

High prevalence of common mental health disorders amongst adolescents with HIV in Zimbabwe: IMPAACT 2016

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BACKGROUND

- Adolescents living with HIV (ALHIV) are more prone to common mental health disorders (CMD) than those without HIV.
- As CMD can negatively affect HIV treatment outcomes, current HIV management guidelines recommend routine screening and management of CMDs.
- However, CMD prevalence data amongst adolescent populations in Zimbabwe are scarce, especially amongst ALHIV.
- We describe the prevalence of moderate to severe CMD among ALHIV in Harare, Zimbabwe who were being screened for participation in the IMPAACT 2016 study – a randomized control trial evaluating a trauma-informed cognitive behavioral therapy group intervention delivered by trained peers at the study clinic (NCT04024488).

Two thirds of adolescents living with HIV recruited from primary care facilities in urban Zimbabwe screened positive for at least one common mental health disorder, underscoring the importance of integrating routine mental health screening and management with HIV programs

METHODS

- **Study population:** A convenience sample of ALHIV were recruited between March-April 2024 from HIV treatment clinics in urban Harare and Chitungwiza, Zimbabwe:
 - ✓ Aged 15-19 years, confirmed to be living with HIV, been prescribed antiretroviral treatment for ≥24 weeks. Providing consent if ≥ 18years old or assenting to participate if <18years old, with informed consent provided by a parent or guardian
- **Assessments:** ALHIV completed three self-administered electronic questionnaires in their preferred language to screen for symptoms related to:
 1. Anxiety: Generalised Anxiety Disorder-7 scale (GAD 7), score ≥10 positive;
 2. Depression: Patient Health Questionnaire-9 (PHQ 9), score ≥10 positive; and
 3. Trauma: University of California Los Angeles Post-traumatic Stress Disorder Reaction Index (UCLA PTSD RI), score ≥35 positive.
 - ✓ ALHIV with a score considered positive for any of the three conditions were eligible.
 - ✓ Scores were calculated automatically and categorized as either meeting eligibility criteria or not. The study team were notified of this categorization via automated e-mail immediately following completion of each assessment.
 - ✓ The system also generated automated e-mail safety alerts for reported suicide attempts, kidnapping, transactional sex, and sexual coercion.
- **Analysis:** Scores for all completed assessments were tabulated manually. We report simple frequencies and percentages for each condition alone and in combination with others.

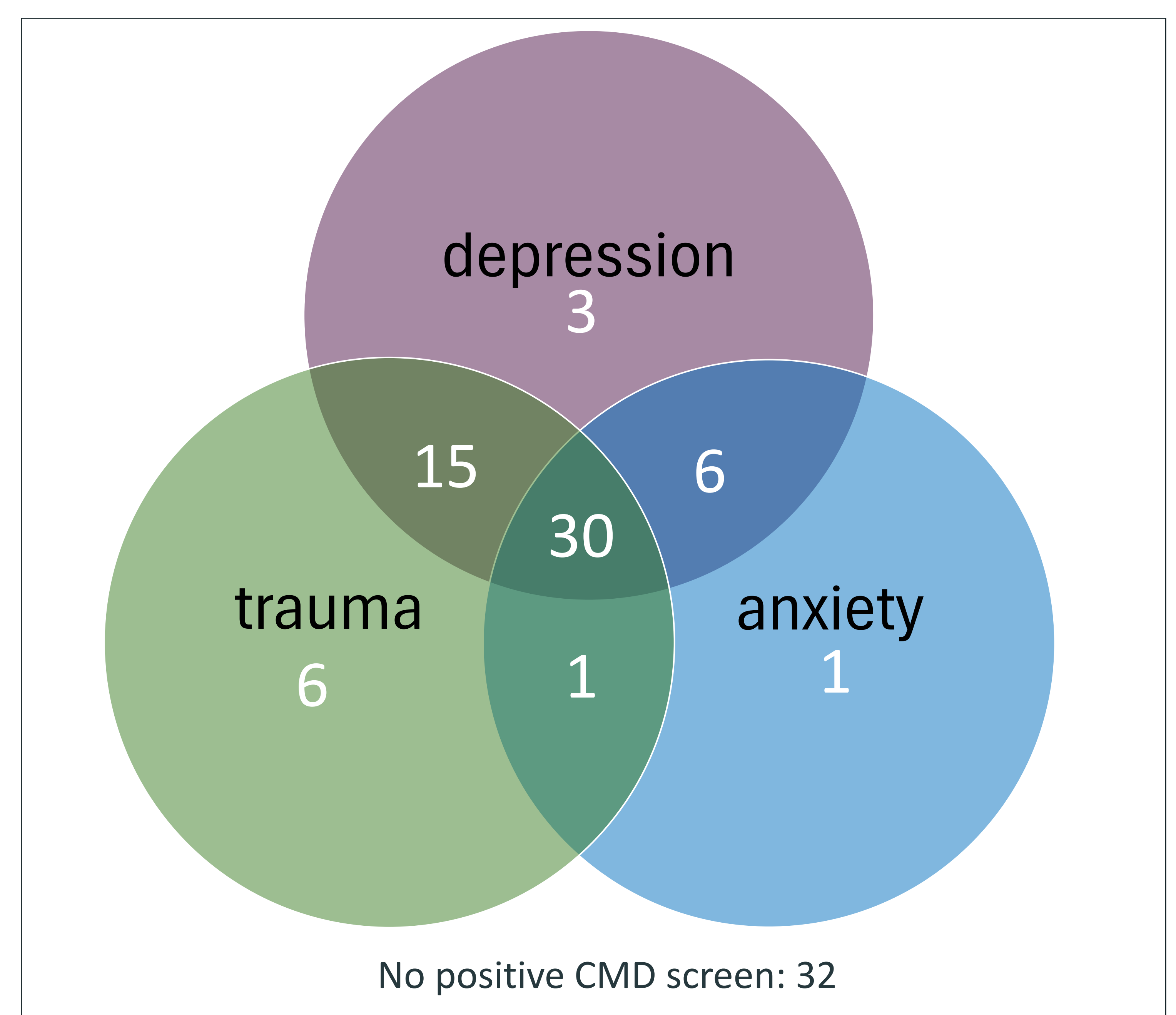


Figure: Outcomes of screening tests for CMDs among 94 ALHIV showing numbers who screened positive for none, one or multiple CMDs.

RESULTS

- 94 ALHIV were screened; 51 (54%) female and 43 (46%) male
- 62 (66%) screened positive for at least one CMD:
 - ✓ Anxiety: 38 (40%)
 - ✓ Depression: 54 (57%)
 - ✓ Trauma: 52 (55%).
- 52/94 ALHIV (55%) screened positive for more than one condition:
 - ✓ Co-existing depression, trauma and anxiety: 30 (32%)
 - ✓ Co-existing depression and trauma: 15 (16%)
 - ✓ Co-existing anxiety and depression: 6 (6%)
 - ✓ Co-existing anxiety and trauma: 1(2%).
- Safety alerts were received for 28 (30%) ALHIV who screened positive for CMD:
 - ✓ 23 suicide attempts, 3 kidnappings, 8 transactional sex, and 11 sexual coercion.

CONCLUSIONS

Two thirds of ALHIV recruited from primary care facilities in Zimbabwe screened positive for CMD, with most exhibiting symptoms of multiple mental health conditions. Though this is a non-random sample, the high frequency of positive screening tests for CMDs underscores the importance of integrating routine screening and management of CMDs with HIV programmes in Zimbabwe to achieve and sustain targeted treatment outcomes.

ACKNOWLEDGMENTS

The IMPAACT 2016 study team gratefully acknowledges the dedication and commitment of the 94 adolescents with HIV included in this analysis, their families, their communities, and CAB representatives, without whom this study would not have been possible. The authors also wish to acknowledge the IMPAACT 2016 Protocol team, NIAID, NICHD, and NIMH, and staff from the three IMPAACT sites in Zimbabwe.