FRONTLINE AIDS

WHAT WORKS?

SUPPORTING MENTAL HEALTH OF ADOLESCENTS LIVING WITH OR AFFECTED BY HIV

ABOUT FRONTLINE AIDS

Frontline AIDS wants a future free from AIDS for everyone, everywhere.

Around the world, millions of people are denied HIV prevention, testing, treatment and care simply because of who they are and where they live.

As a result, 1.7 million people were infected with HIV in 2018 and 770,000 died of AIDS-related illness.

Together with partners on the frontline, we work to break down the social, political and legal barriers that marginalised people face, and innovate to create a future free from AIDS.

ABOUT READY

READY is a youth-led movement, working with and for adolescents and young people living with and affected by HIV mainly in East, Central and Southern Africa, but with a growing global presence in West Africa, North Africa, Middle East and Asia. READY supports adolescents and young people in their diversity – regardless of their sexual orientation, gender identity or expression – to understand their sexual and reproductive health and rights and make healthier choices. Launched in 2016, the READY portfolio includes projects which are designed to build resilient and empowered adolescents and young people.

This is vital because HIV is the leading cause of death among young people (aged 10-24) in Africa, and the second globally. All READY programmes place adolescents and young people in their diversity at the centre of design, delivery, monitoring and evaluation. Currently there are five projects implemented by youth-led and youth-serving organisations, with more planned in the future.

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CONTENTS

SUMMARY OF SYSTEMATIC REVIEW

GOOD MENTAL HEALTH IS AN ESSENTIAL PART OF OVERALL WELLBEING AND QUALITY OF LIFE.

Yet between 10% and 20% of adolescents worldwide experience mental health problems[1] And the risk is even greater for adolescents and young people living with HIV.[2-4] Adolescents are more vulnerable to mental health issues if they live with caregivers and in families affected by HIV or have HIV themselves.[5]

There are many reasons for this heightened vulnerability. Poor social and living conditions increase the likelihood of mental health problems among those who live with or are affected by HIV.[2]

Having a chronic health condition at a young age is difficult for most young people and they can feel uncertain about their future. They may fear others knowing their HIV status and face stigma and discrimination. Adolescents living with HIV often have higher levels of depression, anxiety, anger and disruptive behaviour than their peers who aren't living with HIV.[2] In addition, many adolescents who are living with HIV and experience mental health issues fail to engage with health services, which are rarely able to respond to their complex needs.[6-9]

Failure to address mental health problems among adolescents can result in lower educational achievement, substance abuse, violence and a higher risk of poor sexual and reproductive health.[10] Providing effective mental health support is vital. Knowledge of what works for adolescents and young people living with or affected by HIV is, however, limited. Frontline AIDS therefore commissioned a systematic review of the evidence to identify what works and what doesn't work to improve the mental health of young people living with or affected by HIV in low- and middle-income countries.

The review found the most promising approaches were interventions that strengthened families. Successful interventions boosted resilience among adolescents and their caregivers: improving communication and parenting skills and increasing social support and networks to reduce isolation. Yet it's difficult to know which elements contributed most to mental wellbeing. Several interventions might work in some settings but there is a lack of evidence. More research is clearly required, given the scale of mental health problems among adolescents living with or affected by HIV globally.

This brief summarises the key findings of the *Systematic review of existing research evidence on the effectiveness and delivery of interventions to address mental health for adolescents living with or affected by HIV in low- and middle-income countries* by Arvin Bhana, Melanie Abas, Jane Kelly, Myrna van Pinxteren, Cédric Nininahazwe, Lynette Mudekunye and Marija Pantelic.

The systematic review is currently undergoing peer-review and these findings should be read with this in mind.

WHAT IS MENTAL HEALTH AND WHY DOES IT MATTER?

Mental health encompasses a person's emotional, psychological and social wellbeing: it is not merely the absence of disease. Good mental health enables individuals to reach their full potential, work productively, cope with the stresses of everyday life and make a meaningful contribution to their community. Mental wellbeing is the basis of quality of life.

For people living with HIV, access to treatment to stay physically healthy is essential, but not enough: good mental health is vital for overall wellbeing and happiness.

WHAT WORKS AND WHAT DOESN'T

WHAT WORKS?

FAMILY STRENGTHENING

Excluding pilot studies, eight of the twelve family strengthening interventions significantly improved adolescents' mental health.[11,13,14,17,21-23] Family strengthening broadly entails boosting the resilience of adolescents and their caregivers and addressing adolescents' vulnerability. Among the interventions that improved mental health, core family strengthening features focused on promoting more responsive, less authoritarian parenting; 'psychoeducation' about HIV and its impact on families (see table on p. 8); and enhancing communication between caregivers and adolescents. Other family strengthening features consisted of problem-solving approaches to manage conflict and deal with stress (among caregivers), as well as building social networks to support families and reduce isolation.

The same strategies were used for adolescents living with HIV, but more often those adolescents affected by HIV. Life lessons were delivered through workbooks in the local language, in separate and joint group sessions for caregivers and adolescents.

Since family strengthening approaches comprised multiple elements, it is difficult to know precisely which components contributed most to positive mental health.

WHAT MIGHT WORK?

Several interventions might work in some settings but lack sufficient evidence to support them. A client-centred psychosocial intervention significantly lowered adolescents' anxiety, depression and anger. [15]

However, the intervention reduced mental health problems among females only, not males. A group peer support intervention in a school reduced anxiety, depression and anger yet did not improve the way adolescents perceived themselves.[16] A mindfulness intervention improved emotional and behavioural issues but had no effect on social behaviours among adolescents.[18]

WHAT DIDN'T WORK?

COMMUNITY-BASED ART THERAPY

A community-based art therapy group had no significant effect on adolescents' mental health (anxiety, depression or stress) or self-esteem but did strengthen their belief in their own abilities.[19]

INTERVENTION

An intervention that brought adolescents and caregivers together in church to enhance family relationships, communication skills and awareness of HIV prevention, using behavioural parent training and cognitive behavioural therapy, didn't have an impact on young people's mental health.[20] But it did improve family communication and knowledge of HIV.

INTERVENTION TYPES AND OUTCOMES

INTERVENTION	CONTENTS	OUTCOMES (FOR ADOLESCENTS AND CAREGIVERS)
Family strengthening	**Psychoeducation:** knowledge and understanding of HIV transmission and treatment, understanding developmental issues and emotional experiences related to living with HIV. **Skills development:** communication, responsive parenting, managing stress and conflict, strategies for disclosing HIV status, and economic empowerment. **Problem solving:** monitoring and protecting adolescents, managing stigma, dealing with bereavement and seeking social support.	Enhanced knowledge and understanding of HIV transmission and treatment, sexual and reproductive health, puberty and identity. Social behaviour, resilience, self-esteem, belief in their own abilities and feeling connected to the family. Reduced depression and anxiety, and fewer behavioural problems. Improved problem-solving skills, good parenting, social support and social connection, and coping with stigma.
Client-centred psychosocial counselling	Client-centred psychosocial counselling delivered over three months based on problem-solving strategies. At least one initial individual counselling session and, if necessary, further creative therapies (music, art and drama) on an individual and group basis. Counsellors were trained in adolescent health and development, psychological wellbeing and mental health issues, factors increasing vulnerability, counselling theories and skills, creative therapies, sexual health and HIV (knowledge, risks and prevention), alcohol and drug abuse and violence.	Increased knowledge and uptake of HIV and sexual health services among males and females. 50% reduction in mental health problems (anxiety, depression and attention deficit disorders) and 60% reduction in aggressive behaviour among females only. Increased knowledge of HIV and where to go for testing. Greater uptake of HIV testing and sexual health services by males and females.
Peer support (in groups)	Sixteen one-hour psychosocial sessions, delivered by trained teachers, aimed at supporting adolescents who had lost one or both parents.	Reduced anxiety, depression and anger. No improvement, however, in the way adolescents perceived themselves.
Mindfulness	Eight group sessions were provided to adolescents over three months. Sessions lasted two hours and were facilitated by an experienced mindfulness trainer. Each session covered the general principles of mindfulness meditation, followed by practice and homework tasks.	On average it helped to reduce adolescents' emotional and behavioural issues, but their social behaviour did not significantly improve.

CASE STUDY

SUUBI-MAKA: FAMILY ECONOMIC STRENGTHENING [21]

BEST PRACTICE: Fostering caring relationships to promote positive self-image and hope among orphans

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WHERE?
Uganda

WHO?
Adolescents orphaned due to AIDS

WHAT?
1. Peer mentorship
2. Collaboration with local financial institutions (banks and microfinance)
3. Ten workshops (lasting one to two hours) on small business development and income generation for families.

The Suubi-Maka (Hope for Families) family economic strengthening intervention in Uganda seeks to help vulnerable adolescents, orphaned due to AIDS, accumulate modest sums of money.

There are three components:
(1) encouraging saving to pay for education,

(2) workshops on financial management and income-generating activities for families,

(3) providing mentors (who are slightly older) to vulnerable adolescents to offer ongoing caring, supportive relationships.

After two years, the adolescents in the intervention group were doing significantly better at school, and felt more positive about their future and the way they perceived themselves. Although this intervention primarily focused on economic strengthening, it resulted in clear benefits to adolescents' mental health.

LISTEN UP

Family strengthening interventions can significantly improve the mental wellbeing of adolescents living with or affected by HIV (and their caregivers), particularly depression and anxiety.

Adolescents' increased self-esteem and belief in their own abilities were also noted in five studies, while five studies reported less aggressive, more social behaviour in adolescents, improved communication and a sense of connectedness, increased knowledge of HIV and lower self-stigma.

We urge programme managers, researchers, policymakers and donors to take evidence-based action:

PROGRAMME MANAGERS AND RESEARCHERS

1. As adolescents have diverse needs, engage them in designing interventions, especially to identify what would be most helpful.
2. Use focus group discussions with adolescents and young people to develop interventions, while at the same time introducing them to programming that works.
3. Clarify the focus of family strengthening, understand the factors that promote certain behaviours and how to measure them.
4. Use other established interventions, such as cognitive behaviour therapy and specific forms of problem-solving approaches, if these are available and can be delivered to a high standard.
5. Be gender-sensitive: tailor mental health interventions to meet the different needs of female and male adolescents as their vulnerabilities and the support required are likely to vary.
6. Combine access to economic opportunities with family strengthening, since in many low- and middle-income countries poverty plays a major role in mental health.

POLICYMAKERS

1. Focus on integrating mental health with clinical services in primary care facilities for adolescents and their families living with or affected by HIV as these lag behind adult services. Access to antiretroviral therapy (ART) alone is not sufficient to ensure quality of life.
2. Scale up innovative community-based interventions that can be delivered by non-specialists, given the shortage of mental health professionals in low- and middle-income countries.

DONORS

1. Invest in interventions we know are effective, such as those that strengthen families.
2. Support research and programmes that meaningfully engage young people living with or affected by HIV.
3. Fund more research to better understand precisely which family strengthening elements are most likely to improve the mental health of young people living with or affected by HIV.
4. Invest in research into the relationship between gender-specific vulnerabilities and the mental health of adolescents living with HIV or affected by HIV.

CASE STUDY

VUKA/CHAMP+ FAMILY STRENGTHENING [23-25]

BEST PRACTICE: Promoting caring, stable and nurturing relationships between children and their caregivers

WHERE?
South Africa and Thailand

WHO?
Adolescents living with HIV and their caregivers

WHAT?
1. Family strengthening approach to build resilience
2. Cartoon-based manuals in weekly individual and group sessions.

VUKA/CHAMP+ focuses on adolescents living with HIV. It seeks to strengthen the 'protective shield' of the family through a combination of psychoeducation (information about HIV and its transmission), skills development (communication, responsive parenting and coping with stress) and problem-solving strategies (to access social support and build social networks, obtain a social health assessment and cope with stigma).

The programme is delivered over ten weeks by trained lay workers who receive weekly supervision from skilled counsellors. Joint and separate sessions with caregivers and adolescents use a serialised, cartoon-based story to address topics of concern.

The VUKA intervention showed that reduced depression in adolescents was related to increased self-esteem, lower self-stigma and higher education among caregivers, supervision and social support. Fewer reports of challenging issues in adolescents were related to less depression among caregivers and adolescents' higher self-esteem. Improved behaviour among adolescents was related to better communication with caregivers.

Adolescents in the CHAMP+ intervention group showed fewer difficulties overall, better adherence to ART over 30 days, improved knowledge of HIV transmission and treatment and enhanced family communication between adolescents and their caregivers. Self-stigma among adolescents was reduced. Caregivers also experienced less self-stigma, stigma and depression and received more social support.

METHODOLOGY

WHAT IS A SYSTEMATIC REVIEW?

A systematic review condenses a large body of literature into a comprehensive, accessible and clear summary of the best evidence related to a specific research question. It starts with a comprehensive search of the literature, covering journal publications, policy reports and unpublished reports (often referred to as 'grey literature'). A systematic review defines criteria for inclusion and exclusion, outlining which primary studies should be considered. It then summarises all the evidence collected and assesses the quality of the primary studies that have been included.

ABOUT THIS SYSTEMATIC REVIEW

A systematic literature review of online databases from 2000 to 2018 included English language publications of quantitative studies of psychosocial interventions that aimed to improve mental health among adolescents living with or affected by HIV (aged 10-24) in low- and middle-income countries. Our database search produced 2,956 relevant documents, but only 16 studies met our criteria for inclusion. Studies were included if they:

1. included adolescents aged 10-24 living with or affected by HIV in low- and middle-income countries'.
2. reported on mental health outcomes,
3. were quantitative,
4. had a rigorous study design, such as randomised controlled trials, quasi-experimental designs or pre-post evaluations.

Quantitative data are measures of counts and are expressed as numbers.

Randomisation refers to a process of randomly assigning study participants to one of two groups: an intervention or control group. Participants have an equal chance of being in either group. This minimises the chance that any observed changes could be due to another characteristic.

Quasi-experimental designs are used to estimate the causal impact of an intervention on a target population without random assignment.

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READY+ aims to advance sexual and reproductive health and rights (SRHR), psychological wellbeing, care and treatment with, by and for 30,000 adolescents and young people living with HIV in Mozambique, eSwatini, Tanzania and Zimbabwe. The programme is being implemented by an innovative and multi-disciplinary consortium of youth, SRHR, HIV and communication partners.

READY+ is one of a portfolio of projects being implemented under the READY programme.
For more information, visit **www.frontlineaids.org/our-work-includes/ready/**

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