depression
- Characterized by physical and mental symptoms
- Results in specific behaviors manifested by the anxiety
- May be associated with past trauma

Anxiety, Trauma, and Gender

- 57% of women in Zimbabwe experience some form of violence in their lifetime
 - Emotional, physical, sexual
- 25% of women in Zimbabwe experience sexual violence
 - Places the woman at risk for contracting HIV
 - Result in anxiety
 - Complaints of genital pain is a common symptom among women experiencing anxiety with a past history of sexual trauma

Psychosis

- Abnormal or disorganized behavior (incoherent or irrelevant speech, unusual appearance, self-neglect, unkempt appearance)
- Delusions (a false firmly held belief or suspicion)
- Hallucinations (hearing voices or seeing things that are not there)
- Neglecting usual responsibilities related to work, school, domestic or social activities
- Manic symptoms (several days of being abnormally happy, too energetic, too talkative, very irritable, not sleeping or reckless behavior)

Epilepsy

- Epilepsy causes seizures
- More common among PLHIV
- People with epilepsy have a higher prevalence of mental illness BUT epilepsy is NOT a mental illness
- Caused by brain tumor, head injury, stroke, brain infection, alcohol chronic intoxication and withdrawal, genetics and low blood sugar
- Traditional beliefs sometimes attribute epilepsy to insanity, evil spirits and sorcery

The Case of Miriam

Miriam, a 25 year old married mother of three was diagnosed with HIV six months ago. She has been relatively healthy, however she has not been attending her appointments as scheduled. When she does attend, she appears withdrawn, impatient with her children who accompany her, and complains of generalized aches and headache.

- What do you suspect?
- Why?

The Case of Maureen

Maureen, a 20 year old HIV positive female is brought to the traditional healer by her mother. Her mother states that recently Maureen has begun to have conversations with someone who is not there and that she has not been going to work as usual. Maureen appears unkempt and is speaking very rapidly about someone who is “out to get her”.

- What do you suspect?
- Why?

Why is it Important to Recognize Symptoms of Mental Health Problems

- To carry out a formal screen and refer immediately
- Improve the emotional quality of health for the client
- Link the client to services within the community to provide additional emotional and psychosocial support
- Help improve self-care including medication adherence, routine clinic attendance
- Open dialogue surrounding mental health may serve to decrease stigma and improve communication surrounding future symptoms

MODULE 3

The Basics of Alcohol and Substance Use

Objectives for Module 3

1. Explore their values, thoughts and perceptions surrounding alcohol and substance use
2. Explain how HIV and mental health problems are related to alcohol and substance use
3. Increase their comfort level in discussing alcohol and substance use
4. Discuss case studies to identify potential alcohol and substance use

Alcohol and Substance Use in Zimbabwe

Lifetime alcohol abstinence: 58% men, 91% women

Among drinkers >15 years old

- 39% of men and 20% of women are heavy episodic drinkers (> 60 grams of pure alcohol at least once in the last week) (WHO, 2011)

Less evidence available on other substances, but anecdotally, rates are increasing

Why is Alcohol and Substance Use of Concern?

- Substance use on the rise
- Sharing needles may cause HIV transmission
- Having unprotected intercourse with an IV drug user can increase risk of HIV
- Alcohol and substance use may be a means to escape from the stress of living with HIV
- Alcohol and substance use may lead to decreased adherence and care seeking behaviors
- Alcohol and substance use may lower economic status

Stigma Towards Alcoholics and Substance Users Decreases Access to Treatment

Substance users (and their families) do not seek help due to social stigma

- Keep the problem hidden by avoiding treatment
- Deny that substance use is a problem and that treatment is needed

Women are more stigmatized than men

- Hide substance use due to fear of having children removed, and fear that she will be judged by health care providers

(Myers et al., 2009)

Addiction

- Physical and mental dependence upon a substance to the point that stopping or cutting down is difficult
- Stopping may lead to mental agitation and physical illness that lead the person to continue using the substance
- Often need more of the substance to experience the same effect over time.

Alcohol

Early detection is effective to prevent clients from becoming dependent

- Hazardous use: risk to physical or mental health by making other conditions worse and impairing judgment
- Harmful use: physical and mental health damage evident
- Dependence/addiction: strong urge to drink, inability to control the quantity of intake, drinking becomes prioritized, increased tolerance and alcohol withdrawal

Signs and Symptoms of Harmful Alcohol Use

- Appearing to be under the influence of alcohol (smell, appears intoxicated, hangover)
- Presenting with an injury
- Somatic symptoms associated with alcohol use (insomnia, fatigue, anorexia, nausea, vomiting, indigestion, diarrhea, headaches)
- Difficulties in carrying out usual work, school, domestic or social activities

Acute Alcohol Withdrawal

- Headache, hand and body tremors, sweating, nausea, vomiting, auditory or visual hallucinations, marked irritability, and confusion, increased pulse and blood pressure, and seizures
- Occur 24 - 48 hours after last drink
- Encourage fluids, provide immediate referral for medication
- Acute alcohol withdrawal is a life-threatening emergency

Substance Use Disorders

Drug Use

- Appearing drug-affected (low energy, agitated, fidgeting, slurred speech)
- Signs of drug use (injection marks, skin infection, unkempt appearance)
- Requesting prescriptions for sedative medication (sleeping pills, opioids)
- Financial difficulties or crime related legal problems
- Difficulties in carrying out usual work, domestic or social activities

The Case of Joseph

Joseph, a 54 year old who is a recent widow has been on ART for 5 years with good adherence. He accesses services within the community for psychosocial support. When he presents to the community health worker this visit, he appears disheveled, has slurred speech, appears to have lost weight and is markedly uninhibited. He shares that he does not remember the last time he filled his prescription for ART.

- What do you suspect?
- Why?

The Case of Jacqueline

Jacqueline is a 32 year old mother of 4 who was diagnosed with HIV 3 years ago and recently learned that 2 of her 4 children are also HIV positive. Jacqueline has been attending appointments irregularly, and when she does come in, appears that she has been drinking alcohol. You have encouraged her in the past to stop drinking. Today Jacqueline appears very uncomfortable. She is shaking and sweaty and reports nausea and a bad headache.

- What do you suspect?

Why is it important to recognize symptoms of Alcohol and Substance Use?

- To carry out a formal screen and refer appropriately.
- Improve the health and quality of life for the client
- Identify a mental health problem which may be disguised by alcohol or substance use
- Link the client to services within the community to provide additional support
- Help to improve self-care including medication adherence, routine clinic attendance and decreased mortality
- Open dialogue may help to decrease stigma and improve communication surrounding future symptoms

MODULE 4

Introduction to the Screening Tools and Protocols

Objectives for Module 4

1. Identify the appropriate screening tool(s) to use at their site
2. Explain the purpose of each screen
3. Practice utilizing each of the screening tools
4. Practice the integration protocol utilizing various scenarios

Introduction to the Screening Tools

- Health Facility
 - Shona Symptom Questionnaire (SSQ)
 - CAGE-AID
- Community Based Organizations and TMPs
 - Abbreviated Community Screen

The Shona Symptom Questionnaire (SSQ)

- The first indigenous screening tool in Africa to detect anxiety and depression.
- Fourteen item questionnaire developed by nurses and traditional healers.
- May be used within health facilities and within the community identify potential mental illness cases.
- Available in English and Shona.
- Does not screen for psychosis.

Shona Symptom Questionnaire

Shona Symptom Questionnaire

Client Name: _____

Date: _____

Musvondo rapfuura...	Ehe	Aiwa
<i>During the course of the past week...</i>	<i>Yes</i>	<i>No</i>
1. pane pamaimboona muchinyanya kufungisisa kana kufunga zvakawanda here? <i>did you have times in which you were thinking deeply or thinking about many things?</i>		
2. pane pamaimbotadza kuisa pfungwa dzenyu pamwechete here? <i>did you find yourself sometimes failing to concentrate?</i>		
3. maimboshatirwa kana kuita hasha zvenhando here? <i>did you lose your temper or get annoyed over trivial matters?</i>		
4. maimborota hope dzinotyisa kana dzisina kunaka here? <i>did you have nightmares or bad dreams?</i>		
5. maimboona kana kunzwa zvinhu zvangazvisingaonekwe kana kunzwikwa nevamwe here? <i>did you sometimes see or hear things which others could not see or hear?</i>		
6. mudumbu menyu maimborwadza here? <i>was your stomach aching?</i>		

The CAGE -AID

- Utilized throughout the world to detect potential problems with alcohol and substance use.
- Requires only approximately 1 minute to carry out the screen.
- May be used with clients 16 years old and above.
- For the purposes of this pilot, it is available in English and Shona.

The CAGE-AID Screen

The CAGE-AID Screening Tool

<p>Pindurai hongu kana kwete pane mibvunzo inotevera: Please answer yes or no to the following questions:</p>	<p>Ehe Yes</p>	<p>Aiwa No</p>
<p>1. Unombonzwa here kuti unofanirwa kudzikisira manwiro aunoita doro, uye maputiro kana mashandisiro aunoita zvinodhaka? <i>Have you ever felt you should cut down on your drinking or drug use?</i></p>		
<p>2. Pane munhu kana vanhu vanombokushatirisai here nekushoropodza kwavanoita manwiro ako edoro, uye maputiro kana mamwe mashandisiro aunoita zvinodhaka? <i>Have people annoyed you by criticizing your drinking or drug use?</i></p>		
<p>3. Unombozvitongesa here pamusoro pekunwa doro, kuputa kana kushandisa kwaunoita zvinodhaka? <i>Have you ever felt bad or guilty about your drinking or drug use?</i></p>		
<p>4. Wakambotanga nekumwa doro, kuputa kana kushandisa zvinodhaka uchangobva mukumuka mangwanani kuti unzwe zvakanaka kana kuti upedze bhabharasi? <i>Have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover (an "eye-opener")?</i></p>		
<p>Scoring: Add together the number of questions to which the client responded "yes".</p>	<p>TOTAL SCORE:</p>	

Abbreviated Community Screen

- Two mental health questions
 - A rating of 7 or greater warrants referral
- One alcohol and substance use question
 - A positive response warrants referral
- Requires strong linkages and communication between the Community Health Worker and the health facility to make sure that clients arrive to the health facility for further screening.

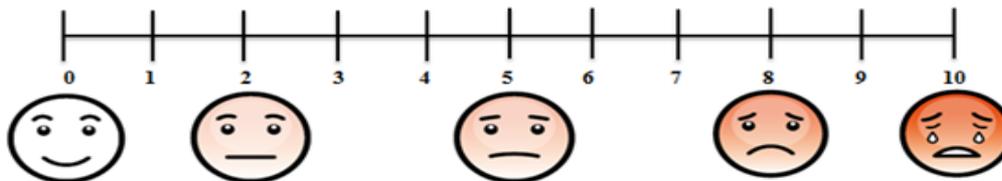
Abbreviated Community Screen

The Abbreviated Community Screen

Instructions: Ask the client the following questions. The client should be referred to the health facility if: They answer ≥ 7 to questions 1 or 2 or if they respond "yes" to question 3.

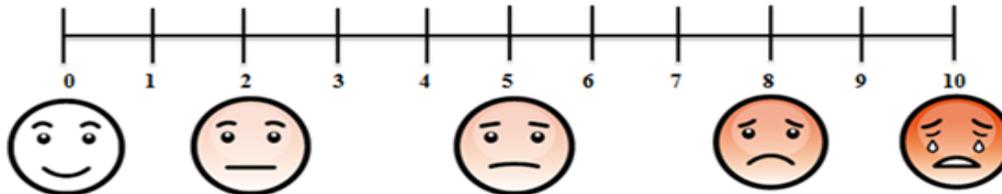
1. Wakambonzwa kusuwa here musvondo rapfuura?

Have you been feeling sad over the past 7 days?

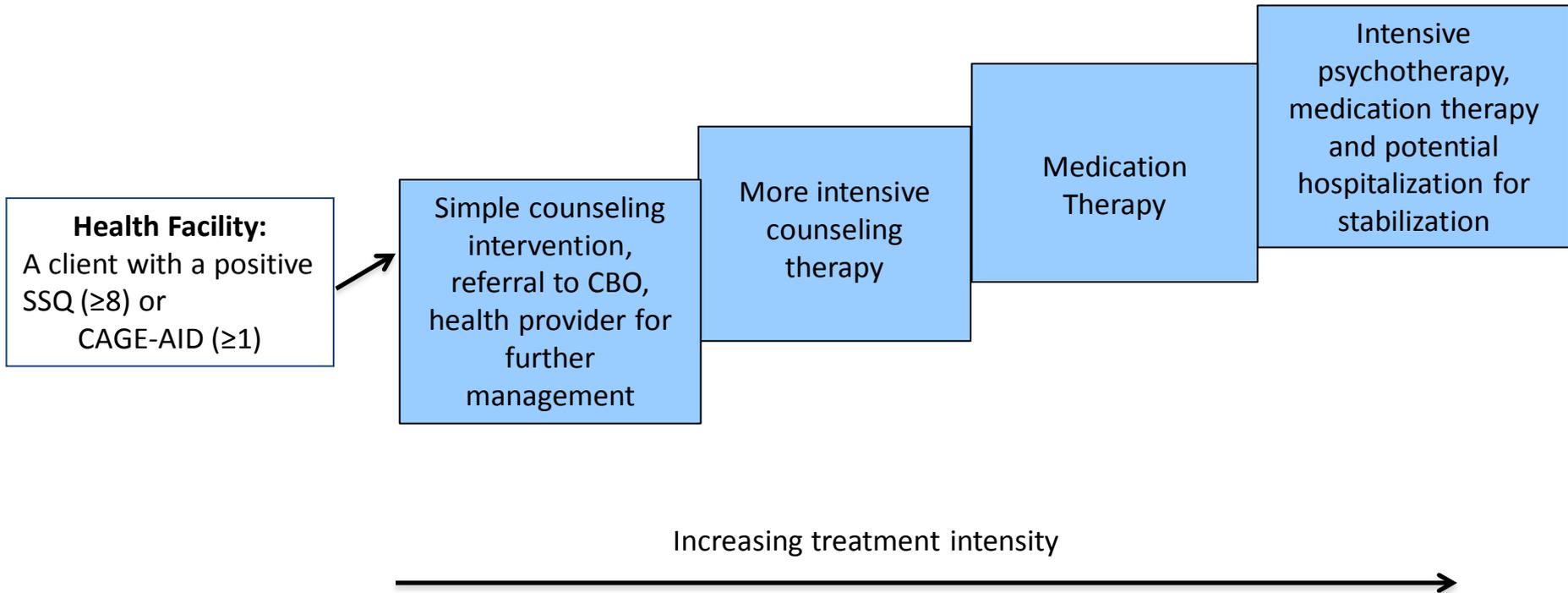


2. Wakambonzwa kushushikana here musvondo rapfuura?

Have you been worried over the past 7 days?



The Stepped-Care Model



Screening Guidelines:
Screen all adult clients at each visit.

Documentation:
Place completed screen in client record.

When a referral is made complete the following:
•Top half of Referral Form (give to client to bring to next appointment)
•Referral-OUT Register

When a referral is received complete the following:
•Bottom half of Referral Form (give to client to bring to provider who made original referral)
•Referral-IN Register

Specialized Services

Self Care and Family Support

Hospitalization

- Action:
- a) Stabilize client with counseling therapy and/or medication
 - b) Refer back to health facility and CBO/TMP once stable

CBO and/or TMPs,

- Action:
- a) Psychosocial services, spiritual services and/or
 - b) Further counseling;
 - c) Refer to hospital when a client is a danger to self or others.

Health Facility

- Action:
- a) In-depth counseling (may include family members/trusted friends) and/or
 - b) Medication management;
 - c) Refer to hospital when a client is a danger to self or others.

Community Organization (CBO)/ Traditional Medicine Practitioners (TMPs)

Entry Point: Clients visit the CBO or TMP

Tool: Abbreviated Community Screen

Positive Screen: A) Score of 7 or greater to the sad or worry question; the alcohol and substance use question; or C) Suspicion of mental health/substance uses despite negative screen

Action: 1). Therapeutic counseling , 2) Refer to health facility for a full SSQ or CAGE-AID, and 3) Continue psychosocial services

Clients with acute suicidal ideation and/or alcohol withdrawal should be immediately referred the SAME DAY to the health facility

Health Facility

Entry Point: Routine client visit or client follows through on referral from CBO after a positive screen.

Tools: SSQ and CAGE-AID

Positive Screen: A) SSQ (≥ 8); or B) CAGE (≥ 1); or C) Suspicion of mental health problems/substance use despite negative screen

Action: 1). Therapeutic counseling, 2. Refer to most qualified staff for counseling and/or medication (may be an internal or external referral), and 3. Refer client to CBO or TMP for psychosocial support, social and spiritual services..

Clients with an SSQ ≥ 10 acute suicidal ideation and/or alcohol withdrawal should receive immediate SAME DAY high level care

Protocol at the CBO or TMP

- Screen each client annually
- For a positive screen
 - Provide a basic counseling intervention
 - Refer the client to the health facility for further screening
- Documentation (to be discussed further tomorrow)
 - Record all screens on the Data Collection Sheet
 - Provide client with a completed Referral Form
 - Record referral in the Referral Register

Protocol at the Health Facility

- Screen each client annually
 - Rescreen positive clients every 3 months until negative
- For a positive screen
 - Provide a basic counseling intervention
 - Refer the client for higher level counseling and /or medication management as needed (internal or external)
 - Refer the client to a CBO for psychosocial services
- Documentation (to be discussed further tomorrow)
 - Record all screens on the Data Collection Sheet
 - Provide client with a completed Referral Form
 - Record referral in the Referral Register

The Mental Health/HIV Integration Pilot Activity Health Facility Job Aid

Screening Protocol All adult clients should receive an SSQ and CAGE-AID screen at each visit.

A Positive SSQ (score 8 or greater)

1. Determine if the client is suicidal by asking:

- Are you thinking of hurting yourself?
- Have you ever attempted suicide in the past?
- Do you have a plan? If yes, what is it?

If the client is actively suicidal or has an SSQ score ≥ 10 seek immediate SAME DAY medical attention per protocol.

2. Tell the client that:

- depression is common, treatable and temporary
- coping can sometimes be more difficult if someone is experiencing depression, but this is only temporary
- it is normal to experience difficulties, but there are things that you can do to help yourself feel better

3. Give advice and do a WRAP:

- encourage a healthy diet, exercise, social activities and a routine sleep schedule, discourage substance use
- encourage the client to follow through on referrals for community-based support and talk with trusted family and friends about their feelings

4. Refer the client to a health care provider using the Client Referral Form for further counseling and medication.

5. Refer the client to CBO services using the Referral Form for supplementary care

6. Record the referral in the Referral Register.

A Positive CAGE-AID (score 1 or greater)

1. Assess for Acute Alcohol Withdrawal symptoms through determining if the client is tremulous, sweating, nauseous, vomiting, has a headache, is irritable and smells of alcohol.

If Acute Alcohol Withdrawal is suspected the client should receive immediate SAME DAY medical attention per protocol.

2. Tell the client that:

- It would be better if you cut down or abstained
- I understand the difficulty of cutting down or quitting, but I am optimistic that you will succeed
- I am willing to help you make plans
- I am willing to help you think about where this falls in relationship to your other goals and priorities

3. Utilize the Readiness to Change Rulers to assist with an assessment of the client's readiness to quit the behavior and to guide discussion with the client.

4. Refer the client to a health care provider using the Client Referral Form for further counseling.

5. Refer the client to CBO services using the Referral Form for supplementary care

6. Record the referral in the Referral Register.

Data Collection Tips

- Record data after each client encounter.
- Place screen in client record after the visit and use as a visual prompt at next visit to inquire if the client followed through on any referrals and if they have documentation from the visit.
- Notify the Integration Leader if you are running low screens and client referral forms.

Referral Tips

- Instruct client how to arrive to appointment.
- Give client the Client Referral Form with the top half completed. Tell them to give the form to the provider when they attend the referral appointment.
- Document each referral in the Referral Register-OUT form.
- Document each referral received in the Referral Register-IN form.

Clients who are suspected of mental health problems or alcohol and substance use, but have a negative screen should be treated as if they had a positive screen and receive integrated mental health and HIV services

The Mental Health/HIV Integration Pilot Activity

Community-Based Organization and Traditional Practitioner Job Aid

Screening Protocol

All adult clients should receive an abbreviated community screen at each visit.

Counseling Tips

- Maintain the client's confidentiality at all times.
- Open the visit with a general greeting, "How have you been?".
- Make sure that the client feels comfortable prior to beginning the screen
- Do not judge
- Express empathy
- Let the client know that you are interested in what they have to share
- Actively listen
- Thank the client for sharing

A "yes" to the alcohol and substance use question:

1. Assess for Acute Alcohol Withdrawal symptoms through determining if the client is tremulous, sweating, nauseous, vomiting, has a headache, is irritable and smells of alcohol.

If Acute Alcohol Withdrawal is suspected the client should receive immediate SAME DAY medical attention per alcohol withdrawal guidelines.

2. Refer the client to a health facility for a full assessment.

3. Continue CBO services and link the client into additional supplementary CBO services.

Clients who are suspected of mental health problems or alcohol and substance use, but have a negative screen should be treated as if they had a positive screen and receive the above services

Data Collection Tips

- Record data after each client encounter.
- Place screen in client record after the visit.
- At the client's next visit, utilize the screen in the chart as a reminder to inquire if the client followed through on any referrals.
- Notify the Integration Leader if you are running low on screening tools or Client Referral Forms.

A score of 7 or greater on the sad or worry questions:

- 1. Determine if the client is suicidal by asking:**
- Are you thinking of hurting yourself?
 - If the client answers yes, then ask:
 - Have you ever attempted suicide in the past?
 - Do you have a plan? If yes, what is it?

If the client is actively suicidal seek immediate SAME DAY medical attention per suicidal ideation guidelines.

2. Refer the client to the health facility for a full assessment.

3. Continue CBO services and link the client into additional social and spiritual services.

Referral Tips

1. Provide and explain to the client:
 - The reason for the referral
 - Written and oral instructions for how to arrive to appointment
 - The Client Referral Form with top half completed. Tell the client to bring the form to their appointment, and give the referring provider for form. Tell referring provider will complete the bottom half and give it back to the client to bring back to the original provider.
2. Document each referral made in the Referral Register-OUT sheet
3. Document each referral received in the Referral Register-IN sheet

Protocol at the CBO or Traditional Healer

Rudo receives an Abbreviated Community Screen during a routine visit and scores an 8 on the sad question, a 3 on the worry question and a 0 on the alcohol and substance use question.

- What should you do?
- Where should you make a referral?
 - What type of documentation is required to make a referral?
- Where should you document information about Rudo?
- When should he receive another screen?

Protocol at the CBO or Traditional Healer

Maiba receives an Abbreviated Community Screen during her visit with the Traditional Healer and scores a 10 on the sad question, a 7 on the worry question and a 0 on the alcohol and substance use question.

- What additional questions should you ask?
- Where and when should you make a referral?
- Where should you document information about Maiba?
- What additional actions can you take to make sure that she arrives at the health facility today?

Protocol at the CBO or Traditional Healer

Farai visits the CBO and during a routine Abbreviated Community Screen and scores a 2 on the alcohol and substance use question, a 3 on the sad question and a 4 on the worry question.

- What should you do?
- Where should you make a referral?
 - What type of documentation is required to make a referral?
- Where should you document information about Farai?
- When should he receive another screen?

Protocol at the CBO or Traditional Healer

Nyasha visits the Traditional Healer and receives a routine Abbreviated Community Screen. She scores a 5 on both the sad and worry questions and a 0 on the alcohol and substance use question. While she does not meet the cut-off for a positive screen, you suspect that she might be experiencing depression and anxiety.

- What should you do?
- Where should you make a referral?
 - What type of documentation is required to make a referral?
- Where should you document information about Nyasha?
- When should she receive another screen?

Protocol at the Health Facility

Moyo received a positive Abbreviated Community Screen at the CBO and has been referred for a full screen at the health facility. Today he scores an 8 on the SSQ and a 0 on the CAGE-AID.

- What should you do?
- Where should you make a referral?
 - What type of documentation is required to make a referral?
- Where should you document information about Moyo?
- When should he receive another screen?

Protocol at the Health Facility

Zuka receives routine SSQ and CAGE-AID screens during a routine HIV visit. He scores a 4 on the CAGE-AID and a 3 on the SSQ.

- What should you do?
- What else should you determine during this visit?
- Where should you make a referral?
 - What type of documentation is required to make a referral?
- Where should you document information about Rudo?
- When should he receive another screen?

Protocol at the Health Facility

Cynthia receives an SSQ and CAGE-AID screen during a routine HIV visit. She scores a 6 on the SSQ and a 0 on the CAGE-AID. While she does not meet the criteria for a positive SSQ, you still suspect that she is depressed.

- What should you do?
- Where should you make a referral?
 - What type of documentation is required to make a referral?
- Where should you document information about Cynthia?
- When should she receive another screen?

MODULE 5

Facilitation Preparation

Objectives for Module 5

1. Prepare to facilitate a session for Day 2 of the workshop
2. Become acquainted with the Site Staff Training Manual within the Mental Health/HIV Integration Workbook

Facilitation Responsibilities

- Review the Training Manual and:
 - Choose a session to facilitate
 - The session should be approximately 5 minutes in length
- Begin to consider how you plan to train your colleagues at your own site

MODULE 6

BUILDING LEADERSHIP CAPACITY

Objectives for Module 6

1. Understand characteristics of effective leaders
2. Describe responsibilities as Integration Leaders
3. Be prepared to provide leadership and guidance for integration in their communities

Characteristics of Effective Leaders

- A good leader is enthusiastic about their work or cause and also about their role as leader.
- A good leader is confident.
- A leader also needs to function in an orderly and purposeful manner in situations of uncertainty.
- A good leader is committed to excellence

Integration Leaders

- Provide expert guidance for the community on integration
- Provide oversight for the referral system (to be discussed tomorrow)
- Provide oversight on integration protocol within their sites and for all sites in catchment area
- Communicate with AIDSTAR-One with questions/issues
- Lead the agenda for mental health integration in their communities and advocate for clients

Introducing Integration to Other Leaders

Who are your community leaders?

- Traditional healers, spiritual leaders, government officials, informal leaders within the community

Introduce the pilot activity to the leaders and request

- Encouraging at-risk community members to visit health facility, CBO or traditional healers for screenings
- Encourage follow-up of clients who are known to be receiving services to minimize defaulters
- De-stigmatize mental health by acknowledging in the community that mental health problems are common and can be treated

MODULE 7

Day One Wrap-Up

Objectives for Module 7

1. Discuss lessons learned in Day One
2. Review

Day One Activities

- Basics of Mental Health
 - Define Mental Illness
 - Define Depression
 - Define Alcohol and Substance use
- Describe each of the Screening Tools
 - Explain the protocol for a positive screen at each level
- List the tips for creating strong community linkages

MODULE 8

Day Two Introduction

Objectives for Module 8

1. Discuss lessons learned in Day One
2. Review

Review of Day One Activities

- Basics of Mental Health
 - Define Mental Illness
 - Define Depression
 - Define Alcohol and Substance use
- Describe each screening tool
 - Where each tool is used (health facility or community)
 - What is the protocol for a positive screen for each

Day Two Activities

- Understand best practices for internal and community referrals and linkages within an integrated program
- Plan for a referral program in catchment area groups
- Review therapeutic communication techniques for mental health problems
- Review therapeutic communication techniques for alcohol and substance use

Day Two Activities (continued)

- Review logistics for integration
 - Considerations to prepare and carry out the pilot
 - Data Collection
 - Supportive Supervision
- Practice Facilitation Sessions
- Closing Activities

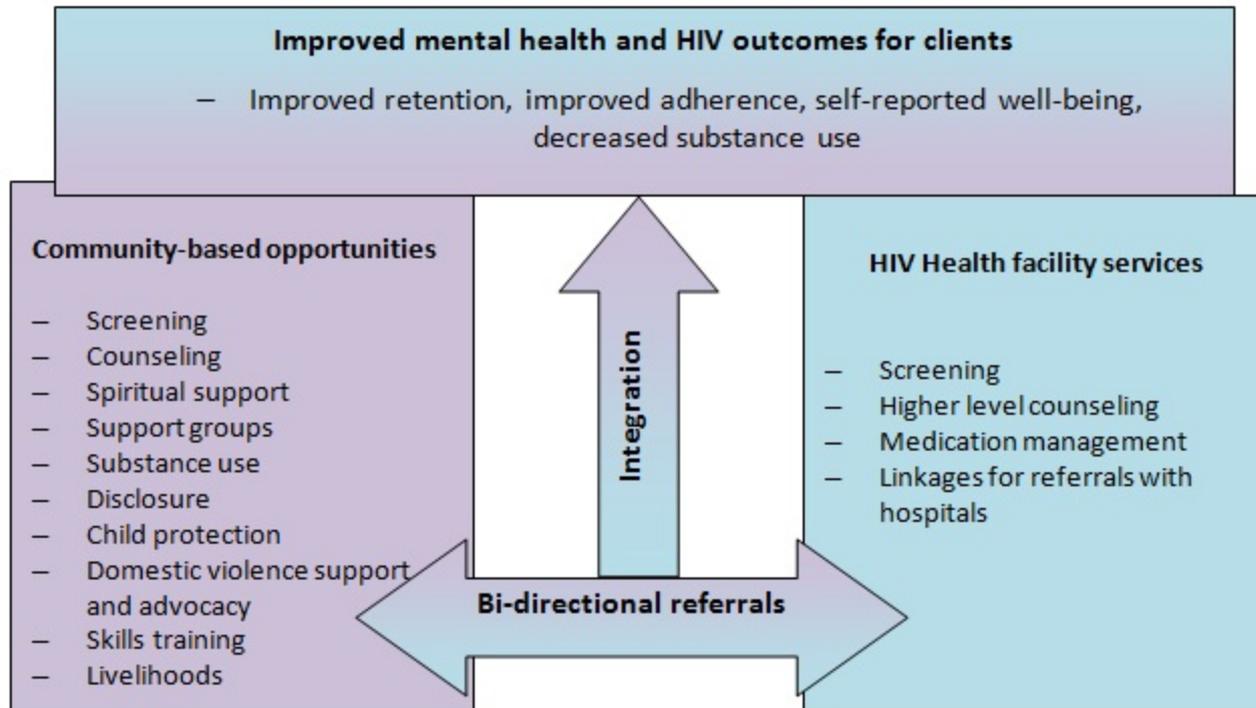
MODULE 9

Building Linkages for an Integrated Community Network

Objectives for Module 9

1. Explain why community linkages are important
2. Explain the key elements of linkages for the integrated network
3. Explain how to use the integration Referral Form and Referral Register
4. Plan for an integrated referral network in catchment area groups

Linking Community-Based and Health Facility Services



Why are linkages important

- Provide continuity of care
- Reinforce messages at multiple levels
- Provide case-management for particularly vulnerable clients
- Supplement services that other organizations and services do not have the capacity to provide
 - No cost
 - Very easy and simple intervention

WHO Guidance-Referral Networks for Integrated Programs

- All organizations within the network should meet and agree on referral procedures
 - Clarify services offered by each organization
 - Identify a referral point person at each organization
 - Identify a lead organization to lead and track referrals within the network
 - Identify and utilize case managers, volunteers to ensure that clients are following through with referrals

WHO Guidance (continued)

- Create and maintain an up to date contact list of all organizations within the network
- Create a system to record, track and monitor for referral completion
- Use a standardized referral form throughout the network that allows for a feedback loop of communication between organizations

The Referral Form

Name of facility:		Referral Form			
Referred by:	Name:		Position:		
Initiating Facility Name and Address:				Date of referral:	
Telephone arrangements made:	YES	NO	Facility Tel No.	Fax No.	
Referred to Facility Name and Address:					
Client Name					
Identity Number				Age:	Sex: M F
Client address					
Screening Scores	SSQ score (health facility only)	CAGE-AID score (health facility only)	Abbreviated Community Screen score (CBO & TMP only)		
Reason for referral					
Additional notes:					
Print name, sign & date	Name:		Signature:		Date:
Note to receiving facility: On completion of client management please fill in and detach the referral back slip below and send with patient or send by fax or mail.					

-✂-----receiving facility - tear off when making back referral-----✂-

Back referral from Facility Name		Tel No.	Fax No.
Reply from	Name:	Date:	
	Position:	Specialty:	

Referral Protocol

- Each time a referral is made:
 - Document in Register of Referrals - OUT Form
 - Complete the top half of the Referral Form and instruct client to bring it to their appointment
 - Provide an explanation and instructions to complete the referral
- Each time a referral is received:
 - Document in Register of Referrals – IN Form
 - Ask for Referral Form
 - Complete second half of referral form and instruct client to return it to original organization at their next appointment

Creating Your Referral Network – Group Work

- Meet in catchment area groups
 - Create an updated Health and Community Services Directory
 - Clarify the roles of each organization in your network
 - Identify a referral point person at each organization
 - Identify a lead organization in the network
 - Brainstorm ideas for who can service as case managers to ensure referral follow through
 - Review as a team the Referral Form and Referral Registers
 - Identify where each organization will keep the Referral Register and Referral Forms
 - Establish a follow-up date to meet and review progress once pilot is underway

Referral Checklist

- Explain reason for referral to the client
- Prepare the client referral form
- Provide client with:
 - Contact and name of information
 - The client referral form
 - Information on how to make the appointment (or make the appointment (provide card with appointment date and time)).
- Remind what client should bring to the appointment (client referral form, medications, etc.)
- Follow-up appointment to determine follow through.

MODULE 10

Therapeutic Communication Techniques and Motivational Interviewing

Objectives for Module 10

1. Describe how to set up a therapeutic environment for a mental health screen
2. Practice mental health counseling skills
3. Practice alcohol and substance use counseling skills
3. Carry out therapeutic communication surrounding mental health and substance use screening in the clinical and community setting

Why are Communication Skills Important?

- So that clients will share their mental health concerns
- So that communication takes place in a therapeutic manner
- To build a therapeutic connection with the client and their family
- To help the client and their family share information in a more efficient manner
- So that the client and their family will be more likely to accept advice

Tegegn & Wissow, 2010

Interviewing Techniques

- Open-ended versus Close-ended questions
- Reflective Listening
- Empathetic Comments

Setting up a Therapeutic Environment

- Let the client know that you are interested in what they have to share
 - Eye contact, sitting down, closing the door, allowing them time to and actively listening
- Open up the visit with an open ended greeting
 - How have you been? How can I help you today?
- Do not ignore “hints”
 - Lack of enthusiasm, poor eye contact, change in demeanor

Routine Mental Health Screening Tips

- Make sure that the client feels comfortable prior to carrying out the screen
- Preface the screen by explaining to the client that it is important to understand how they are doing emotionally so that you can provide them with the best care possible.

Routine Mental Health Screening Tips (continued)

- Reassure the client that what they share is confidential unless they share that they intend to hurt themselves or someone else
- Do not judge the client and provide verbal support when given the opportunity
- Thank the client for sharing after the screening is complete
- Make sure to follow through with referrals when it is indicated

Additional Helpful Hints

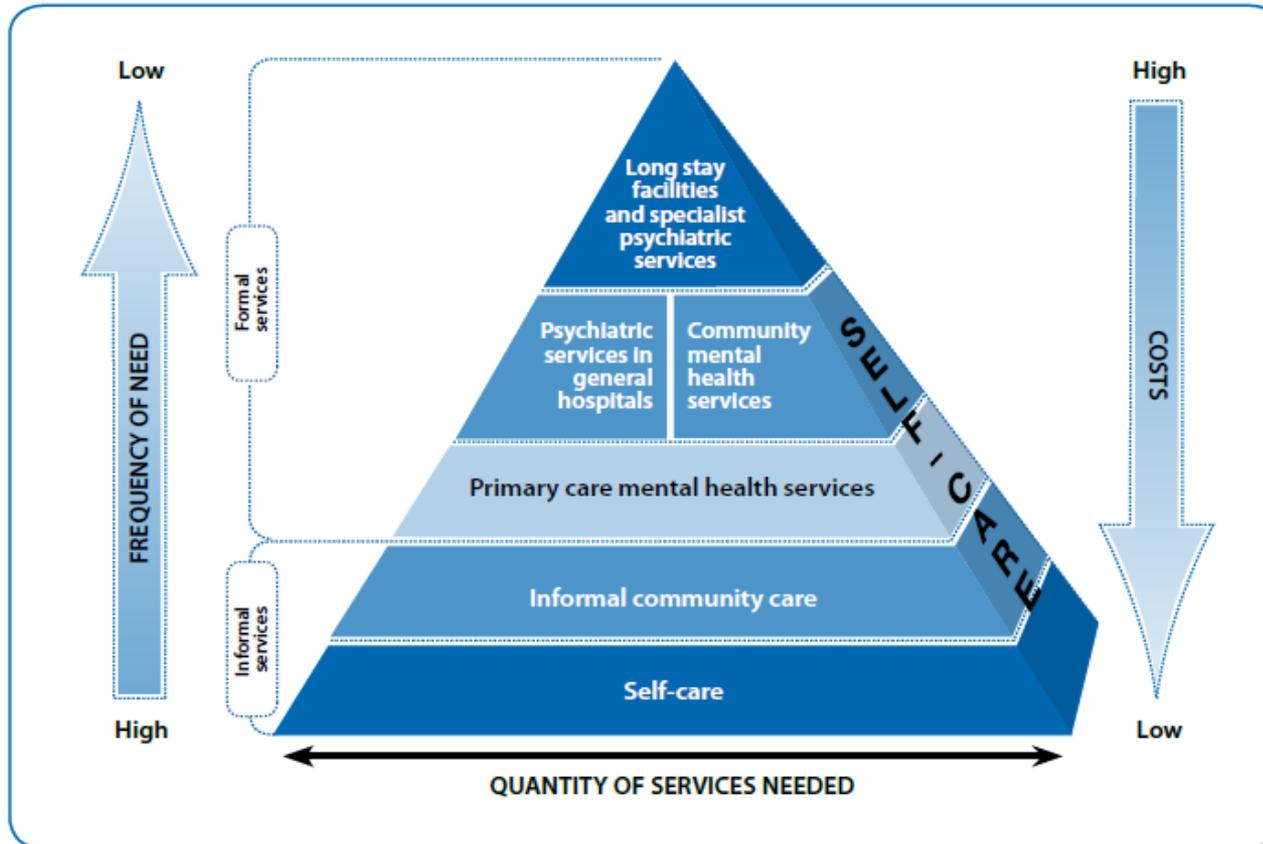
- When the client has multiple concerns
 - Provide a synopsis of the client's concerns and help them to focus on their greatest concern
- When the client talks for too long
 - Gently interrupt and help the client to focus on their primary concern
- When multiple family members are present
 - Address each family member individually
 - If appropriate, involve family members to gain information

A Note on Confidentiality

- Reassure the client that the information that they share is private and will not be shared
- Take action to maintain the client's privacy at all times
 - Shut the door during the client interview
 - Do not leave client information in public areas
 - Do not discuss clients with colleagues unless it will directly benefit the client
 - Do not discuss the client in public areas

Service Organization Pyramid

Figure 2: WHO Service Organization Pyramid for an Optimal Mix of Services for Mental Health



Simple Therapeutic Interventions for Depression

Provide Education

- Depression is common and treatable
- Focus the client towards making a plan to feel better
 - “It is normal to experience difficulties and feel depressed, but there are things that you can do to help you feel better”
- Depression is many times temporary and coping is sometimes more difficult in those who are experiencing depression
 - “Depression may effect your life now, but you will feel better”

Simple Therapeutic Interventions for Depression

Provide Advice

- Help the client to identify stressors and any dramatic life changes and discuss brainstorm ways to deal with them
 - “Was there an event that caused you to feel this way?”
 - “What are some things you have done in the past to feel better?”
- Encourage healthy diet, routine exercise, social activities, a routine sleep schedule
- Discourage alcohol and drug use
- Encourage the client to follow through on referrals to community based organizations for supplemental support

The Wellness Recovery Action Plan (WRAP)

Daily Maintenance

- Describe yourself when you are feeling all right
- List what you need to do daily to keep yourself feeling all right

Things are Breaking Down or Getting Worse

- Describe how you feel when things have gotten worse
- List the things you have done in the past or could do when you notice that things are getting worse that will help avoid a crisis

Crisis Planning

- What are the symptoms that indicate that you need others to take action to help you
- Individual(s) who you want to help you
- Actions that others can take that would be helpful
- Actions that should be avoided

Mental Health Role Play

Watch the role play and observe:

- How did the counselor make sure that the environment was therapeutic?
- Which interviewing techniques are used?
- Which intervention(s) were offered (ie: advice, education)?
- What else could the counselor have done?

Motivational Interviewing for Alcohol and Substance Use

A directive, client-centered counseling style that enhances motivation for change by helping clients clarify and resolve ambivalence about behavior change.

- Brief interactions can be effective when client needs/concerns are gathered with health messages specifically tailored to address those concerns
- Empowers the client to take ownership over their health by working in partnership with the provider so that they feel capable of reaching their health goals

Motivational Interviewing

- Each client is powerful and capable of change
- When the provider also believes that the client can change, it also helps the client to believe in themselves
- Setting high expectations of the client to achieve their goals can help them work harder to do so.

Your job is to provide hope, belief in the client, and express confidence that the client can make positive changes!!

OARS: Therapeutic Counseling Tips

- Open-ended questions
 - “How much do you drink in the evening?”
 - “Do you think that you should cut down?”
- Affirmations
 - “That was a smart decision.”
 - “I am glad you came in today.”
- Reflections
 - “Am I correct in hearing you...”
 - “It sounds like you are saying...”
- Summaries
 - “To recap you say you are ready to reduce your alcohol intake starting this week. Is this correct?”

Steps in Motivational Interviewing

- Assessing the client
 - Establish rapport, show empathy, carry out a CAGE-AID, provide objective results and feedback
- Explore the good and problematic parts of substance use
 - What are some good things? How have they helped you?
 - What is the downside? What parts are you not happy about?

Steps in Motivational Interviewing

- Summarizing
 - Summarize the good and problematic components of substance use
 - Summarize how substance use impacts life goals
- Decisions and goals setting
 - After this discussion, are you more clear about what you will do?
 - What is your first step?
 - What will you do in the next few weeks?
 - How confident are you on a scale of 1-10?

The Readiness to Change Rulers

The Readiness to Change Rulers

The Readiness to Change Ruler is a quick assessment that can be used to determine a client's readiness to change a specific behavior such as harmful alcohol or drug use. The two rulers below look at importance and confidence of change from a client's perspective. As such they measure both desire and motivation to change. Readiness to Change Ruler can assist you in assessing where the client is on a continuum between "not important" and "very important". This can help you work with the client to identify and address barriers and motivations to healthy behavior changes. Once the client has identified where they are on these rulers, utilize the questions on the following page to determine the client's readiness to change a behavior and as a discussion piece to promote healthy behavior change (Zimmerman, Olsen, and Bosworth 2000).

Health Behavior: _____

Readiness Ruler
Importance

How **important** is this change to you right now?

0 1 2 3 4 5 6 7 8 9 10

Not Somewhat Very

Produced by the Center for Evidence-Based Practices (CEBP) at Case Western Reserve University with support from the Ohio Departments of Health, Mental Health, and Alcohol & Drug Addiction Services.

Readiness Ruler
Confidence

How **confident** are you about making this change?

0 1 2 3 4 5 6 7 8 9 10

Not Somewhat Very

Simple Therapeutic Interventions for Alcohol and Substance Use

Counseling Tips:

- Avoid judgmental language:
 - “How would your life be better if you cut down or abstained from using?”
 - “Who may benefit from your cutting down or abstaining?”
- Acknowledge it is difficult and focus on behavior change and support:
 - “I understand the difficulty of doing it, but I am optimistic that you can succeed”
 - “I am willing to help you make plans and provide some ideas on how to do it”
 - “How does this change relate to your other goals and priorities”

Motivational Interviewing Techniques

- Practice empathy
 - Let's the client know that you understand their perspective
- Providing choices
 - Make a comparison between where the client currently is and where they would like to be in cutting down or quitting
- Let the client lead and support self-efficacy
 - Focus on previous successes that the client has had to build their confidence that they can cut down or quit
 - Help the client identify how they removed barriers.
- Provide feedback
 - Reflect what the client is saying to you and do not argue with the client's resistance to change
- Clarify goals

Alcohol and Substance Use Role Play

Watch the role play and observe:

- How did the counselor set up a therapeutic environment?
- Which motivational interviewing techniques were used?
- What else could the counselor have done?

Role Play with Japera

Japera comes to the clinic today for her first visit following a positive diagnosis that she received one month ago. She is clearly withdrawn and appears sad. She feels overwhelmed by the diagnosis and does not have very much knowledge surrounding HIV.

Obtain information from the client regarding her physical and emotional health using therapeutic communication techniques and basic interventions.

Role Play with Mudiwa

Mudiwa, an elderly woman seeks care from the Traditional Healer who she knows well because she has been having difficulties sleeping at night due to “too many thoughts”. She appears withdrawn and is irritable when asked about her physical health. She states that she would rather just not be alive.

Interview Mudiwa to determine if there are any recent changes in her status that would cause her to feel this way utilizing therapeutic communication techniques and basic interventions.

Role Play with Gamba

Gamba, a 17 year old man has been accessing services at the CBO for several years and is well known to the organization. He has always been responsible about taking care of himself and has performed well in school. He recently had to start medication due to a decline in his CD4 count. He comes in today and receives a CAGE-AID Screen result of 2.

Carry out an interview with Gamba utilizing motivational interviewing techniques and assess his readiness to change.

MODULE 11

Practice Facilitation Sessions

Objectives for Module 11

1. Practice and present a component of the training
2. Be prepared to provide training to colleagues at sites

Practice Facilitation Session

- How was the experience?
- What will be important components to keep in mind when they carry out the training at their sites?
- What questions remain?

MODULE 12

Logistics

Objectives for Module 12

1. Plan for implementation of the integrated program
2. Carry out data collection
3. Carry out referral documentation for an integrated community network
4. Create a work plan

The Importance of Data Collection

- Data helps identify where the program is doing well
 - Number of referrals, Number of clients screened
- Data helps identify where the program can improve
 - Few clients referred despite positive screening results
 - Few providers carrying out screenings
- Data helps identify trends with clients
 - Can help to track one patient over time
 - Can help to track issues commonly arising in a patient population
- Data is also used to identify gaps and improve the program

Integration Leader Responsibilities

- Will introduce the integration project to community leaders to provide visibility, advocacy and de-stigmatize mental health problems, substance use and HIV
- Train colleagues and other community sites as required
- Lead and monitor integration at their site and in the community
- Ensure protocols are followed
- Ensure linkages are in place within community
- Ensure continual availability of integration materials

Referrals and Linkages

The Integration Leader should:

- Support and encourage colleagues to make referrals, and routinely monitor the Referral Register to ensure that referrals are recorded
- Ensure that linkages remain strong for referrals within a facility and between facilities
- Keep Mental Health/HIV Integration Referral Directory up to date
- Routinely communicate with other Integration Leaders within the community to ensure a seamless referral system

Integration Requires: Infrastructure, Materials, and Communication

Adequate space for a private conversation

- What if there is not space for privacy?

Adequate materials (Referral Forms, Referral Register, Data Collection Sheets, Screening Tools)

- What if the materials run out?
- Where will the materials be located?

Strong communication

- Between colleagues and Integration Leader
- Between the Community Integration Leader and Integration Leaders
- Between AIDSTAR-One Consultants and Integration Leaders

Privacy and Confidentiality Issues

Reinforce the importance of privacy and confidentiality in your setting.

- Protect the client's privacy by making sure that doors are closed when carrying out a screen and counseling interventions
- Do not discuss a client in a public area
- Once a screen has been carried out, document the result on the Data Collection Form and place the screen in the medical record

Training Colleagues

Ensure that all staff who provide direct client care can attend the training and:

- Understand the referral protocol
- Are comfortable utilizing screening tools and carrying out basic interventions
- Understand data collection responsibilities

WORKPLAN

Mental Health and HIV Integration Work Plan

	Activity/ Task	Person Responsible	Weeks												Comments	
			1	2	3	4	5	6	7	8	9	10	11	12		
1	Complete Mental Health/HIV Integration Referral Directory and make copies for site staff training															
2	Provide training to colleagues															
3																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																

1. Each activity or task is listed in the column 'Activity/ Task'
2. Discuss and identify someone to take charge of each activity and put that person's name in the 'Person Responsible' column
3. Discuss and decide when the task will be done by marking the appropriate weeks in the columns 'Weeks'
4. At the end of each week mark each task that has been executed with an 'X' for that week
5. Add any additional comments in the 'Comments' column

Putting it All Together- Ivan

Ivan visits the TMP for the first time and has not yet been screened.

- What screen should be used? What score(s) would be considered a positive screen?
- What should be done if the screen is negative?
- What should be done if the screen is positive?
- Where will you document the screening result?
- What type of documentation is required for a referral?
- When should you do a follow-up screen for a positive result?

Putting it All Together-Joy

Joy visits the CBO today, she received an Abbreviated Community Screen one year ago which was negative, today she receives another screen and scores a 2 on the sad question, a 4 on the worry question and a 0 on the alcohol and substance use question, however, you still suspect that she is suffering from mental health problems.

- What should you do today?
- Where will you document results?
- What type of documentation is required for a referral?
- How will you know she completed the referral?

Putting it All Together- Derek

Derek attends the health facility today and has not ever received a screen.

- Which screen(s) should he receive today?
- What should be done if his screens are negative?
- What type of counseling intervention should be carried out if his SSQ is positive?
- What type of counseling intervention should be carried out if his CAGE-AID is positive?
- Where will the screening scores be documented?
- What documentation is required to make a referral?

MODULE 13

Closing Activities

Objectives for Module 13

1. Play the review game to revisit the content from the training
2. Have the opportunity to ask any remaining questions
3. Take a Post-Test
4. Provide a workshop evaluation

Review of Next Steps

- Organize and carry out a site training such that all employees who carry out direct client care will be trained on integration activities in the next week.
- Start Mental health/HIV Integration Pilot Activity within two-three weeks
- Provide on-going site support for the activity

The Mental Health and HIV Integration Review Game