

Access to Care, Treatment and Support for Improving Mental Health

2015 PAN Fall Conference
Skills Building Workshop
Richmond BC, 22 September 2015



Evaluation

- Pre-evaluation

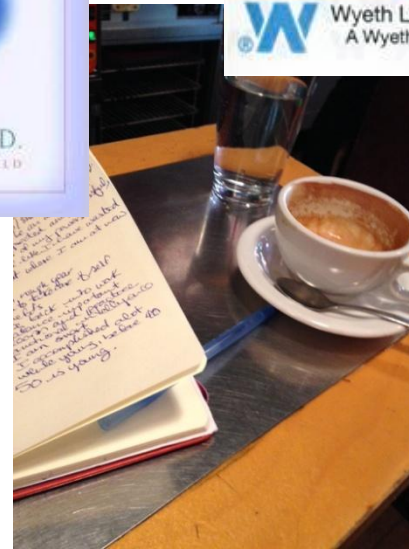
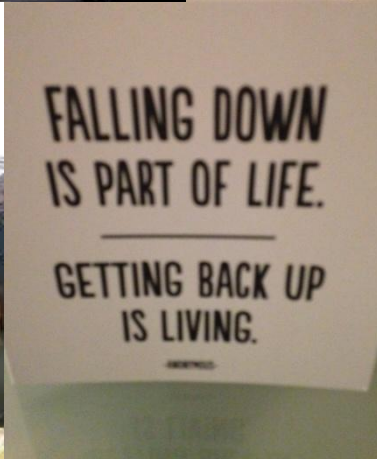
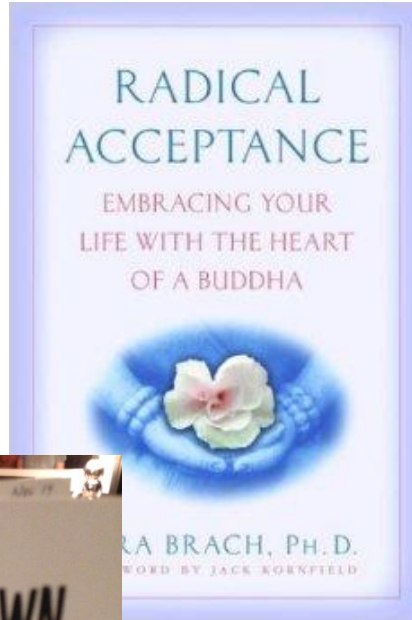
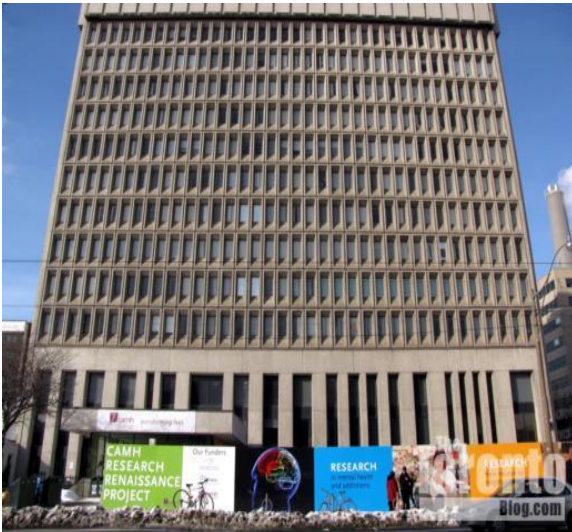


CTAC

- Canada's national civil society organization addressing access to treatment, care and support for people living with HIV and co-infected with HIV/HCV.
- CTAC meaningfully engages community members, service providers, policymakers and researchers
- We identify, develop and implement policy and program solutions.



Welcome



ENGAGE. CONSULT. FIND SOLUTIONS. ACT COLLECTIVELY.

Objectives

1. Increase our knowledge, awareness and understanding of mental health challenges faced by people living with HIV in B.C.
2. Exchange knowledge and experiences regarding access to mental health care, treatment and support
3. Identify what is needed to improve access to appropriate mental health services



Agenda

1. Mental Health & Addictions: Fast Facts
2. Thinking About Mental Health and HIV
3. Break
4. Mental Health of People Living with HIV and HCV in British Columbia
5. HIV and Mental Health: From General to Specific Populations
6. Break
7. B.C.'s Mental Health & Addictions Strategies



Mental Health & Addictions in Canada: Fast Facts



Fast facts

- What percentage of people in Canada experience a mental illness or addiction each year?
 - a) 10%
 - b) 20%
 - c) 30%
 - d) 50%



Fast facts

- What percentage of people in Canada experience mental illness or addiction each year?
 - a) 10%
 - b) 20%**
 - c) 30%
 - d) 50%
- ▶ **Mood** and **anxiety issues** most common mental illnesses across age groups, affecting approximately 4 million Canadians.

Fast facts

- In Canada in 2011, the healthcare cost of treating mental health and addictions was:
 - a) \$3 billion
 - b) \$8 billion
 - c) \$15 billion
 - d) \$22 billion



Fast facts

- In Canada in 2011, the healthcare cost of treating mental health and addictions was:
 - a) \$3 billion
 - b) \$8 billion
 - c) \$15 billion
 - d) \$22 billion**
- ▶ That's an estimated 11% of all healthcare costs... but more attention is needed.



Fast facts

- In most provinces, counselling services provided by psychologists, psychotherapists and social workers are paid for by medicare.
 - a) True
 - b) False



Fast facts

- In most provinces, counselling services provided by psychologists, psychotherapists and social workers are paid for by medicare.
 - a) True
 - b) False**

Home News Opinion Business Investing Sports Life Arts Technology Drive Video
 Health & Fitness Food & Wine Fashion & Beauty Parenting Relationships Home & Design Travel Celebrity

The Globe and Mail App Download the NEW Globe and Mail App Get it now App Store

Home Life

OPEN MINDS: BETTER MENTAL HEALTH CARE
The case for publicly funded therapy

ERIN ANDERSSON
 MINDS MATTER
 Published Friday, May 22, 2015, 5:17 PM EDT
 Last updated Friday, May 22, 2015, 5:18 PM EDT

54 comments 15K 2K 2K 415 8:17 AM AA

This is part of a series on improving mental health research, diagnosis and treatment. Join the conversation on Twitter with the hashtag #OpenMinds.

You can help.
 camh
 Care for All Ages and All Health Needs
 Donate now ►
 BREAKTHROUGH CAMPAIGN

‘We have the evidence... Why aren’t we providing evidence-based care?’

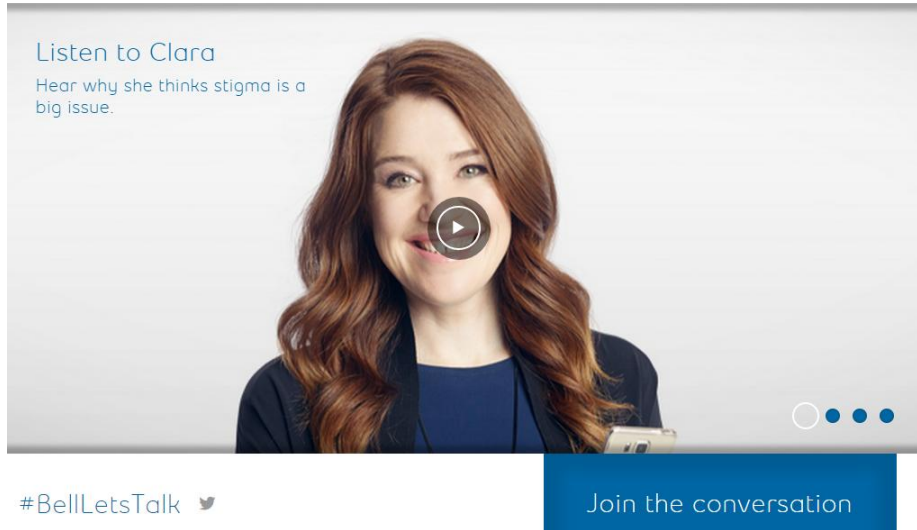
Mental illness affects one in five Canadians and costs us nearly \$50-billion a year. So why aren't we treating it like any other health-care crisis? Erin Anderssen explores the case for publicly funded psychotherapy.

General practitioner Dr. Saadia Hameed (centre) works in a family health team in London, Ont., that includes access to a social worker, a mental health nurse, and the weekly support of a psychiatrist. It has eased the burden on the clinic's other staff and made it easier to consult on complicated cases. (Glenn Lovison for The Globe and Mail)

It's 4:30 on a Friday afternoon at her Sherbrooke, Que., clinic and Manie Hayes takes a deep breath before opening the door to her final patient of the day, who has arrived without an appointment. The 32-year-old mother immediately lists her



Mystery guest



1. Who is this?

2. In what sport did she win Olympic medals?

3. Why was she chosen to appear in this video?



Mystery guest



1. Clara Hughes
2. A six-time Olympic medalist in **cycling** and **speed skating**. She's the only athlete in history to win multiple medals in both Summer and Winter Games.
3. By sharing **past struggles with depression**, Clara uses her own story to spread the word, fight stigma, and show recovery is possible.



Thinking About Mental Health & HIV



What is mental health?

- One definition of mental health includes these concepts
 - ▶ state of well-being
 - ▶ realize potential
 - ▶ cope with normal stresses of life
 - ▶ can be productive and fruitful
 - ▶ contribute to communities and relationships



What is mental health?

- ... a state of **well-being** in which every individual **realizes** his or her own **potential**, can **cope** with the **normal stresses** of life, can work **productively and fruitfully**, and is able to make a **contribution to** her or his **community**.
 - World Health Organization, Fact sheet N°220
Updated August 2014



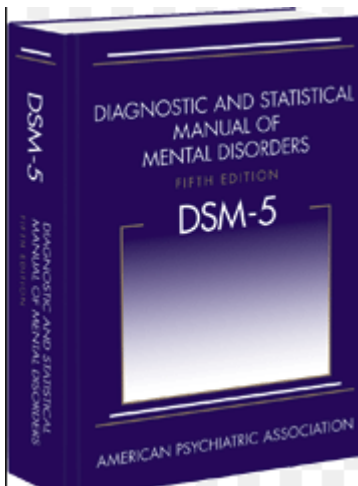
What is mental (un)health?

- Many **definitions** and ways to define mental illness
 - ▶ Depend on the perspective you start from
 - ▶ Often research focuses on “deficits,” not strengths
 - ▶ Labels can be **misunderstood and stigmatizing**
- How about a **description**?
 - ▶ Changes in
 - ▶ thinking, mood or behaviour that
 - ▶ cause distress or impair functioning and
 - ▶ get in the way of doing everyday activities



What is an addiction?

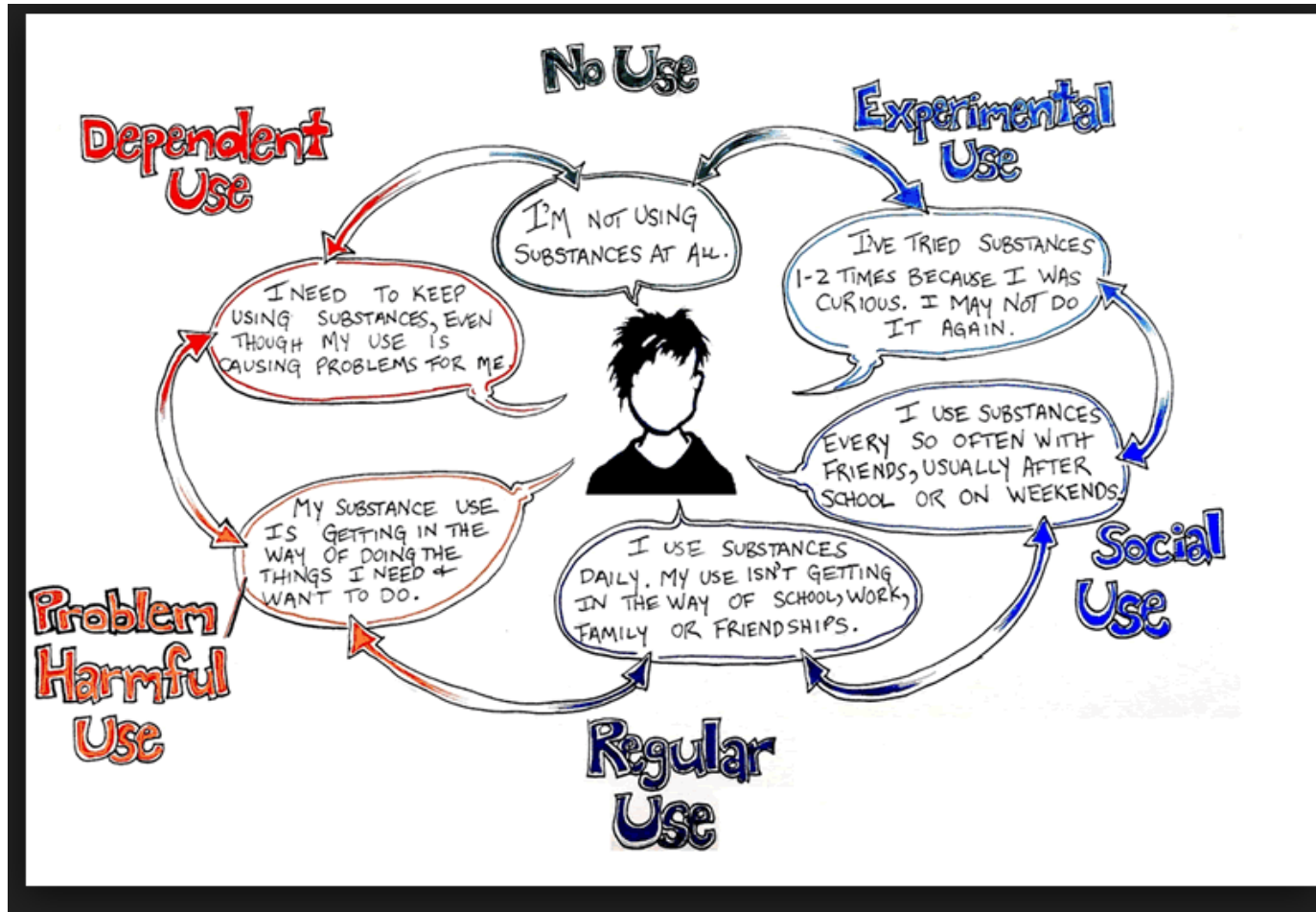
- DSM 5 defines “substance use disorder” as having at least 2 of 11 symptoms



<i>Impaired control</i>	<ol style="list-style-type: none"> 1. taking more or for longer than intended 2. unsuccessful efforts to stop or cut down use 3. spending a great deal of time obtaining, using, or recovering from use 4. craving for substance
<i>Social impairment</i>	<ol style="list-style-type: none"> 5. failure to fulfill major obligations due to use 6. continued use despite problems caused or exacerbated by use 7. important activities given up or reduced because of substance use
<i>Risky use</i>	<ol style="list-style-type: none"> 8. recurrent use in hazardous situations 9. continued use despite physical or psychological problems that are caused or exacerbated by substance use
<i>Pharmacologic dependence</i>	<ol style="list-style-type: none"> 10. tolerance to effects of the substance, 11. withdrawal symptoms when not using or using less.



Thinking About Substance use: A Continuum



Mental Health *plus* Substance Use

- Concurrent disorders in Canada
 - ▶ 50% + of people seeking help for addiction have mental illness
 - ▶ 15 to 20% of those seeking help from mental health services are living with addiction

- Are concurrent disorders an issue in **your** community and networks?



Mental Health *plus* Substance Use

- People with so-called “concurrent disorders” more likely to experience...
 - ▶ unemployment, relationship difficulty, social anxiety, socially marginalization, criminal justice involvement, and homelessness
- Canada’s mental health and addiction systems largely independent and compartmentalized
 - ▶ Treatment tends to focus on only one component

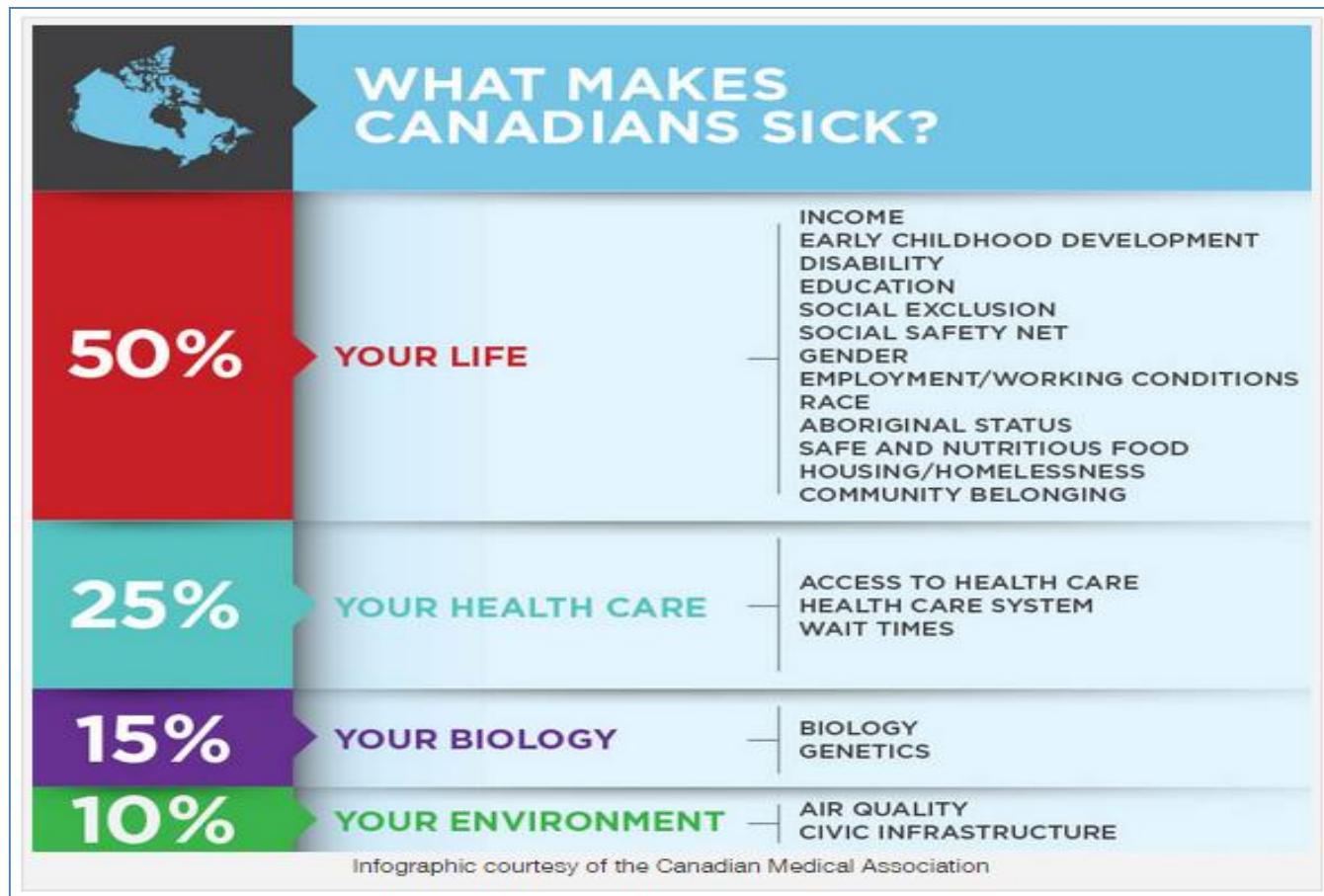


What do **you** think....?

- How do you define or describe “mental health”?
- What types of things affect people’s mental health?
 - ▶ Either positively or negatively
- Is there a model or a framework that can help us talk about mental health?



Social Determinants of *Mental* Health



Dr. Kwame McKenzie on the Social Aetiology of Mental Health program at CAMH

CAMHpublications

Subscribe 8

2,014

+ Add to Share ... More

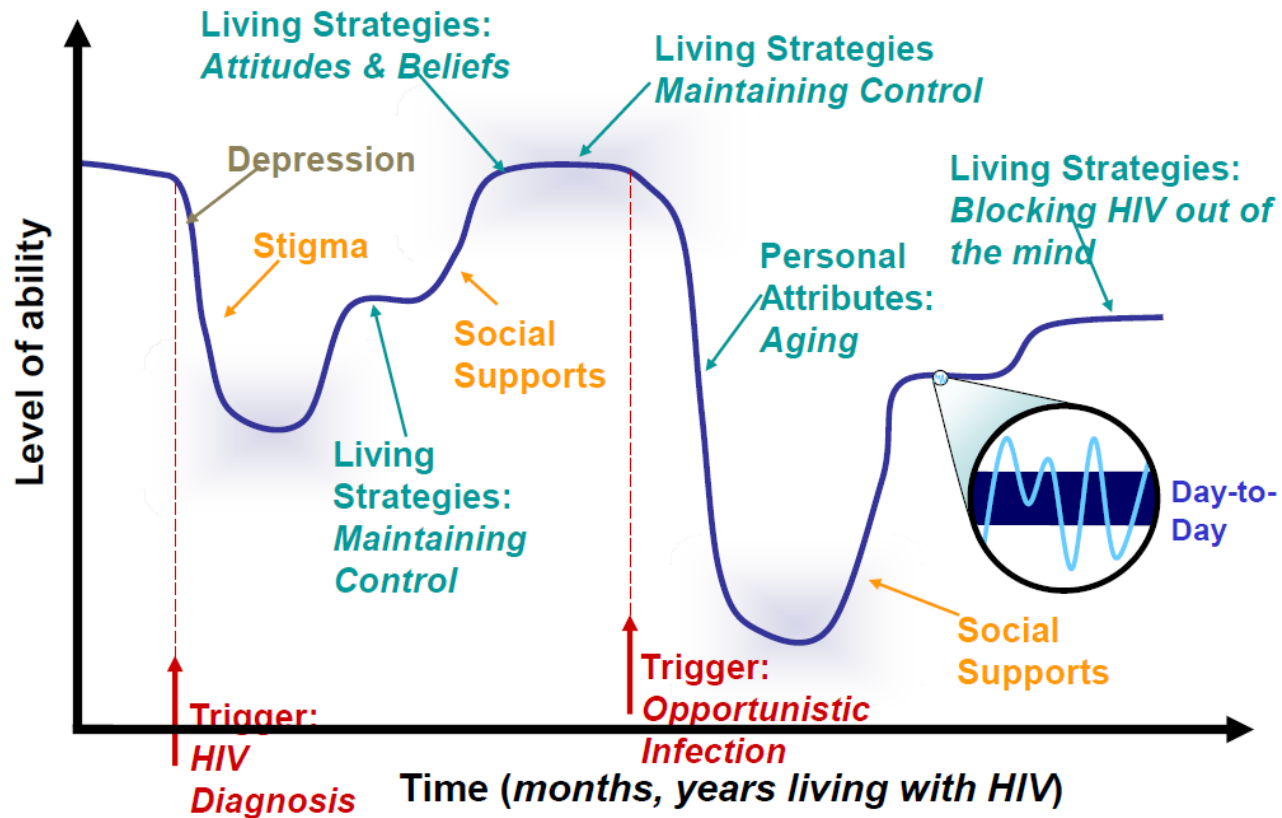
Share Embed Email

[f](#)
[t](#)
[g+](#)
[r](#)
[b](#)
[t](#)
[p](#)
[v](#)
[i](#)
[s](#)
[p](#)
[s](#)
[x](#)

<https://youtu.be/BtHOwflGtg8>



Episodic Disability Framework



Source: *Different but equal: Workforce participation of people with episodic disabilities*. Tuesday, April 15, 2014, Tammy C. Yates, Canadian Working Group on HIV and Rehabilitation (CWGHR).

Break?



ENGAGE. CONSULT. FIND SOLUTIONS.²⁸ ACT COLLECTIVELY.

Mental Health of People Living with HIV and HCV in British Columbia



Recent Research from BC

- HIV care cascade and ART Adherence
 - ▶ Treatment interruptions significantly linked to **illicit drug use, living on the street, imprisonment** (Samji 2014)
 - ▶ Appropriate **methadone** dosing leads to better HIV medication adherence (Lappalainen 2015)
 - ▶ Women consistently experienced greater cascade drop-out than males, reasons may include **IDU and mental health status** (Lurengo 2014)



Recent Research from BC

- Violence, mental health and substance use
 - ▶ Among women living with HIV, experiencing violence associated with **HIV stigma, drinking problem, injecting drug use, homelessness, treatment for a mental health condition** (Borwein 2013)
 - ▶ Vancouver Police Department reports reproduce **negative discourses about deinstitutionalization, mental illness and dangerousness**
 - may contribute to further stigma and discrimination of persons with mental illness (Boyd 2015)

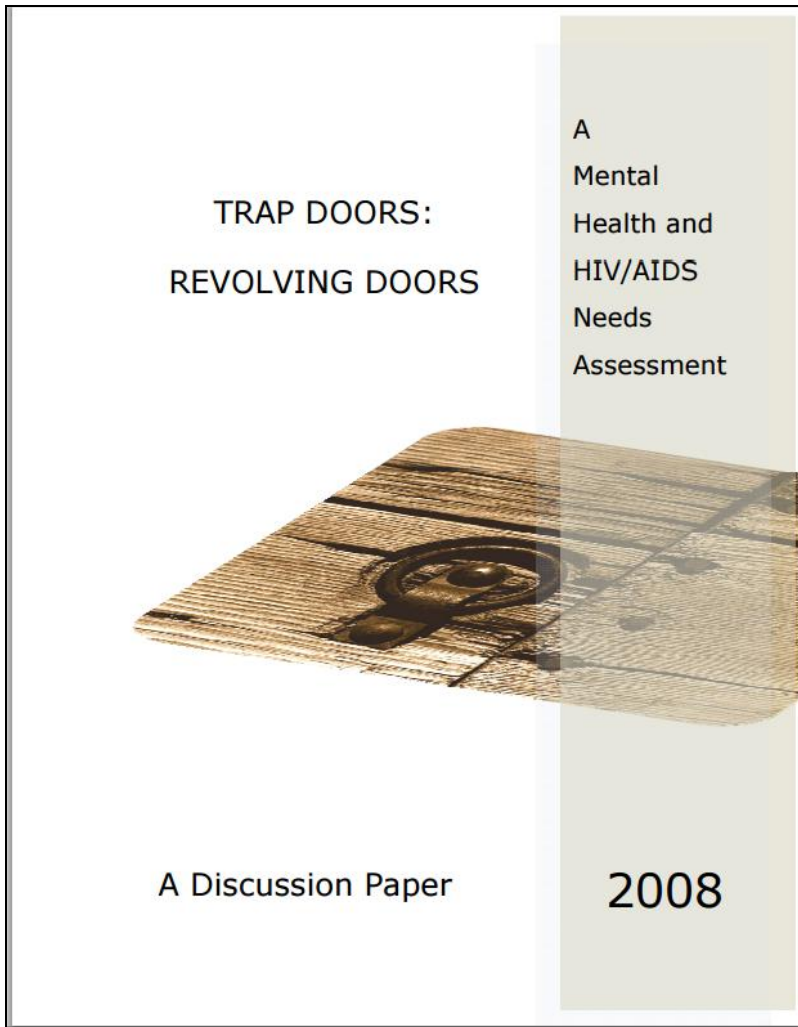


Recent Research from BC

- Employment and addiction
 - ▶ A lack of employment among street-involved youth was associated with the **initiation of injection drug use** (Richardson *Prev Med* 2014)
 - ▶ Employment may **decrease risk of death** among HIV-positive illicit drug users (Richardson *J Epi Community Health* 2014)



Trap Doors: Revolving Doors



- Needs assessment
 - ▶ Focus on people with HIV/AIDS, hepatitis C, or at risk
- ASOs, public health, Mental Health and Addictions Services (BCMHAS)
 - ▶ Interviews and questionnaires

Trap Doors: The Background

- “The community climate in each region is distressed.”
 - ▶ Stress and disenfranchisement of people
 - ▶ Homelessness, poverty, addictions
 - ▶ Substance use and psychosis
 - ▶ Closure of mental institutions
 - ▶ Resource cutbacks
 - ▶ Mental health needs of long-term survivors of HIV misunderstood or not known



Trap Doors: People's Mental Health

- 77% of people with HIV/HCV experience mental health disorder
 - ▶ 4 times greater than general population
- 11% are able to access mental health support services
 - ▶ 1/4 Canadian rate
- Depression most frequent problem identified
 - ▶ Followed by PTSD, substance use, anxiety, bipolar disorder, psychosis



Trap Doors: The Challenges

- Mental health and addictions services create systemic barriers for people living with HIV/HCV
 - ▶ Access hurdles
 - ▶ Fragmented services
 - ▶ Services isolated and not linked to community
 - ▶ Lack of holistic, culturally appropriate care, limited ideas of treatment
- Existing services **fail to meet people where they are at**—in many senses

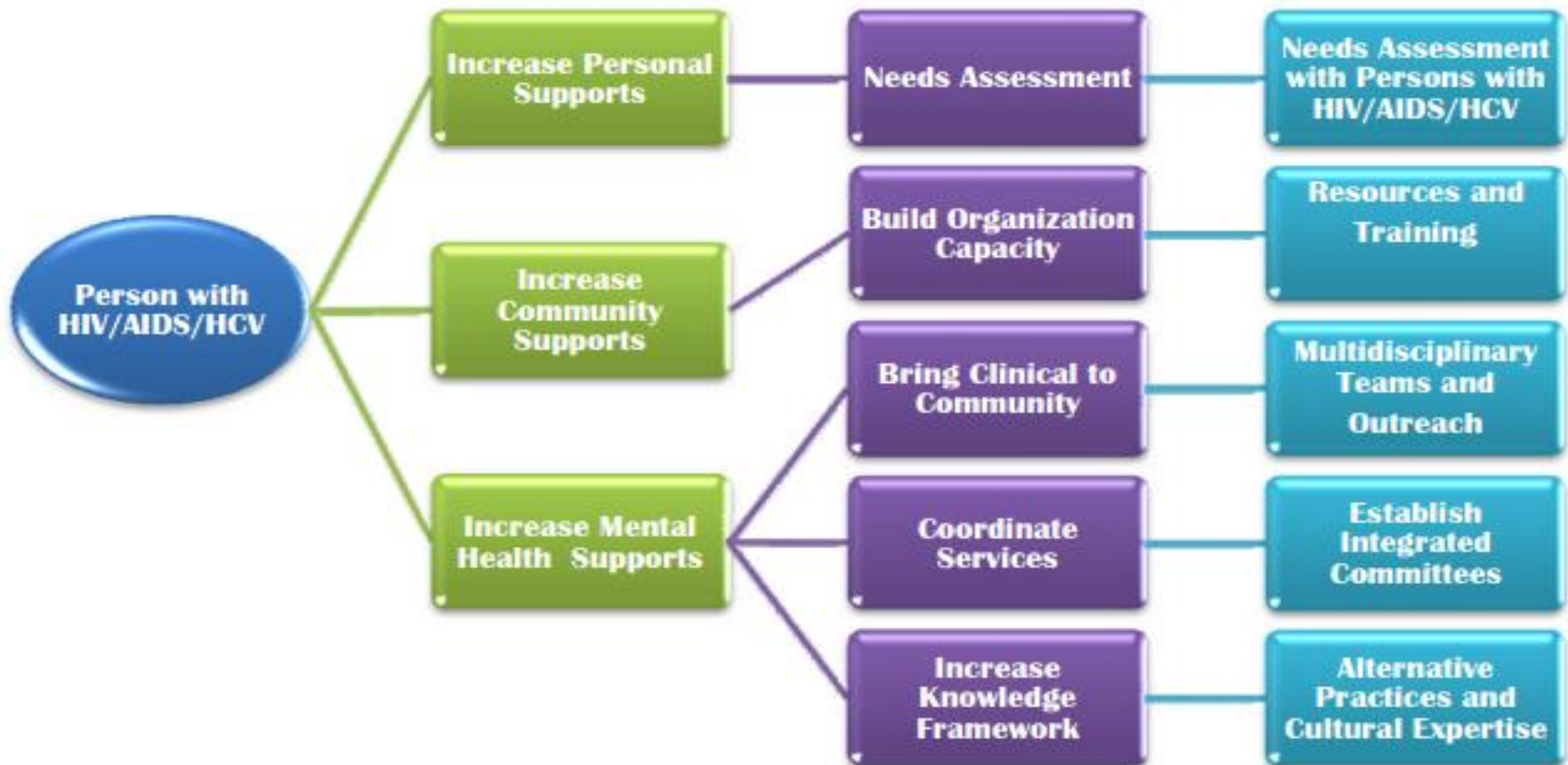


Trap Doors: Increasing Organizational Capacity

- To do a better job of improving mental health of people living with HIV/HCV, community organizations need
 - ▶ Learning , training and knowledge exchange
 - ▶ Funding
 - ▶ Dialogue with mental health workers
 - ▶ Resources list
 - ▶ Examples of programs that work



Trap Doors: Key Recommendations



Carlene's Conclusions

- “Finally, let it be understood that the trap doors and revolving doors to mental health services in this province are harming people.”
 - ▶ Public health has a bigger role to play
 - ▶ Need a mechanism to share information, knowledge and practice
 - ▶ Need a system to document the mental health of people living with HIV and HCV



What do **you** think about ...?

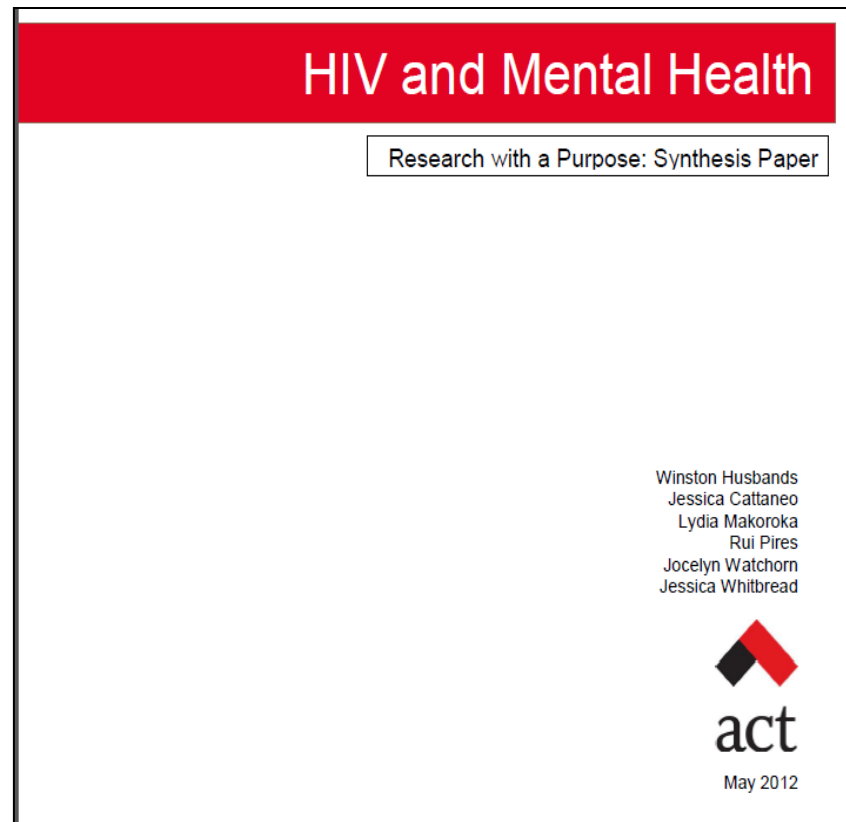
- Rates of mental health problems among people living with HIV and HCV?
 - ▶ And the causes?
- Access and barriers to services for mental health promotion and wellbeing?
- Changes you have seen since 2008?
- Changes you would like to see?



HIV and Mental Health: From General to Specific Populations



Research on HIV & Mental Health



A Review of Research

- 30% to 50% of PHAs in USA have at least one current mental condition
 - ▶ Substantially higher than general population
 - ▶ **But... looking more closely we find**
 - Similar to rates for others with chronic and life-threatening illness
 - Not significantly higher than HIV-negative people in same study groups
 - May reflect elevated rates of mental disorders in populations most vulnerable to HIV infection



Depression

- Major depressive disorder
 - ▶ Occurs twice as often in PHAs versus general population
 - ▶ In Canadian studies post-HAART (1996), **rates of depression are associated with HIV-related symptoms**
- Current *versus* lifetime rates of depression
 - ▶ Current rate higher for PHAs)
 - ▶ Lifetime rate **much** higher for PHAs
- Mood disorder (Dysthymia) studied to lesser extent



Managing Depression

- Several factors can help PHAs to manage depression
 - ▶ Treating depression (medications, therapy)
 - ▶ Putting in place HIV bereavement opportunities
 - ▶ Managing or treating substance use, cognitive impairment, viral hepatitis, and drug interactions
- Positive effects of “approach coping” programs
 - acceptance, confronting challenges, direct action, fighting spirit, planning, positive appraisal, and seeking social support



Anxiety

- Psychological and physiological (bodily) state
 - ▶ Most studies did not define “anxiety”
- Generalized mood that can take several forms
 - ▶ Phobia, social anxiety, obsessive-compulsive and post-traumatic stress
 - ▶ Link between HIV and post-traumatic stress disorder not definitive
- Lifetime rates somewhat lower for PHAs than general population



Substance Use

- Overall, among PHAs, mental health conditions are strongly associated with drug dependence
 - ▶ High rates of substance use + another mental condition among PHAs
 - ▶ Psychological symptoms negatively influence treatment retention and outcomes (for HIV, addiction & mental health), and risk behaviours



Mental Health & HIV Management

- Mental health disorders can negatively impact HIV management
 - Linked to poor medication adherence, poorer treatment outcomes, and HIV disease progression
 - Trauma, life stress, care-giving demands, poor social support and limited HIV disclosure linked to poor adherence
 - Further research is needed on cause and effect relationship between mood disorder, medication adherence, and adverse HIV outcomes (and risk behaviours)



Women, HIV & Mental Health

- Gender inequality and poverty drive poor mental health for women
 - ▶ Depression was more prevalent among women PHAs than men
- Women PHAs may face greater levels of HIV-related stigma than men PHAs
 - ▶ Associated with higher levels of depression and poorer quality of life

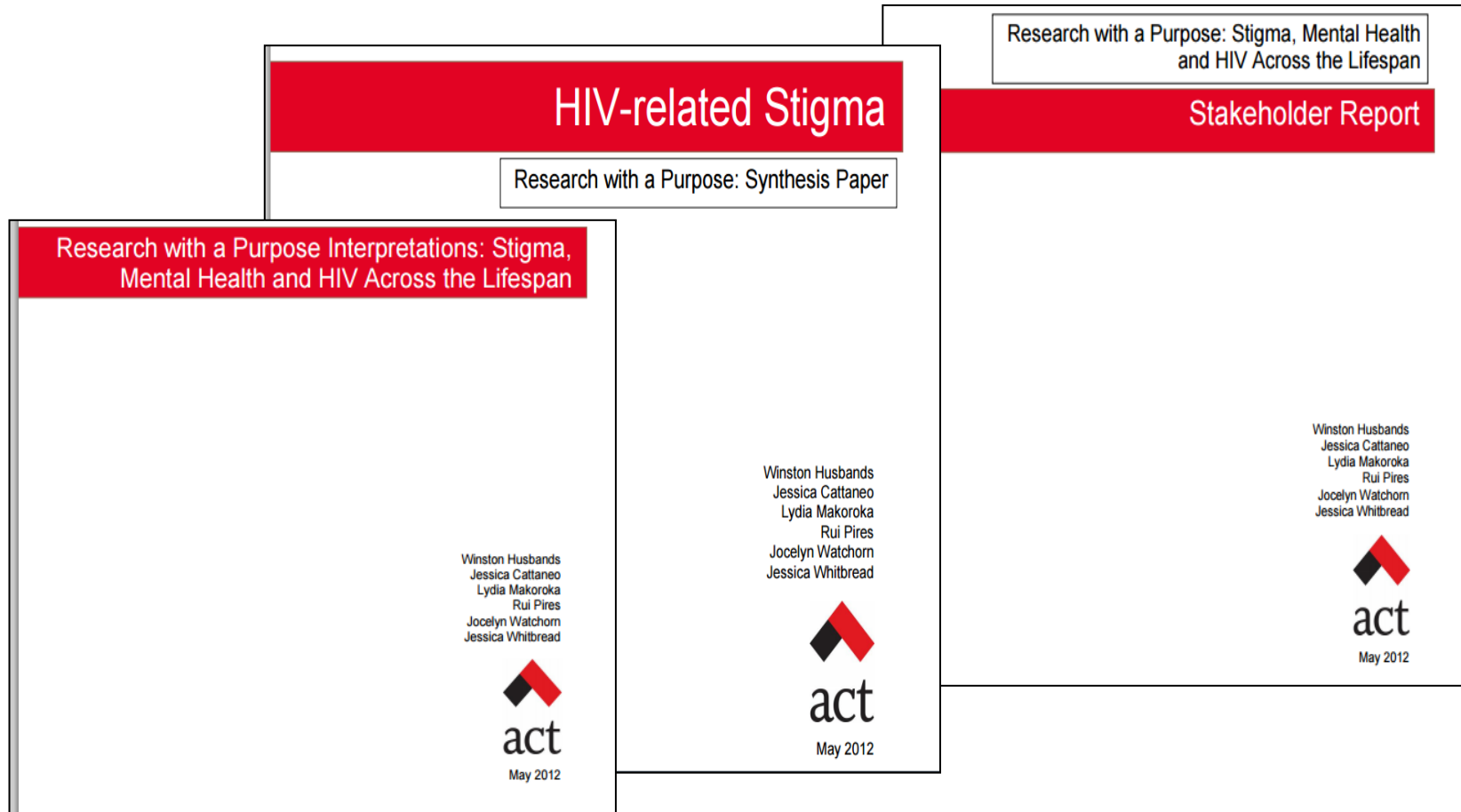


Women, HIV & Mental Health

- Among women PHAs, trauma is associated with poorer health outcomes
 - ▶ women with 3 trauma experiences (i.e., mugging, robbery, physical assault or sexual assault) had higher number of AIDS-defining conditions than those with fewer experiences of victimisation or trauma
- Injecting drug use affects women more seriously than men
 - ▶ Faster disease progression, greater rate of co-occurring conditions, less likely to be treated for substance abuse



Stigma, Mental Health & HIV Across the Lifespan



Stigma, Mental Health & HIV Across the Lifespan

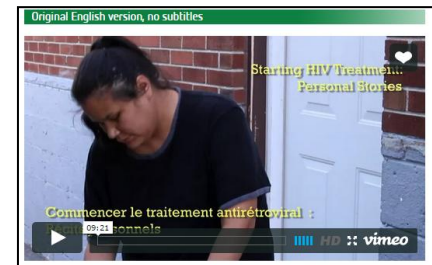
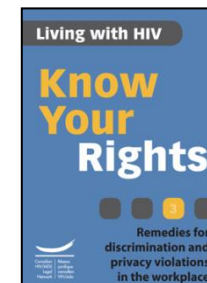
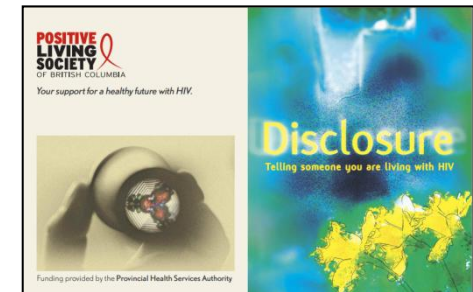
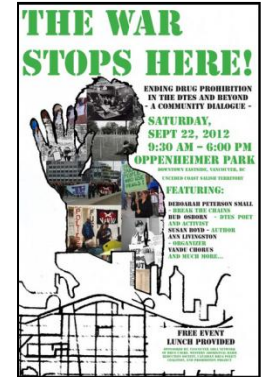
- HIV stigma, mental health stigma, substance use stigma, ageism, sexism and racism
 - ▶ Compounding stressors and challenges experienced by individuals and communities
- We need a *model of care* designed to address stigma and discrimination
 - ▶ Designed to offer a more holistic, client-centred approach to health and wellness



Stigma, Mental Health & HIV

Across the Lifespan

- ▶ In Canada, we have built organizations, institutions and leadership
- ▶ Created resources and retreats about relationships, sex, health, disclosure and human rights
- ▶ But we need to do more ... to enable more people to **live with dignity and respect and good mental health**



ENGAGE.

CONSULT.

FIND SOLUTIONS.

ACT COLLECTIVELY.

Stigma, Mental Health & HIV Across the Lifespan

THE PEOPLE LIVING WITH HIV STIGMA INDEX

When it comes to shouting out against stigma - I've done it. But I've been struggling to quantify it. I now have the missing link

Home | About the Index | News | **Country Analysis** | Partners

Latest news

- Central African Republic - implementation news
12 Sep 2015
- The People Living with HIV Stigma Index acknowledged as being a critical tool in supporting the community response
9 Sep 2015
- Ghana - report of the stigma index from 2014 now available
25 Aug 2015
- UGANDA - presentation about the INDEX findings
21 Aug 2015
- Netherlands: 'Tell me your story, then I will be your voice' a PLHIV led study into HIV related stigma in the Netherlands
17 Jun 2015

[More news](#)

Canada

An implementation team has been formed in Canada - watch this space for more details !

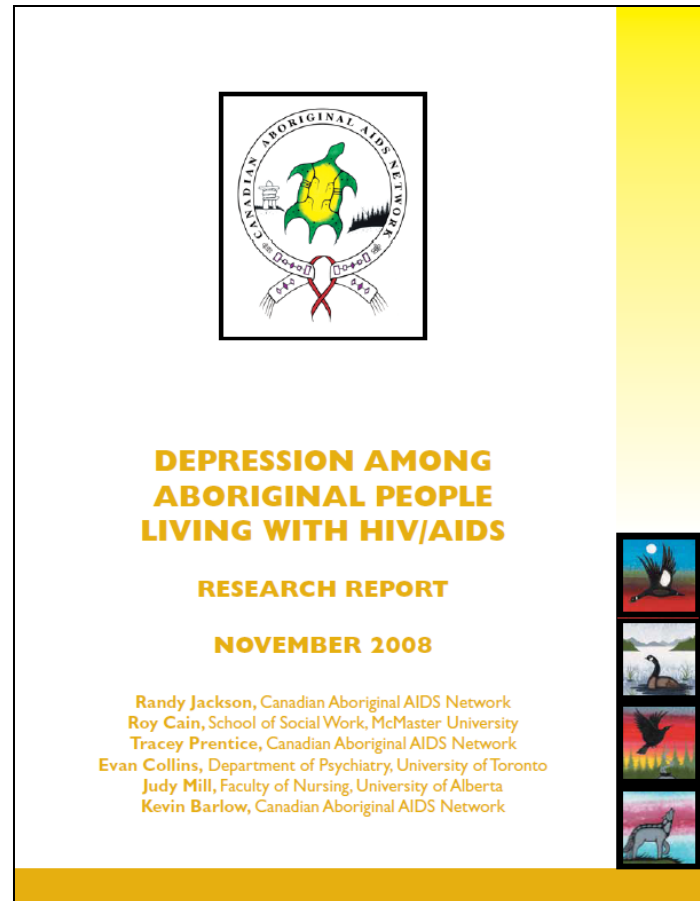
The People Living with HIV Stigma Index

It aims to address stigma relating to HIV while also advocating on the key barriers and issues perpetuating stigma - a key obstacle to HIV treatment, prevention, care and support.



ENGAGE. CONSULT. FIND SOLUTIONS. ACT COLLECTIVELY.

Aboriginal PHAs & Depression



Aboriginal PHAs & Depression

- How APHAs talked about “depression”
 - ▶ Focus on social (versus psychological)
 - isolation, dissatisfaction with others, disconnection from people, communities and culture
 - ▶ Relationship between HIV and depression was diverse, complex and inter-connected
 - linked to broader community issues such as poverty, unstable housing, fostering/adoption, cultural disruption and substance abuse



Aboriginal PHAs & Depression

- How APHAs talked about “depression”
 - ▶ Initial depression associated with an HIV diagnosis
 - ▶ Made worse by stigma and an accompanying fear of disclosure
 - ▶ Believed their Aboriginal background, especially racism they experienced, played a role in their experience of depression



Aboriginal PHAs & Depression

- Strategies APHAs used to cope
 - ▶ Drew on range of overlapping strategies
 - ▶ Formal approaches grounded in Western view of health
 - community services, counseling and medication
 - ▶ Informal approaches
 - Traditional Aboriginal healing, social support from friends and family and the use of humour
 - ▶ For many APHAs, coping became easier over time



Aboriginal PHAs & Depression

- Recommendations

1. An awareness campaign to help APHAs recognize depression
2. Programs to target stigma on and off reserves
3. Training for service providers
 - HIV, mental health, substance use, traditional health approaches, and the broad psychological, social, and cultural issues surrounding HIV



Aboriginal PHAs & Depression

- Recommendations (cont'd)
 4. Services that provide complementary and integrated models of care
 5. Increased access to drug and alcohol programs and to Aboriginal HIV/AIDS services
 6. Continued support and expansion of traditional cultural programs



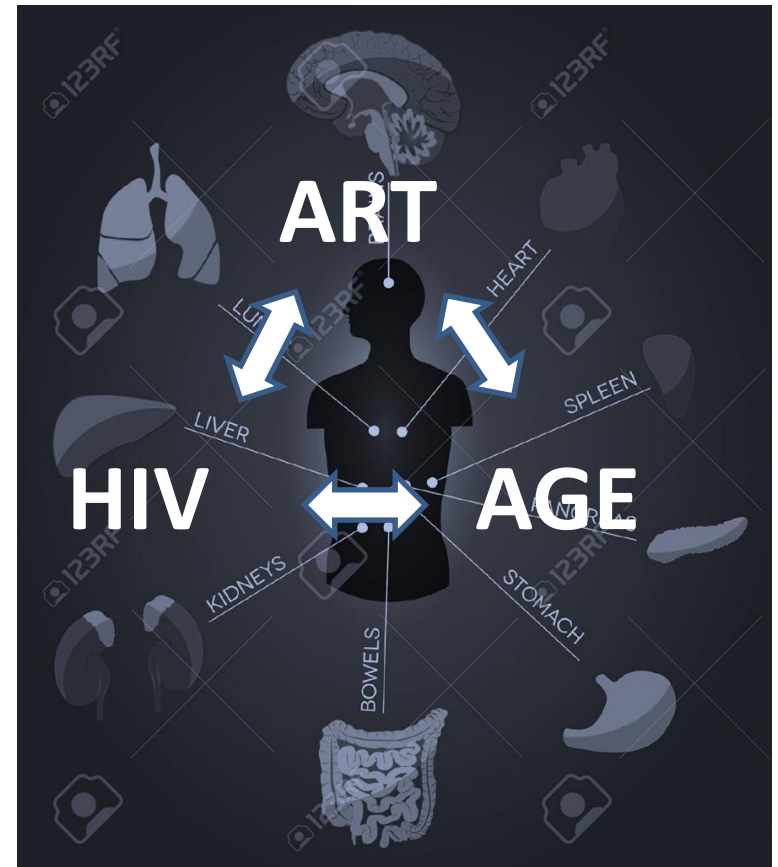
PHAs, Aging & Mental Health

The HIV and Aging Consensus Project

Recommended Treatment Strategies for Clinicians Managing Older Patients with HIV

Sponsored by
American Academy of HIV Medicine
 AIDS Community Research Initiative of America
 Supporting Partner:
American Geriatrics Society

Christine K Abrass MD^{1,3} University of Washington School of Medicine, Division of Gerontology and Geriatric Medicine Seattle WA
 Jonathan S Appelbaum MD, AAHIVS^{1,3} (Co-Principal Investigator) Director, Internal Medicine Education, Florida State University College of Medicine Tallahassee FL
 Cynthia M Boyd MD^{1,3} Johns Hopkins University School of Medicine, Division of Geriatric Medicine and Gerontology Department of Medicine, Baltimore MD
 R Scott Braithwaite MD² Associate Professor, New York University School of Medicine NY NY
 Virginia C Broudy MD² Chief of Medicine, Harborview Medical Center, University of Washington School of Medicine, Seattle WA
 Kenneth Covinsky MD MPH², Professor, Department of Medicine, Division of Geriatrics, University of California San Francisco, CA
 Kristina Anne Crothers MD^{2,3} Associate Professor, University of Washington School of Medicine Seattle WA
 Robert Harrington MD³ Professor, Madison Clinic Director, University of Washington School of Medicine Seattle WA
 Marianna Drootin⁴ American Geriatrics Society, Assoc. Director ADGAP & Geriatrics for Specialists Initiative, NY NY



ENGAGE. CONSULT. FIND SOLUTIONS.⁶¹ ACT COLLECTIVELY.

PHAs, Aging & Mental Health

Depression in HIV and Aging

- Older HIV infected patients should be screened for depressive disorder with an appropriate standardized measure (such as the Geriatric Depression Scale) that minimizes the impact of somatic depressive symptoms.

Anxiety Disorders in HIV and Aging

- Many anxiety disorders can be addressed with SSRIs rather than benzodiazepines with fewer adverse consequences.
- If pharmacotherapy is indicated for acute control of anxiety, the short- to intermediate-acting benzodiazepines with no active metabolites are preferred.
- Non-benzodiazepine agents are preferred for longer-term anxiety control, when longer-term pharmacotherapy is judged to be warranted.



PHAs, Aging & Mental Health

Substance Use Disorders

- Patients should be encouraged to discontinue or minimize their alcohol and substance use and be referred to a counseling program if found to have abuse or dependence disorders.

Summary and Conclusions

Finally, there is emerging literature that the **treatment of some co-morbid conditions in an integrated manner** may improve the outcomes for not only the targeted conditions but also other existing co-morbid conditions (Safren et al. 2009; Parsons et al. 2007)....

In HIV patients, **better management of depression** leads to better medication adherence for all existing co-morbidities (Gonzalez et al. 2011). There is some evidence that an integrated approach with **cognitive behavioral therapy** can lead to improved adherence (Safren et al. 2009; Kinder et al. 2006).



Young & Old: The same?

- PHAs **under 50** are struggling with greater levels of stress and isolation than older PHAs
 - ▶ Runs counter to accepted wisdom and research
 - ▶ For younger, greater disconnection from friends and family, in part due to stigma
- **Older folks** have developed support systems that help them be **resilient**

Source: B Ryan. "The HIV Mental Health Generation Gap, POZ Magazine (on-line), 3 February 2014.
http://www.poz.com/articles/generation_gap_401_25117.shtml



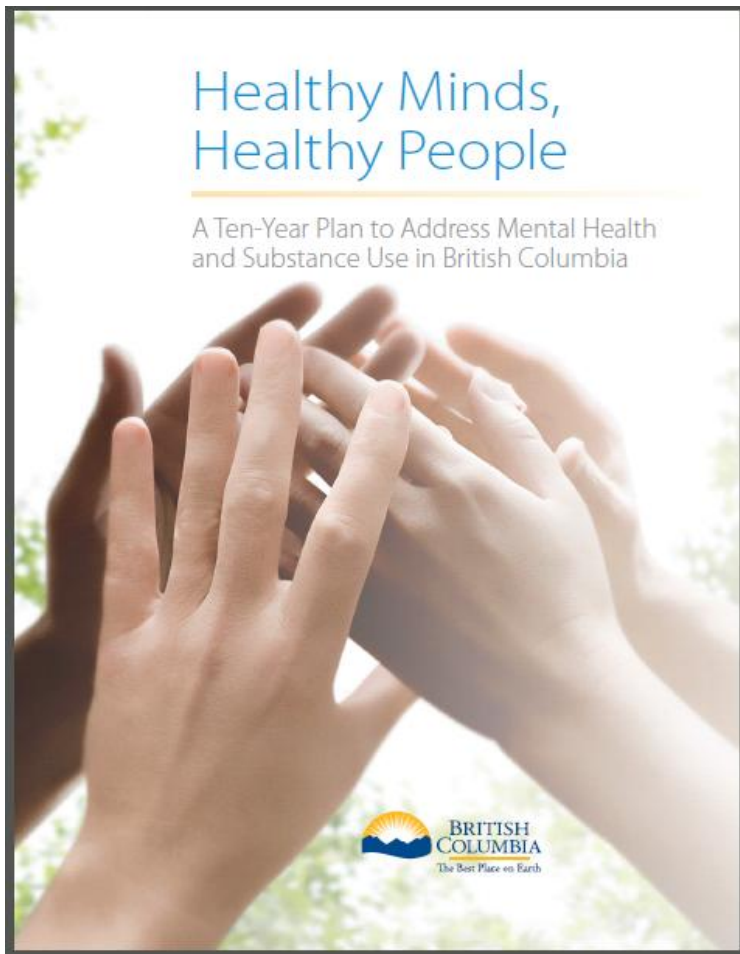
Break?



British Columbia's Mental Health Strategies (and **You?**)



Healthy Minds, Healthy People



- 10 year strategy (2010 to 2020)
- Mental health and problematic substance use
 - ▶ Stigma and discrimination are barriers
 - ▶ Significant direct and indirect costs
- Evidence-based, best practice solutions needed

Healthy Minds, Healthy People

- Goals
 1. Improve mental health and wellbeing
 2. Improve quality and accessibility of services
 3. Reduce economic costs to public and private sector



Healthy Minds, Healthy People

- Focus on children and Aboriginal people
- Aboriginal people
 - ▶ Culturally specific approaches needed
 - ▶ Aboriginal mental health and substance use plan developed separately, under Tripartite First Nations Health Plan (2007)
 - ▶ First Nations Health Authority established in 2013
 - "A Path Forward: BC First Nations and Aboriginal People's 10 Year Mental Wellness and Substance Use Plan" released in April 2013



Healthy Minds, Healthy People

- HIV/AIDS and hepatitis C virus infection
 - ▶ Recognizes benefits of Insite, including increased access to drug treatment
 - ▶ Methadone maintenance therapy (MMT)
 - Access to MMT key to treating people with opioid dependence, and fundamental component of HIV/HCV prevention
 - ▶ Routine mental health screening
 - Implement routine primary care screening for mental health and/or substance use problems (esp depression) among people with *chronic health problems and illnesses*

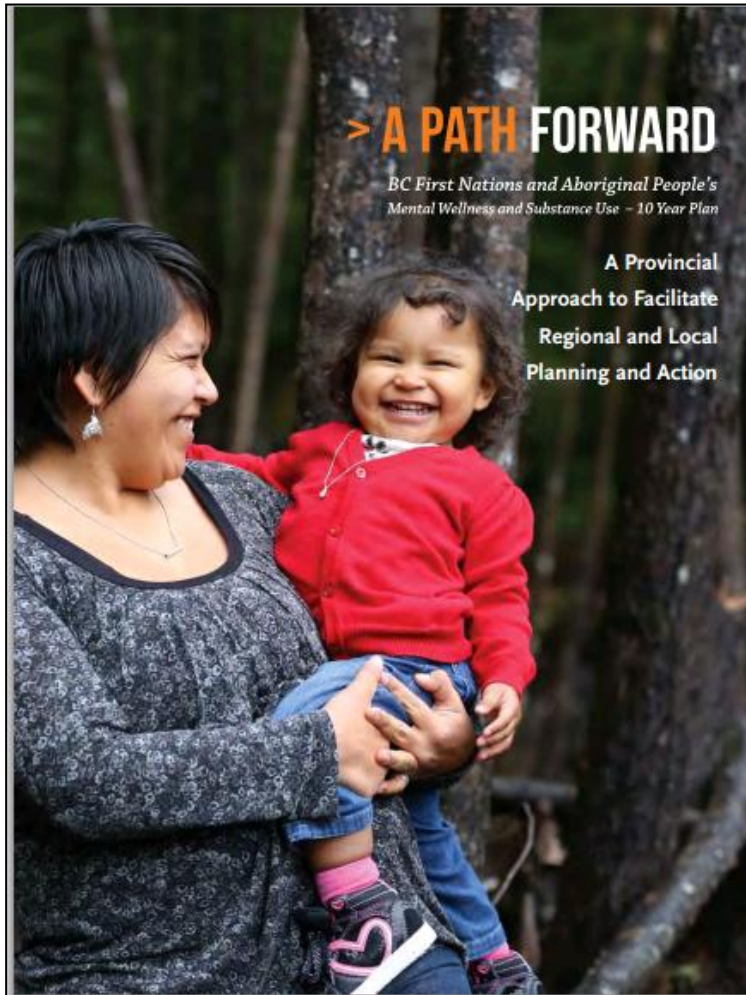


Healthy Minds, Healthy People

- Half way there ... 2015
- Two Annual Reports (2011, 2012)
- Have **you** noticed improvement in mental health and addictions services in the past 5 years?



A Path Forward (2013)



- 10 year plan for Aboriginal and First Nations in BC
- High burden of mental illness and problematic substance use
- Effects of colonization, residential schooling, systemic racism, abuse, child apprehension, overrepresentation in criminal justice system ++

A Path Forward (2013)

- The Circle of Wellness
 - ▶ Solutions based on Aboriginal traditions of holistic health
 - ▶ Mental, physical, emotional, and spiritual balance
 - ▶ Individual, family and community relationships
 - ▶ Guiding values: love, respect, truth, humility, courage, honesty, wisdom
 - ▶ Need range of culturally safe services and supports that respect customs, values, and beliefs



PAN's Mental Health Work: Increasing Capacity of CBOs

- Advisory Committee
- Community of Practice
- Webinars and web-based resources
- Partnerships
- Service map
- Regional trainings, Training curriculum
- Mental Health First Aid
- Organizational Support



Evaluation

- **Post**-evaluation



Get social with us!

Joignez-vous à nous!



@CTAC_CAN



/CTAC.CAN



/CTACTALKS



CTAC CANADA



Contact us

Nous joindre

Glenn Betteridge, Policy Analyst

glenn@ctac.ca

1-877-237-2822

Thank you for your time and attention. And especially for sharing your ideas and perspectives—educating me and building CTAC's capacity to serve people and organizations in B.C. and across Canada.



Additional Slides & Background Information



CTAC's Needs Assessment Survey

- CTAC's March 2015 pan-Canadian mental health survey
- Identify **Your** Needs and Barriers **You** Face in accessing mental health care, treatment and support



Question 8

- What do **you** think are the most significant mental health issues faced by PHAs?
- Are there **specific populations** affected the most?



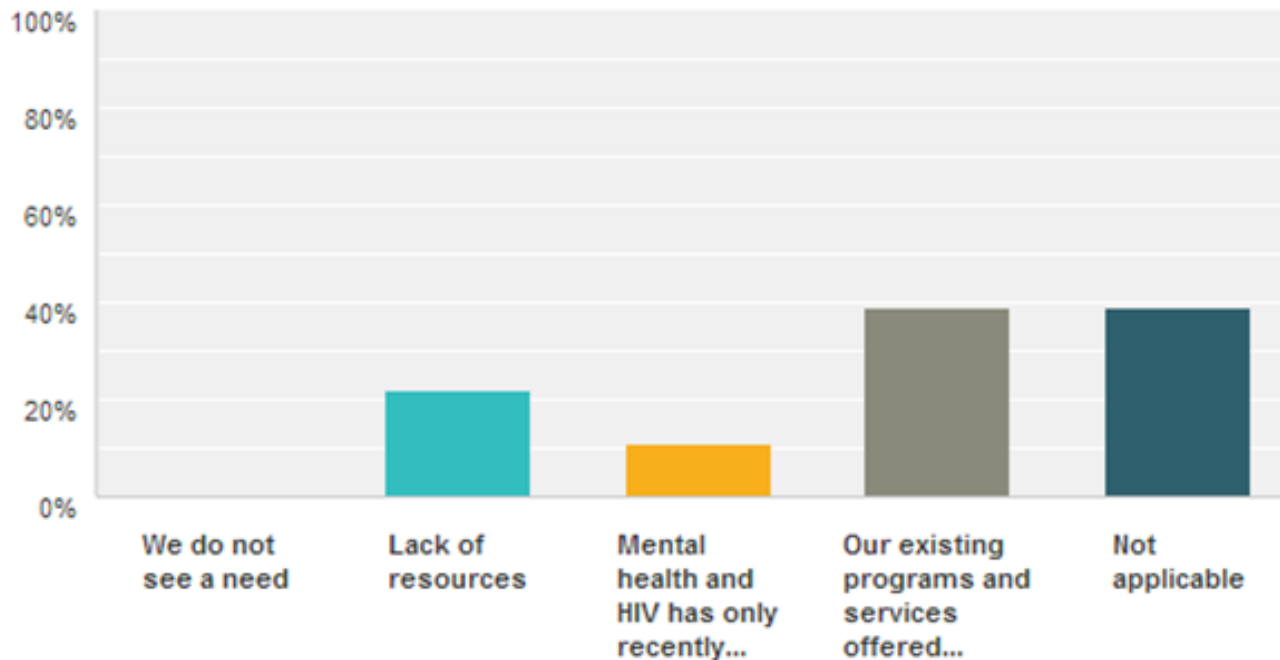
Question 9 & 10

- From your perspective, is mental health a priority for the organizations **you** access?
- Do these organizations offer **programming** to meet the specific needs of PHAs with mental illness?



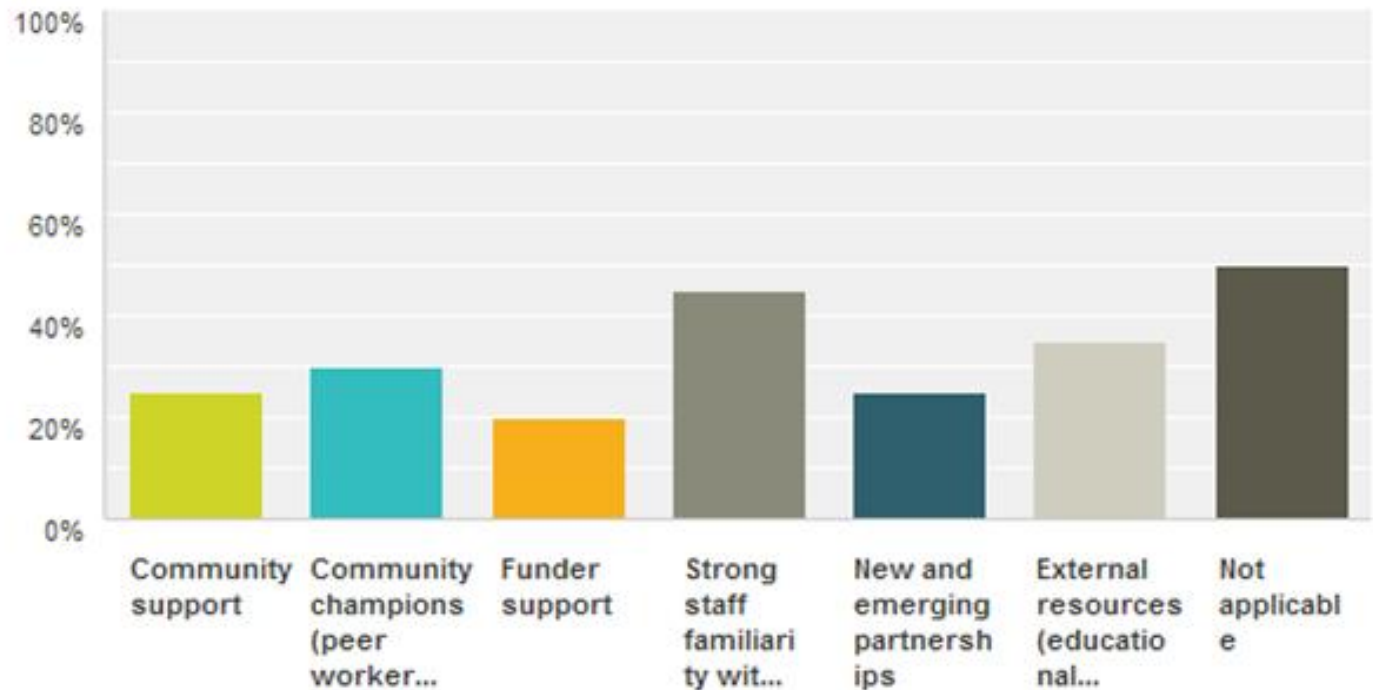
Question 12: Your thoughts?

12. If you have indicated that your organization does not offer any services or programs directed towards meeting the specific needs of people living with HIV who are also living with a mental health issue, please indicate why not. (Please select all that are applicable).



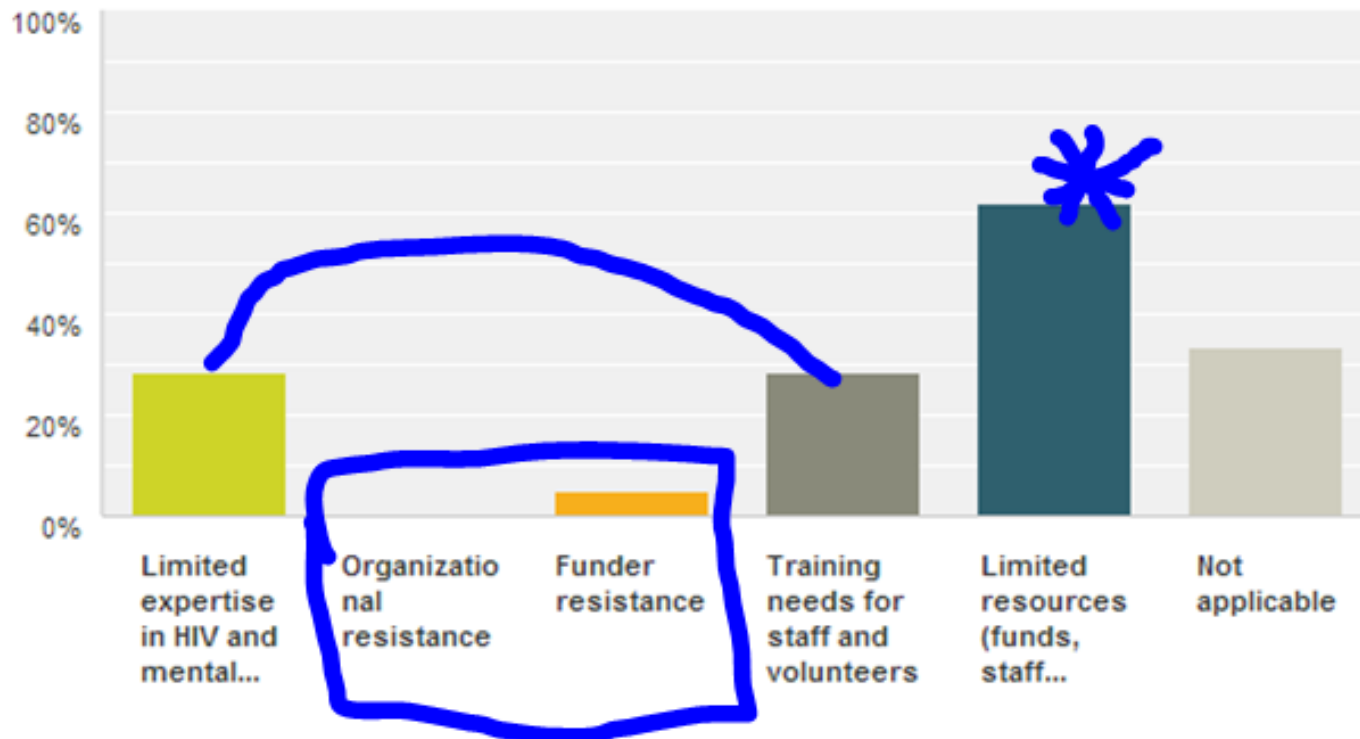
Question 15: Your thoughts?

15. What would you identify as the strengths of your mental health program(s)/ service(s) for people living with HIV?



Question 16: Your thoughts?

16. What would you identify as the key challenges associated with the program(s)/service(s)?
(Please select all that are applicable).



Question 17

- What do **you** consider to be the **key unmet issues** affecting access to mental health treatment, care and support for people living with HIV?



Question 18

- In **your** opinion, what are the **key treatment, care and supports needed** by people living with HIV who are also living with a mental health issue?

