**ANNEX I**
**DESCRIPTION OF THE ACTION**

# 1. OVERVIEW

## 1.1. Title

Developing HIV/AIDS & Mental Health Programs in new EU countries (Poland, Czech Republic, Slovakia, Estonia, Latvia, Lithuania, Bulgaria, Slovenia, Hungary, Romania) and transferring best practices and experience in the field from the old EU member-countries.

## 1.2. Priority area and action

Health Promotion

## 1.3. Summary (objectives, methods, expected results)

Mental illness is inextricably linked to HIV/AIDS, as a casual factor and as a consequence, while treatment of mental disorders and support for people living with HIV/AIDS is key to both improving their quality of life and preventing the further spread of the infection.

The issue is of particular concern to new EU member countries: Poland, Estonia, Bulgaria, Czech Republic, Hungary, Latvia, Lithuania, Romania, Slovakia, Slovenia, where the AIDS epidemic is growing while rates of mental illness are also rising, and the limited resources and facilities available to treat both conditions in an integrated way pose major challenges. The severity of AIDS, in spite of the recent innovations in treatment, often leads to serious mental health problems for those infected as well as for their "significant others" (carers, relatives). In addition, persons with mental illness or a mental handicap run additional risks of becoming infected with HIV. However, the relation between HIV/AIDS and mental health problems are often overlooked or ignored.

The main goal of the project is to improve the quality of life of people with double/triple diagnosis (HIV/addiction/mental illness) in new EU member countries (Poland, Estonia, Bulgaria, Czech Republic, Hungary, Latvia, Lithuania, Romania, Slovakia, Slovenia) by increasing awareness of the relation between HIV/AIDS and mental health problems among professionals in relevant sectors and disseminating best practices existing in old EU member countries in the area of integrated approach towards mental health and HIV/AIDS (e.g. Dutch multidisciplinary treatment team model).

The project is foreseen for three years. It comprises research, educational, advocacy activities, as well as the establishment of expert centres on mental health and HIV/AIDS due to which is sustainability after three

years will be ensured. Ideally, the project will lead to inclusion of mental health component into national, regional and European HIV strategies and policies.

## 2. OBJECTIVES

### 2.1. General objectives

- To improve the quality of life of people with double/triple diagnosis (HIV/addiction/mental illness) in new EU member countries (Poland, Estonia, Bulgaria, Czech Republic, Hungary, Latvia, Lithuania, Romania, Slovakia, Slovenia) due to improved access to and quality of mental health and psychological support services for people with dual/triple diagnosis and for populations at risk of HIV-infection with higher rates of mental illness

- To increase awareness of the relation between HIV/AIDS and mental health problems among professionals in relevant sectors (health care, social welfare etc) and authorities in new EU countries (Poland, Estonia, Bulgaria, Czech Republic, Hungary, Latvia, Lithuania, Slovakia, Slovenia, Romania)

- To build the capacity of health care professionals in new EU member countries by disseminating best practices existing in old EU member countries in the area of integrated approach towards mental health and HIV/AIDS (e.g. Dutch multidisciplinary treatment team model)

### 2.2. Specific objectives

1. Needs assessment in order to identify existing gaps in the field of mental health and HIV/AIDS by the middle of project year 1;

2. Implementing research activities on mental health and HIV/AIDS as a basis for training and advocacy throughout the project

3. Setting up sustainable expert centres on mental health and HIV/AIDS in 3 EU countries (PL, EE, LT) and strengthening existing center in BU within project year 1

4. Creating a sustainable training structure aimed at enabling relevant care givers to improve the services rendered to patients (throughout the project years 1&2 and by 2nd quarter of project year 3);

5. Incorporating training modules and manuals in mainstream professional training of doctors, nurses, social workers and other relevant groups in PL, EE, BU, LT by the end of project year 3.

6. Disseminating information among policy-makers and opinion-formers on integrated mental health/HIV approach and its importance for PLHA in improving their quality of life and HIV-prevention among populations with higher risk of HIV-infection due to impaired understanding.

### 2.3. Indicators chosen

Process indicators

Establishment of 2 expert centers in PL, EE, LT[1] on time

Timely implementation of needs assessment[2] by researches in PL, EE, BU, CZ, HU, LT, LV, RO, SI, SK that will map the picture of services available in project countries and making recommendations on initiatives required to fill in existing gaps;

Implementation of 3 research projects on various aspects of mental health and HIV/AIDS in relation to various target groups in PL, EE

Timely implementation of each of above mentioned research projects

Implementation of 1 (2) research projects on various aspects of mental health and HIV/AIDS in CZ, SK, LT, LV, RO, SI, HU as a foundation for educational and advocacy activities

Timely implementation of above mentioned research project (projects).

Training of experts and trainers (2 per each country – in PL, EE, BU, CZ, HU, LT, LV, RO, SI) capable of educating on HIV and mental health various target groups (medical professionals, social workers, PLHA, NGO's, etc) based on developed training course

Adaptation of 4 existing training modules to reality of project countries

Timely adaptation of existing training modules

Development of 3 new training modules on multidisciplinary HIV/mental health treatment teams intended for medical professionals

Timely development of 3 new training modules

Number of trainees - by professions (medical professionals, social workers, PLHA, HIV counsellors and educators, NGO's etc. - "change agents") - trained within the project in PL, EE, BU, LT.

Publication and distribution of informational materials on stigma and de-stigmatization: in PDF format in ENG, in PDF format in each other national language

Number of stakeholder meetings on stigma and discrimination, number of participating stakeholders

Number of overall attempts made to incorporate training modules and manuals in mainstream professional training of doctors, nurses, social workers and other relevant groups in PL, EE, BU, LT.

Number of attempts to include mental health issue into HIV policies

---

[1] Expert Center in BU is already established.

[2] Based on RAR (rapid assessment) method

Output indicators

Expert Center's status and visibility among professionals working in MH & HIV/AIDS areas (number of referrals to ECs); creation of web page on MH&HIV (# of visitors)

Support to EC's activities by professional associations of infectiologists, psychiatrists etc., involvement of those professional associations in project activities

On the average 70% of training participants improved their knowledge level on HIV, IDU, mental health and related issues

Sources of verification:

- Questionnaire at the beginning and at the end of each training module

Positive evaluation of training modules by trainees (based on the results of evaluation forms)

Published titles on mental health, AIDS and IDU positively evaluated by readers: based on expressed opinions, references made and results of evaluation forms randomly distributed between recipients

Informational materials on stigma and de-stigmatization positively evaluated by readers: based on expressed opinions, references made and results of evaluation forms randomly distributed between recipients

Stakeholder meetings on research positively evaluated by their participants

Outcome/impact indicators

Increased quality of life for PLHA with mental health problems:

- Increased number of places where PLHA may receive good quality psychological and/or psychiatric support
- Appearance of multidisciplinary teams treating HIV patients for mental health problems (at least one location in PL, EE, BU, LT)
- Psychological and psychiatric support available at the same locations where PLHA are treated for HIV (number of such locations)

Changed attitude of mental health and HIV services towards integrated approach:

- opinions expressed when importance of such approach is recognized;
- cases when shared commitment by HIV and mental health services to provide comprehensive care, prevention, and early intervention is expressed;
- number of initiatives aimed at joint planning, resource, and information sharing etc.

Inclusion of training modules and manuals in mainstream professional training of doctors, nurses, social workers and other relevant groups in PL, EE, BU, LT (number of cases)

Inclusion of mental health in relevant policies on HIV/AIDS (number of countries)

## 2.4. Rationale and relative merits of the project

The project is in line with EU HIV/AIDS Action plan for 2005-2009[3] as it will contribute to:

- Education of healthcare personnel (ID specialists, psychiatrist, internal medicine specialists etc.) on both mental health issues related to HIV and HIV in the context of mental health
- Prevention of new HIV infections:
    - By both improving access to treatment of mental illnesses in case of patients with HIV, reducing thus their risky behaviour in case the condition is untreated (i.e. risky sexual activities and drug use) and improving their adherence to ARV treatment as a result of improved mental health
    - Increase of knowledge on HIV prevention in case of medial personnel, carers working with mental health patients at risk of HIV and mental health patients themselves
- Reducing negative impact of HIV epidemics:
    - By improving available treatment, care and support for PLHA with mental health disorders (both provided by health care institutions and NGOs, self-support groups, and other service providers);
- Developing advocacy efforts aimed at the promotion of mental health and HIV integrated approach
- Conducting research activities on mental health and HIV, identifying possible solutions
- Building partnerships with all interested stakeholders
- And fostering cooperation between civil society and public organizations

The project will contribute as well to the EU policy in the area of mental health implementation[4] by:

[3] Coordinated and integrated approach to combat HIV/AIDS within the European Union and its neighbourhood, 2004

[4] Green Paper. Improving the mental health of the population: Towards a strategy on mental health for the European Union, 2005

- improving information and knowledge on mental health in the EU, both in case of medical professionals (infectious disease specialists, treating HIV patients; internal medicines doctors, family doctors etc.) and other stakeholders, such as HIV patients with mental disorders, social workers, psychologists, NGO activists, family members and carers etc.

- addressing mental ill health through preventive action:

    i. increasing awareness of existing stigma & discrimination and its negative impact on mental health, counteracting stigma & discrimination through training and advocacy activities

    ii. deepening patients, social workers, psychologists, NGO activists' knowledge on HIV and mental health so that they would be able to identify symptoms at an early stage, turn or refer for help to relevant centres, provide adequate good-quality support etc.

- creating a framework for exchange and cooperation between project partners from various EU members states and involving patients and civil society organisations into building solutions (e.g. they will be source of information on existing and desirable solutions in the area of mental health and HIV in a given country, town that will be gathered during the research activities; due to the increase of their knowledge on HIV and mental health and existing initiatives their self-support and service activities will be improved etc.)

  In general, the project will improve the quality of life of people with with HIV who will receive better quality treatment of existing mental disorders and mental health patients with impaired understanding due to which they may be at risk of contracting HIV or other infectious disease.

In addition, the project contributes to other HIV-related projects supported by the European Commission:

- as part of MAIDS project training curriculum for face-to-face trainings and on-line training will be developed, that will be aimed at the same target group (health care and other professionals working with PLHA etc.) as the project ACTIVATE;

- it will promote cooperation between governmental and non-governmental organizations, which in fact, is a crucial element of MAIDS project success, continuing, thus, dialogue that began as a part of the project TAHA;

- MAIDS project aims at the same beneficiaries as projects SIALON, EVERYWHERE (MSM)[5], Network of migrant sex workers (sex workers), CONNECTIONS (drug users and prisoners), Sunflower (youth). MAIDS project contributes to the decrease of stigmatization of those

[5] Social AIDS Committee, MAIDS project main partner, is also an associate partner in the EVERYWHERE project.

groups due to changing attitude of health care workers and other professionals, and provides them with knowledge and skills required in order to work with those groups, each of which has specific needs.

- On the other hand, the current project introduces approach, innovative for EU new member countries, where issues of mental health and HIV haven't been considered in an integrated way so far.

Mental health is central to building a healthy, inclusive and productive society, according to the World Health Organisation[6]. But WHO also regards HIV/AIDS as the most demanding public health and social challenge of the last 25 years[7]. However, the connection between these two issues is rarely made in the mind of the public, policy-makers or health professionals, and mental health concerns are often overlooked in programs for HIV preventions and care. Taking the importance of that issue in mind, WHO in the Report by its Secretariat (November 2008) recommended that HIV and mental health issues should be included into National strategies/policies on HIV[8]. So far none of the National HIV policies/strategies in EU new member countries comprises this issue.

Zuniga JM et al study can provide an indication of general trends. This research indicated that the majority of doctors treating HIV patients do not ask about their mental health status. The researchers of the International Association of Physicians in AIDS Care (IAPAC) concluded that increased awareness of their patients' mental health on the part of physicians could lead to better clinical management. They recommend that doctors refer their HIV patients experiencing mental health problems for specialist counselling and care.[9]

Yet mental illness and problems are inextricably linked with HIV/AIDS, as a causal factor and as a consequence, while treatment of the mental problems and psychological and psychosocial support for people living with HIV/AIDS is key to both improving their quality of life and preventing the further spread of the infection.

The mental health problems associated with HIV infection are well documented. Around three quarters of people with HIV/AIDS have at least one psychiatric disorder in their lifetime.[10]

Developing AIDS or simply being HIV-positive has a major impact on individual mental health. All chronic, life-threatening conditions bring particular stressors such as long-term discomfort, physical deterioration, physical and financial dependence and the

---

[6] WHO resource book on mental health, human rights and legislation. www.who.int/mental_health/policy/en

[7] AIDS Epidemic Update, December. www.who.int/hiv/pub/epidemiology/epiupdate2005/en/index.html

[8] „HIV/AIDS and mental health" Report by the Secretariat, WHO, Executive Board 124th session, November 20, 2008, at http://www.who.int/gb/ebwha/pdf_files/EB124/B124_6-en.pdf

[9] Zuniga JM et al. *Managing psychiatric manifestations of HIV infection*. Antiretroviral Therapy 8 (suppl.1), abstract 746, 391, 2003.

[10] Baingana F, Thomas R and Comblain C (2005). HIV/AIDS and mental health. Health, nutrition and population discussion paper, World Bank.

prospect of untimely death. Additional issues such as discrimination, social denial, stigma, isolation, fear of disclosure, fear of infection, multiple death and loss, and the sheer cumulative impact of such stressors, mean that HIV/AIDS has a profound psychological and social impact. Mental health problems can emerge at any stage of HIV infection, including the time around HIV testing, disease progression, illness and death, and are associated with the many mental, physical and spiritual adjustments and losses that individuals confront. Those who develop the infection often come from groups who have already experienced social rejection, disadvantage and poor health, such as drug abusers, commercial sex workers, men having sex with men and prisoners.

*Mental illness and the Course of HIV*

Increasing evidence shows that where HIV infection and mental illness co-occur, physical health suffers[11], [12], [13], [14]. Depression has been linked to mortality due to AIDS in North American and African studies. AIDS-related deaths occurred more often among North American women with chronic depressive symptoms, and symptoms were more severe among women in the terminal phase of their illness[10].Women who used mental health services survived more often than those who did not.

Mental illness adversely affects adherence to care. Depression, traumatic life events, and psychosis have been linked to poor adherence to medication in adults and adolescents[15],[16]. In a review of HIV medication adherence studies done around the world, "feeling depressed" was the second most cited barrier to adherence[17]. Moreover people with depression and/or anxiety have been found to be less likely to initiate anti-retroviral therapy compared with those without mental illness[18].

Below some of the mental health problems are listed that can emerge during HIV infection (based on more extensive reviews available in Catalan et al 1995, Catalan J 1999, Citron K et al 2005)[19], [20], [21].

---

[11] Antelman G, Kaaya S, Wei R, Mbwambo J, Msamanga GI, Fawzi WW, Fawzi MCS. Depressive symptoms increase risk of HIV disease progression and mortality among women in Tanzania. *Journal of Acquired Immune Deficiency Syndromes: JAIDS* 2007,44:470-477.

[12] Cook JA, Grey D, Burke J, Cohen MH, Gurtman AC, Richardson JL, *et al.* Depressive symptoms and AIDS-related mortality among a multisite cohort of HIV-positive women. *American Journal of Public Health* 2004,94:1133-1140.

[13] Greeson JM, Hurwitz BE, Llabre MM, Schneiderman N, Penedo FJ, Klimas NG. Psychological distress, killer lymphocytes and disease severity in HIV/AIDS. *Brain, Behavior, and Immunity* 2008,22:901-911.

[14] Hartzell JD, Janke IE, Weintrob AC. Impact of depression on HIV outcomes in the HAART era. *Journal of Antimicrobial Chemotherapy* 2008,62:246-255.

[15] Mugavero M, Ostermann J, Whetten K, Leserman J, Swartz M, Stangl D, Thielman N. Barriers to antiretroviral adherence: the importance of depression, abuse, and other traumatic events. *AIDS Patient Care & Stds* 2006,20:418-428.

[16] Williams PL, Storm D, Montepiedra G, Nichols S, Kammerer B, Sirois PA, *et al.* Predictors of adherence to antiretroviral medications in children and adolescents with HIV infection. *Pediatrics* 2006,118:e1745-1757.

[17] Mills EJ, Nachega JB, Bangsberg DR, Singh S, Rachlis B, Wu P, *et al.* Adherence to HAART: A systematic review of developed and developing nation patient-reported barriers and facilitators. *PLoS Medicine* 2006,3:e438

[18] Tegger M, Crane H, Tapia K, Uldall K, Holte S, Kitahata M. The effect of mental illness, substance use, and treatment for depression on the initiation of highly active antiretroviral therapy among HIV-infected individuals *AIDS Patient Care and STDs* 2008,22:233-243.

[19] Catalan J, Burgess A, Klimes I (1995). Psychological medicine of HIV infection. Oxford University Press, Oxford, UK.

[20] Catalan J (ed) (1999). Mental health and HIV infection: psychological and psychiatric aspects. UCL Press, London, UK.

The project partners are not aware of any extensive research done in this field specific to new EU-member countries and assume that no such work has been done.

Generally speaking, experts opinion is that types of mental health problems in new EU-member countries will be similar to general world picture[22].

*Depression*

The many psychological and social stressors associated with HIV can lead to depression, the most common mental health problem affecting people living with HIV/AIDS. It is characterised by a persistent sad mood, feelings of emptiness, hopelessness, suicidal thoughts, feelings of guilt and self-loathing, loss of interest or pleasure, decreased energy, fatigue, concentration difficulties, sleep disturbance, appetite and/or weight changes, restlessness and irritability. It may be more prevalent in the early phases of HIV disease, and with the onset of HIV-related illness.

People are more prone if they have a previous psychiatric history, poor social support, guilt or lack of acceptance about sexuality or lifestyle, and lack of an adequate social infrastructure. Depression is twice as common in people with HIV as in the general population.[23]

*Substance abuse*

Over half of those infected in new EU-member countries are injecting drug users as in the countries with biggest numbers of HIV/AIDS in the region; intravenous drug use used to be (e.g. Poland) or is the prevailing route for HIV spread (e.g. Estonia)[24] Reactions to a positive HIV test, illness progression, or other stressful events can include increased alcohol and drug misuse. Factors such as declining health, pain, fear, anxiety and grief also increase individual risk of resuming or escalating drug use. Assessing substance misuse and establishing links with drug and alcohol dependency agencies is important in the medical and psychological management of HIV infection. Substance misuse frequently occurs alongside mental health problems, including mood disorders such as anxiety and depression, and schizophrenia and bipolar disorder that induce psychosis (Regier et al 1990) [25]. HIV-positive injecting drug users have higher levels of cognitive impairment, mood disorders, suicide attempts and completed suicides compared to HIV-positive people who are not injecting drug users (Kalischman 1995)[26]. People who have these co-existing problems face multiple types of stigma relating to their HIV status, mental illness and substance misuse, and may have difficulties accessing and adhering to HIV treatment and care.

---

[21] Citron K et al (eds) (2005). HIV and psychiatry. A training and resource manual. Second edition. Cambridge University Press, Cambridge, UK.

[22] Annemiek Schade, psychiatrist, mental health and HIV consultant to GIP, GZZ BA, Netherlands

[23] American Psychiatry Association. Healthy minds, healthy lives. At http://www.healthyminds.org/copingwithaidsandhiv.cfm

[24] EuroHIV, 2006

[25] Regier D, Farmer M, Rae D et al (1990). Comorbidity of mental disorders with alcohol and other drug abuse: results from the Epidemiologic Catchment Area (ECA) study. Journal of the American Medical Association, 26, (19) 2511-2518.

[26] Kalichman S (1995). Understanding AIDS: A guide for mental health professionals. American Psychological Association. Washington DC, USA.

*Adjustment reactions*

People living with HIV/AIDS face a number of life stressors, decision-making dilemmas, losses, and transitions that can result in transitory or more chronic emotional adjustment reactions. Notification of a positive HIV test result will usually result in transient adjustment reactions that may include expressions of despair, shock, denial, helplessness, hopelessness, grief, guilt, loss of self-esteem, anxiety and depression. These reactions generally subside in the months after diagnosis, but can be prolonged when HIV remains highly stigmatized - people may conceal their diagnosis from partners, family and friends, or face rejection and threat if their status becomes known.

*Anxiety*

Anxiety is commonly experienced, manifest as transient reactions to any of the following: illness progression, threat of disfigurement, pain, fear of becoming dependent on others, decision-making about medical treatments, telling others, fear of rejection, fear of infecting others, isolation, and death of friends with AIDS. Anxiety levels vary from mild to extreme but may become chronic for some people. Fear associated with the prospect of dying may also exacerbate anxiety, and increases with symptomatic HIV disease. Anxiety may also be a complication of some of the prescribed medications, or drug withdrawal.

*Suicidal thoughts and behaviour*

Depression increases the likelihood of suicidal thoughts and behaviour. The social and psychological vulnerability associated with HIV disease may increase the risk of suicide, which may be particularly high when people develop HIV-related illness. Suicide risk is increased with previous mental health problems and suicide attempts, drug and alcohol misuse, low social support, loneliness and economic deprivation.

*Sexual and relationship difficulties*

Sexual difficulties in HIV disease are common and are often due to a complex combination of psychosocial and organic factors. They may include erectile dysfunction, ejaculatory difficulties, loss of interest, loss of libido, sexual aversion, sexual phobias and, commonly, communication and relationship discord. Other difficulties include fear of infecting sexual partners, difficulties in negotiating and maintaining safer sex, and low self-esteem related to changes in body image due to illness.

*HIV-related brain impairment*

Neurological impairment can occur as a direct effect of HIV/AIDS on the central nervous system, or can result from HIV-related infections. Neurological disorders, including dementia and cognitive-motor impairments, are most likely to occur with late-stage illness, and remain among the most challenging and anxiety-provoking manifestations of HIV disease. Fear of dementia itself can become a significant problem for HIV-infected people.

*Mental illness due to HIV/AIDS*

There are several neuropsychiatric complications associated with HIV infection. These complications have numerous aetiologies.

Neuropsychiatric conditions are rarely isolated occurrences. Instead, they generally occur in conjunction with other medical, mental health, and substance abuse problems. These complications, particularly when left untreated, are associated with increased morbidity and mortality, impaired quality of life, and numerous psychosocial challenges, such as non-adherence with the treatment regimen. The complexity of these conditions should encourage all mental health clinicians to incorporate multidisciplinary approaches to client-centered care.

*HIV-associated neurocognitive disorders.* HIV enters the CNS early during the course of infection. HIV can be detected in the cerebrospinal fluid of over 90% of asymptomatic patients (Garcia et al, 1999). Up to 35% of asymptomatic or mildly symptomatic HIV patients and over 35% of AIDS patients have neuropsychological test abnormalities. 10% of AIDS patients present with neurological diagnosis at first presentation, and 75% of AIDS patients have brain pathology at autopsy (Navia, Cho, Petito, and Price)[27].

There are two neurocognitive disorders in HIV infection that have functional significance – HIV-associated dementia (HAD) and the less severe minor cognitive-motor disorder (MCMD). These disorders independently predict shorter survival, even after accounting for other HIV illness markers (Wilkie et al.)[28]

*Severe mental illness due to HIV infection*
When mental status changes and/or symptoms of psychological disorder are present in persons with HIV infection, clinical evaluation should include special attention to ruling out specific and often treatable neuropsychiatric complications due to HIV infection of the CNS, opportunistic infections, and other HIV-related disorders (McDaniel & Purcell, Farber 1997)[29].

*Relationship and social problems*

Psychological distress associated with HIV naturally has an impact on those close to the person infected. Relationship difficulties such as fear of infection, lack of HIV disclosure and sexual problems, are associated with increased mental health problems, whereas social support has been linked with improved psychological wellbeing and decreased depression and anxiety. Accessing social support may be complicated, however, by the potential negative outcomes of disclosing diagnosis, such as social discrimination and rejection by partners, families and the community. Psychosocial support is an ongoing process that includes meeting the physical, emotional, social, mental and spiritual needs of those affected by HIV/AIDS and mental health problems.[30]

*Career burnout*

---

[27] Navia BA, Cho ES, Petito CK, Price RW. The AIDS dementia complex: II. Neuropathology. Ann. Neurol. 1986; 19:525-35

[28] Wilkie FL, Goodkin K, Khamis I. Cognitive functioning in younger and older HIV-1-infected adults. J Acquir Immune Defic Syndr 2003;

[29] J. Stephen McDaniel, David W. Purcell and Eugene W. Farber, Clinical Psychology Review, 1997, HIV and AIDS Among the Severely Mentally Ill

[30] Regional Psychosocial Support Initiative (REPSSI),www.repssi.org/initiativestate.htm

Everyone living with HIV confronts uncertainties about their health and prognosis, but the psychological impact extends much wider to loved ones, families, parents, children and young people, care staff and communities. Caring for people with HIV/AIDS who have mental health problems can be very stressful for both health care staff and volunteers. The stressors include the fear of infection; grief and bereavement overload; the intensity of HIV/AIDS work; inadequate skills or knowledge; discomfort in addressing issues of sexuality and drug use; stigma, secrecy, discrimination and ethical dilemmas; the pressures of financial hardship; and lack of support. Caregivers or partners may themselves be HIV-positive, creating an additional burden of problems associated with caring for others while coping with their own condition.

*Mental patients and HIV*

Mental disorder, when it precedes HIV infection can be an important risk factor for contracting the virus. Certain psychiatric disorders, including substance abuse, increase vulnerability to HIV infection[31],[32]. International studies show that HIV risk among people with serious mental illness has been associated with lack of condom use, multiple sexual partners, trading sex for money or goods, and injection drug use[33],[34]. Lack of appreciation of risk, impaired social interactions, lower levels of assertiveness, coercive sexual encounters, social exclusion and homelessness also contribute to high infection rates [31,32].

11 peer-reviewed studies published between 1991 (first study) and 2000 in the United States report varied range (from 4% to 23%, overall rate = 7.8%) of on HIV sero-prevalence among people with severe mental illness. Sero-prevalence estimates vary by study due to differences in sampling by geographic location, socioeconomic class, race and ethnicity, and psychiatric-diagnostic composition[35].

When comparing anonymous HIV sero-prevalence studies to hospital infection control records, it appears many patients leave psychiatric inpatient units with their HIV infection undetected. These findings underscore the importance of routinely asking psychiatric patients about HIV-related risk behaviours and offering HIV counselling and testing services. (Cournos et al, 1991 and Sacks et al, 1992).

Co-morbidity with substance use is high among people with severe mental illness, and HIV infection rates varied with recorded histories of alcohol and other drug use.

Among European studies, one may refer to a Spanish study of HIV infection in psychiatric patients of a acute psychiatric unit in Spain (Ayuso-Mateos, at all)[36], when

---

[31] Anonymous. Practice guideline for the treatment of patients with HIV/AIDS. Work group on HIV/AIDS. *American Journal of Psychiatry* 2000,157:1-62.

[32] Chandra PS, Desai G, Ranjan S. HIV and psychiatric disorders. *Indian J Med Res* 2005,121:451-467

[33] McKinnon K, Cournos F, Herman R. HIV among people with chronic mental illness. *Psychiatric Quarterly* 2002,73:17-31

[34] Meade CS, Sikkema KJ. HIV risk behavior among adults with severe mental illness: a systematic review. *Clinical Psychology Review* 2005,25:433-457.

[35] American Psychiatric Association Office on HIV Psychiatry- SMI at www.psych.org/Resources/OfficeofHIVPsychiatry/Resources/MedicalModules/HIVandPeoplewithSevereMentalIllness.aspx

[36] HIV infection in psychiatric patients: an unlinked anonymous study. Br. J Psychiatry. Ayuso-Mateos JL et all. 1997 FEB;170:181-5

5.1%prevalence of HIV among inpatients was detected. It also confirmed that among psychiatric patients, a history of intravenous drug use is strongly associated with HIV.

To summarize, what are the links between mental health and HIV/AIDS:
Mental health problems, drug and alcohol misuse, and learning difficulties can influence behavior in ways that lead to greater risk of HIV infection. Populations who are particularly at risk already have higher rates of mental illness, including injecting drug users, sex workers, refugees and migrants, and prisoners. Failure to treat mental health problems can lead to decreased survival time, reduced quality of life, and difficulties in adherence to HIV care and treatment. Lack of treatment and support can also diminish the person's ability to behave in ways that protect health, and increase behaviors that spread HIV. Those attempting to provide health care and social support to the individual with HIV infection often suffer from demoralisation, stress and burnout.

On the other hand, treating mental health problems brings numerous benefits for the individual, their community and society as a whole. These benefits include improved quality of life for PLHA and their families, partners and the community; improved health and effectiveness of treatment; reduced morbidity associated with HIV, other diseases and substance misuse; increased productivity which benefits society; and more efficient use of health care services. Moreover, the significant role that mental health care could play in the prevention of HIV should not be ignored.[37]

According to Dr Benedetto Saraceno, Director of Mental Health and Substance Abuse Department with WHO, Geneva: "…increasing numbers of people coming forward for testing … will inevitably make more people aware of their HIV status. This increase in numbers will create a corresponding increase in the need for mental health care and treatment, and it will require different sectors of health and social care to work much more closely together." Nevertheless, on the national level in some new EU countries the interplay between HIV/AIDS and mental disorders is often overlooked by policy makers and health-care officials, hence, the needs of PLHA in terms of psychological, psychiatric support are not often met within existing health-care systems.

In the USA one study found that 27.2% of HIV-positive patients took psychotropic medication while many more received psychotherapeutic intervention[38]. While the proportion of PLHA receiving mental health interventions in new EU member countries is not known, it is likely to be very low.

As our phone consultations with various medical universities has shown, integrated approach to HIV/AIDS and mental health is not taught at any medical university in Poland. Similar situation is reported by our partners from other new EU countries.

In Poland, Estonia, Slovenia, Lithuania for example, specialists in infectious diseases, generally treating PLHA, lack knowledge on mental disorders and usually refer patients to psychiatric institutions, where, on the other hand, psychiatrists are not aware of the impact that HIV/AIDS provide on mental health of PLHA. Latvia is in a better situation

[37] Double Stigma-Double Challenge, an advocacy and information document, GIP, 2006
[38] Vitiello B, Burnam MA, Bing EG, Beckman R, Shapiro MF. Use of psychotropic medications among HIV-infected patients in the United States. *American Journal of Psychiatry* 2003,160:547-554.

comparing to other countries, as they have a general psychiatrist that receives patients for a few hours per week at the Latvian Center of Contagious Diseases; in other locations patients are referred to general psychiatrists in district out-patient mental health centers.

On the other hand, psychiatrists and other staff working with mental patients are not engaged in prevention of HIV and other viruses to which their patients may be vulnerable due to impaired understanding, although, as some of the above mentioned studies have shown, this factor should be taken into account.

Effective interventions aimed at integrated approach to HIV/AIDS may be threefold[39]:

- using existing infrastructure developed by AIDS care and treatment programs to benefit mental health services, integrating mental health into programmes that serve PLHA, e.g.:

    i. post-test counselling and follow-up counselling as an occasion to screen for mental health problems and provide ongoing intervention for mild and moderate problems;

    ii. adherence support counselling as a chance for assessing mental health needs;

    iii. using multidisciplinary teams (existing either in community psychiatry or for the purpose of treating HIV positive drug users etc.) to address the physical, psychological, and social needs of people receiving care;

    iv. using personnel of OST (opioid substitution therapy) programs in order to provide psychological support and psychiatric care to program patients with HIV

    v. using existing support groups, NGO networks providing services to PLHA and mental patients etc.

    vi. training of HIV care providers in order for them to know the local mental health resources available, make referrals to mental health services when necessary;

- formalizing the integration of mental health and HIV services where possible, i.e. starting with development of relevant goals at various levels of care and aiming at shared commitment by HIV and mental health services to provide comprehensive care, prevention, and early intervention; co-location of mental health and HIV services; joint

[39] Interventions have been identified based on inspiration ideas described in Collins PY, Freeman M, Bridging the Gap Between HIV and Mental Health Services in South Africa, 2009, in press

planning, resource, and information sharing; joint programmatic activities; and effective case referral, service planning, and follow-up.[40]

- organizing advocacy, education, and research activities in order to keep mental health on the agenda, e.g.:

    i. inclusion of mental health issues in National HIV policies, strategies;

    ii. involvement of mental health leadership of various levels, mental health advocacy organizations, service users, and provider organizations into shaping AIDS programs and budget priorities;

    iii. education of HIV care providers on mental health and the education of mental health care providers on HIV prevention and treatment as a critical element of successful integration of mental health and HIV services;

    iv. education of PLHA on promotion and maintenance of mental health as well as recognizing signs of mental illness;

    v. include emotional health in explanations of "positive living" with HIV. Work with communities of varying cultural backgrounds in order to convey these messages in ways that are culturally appropriate;

    vi. joint training for HIV service providers and mental health service providers so that these groups can support each other and develop models of service integration

    vii. educating families about the mental health needs of PLHA and their caregivers etc.

The current project aims at filling the gap between existing services in the field of HIV/AIDS and mental health and it focuses on a series of initiatives in the area of research on HIV/AIDS and mental health, education (7 module training course on various aspects of mental health and HIV/AIDS with various modules aimed at various target groups, including medical professionals, psychologists, social workers, NGO activists, PLHA and their carers) and advocacy (please, see below for details).

In addition, it will also disseminate as a best practice the model of a HIV/AIDS Mental Health Expert Centre and Multidisciplinary Treatment Team (GGZ buitenamstel/VU Medical Centre) in Amsterdam. The experts of the team have well over 10 years of experience in an integrated approach to HIV/AIDS and mental health programs, having provided psychiatric and psychosocial support to PLHA and patients at risk of

[40] Dodds S, Nuehring E, Blaney N, Blakley T, Lizzotte J, Lopez M, *et al.* Integrating mental health services into primary HIV care for women: the Whole Life project. *Public Health Reports* 2004,119:48-59.

contracting HIV. Hence, the program will contribute to transfer of experience between the old and new EU member-countries.

The HIV/AIDS HIV/AIDS Mental Health Expert Centre and Treatment Team Buitenamstel is located at the VU Medical Centre in Amsterdam. It specializes in the treatment of persons infected with HIV with psychosocial and/or psychiatric problems. The team exists since 1985 and has developed considerable specific expertise in this field. The HIV/AIDS team is an independent multidisciplinary team of community mental health nurses, a psychologist, a psychotherapist and a psychiatrist.

Currently 180 patients are enrolled, with 100 new patients being received per year. Patients are treated mainly for depression, grief, personality disorders, problems with (unsafe)sex as well as psychosis, addiction, dementia. Patients often face multiple diagnosis, problems with work, money, friends, family, hospital, non-adherence. They also often experience shame, guilt, (self)stigma, discrimination. Patients' age is between 20-65; almost all patients are monitored by specialized HIV-clinics; some patients are not infected (or don't know), but at risk. Patients usually are referred to the Center by family doctors, infectiologists, 'HIV-Union', organizations for homosexuals, other PLHA. After they are taken in for treatment at the Center, treatment plan is developed; the work with patient also includes multi-disciplinary consultations, frequent evaluation, contact with family doctors, infectiologists etc. A model for dual-treatment has been adopted, when e.g. treatment is provided by a psychiatrist and infectiologists together. A member of the mental health treatment team is often present at the meetings of infectiologists. Team members also undertake frequent contacts with hospitals, infectiologists, family doctors etc.

A number of members of the team are involved in fundamental research in the field of mental health and HIV and publish the results in scientific literature. The HIV/AIDS team collaborates with, among others, treatment centers for HIV/AIDS and social work centers. This collaboration is targeted at providing support to clients in various areas: medical, emotional, psychological, social, but also at practical level, such as day programming and household affairs. The HIV/AIDS team has extensive experience in education and consultation.

In order to introduce European and international level expertise, it is planned to establish Advisory Board to the project Steering Committee, comprised among others of such international experts as Prof. Melvyn Freeman (mental health consultant to WHO) and WHO expert Mr Vladimir Poznyak, M.D., Ph.D., Department of Mental Health and Substance Abuse (MSD).

To summarize, in many developed countries mental health care and treatment have been integrated into HIV/AIDS programmes. It is strongly suggested that sufficient evidence is now available that the same is needed for EU-new member countries. Though the causal relationships between mental health and HIV/AIDS are complex, mental disorder is as much a direct corollary of the HIV epidemic as a number of the well established physical consequences and requires similar attention. Moreover adherence to ART is likely to be affected by mental health status (Ammassari et al., 2004[41]; Uldall,

[41] Ammassari, A., Antinori, A., Aloisi, M.S., Trotta, M.P., Murri, R., Bartoli, L., d'Arminio Monforte, A., Wu, A.W., & Starace, F. (2004). Depressive symptoms,

Palmer, Whetten & Mellins, 2004[42]) It is crucial that governments, non-governmental organisations and service planners recognise mental health as a significant part of the HIV/AIDS pandemic and that relevant care, support and treatment programmes become part of the HIV/AIDS response.

For preliminary situation analysis in new EU member countries , please, see 4.1.

## 3. EXPECTED RESULTS

### 3.1. Outcome

Improved quality of life for PLHA with better access to good quality psychological and/or psychiatric support

Improved knowledge, skills and attitudes of HIV care providers on mental health and improved knowledge, skills and attitudes of mental health care providers on HIV prevention and treatment as a critical element of successful integration of mental health and HIV services;

Increased awareness of mental health professionals trained during the project about risk of HIV and other STIs in case of mental patients; improved skills of mental health professionals in shaping less risky behaviours of mental patients

Improved skills of counsellors, medical professionals trained during the project in using post-test, follow up, adherence support counselling, support groups etc. for assessing mental health needs, providing psychological support, referring patients to relevant psychological and psychiatric services.

Various multidisciplinary teams (community psychiatry, OTS programs, social welfare system etc.) address physical, psychological, psychiatric and social needs of PLHA in their care;

Accreditation of the training modules and inclusion of the training modules into regular professional education in PL, EE, BU, LT and, possibly, other countries involved

Changed attitude of mental health and HIV services, professional associations of infectiologists, psychiatrists, psychologists etc. towards integrated approach towards HIV and mental health

---

neurocognitive impairment, and adherence to highly active antiretroviral therapy among HIV infected persons. *Psychosomatics, 45,* 394–402.

[42] Uldall, K., Palmer, N., Whetten, K., & Mellins, C. (2004). Adherence In People Living with HIV/AIDS, Mental Illness and Chemical Dependency – A Review of The Literature. *AIDS Care*, *16* Suppl 1, s71-s96.

Existence of network of expert centers on mental health and HIV/AIDS in 3 EU countries (PL, EST, BU) that plays a key role in awareness raising, promotion of intersectoral collaboration and fighting stigma & discrimination

Established network of NGOs working in the area of mental health and HIV in CZ, LT, LV, RO, SI, HU advocating for inclusion of mental health in national HIV policies and providing education in the area of HIV/AIDS and mental health

In creased number of NGOs on the national level working in the area of HIV/AIDS and mental health and advocating for integrated approach to HIV/AIDS and mental health

Increased number of patient NGOs, PLHA trained during the project improve their knowledge on promotion and maintenance of mental health as well as recognizing signs of mental illness;

Inclusion of mental health issues in some National HIV policies, strategies;

Comprehensive report on mental health and HIV/AIDS in new EU member countries based on the research and documentation of the MH problems and needs of those infected and affected by HIV/AIDS, of existing services, links between relevant sectors and relationships with NGOs etc.

Decreased stigmatizing and discriminating attitude and behaviour of HIV, mental health service, social welfare providers towards PLHA, including PLHA with double/triple diagnosis (HIV, drug abuse, mental illness)

### 3.2. Deliverables

**Deliverables identified in the following table shall be submitted in English to EAHC, at the indicated delivery date for the interim and the final reports, and within one month of the delivery date for all other deliverables.**

| *Deliverable No* | *Deliverable title* | *Delivery date* | *Nature* | *Confidentiality level (public/ confidential)* | *Dissemination* |
|---|---|---|---|---|---|
| D 1 | Expert centers on mental health and HIV/AIDS | M3 | register | public | networks of NGOs, professional associations etc. |
| D 2 | Project web-page | M4 | Web site | public and confidential | Links on web-pages of main and associated partners, national HIV/AIDS agencies etc. |
| D3 | Needs assessment & situational analysis (RAP) in order to identify existing gaps in the field of mental health and HIV/AIDS in PL, EE, BU, CZ, HU, LT, LV, RO, SI, SK | M6 | report | public | SC, Expert center staff, researchers, trainers, change agents, HIV and mental health service providers, professional associations of psychiatrists, infectiologists etc. – project webpage, mailing, research stakeholder meetings, conferences etc. |
| D4 | 3-4 research reports on various issues of mental health and HIV in PL, EE | M10, M16, M20, M 24 | report | public | trainers, change agents, HIV and mental health service providers, professional associations of psychiatrists, infectiologists in relevant countries etc. – project webpage, mailing, research stakeholder meetings, conferences etc. |

| | | | | | |
|---|---|---|---|---|---|
| D5 | 1-2 research report on selected issues of mental health and HIV in CZ, HU, LT, LV, RO, SI, SK | M11, M17, | report | public | trainers, change agents, HIV and metal health service providers, professional associations of psychiatrists, infectiologists in relevant countries etc. - project webpage, mailing, research stakeholder meetings, conferences etc. |
| D 6 | Comprehensive report on mental health and HIV/AIDS in new EU member countries | M 30 | report | public | SC, Expert center staff, EAHC/EC, researchers, trainers, change agents, HIV and mental health service providers, professional associations of psychiatrists, infectiologists etc. - project webpage, mailing, research stakeholder meetings, conferences etc. |
| D7 | 3-4 articles published in professional (medical, psychological etc.) literature, other publications on HIV/AIDS | M8, M12, M 18, M22, M 30 | articles | public | HIV and mental health service providers, professional associations of psychiatrists, infectiologists, psychologists, all interested parties etc. – professional medical literature, project webpage, mailing, research stakeholder meetings, conferences etc. |
| D 8 | Informational materials on stigma and destigmatisation of people with double/triple diagnosis (HIV/DA/mental disorder | M18, M30 | brochures and booklets | public | Opinion leaders, NGOs interested in HIV and mental health issues, patient NGOs, human rights NGOs, all interested parties etc - project webpage, mailing, research stakeholder meetings, conferences, meetings etc |
| D9 | TOT training for trainers from PL, EE, BU, CZ, HU, LT, LV, RO, SI, SK | M7, M11, M14, M17, M 20, M23, M26 | training | confidential (closed training) | Trainers, researchers (optionally) |

| | | | | | |
|---|---|---|---|---|---|
| D10 | National training by Expert Center trainers in PL, EE, BU, LT | M 8 – M 36 | training | public | Change agents |
| D 11 | Training curriculum (7 modules) on mental health & HIV/AIDS | M27 | 7 brochures, each containing the description of one training module | confidential and pblic | HIV and mental health service providers, professional associations of psychiatrists, infectiologists, psychologists, all interested parties etc. – project webpage, mailing, research stakeholder meetings, conferences etc. |
| D 12 | Accreditation of the training modules | M32 | national certificates | public | Medical educational authorities, National chambers of MDs, HIV and mental health service providers, professional associations of psychiatrists, infectiologists, psychologists, all interested parties etc. |
| D 13 | Interim technical and financial reports | M18 | reports | public and confidential | main & associated partners and awarding authority (EAHC/EC), disseminated among project stakeholders and placed on the project web site with an open access. |
| D 14 | Midterm review evaluation report | M18 | Reports | confidential | main & associated partners, stakeholders, awarding authority, the project web site with an open access. |
| D 15 | Final technical and financial reports | M36 | Reports | confidential and public | main & associated partners and awarding authority (EAHC/EC), project stakeholders and placed on the project web site with an open access. |
| D 16 | Final evaluation report | M36 | Reports | confidential and public | project web site with an open access . |

# 4. METHODOLOGY

## 4.1. Methods used, references, significances

*Main activities*

*Context and preliminary needs analysis*

Inclusion of mental health issue into National HIV strategies/policies.

Currently, Poland is implementing National Programme for Combating AIDS and Preventing HIV Infections for the years 2007 – 2011. Estonia - Estonian National HIV and AIDS Strategy for years 2006 – 2015; Latvia is in the process of approving a revised National AIDS Program for 2009 -2013; Lithuania has implemented National HIV/AIDS Prevention and Control Programme for 2003-2008 and is in the process of developing a new one. The Bulgarian government (on Dec. 18, 2008) adopted a National program for prevention and control of HIV and sexually transmitted diseases for 2008-2015. Romania has finished implementing National strategy for surveillance, control and prevention of HIV/AIDS cases for 2004-2007 and is adopting a new one. Slovenia has developed National AIDS plan for 1995-2000 which hasn't been renewed so far, as the previous one is considered to be adequate. The Czech Republic has implemented the strategic plan for 2003-2007 based on the National AIDS Program.

In case of all above mentioned countries, mental health component is not included into National AIDS Programs.

In case of all project countries, the project through its advocacy and educational activities will contribute to introduction of mental health issues into either next national AIDS programs or the ones being developed by: developing partnerships between target countries, providing expert help, supporting treatment activities and research in the field of mental health HIV/AIDS, sharing information with national authorities on activities supported in target countries. For example, in Poland new National Programme will be developed in 2010, hence, Polish partner, which already actively participated in the development of the current and previous National Programs, will make an attempt to include mental health issue into the new Polish National Programme. In Estonia within the framework of the Strategy, Plans of activities for shorter periods of time are developed; the current plan ends in 2010; preparation of the new plan may start in 2009. In Slovenia evaluation of the first draft of the new National strategy by various stakeholders is to take place soon. Slovenian partner has already sent recommendations to include care for mental health in relation to HIV and will follow up on that issue. The way to provide influence for Bulgarian partner is to become a member of the National anti-stigma coalition, application for which they have already started.

In addition, project partners have identified the need to include mental health and HIV component into programs and priorities of various donors. Hence, project partners will make an attempt to attract attention to that issues at various international fora they participate in, e.g. Civil Society Forum (SKA) etc.

As for the size of epidemics in the EU new member countries, Estonia has the second highest estimated prevalence of HIV in Europe in general, over 1% of the adult

population. Up to 80 percent of people infected with HIV in this region are under 25 years of age[43].

Overall number of cumulative HIV cases in the project target countries is over 42 thousand people, while estimated number of PLHA is app. 70 thousand (respectively (approximate figures): PL 12000 & 35 000; EW 6000 & 12000; LT 1500 & 4000; LV 4200 & 6000; BU cumulative 1500; RO 15000 & 20000; CZ: 1000 & 1800; SK: 350 & 700; HU 1500 & 3000).

As three quarters of PLHA may have mental disorder within their life time[44], we can roughly estimate, that at least (!) 30 thousand people in target countries may have diagnosis HIV and mental disorder. The numbers will sufficiently increase if we add their relatives, carers and groups at risk.

HIV in general tends to be concentrated in highly vulnerable, marginalized and stigmatized populations; in particular, sex workers, men who have sex with men, drug users and prisoners that in their turn have higher levels of mental health disorders than the general population.[45]

We haven't traced any reliable data on the number of drug users among PLHA for all countries[46], but we know that intravenous drug use used to be (Poland, Romania) or is the prevailing or significant route for HIV spread (Estonia, Lithuania, Latvia)[47]. Hence, one may approximate that at least around 20 thousand of HIV patients in the new EU member countries have got dual diagnosis (HIV/addiction). As HIV addiction is a mental disorder in itself[48] and it may lead to other mental disorders[49], in countries with high numbers for drug use percentage of PLHA with mental disorders probably will be even higher.

The patterns of the epidemics are changing in several countries, however, with sexually transmitted HIV cases comprising a growing share of new diagnoses. In Poland, for example, in general around 46% of HIV cases are due to intravenous drug use, meanwhile about 50% of all new reported HIV infections were attributable to

---

[43] Commission Working Paper, Coordinated And Integrated Approach To Combat HIV/AIDS Within The European Union And In Its Neighbourhood, Brussels, 2004

[44] Baingana F, Thomas R and Comblain C (2005). HIV/AIDS and mental health. Health, nutrition and population discussion paper, World Bank.

[45] HIV/AIDS and mental health, Report by the Secretariat, WHO, 2008, p.2

[46] As a reference, data on HIV prevalence among IDUs may be used that are quite high in some counties of the region: Estonia (13 %), Latvia (12 %); in Poland, - above 5 %. in Lithuania - below 5 % until 2001. HIV prevalence among IDUs remained consistently below 1 % in Bulgaria, the Czech Republic, Hungary, Slovakia and Slovenia (European Centre for the Epidemiological Monitoring of AIDS, 2002) http://candidates2003.emcdda.europa.eu/en/page31-en.html.

[47] EuroHIV, 2006

[48] See developed by WHO International Classification of Diseases, Ch. V, http://www.who.int/classifications/apps/icd/icd10online/

[49] In International Classification of Diseases, Ch. V contains a wide variety of disorders, including drug addiction, that differ in severity and clinical form but that are all attributable to the use of one or more psychoactive substances.

unprotected sex in 2006-2007 (Polish National AIDS Center). In general, in the Baltic countries intravenous drug use in general continues to be prevailing transmission route, in Bulgaria and Romania heterosexual route is predominant, although in general predominant route in Central European countries (e.g. Check, Slovenia[50] etc.) is homo/bisexual. (EuroHIV, 2006). While most of those in the region currently infected with HIV are men, increasing numbers of women are being infected - many by male partners who become infected while injecting drugs. There are also concerns about hidden outbreaks among men who have sex with men, since the strong stigma attached to homosexuality may inhibit many from seeking or securing testing or treatment. There is evidence of high levels of unprotected sex among such men in the region, with a significant proportion also having sex with women (WHO, 2004).

There's no data on the percentage of HIV+ mental health patients and on numbers of HIV patients with mental health problems. Research provided by project partners during the project is aimed at providing such data.

At the same time roughly over 270 thousand people in new EU member countries are problem drug users (PL: between 100-120 th[51]; Estonia: app. 20 th[52]; Bulgaria: 22-35 th; Czeck Republik about 30 th.[53]; Hungary app. 25 th.[54]; Latvia – around 10 th.[55]; Lithuania: - no official data available, but some sources refer to 15-20 th.; preliminary data for Slovenia show about 10 th[56]; Romania over 20 th[57]; Slovakia under 20 th[58]) and comprise the biggest group at risk of HIV-infection due to risky behaviour and/or impaired understanding. In the Czech Republic, Hungary, Slovakia, Slovenia and perhaps Bulgaria, it appears that the overall level of problem drug use may be stabilising. In Poland, the Baltic States and Romania, problem drug use seems to be increasing.[59]

At the same time narrow specialization and isolation of psychiatric and infectious control services reduces possibilities for people with dual/triple diagnosis to receive a comprehensive medical care. On the other hand, there are already some existing initiatives and services that maybe used for providing better care for PLHA with mental disorders under the condition that those two sectors will start to collaborate.

---

[50] App. 80% of HIV+ in Slovenia are MSM

[51] http://www.emcdda.europa.eu/publications/country-overviews/pl

[52] IDU prevalence is estimated at 15 cases per 1 000 inhabitant, Estonian population is 1 342 409 (http://www.emcdda.europa.eu/publications/country-overviews/ee)

[53] http://www.emcdda.europa.eu/publications/country-overviews/cz

[54] http://www.emcdda.europa.eu/publications/country-overviews/hu

[55] http://www.emcdda.europa.eu/publications/country-overviews/lv

[56] Slovenian population - 2 003 358; Preliminary results indicate that there are 5.4 problem drug users per 1 000 inhabitants (http://www.emcdda.europa.eu/publications/country-overviews/si)

[57] http://www.emcdda.europa.eu/publications/country-overviews/ro

[58] http://www.emcdda.europa.eu/publications/country-overviews/sk

[59] http://candidates2003.emcdda.europa.eu/en/page11-en.html

In majority of the project countries there are so called multidisciplinary teams within community psychiatry system. The professional composition of those teams may vary from country to country, but in general some of them may become specialized in providing services to patients with HIV. In Poland, Romania a multidisciplinary team is comprised of a psychiatrist, nurse, psychologist (optionally), social worker; in Estonia - of a psychiatrist, nurse, social worker, optionally, representatives of NGOs; in Bulgaria such teams exist within the social care system and are comprised of social workers, psychiatric nurses and psychologists - if there is a necessity consultations with the GP or with psychiatrist can be done; in Slovenia such multidisciplinary team has psychiatrist, psychiatric nurse, social worker, also clinical psychologist, "pedagog" and administrator; in Hungary community based services are provided by various service providing teams, usually including a nurse, the GP and a therapist etc.

In Estonia, methadone programs employ a psychiatrist (part time) who primarily focuses on substitution treatment but may also may diagnose mental disorders and provide relevant treatment and psychologist (part time) who provides individual and group therapy, e.g. in case of anxieties, fears etc. In Poland the system is similar, as each methadone program is legally bound to hire a psychiatrist, whose first and foremost responsibility is substitution therapy; in Latvia there are psychiatrists and narcologists (drug addiction specialists) in methadone programs. Hence, one can say that at least HIV patients with opioid addiction receive psychiatric and psychological care and assistance, although more focused on general psychiatry, not always taking into account specificity of HIV and mental health.

In some countries there are multidisciplinary teams for treating active drug users with HIV, e.g. in Poland (infectiologist, drug addiction therapist, social worker), Latvia is aiming at introducing such teams that may be used for providing psychological and psychiatric support and care as well.

In all of the project countries there are VCT services that also may be used for extended post-test counselling and referral of patients for follow up counselling.

Some countries have introduced psychiatric care to all HIV patients (but on a very limited basis), e.g. it has been already mentioned that in Latvia general psychiatrist receives patients for a few hours per week at the Latvian Center of Contagious Diseases. In Poland, Estonia, Bulgaria, Slovenia etc. there is no specific psychological and psychiatric support for PLHA at public health care institutions. In Check Republic in Prague there is an informal team of mental health experts that consists of three psychiatrists, four psychologists and three social workers who are involved in the care for PLWHA at the AIDS treatment center and/or Czech AIDS Help Society and Lighthouse centre for support services for People Living with HIV/AIDS. There are also some experts in other regions (e.g. a psychiatrist in Ostrava) involved in providing assistance to PLHA.

Various NGOs or non-public organizations provide some psychological or psychotherapeutic services, e.g. in Poland, Estonia, Latvia, Lithuania, Slovenia, Czeck, Romania there are psychologists and/or psychotherapists cooperating with various support groups for PLHA. Very often this work is done on a voluntarily basis without any substantial funding. Czech project partner Czech AIDS Help Society delivers regular 3 days seminars on HIV issues for nurses, social workers and other people working with PLHA, including policemen from prisons, substantial part of which deals with psychological and social needs and problems of PLWHA.

Some NGOs specialize in providing psychological support to specific groups, e.g. SKUC in Slovenia hired an psychiatrist for counseling. Slovenian partner currently is advocating for a regular free counseling for MSM with a center for mental health.

In each of project countries there are NGOs uniting mental patients or providing services to mental patients. Currently, they do not work with HIV patients but some of them has already expressed such desire (e.g. "Ühendus EEesti elujõud" in Estonia etc.).

To summarize, there is a lot of space for improvement in providing specialized psychiatric and psychological care and support to PLHA in project countries; on one hand, some initiatives are already in place, although on a limited scale; on the other hand, there is an evident need for coordinated efforts aimed at promoting integrated approach to HIV and mental health by means of research, dissemination of information, training activities etc. In order for this initiative to be successful, it is necessary to involve governmental medical institutions and professional medical associations in the project design and implementation to help searching for comprehensive solutions to the above-mentioned problems. The following actors have been identified and in some countries have already approached (e.g. Poland, Lithuania) with that purpose in mind, e.g. National AIDS Canters, Professional Associations of infectiologists, professional associations of psychiatrists etc.

*Project target group*

Summarizing, the project is aimed at the following target group:

The project is targeted at the mixed group of so called *change agents* whose skills and competencies related to integrated approach to HIV/AIDS and mental health will be build up and who will lead the changes envisaged and desired in the project overall. These people will be drawn from the following groups: medical doctors (psychiatrists, narcologists (in Latvia, Lithuania), infectiologists, family doctors, GPs etc.), medical personnel (nurses, psychiatric nurses etc.), psychologists, addiction treatment specialists, social workers, VCT centre counsellors, HIV/AIDS counsellors, HIV/AIDS educators, academicians (first of all working at medical universities, clinical psychology and sociology departments), prison staff, PLHA, patient NGOs (PLHA, mental health), NGOs providing services to PLHA and mental patients, staff of Mental health and HIV expert centers etc.

In total, about 400 change agents will be trained from PL, EE, BU, CZ, HU, LT, LV, SI, RO.

The recruitment will take place with the assistance of relevant governmental institutions, National AIDS centers, public health care institutions (in-patient and out-patient) professional associations of health and social care staff, prison services, NGO networks etc.

Change Agents will be selected based on several of the following criteria:

1. Current or planned work related to provision of various types of services to PLHA and/or to mental patients at risk of HIV

2. Experience of providing support in crisis situation

3. Relevant knowledge either on mental health or HIV/AIDS or both

4. Personal experience of living with HIV or mental disorder or experience of caring for PLHA or person with mental illness

5. Awareness of the importance of integrated approach to HIV and mental health

6. Open mind and willingness to pursue new opportunities

Each of change agents should participate at least in one (preferably, several) of face-to-face 7 training modules[60] and may participate in a distance learning training course (optionally).

*Direct beneficiaries*

People living with HIV/AIDS, their relatives and careers will directly benefit from the activities initiated by the expert centers. On the other hand they should be actively involved in all the project activities. Their involvement is crucial to the success of the project. Their involvement in the development of mental health support will similarly contribute to the development of relevant services, including peer-led initiatives, and can empower them by building self-esteem, decreasing isolation and enabling openness about their HIV status.

Besides, groups at risk of HIV-infection due to risky behavior and/or impaired understanding (mental health patients, MSM, active drug users, sex workers, prisoners etc.) will directly benefit from the activities initiated by the expert centers.

As they are often hard to reach due to factors such as high levels of stigma and discrimination in health systems and among the public, this creates challenges to providing services, which should be tailored to the specific needs of those affected by HIV and mental health problems.

The project is going to address the needs of a large variety of people with risk behaviour, hence, in order to take into account the specific needs of each of the groups, an attempt has been made to attract as project partners organizations with experience of providing HIV-related services to one or few groups of beneficiaries (mental health patients, MSM, active drug users, sex workers, prisoners etc). The expertise of partners in relevant area is of crucial importance for the success of the project, e.g.

- SKA from Poland has been involved since 1997 in HIV prevention activities among sex workers and MSM and currently runs an outreach program for HIV & STI prevention among sex workers and MSM (SKA Street). SKA also runs a support group for MSM+. SKA consultants have extensive experience of providing services to active drug users, one of SKA consultants has led rehabilitation programs for drug users in prisons for about 10 years. In addition, SKA runs a VCT center and delivers certification trainings for VCT centre counsellors in cooperation with National AIDS Center of Poland.

[60] Each module addresses specific topic and some of them are addressed to specific professional groups, so there is no need for a change agent to participate in all training modules.

- GGZ Buitenamstel from the Netherlands has worked with mental patients, homosexual population, migrant community, etc. since 1987;

- GIP-Lithuania works with mental health patients and people at risk of HIV etc.

- LIGO from Estonia has extensive experience of work with women sex-workers since 2004

- ARAS from Romania has been involved for many years in HIV prevention work among drug users, sex workers, prisoners. PSI Romania provides direct services to MSM.

- Czech AIDS Help Society works in close cooperation with psychiatrists and psychologists providing assistance to PLHA, including MSM+

etc.

In addition, project training component includes modules on each of those groups and HIV and discusses their needs, the impact of stigma and discrimination etc. Each of the units dedicated to specific groups are written by people with extensive experience in provision of services/working with those groups; in some cases, by people belonging to those groups.

*Project activities*

A number of activities in PL, EE, BU, CZ, HU, LT, LV, RO, SK, SI will foster the achievement of project objectives:

**Establishment of expert centers on mental health and HIV/AIDS**

In order to bring together all available knowledge on issues of HIV/AIDS and mental health, and to streamline activities in this area, expert centers on mental health and AIDS will be established in Poland, Estonia, and Lithuania based on existing structures of a main partner and associated partners, while in Bulgaria cooperation with the existing GIP-Sofia and its Informational Center on mental health and HIV center will take place. Expert Centers will not provide medical services themselves as part of the current project. Their role is to promote inclusion of integrated mental health and HIV services into existing services for PLHA and mental patients (public and non-public in-patient and out-patient treatment and care centers fro PLHA, OST programs, community psychiatry multidisciplinary teams providing care and treatment to mental patients, multidisciplinary teams providing care and treatment to HIV patients, VCT centers, HIV counselling services, mental health counselling services, support groups, NGOs providing services to PLHA and mental patients etc.) and into curricular for education and advanced professional training of various professionals working with PLHA and mental patients (medical doctors, nurses, clinical psychologists, social workers, etc. ). This will be done as a results of research, training, networking activities. Expert centers will also advocate among health planners and managers, mental health and HIV services, professional associations of infectiologists, psychiatrists, psychologists etc for integrated approach towards HIV and mental health and inclusion of mental health issues into HIV policies and strategies.

Potentially expert centers may start providing medical assistance in the area of HIV and mental health in the form of a health structure, but only as a follow up of the current project, in case relevant financing is secured from national institutions. Otherwise, as expert centers are created on the basis of existing organizations (SKA, LIGO, GIP-Bulgaria, GIP-Lithuania), their sustainability will be ensured by parent organizations, within the framework of which they would be able to function as separate programs actively promoting integrated approach to mental health and HIV. Fundraising efforts aimed at ensuring Expert Centers sustainability will be undertaken starting form year 1 of the project.

Due to financial restraints EC Lithuania will be mostly involved in training activities and to a less extent into research and advocacy activities.

Existing main and associated partner's structures and expertise to be used for supporting the functioning of Expert Centers:

Social AIDS Committee – Poland

SKA was founded in February 1993. It's Training Center, founded in 2005, since then has conducted internationally over 70 trainings/seminars, counseling projects, site visits, internship programs for more than 600 recipients. SKA team in 2005-2008 worked on Mental health and HIV/AIDS project financed by the government of the Netherlands as training coordinators, when they developed, delivered and supervised 4 training modules in 9 countries of the former Soviet Union and Eastern Europe.

SKA has an experience of more than 15 years in managing programs for a variety of local and international donors, among them, OSI (Open Society Institute), UNDP (United National Development Program), the Polish governmental bodies, the City of Warsaw which finances implementation of outreach and drop-in activities for sex workers; SKA runs a VCT center financed by the National AIDS Center and the City of Warsaw. SKA possesses a large team which includes about 25 trainers and experts from Poland and Eastern Europe, specializing in various HIV-related issues.

The governance within the institution:

SKA Board supervises implementation of all the programs (Training Center, advocacy program, SKA STREET, SKA PLUS, VCT Center, On-line counseling) as well as SKA accountancy, booking and banking services.

The MHAIDS Project will be implemented by the Mental health and HIV/AIDS Center, a new department to be created within SKA as part of the project. Newly appointed Project coordinator (currently working as Training Center Project coordinator) will be responsible for the overall project implementation.

Project activities will be supported by:

- SKA's TRAINING CENTER that will support training activities.

- Advocacy program (dissemination of research results, inclusion of integrated mental health and HIV approach into mainstream education and into National HIV/AIDS Programs etc.)

Administrative support will be provided by a SECRETARY, acting also as a translator.

Gazyna Budka – Konieczny – chairperson of the Social AIDS Committee, director of the Social AIDS Committee Training Center, will supervise MHAIDS Center activities.

Grazyna holds MA in clinical psychology, she is a professional trainer, HIV/AIDS counselor and advisor, participated in all major initiatives regarding the institutionalization of HIV-related services in Poland.

Aleksandra Skonieczna – MHAIDS Center coordinator, currently coordinator of the international projects implemented by the Social AIDS Committee Training Center.

She has worked for the Social AIDS Committee since 2001 and coordinated over 70 trainings, workshops and international conferences. Competencies: technical and financial management of grant programs; coordination of training and counseling projects on HIV/AIDS and NGO capacity building in the East European and Central Asian countries. Coordinated Polish training component of the MHAIDS project, implemented in 9 countries of the FSU by the GIP-Netherlands in 2005-2008. Degrees: MA in philology, International Master of Business Administration.

Artur Lutarewicz – Social AIDS Committee's treasurer. Trainer for the Social AIDS Committee Training Center. Training coordinator. Experienced trainer and supervisor with extensive experience for work in the CEE and CA regions. Degree: MA in clinical psychology. Since 2005 he has been engaged in the development of training modules on HIV and mental health, as part of MHAIDS project in CEE & CA countries.

Tomasz Małkuszewski – Social AIDS Committee's advocacy officer. He will support MHAIDS project by disseminating its outcomes and establishing contacts with governmental officials and educational establishments.

MA in sociology. Since September 2008 works in SKA's advocacy program. A certified educator on HIV issues. Volunteer for HIV prevention programs among sex workers and migrant sex workers since 1999. Represents SKA in the Civil Society Forum on HIV (European Commission DG SANCO).

Joanna Zdrojewska, a Chartered Accountant. She has extensive experience in NGO accountancy. In this project, she will be supported by a newly appointed financial officer, responsible for everyday activities and coordination of accounting issues with other partners.

Global Iniative on Psychitry – GIP Netherlands

Global Initiative on Psychiatry (GIP), an international NGO, between 2005 and 2008 with support of the Dutch Ministry of Foreign Affairs and Open Society Institute ran a major project aiming to improve the quality of life of people with HIV/AIDS who also have mental health problems, and of their partners, carers and families, in Southeastern Europe, the Caucasus and Central Asia.

As part of the project GIP has provided coordination of the project, developed and implemented research, training, advocacy activities, was engaged in the implementation of university-linked curricula, publications, setting up user and relative organizations etc.

Brief project evaluation:

The GIP "Mental Health and HIV/AIDS project" involved the creation of a network of expert centers on mental health and HIV/AIDS in 9 countries (Caucasus, SEE, Central Asia). Not all of expert centers managed to ensure their sustainability, although some of them have secured grants for their further activities up to 3 years. Evaluation has shown that efforts to ensure EC's sustainability should start form the very beginning of the project.

A total of approximately 1000 people attended the training modules 1-5 in project countries (a large group of professionals with different medical and paramedical background, among a number of authorities at key positions in the different ministries and among various associations of PLHA). The multidisciplinary and multicultural training approach proved very innovative providing space for interdisciplinary exchange of ideas etc. The training set up resulted in a more equal relationship between professionals instead hierarchy, e.g. between psychiatrist and social worker or psychologist and HIV+ person. Sensitive issues like sexuality, MSM, position of women and mental disorders have been addressed and could be discussed and people have started to open up and share concerns on these sensitive issues. This has proved a real asset to the project and the basis for real understanding of concerns of PLHA. The need for training modules addressed to specific professional only was identified though. It was also mentioned that TOT training or elements of TOT training should be introduced, unless an effort is made from the very beginning to recruit trainers with extensive experience of interactive training methods. It was also recommended to start adaptation of training modules at the very beginning of the project.

Research has been one of the major components and has built capacity in qualitative research and writing up of study reports in project countries, increased the understanding of mechanisms, reasons and contexts of mental health problems among PLHA in project countries etc. Without the research component some expert centers would not have got a good insight in the needs of PLHA and probably not have built strong relationships with associations of PLHA. Research results were used at the stakeholders meetings and the recommendations to be formulated. Recommendations in the research reports have enhanced improved mental health services in some target countries. The evaluation has demonstrated that research activities should be preceded by brief research capacity building seminar introducing research methods and guidelines to be used during the project.

All EC succeeded to publish a wide range of publications in order to increase the access of EC staff, professionals and change agents, authorities and relevant NGOs to relevant literature and information. Professionals used to have no access to literature on the interaction between mental health and HIV/AIDS. Some EC printed all training modules and rendered them available for interested people. The same holds for the research reports which were made available on request. As a result of the profile of their Parent Organisation some EC (e.g. Moldova and Bulgaria) also published booklets on mental health related topics without specific focus on HIV/AIDS. The research compilation report can also be considered as one of the EC major publications as it presents a broad range of country specific information on mental health and HIV/AIDS. In Caucasus regional research compilation report "Mental Health Problems of PLHIV in South Caucasus Countries" with a foreword by the wife of the Georgian president, Sandra Roelofs and chairperson of the CCM were published.

Expert Centers have undertaken a broad range activities in the field of lobby and advocacy, in different ways. Some EC teams have gradually linked up with policy making structures to influence the development of mental health and/ or HIV/AIDS policy documents and operational programs. Several EC lobbied for mental health care provision within the National or City AIDS centers, for accreditation of the MAIDS training modules and incorporation into curricula of relevant institutions. Several EC such as Tajikistan and Georgia organized scientific conference on MAIDS. Evaluation has demonstrated that advocacy activities should be systematic, strategically planned and implemented from the very beginning of the project.

All lessons learned during the implementation of MAIDS project with the help of GIP coordinator and project evaluator were taken into account when developing the current project proposal.

Project staff:

Katja Assoian, project manager of Mental Health and HIV/AIDS project (several years experience in managing international projects. Since 2006 has been working as a project

manager of the project on mental health and HIV/AIDS in 9 countries of the former Soviet Union and Eastern Europe).

Annemiek Schade – consultant on mental health and HIV/AIDS project (trainer and consultant at the above-mentioned project)

Rob Keukens – Mental Health Consultant (18 years of experience as consultant and trainer within international projects)

Jan Veldmejier – Finance and Conference logistic manager (25 years of experience in finance administration and logistical organization of the international projects)

GIP-Sofia

The regional office GIP-Sofia in Bulgaria was opened in September 2002, covering the countries of South Eastern Europe (Albania, Bulgaria, Bosnia, Macedonia, Romania, Serbia, Slovenia and Moldova). Employing the 25 years of experience in programme development, monitoring and supervision of the main GIP office in Holland. GIP-Sofia is working to support the mental health reforms in the region. Currently on national level the organization is running five big projects in Bulgaria: “Piloting Community Mental Health Services in a Bulgarian Settings” (2005-2008) and “HIV/AIDS and Mental Health” (2005-2008) and "Development of Comprehensive Community Based Mental Health Services in Sofia "(2008 - 2009), “Investment for the future – child and adolescent mental health” (2006-2008), and 'Institutional Treatment, Human Rights and Care Assessment' (2007 - 2010), . On international level GIP –Sofia is responsible for the maintaining of a regional network and collaboration with partners from South-Eastern Europe.

Fully equipped office space and training center in Sofia; building with established gratuitous right of use for the period till 2017 where a Community mental health centre as well as supported house is operating; office space given free of charge in the framework of the South Western University in the town of Blagoevgrad; very good partnerships with a wide network of MH trainers, researchers and professionals, very good working relationships with local and central authorities, universities, media and other stakeholders; an international and national network of organisations, providing MH services;

In case of Bulgaria Expert Center is called “The Resource center for MH&HIV/AIDS” and it is part of the Information center for mental health in Blagoevgrad with three people staff, employed by GIP-Sofia, but physically located in Blagoevgrad.

The Resource Center develops the following activities, which are coordinated by GIP-Sofia:

- plays the role of a center for collecting, systematizing and dissemination information on mental health and HIV/AIDS through booklets, bulletins, a website and video materials;
- organizes and conducts research on the needs of people with HIV/AIDS and mental disorder;
- publishes informational materials;
- organizes information and anti-discrimination campaigns;

- organizes trainings for professionals (physicians, medical nurses, psychologists and social workers) and other key stakeholders to become trainers.

Project staff:

Valentina Hristakeva (Director, GIP-Sofia). Professional Education: Social Work (B.Sc.); Clinical Social Work (M. Sc.). Professional Activities-Responsible for the overall management and implementation of the project activities of the regional centre, service monitoring and evaluation; She also has experience as a consultant, researcher and trainer in the social and mental health field.

- Tanya Markova (Project Manager, GIP-Sofia). Professional Education: Clinical Social Work (MSc) Psychology (BSc). Professional Activities: Public awareness officer developing anti-stigma and mental health info centre initiatives; Consultant to social and mental health projects; clinical practice in psychosocial center for mental health and experience administrating questionnaires.

- Gergana Georgieva (Project Manager, GIP-Sofia). Professional Education: Intercultural Communication (MSc), Social Policy (MSc), Psychology (Bsc). Professional Activities: Experience in health promotion and education; management and monitoring of projects, experience as youth worker and care worker; conducting interviews and focus groups.

- Tatyana Hristova (Project Manager, GIP-Sofia). Professional Education: Labour markets and human resources development (MSc), Socialogy (Bsc). Professional Activities: experience in research projects, evaluation of national policies in social field, administrative and financial experience in various social projects.

GIP financial officer, PR officer and technical assistant will also contribute to the project implementation.

<u>NGO LIGO from Estonia:</u>

LIGO is the first community based organization of and for HIV+ women, established in 2004.

LIGO implements projects aimed at:

- the improvement of quality of life of HIV+ people and families affected by HIV,
- advocacy of HIV+ people and, in particular, HIV+ women's rights; counteracting stigma and discrimination:
- provision of specialist support to PLHA and, in particular, women living with HIV (psychological, social support, medical help and counselling). LIGO has participated in numerous international projects, e.g. INTEGRATION PROJECTS financed by the EU.

Irina Moroz, Board Member - management, medical help and consulting.

Tatjana Dodatko,- management, leader of projects

Jekaterina Manko - leader of projects, consulting and social support, social worker

Marina Maksimova - psychologist, psychotherapist, trainer, psychological support and treatment

Organization also employs financial manager, advocacy specialist, a coordinator of HIV+ women support group; there are two volunteers.

Currently LIGO implements three projects:

- Educational & information project "HIV+ mother and a healthy child"
- Psychological and social support for HIV+ women
- Project on care for pregnant HIV+ women with drug addiction.

GIP-Vilnius (Lithuania)

The applicant of the project GIP-Vilnius is a non-governmental organization governed by a Regional Board and led by the organizations Director, Egle Sumskiene.
Global Initiative on Psychiatry (GIP) – Vilnius belongs to a network of regional centers in Vilnius (Lithuania), Sofia (Bulgaria) and Tbilisi established since 2001 by Global Iniative on Psycniatry. It is locally registered and has its own independent board of directors. The Chair of the board together with the General Board of GIP form the Federation Council. The board includes individuals from the fields of users/ex-users, their families, mental health professionals and includes people with skills in fundraising, policy development and implementation, finance and law. Additional advice on specific subjects is sought externally where necessary. Board maintains oversight over new project development, implementation and reporting to ensure that quality standards are maintained and activities are in line with the values and aims of the organization. In addition, Board leads in developing activities in new regions. 2 of 13 board members are female. General boards meets twice a year, Regional Board of GIP-Vilnius meets four times a year.
GIP-Vilnius is registered in PADOR.

Project staff:

Project coordinator - Egle Sumskiene, a graduate of Vilnius University, (MA in Philosophy), holds PhD in Sociology, between 2003-2008, GIP-Vilnius program coordinator; since 2008 – acting director for GIP-Vilnius. She has experience in working in an international environment, extensive experience with project team work as well as organizing researches, trainings, conferences.

Project financial officer - Irena Kuldosz, GIP-Lithuania accountant between 2000-2009; graduate of the Vilnius University, faculty of mathematics. Develops project budget plans, financial reporting for Donors, tax inspection and social security bodies.

## Research in the field of mental health and HIV/AIDS and related topics

To begin with, in all project countries Rapid Assessments and Response to promote mental health support of people with HIV/AIDS will be implemented as rapid assessment process (RAR) has been used frequently in the HIV/AIDS field and has been proven to be instrumental in development of relevant action. In the current project RAR will assist in needs assessment and provide data for training and advocacy/information dissemination activities. RAR will be based on the methodology presented in "HIV/AIDS Rapid Assessment Guide" developed by Family Health International for

USAID, 2001[61] and "Rapid Policy Assessment and Response (Tools, Training Materials and Reports)[62]. At the beginning of the project RAR guidelines will be developed for researchers based on those methodologies.

During the kick off meeting in Luxembourg special session for researchers on research methods, introducing RAR and qualitative methods will be held.

Based on gathered information a specific database will be created where all relevant information will be stored. This database will then form the foundation for the services offered by the centres, because they will have access to the best possible information. Data gathering will focus on the assessment of Mental Health Services for PLHA and mapping of existing services in the field of mental health and HIV/AIDS

Other prospective issues to be included into RAR (to be identified in cooperation with project partners and project SC):

1. Rapid assessment of stigma & discrimination in medical and other institutions providing services to PLHA and its possible impact on their mental health
2. Assessment of the numbers of people with AIDS who currently turn to psychiatric or psychological aid, the diagnoses that were made and the treatment or support that was provided
3. Evaluation of Counselling services for PLHA (based on UNAIDS protocol "Tools for evaluating HIV voluntarily counselling and testing, March, 2000 ).
4. Rapid assessment of MH/HIV among IDU
5. Rapid assessment on HIV among mental health patients

The Rapid Assessment and Response process (RAR) uses:

- Multiple methods and data sources to depict the local extent and nature of MH/HIV problems by rapid triangulation in data collection and analysis of existing data
- Discussions with stakeholders.
- Focus groups (insiders to tell their stories).
- Semi structured interviews with key actors.

Objectives of project MH/AIDS assessments

- To determine the extent, form, causes and contexts of MH problems and disorders of PLHA in the country.
- To gain insight in the quantity, quality and deficits in MH/HIV health services available for PLHA as perceived by users and service providers.
- To identify realistic and cost-effective entry points for interventions to reduce MH/HIV-related problems.
- To disseminate recommendations among policy-makers, programme developers and other stakeholders.

---

[61] Materials available in English; Please see at: http://www.fhi.org/NR/rdonlyres/evtjsjyoitissfvez7qoi3qhey5vgu5dxukffl3xgjltna5nsxrdmbu4tj7wakyoyaoyxzz7etrkjp/rhapassessmentguide.pdf

[62] All materials are available in English, Russian and Polish; please see at http://www.temple.edu/lawschool/phrhcs/rpar/tools/

RAR will be followed by more in-depth research, when mostly qualitative research methods will be used. Data collection methodology will include desk review and field research methods such as questionnaires, surveys, individual interviews (e.g. with representatives of relevant governmental organisations, international and domestic non-governmental organizations and individuals etc.), as well as focus group discussions and in-depth interviews (e.g. with professionals, i.e. psychologists, psychiatrists, infectiologists, PLHA etc.).

The suggested research topics for discussion with partners (please, note that not all of them will be eventually implemented in every country):

1. Mental health problems of IDU with HIV

2. The level of readiness of medical personnel to provide help to the target group (people with double/triple diagnosis)

3. Assessment of adherence to HAART among double stigma patients

4. Stigma and discrimination of people with HIV and PLHA with double/triple diagnosis (HIV, drug abuse, mental illness) and their implications on mental health

5. ARV influence on people with mental health

6. Analysis of the effectiveness of psycho-pharmacotherapy in treatment of psychiatric disorders among PLWH with mental health problems

Research activities will include:

- Drafting research design (defining number and order of research topics, choice of research topics by countries, development of guidelines on RAR and qualitative research in case of MH & HIV for researchers, templates etc.)
- Research implementation,
- Publication and dissemination of research results and use of research outcomes for training and advocacy
- Stake-holder meetings (relevant ministries, medical institutions, other NGO's etc) to discuss research findings and to come up with recommendations on how to improve access to medical care of people with double diagnosis

Implementation of research starts in Year 1. In total 3-4 reports, including RAR, will be produced in PL, EE. Bulgaria has already implemented various research projects on mental health and HIV in the past, the results of which may be used for the purposes of the current project[63]

[63] Mental health structures for PLHIV who inject drugs in Bulgaria;
Mental health issues and support structures concerning PLHIV in Bulgaria;

CZ, HU, LT, LV, RO, SI will implement RAR and 1-2 qualitative studies. Czech associated partner will provide research for both Czech and Slovakia as so far no organization involved in mental health and HIV issues have been identified by project partners in Slovakia. On the other hand, as language barrier does not exist in case of Czechs and Slovaks, research for Slovakia may perfectly be carried out by a Czech researcher. Three (3) research stakeholder meetings will take place in PL, EE. One research stakeholder meeting will take place in BU. All research reports will be produced in English, with later translation into national languages, if needed.

At the end of the project, final research report will be provided covering all project countries.

**Training activities**

Development of the educational program for change agents to be run by each expert center:

The program in total will consist of 7 training modules.

Each of the modules will be described in a COURSE MANUAL, comprised of the following elements:

- The expected outcomes of the training – what specific changes in knowledge, attitudes, competence are expected from the program as a whole, and from this module
- The topics to be covered
- The methods to be used for each topic
- Topics for prior study by participants
- The curriculum – session plans, handouts and presentations for each unit in the module
- References and background materials
- Plan for pre and post-module assessment of participants knowledge, attitudes and practices and evaluation of the training activities.

The development and delivery of the program will initially be led by the project manager, project consultants and trainers from the Netherlands and Poland. As the local trainers become more competent they will gradually take over leadership of the program, with coaching from the partners as required.

---

Mental health problems of people living with HIV/AIDS in Bulgaria;
Stigma, discrimination and attitudes towards People Living with HIV/AIDS in Bulgaria.

- Translation and adaptation of existing training modules into national languages

At the moment four existing modules are described in English and Russian. Three new modules will be written in English and translated into Russian[64]. Afterwards all training modules and materials will be translated into the national languages (PL, EE, BU). Other collaborating partners will provide translations in their national languages if needed and possible depending on their internal resources.

The training program will consist of 4 existing modules, developed by SKA & GIP-NL. Four first training modules will not be written from scratch. The materials developed during GIP's mental health and AIDS project in Central Asia, Caucasus and SEE will be adapted to the context of EU member countries.

Adaptation of training modules to reality of project countries will take place in two phases:

- Before training modules are delivered based on RAR and other research result and expertise and knowledge of trainers in the area of mental health and HIV

- During the training based on participatory approach, when trainees are provided space for questioning the content and discussing its applicability to the local context

Module 1. Introduction to mental health and HIV/AIDS;

Duration of the 1st module: 4 training days. Module 1 consists of 18 units:

| | |
|---|---|
| Unit 1 | Introduction and community building |
| Unit 2 | Health and society |
| Unit 3 | Medical aspects of HIV/AIDS |
| Unit 4 | Mental health problems and addiction in people living with HIV/AIDS |
| Unit 5 | Working with people living with HIV/AIDS |
| Unit 6 | Psychological aspects of HIV/AIDS |
| Unit 7 | Grief in people living with HIV/AIDS |
| Unit 8 | Depression in people living with HIV/AIDS |
| Unit 9 | Suicide and people living with HIV/AIDS |
| Unit 10 | Personality disorders and challenging behaviour |
| Unit 11 | Anxiety disorders |
| Unit 12 | Cognitive disorders |
| Unit 13 | Drug use and addiction |
| Unit 14 | Drug-related risk and harm reduction strategies |
| Unit 15 | Sex and HIV and their effects on mental health |
| Unit 16 | Minimizing risk: Sex, HIV and mental health |
| Unit 17 | Treatment and management of HIV/AIDS |
| Unit 18 | Antiretroviral therapy |

Module 2.Supporting people living with HIV/AIDS with special needs;

Duration of the second module: 4 training days. Module 2 consists of 10 units

[64] For use in Estonia, Lithuania, Latvia.

Unit 1 Stigma and discrimination
Unit 2 Communication in support situations
Unit 3 Health and society
Unit 4 Children, adolescents and HIV/mental health
Unit 5 Drug Users and HIV/mental health
Unit 6 Women and HIV/mental health
Unit 7 Sex-workers and HIV/mental health
Unit 8 Mental Health Users and HIV/mental health
Unit 9 MSM and HIV/mental health
Unit 10 Prisoners and HIV/mental health

Module 3.Social, personal and self-support of PLHA

Duration of the third module: 3 training days. Module 3 consists of 2 units

Unit 1 Disclosure of serological status
Unit 2 Support groups for PLWHA

Module 4. Impact of antiretroviral therapy on mental health (problems of adherence)

Duration of the 4th module: 2 training days. Module 4 consists of 2 units

Unit 1: Adherence: multidisciplinary approach
Unit 2: Non-adherence and mental health

- Development of three new training modules describing treatment model of multidisciplinary treatment teams.

Three additional training modules will be developed by GIP experts from the Netherlands that work at HIV/AIDS Mental Health Expert Centre and Multidisciplinary Treatment Team GGZ Buitenamstel). They will describe treatment model of multidisciplinary treatment teams, comprising psychiatrist, psychiatric nurses, social workers working with HIV patients and their close ones, etc.

Module 5. HIV/Aids and mental health problems: a practical guideline for psychiatrists; diagnosis and treatment. A multi-disciplinary approach

Module 6. HIV/Aids and mental health problems: a practical guideline for psychiatric nurses/psychologists etc.; supportive therapy. A multi-disciplinary approach

Module 7. HIV/Aids and mental health problems; a practical guideline for social workers; practical aid and supporting self-help. A multi-disciplinary approach

In case of last three modules it is planned to recruit as participants first of all representatives of those professions. In case of modules 5,6,7 duration of each module is 2 days. Module 7 will be delivered in the Netherlands and will be combined with a site visit to GGZ Buitenamstel.

Bulgarian EC will work only with 3 new modules as they have already trained trainers and delivered training to 60 change agents.

- Selection of trainers will take place in PL, EE, CZ, HU, LT, LV, RO, SI. In Bulgaria there are three training teams (each consisting of 3 trainers) in Sofia, in Burgas and in Blagoevgrad. Burgas trainers are most experienced and have passed all the training for trainers (modules 1-4) as part of the previous MAIDS project and later trained other training teams in Bulgaria. During the current project similar approach will be used: two trainers will be trained on modules 5-7 that later will train other trainers. No Slovak trainers will be recruited, as Czech trainers would be able to provide training to Slovak participants due to the lack of language barrier.

    - Recruitment will be done based on profiles of competencies developed for that purpose to ensure relevant expertise and knowledge; training coordinator should approve all candidates for trainers.

Centers in PL, EE, BU, LT will cooperate with one of the trainers on an ongoing basis, while one or two other trainers will be hired in case of specific modules. Such arrangement provides for certain flexibility, when, e.g. it is necessary for certain modules to hire trainers with specific background (e.g. a psychiatrist, a clinical psychologist with experience of work with PLHA etc.). All of those trainers first need to pass through TOT training. Polish EC employs TOT trainer and supervisor, who together with Dutch trainer will initially train trainers in project countries and later will supervise their work. 2 trainers will be invited from each of the following countries: RO, HU, SI, LT, LV, CZ.

- Training of trainers including ongoing supervision and technical support when needed provided by SKA and GZZ BA trainers and experts:

    - TOT elements will be included into regular training modules, i.e. SKA and GZZ BA trainers will discuss with future trainers alternative activities for achieving the same objectives, various ways of conducting certain activities etc. During supervision, among others, trainer's style and methods of work will be evaluated and discussed.

    - In order to develop their competencies, trainers will be highly recommended to participate in e-learning training course based on modules 1-4 that was developed during the MAIDS project in 2005-2008. Training course is available in English and Russian. Participation is possible either via internet or by means of using flash-drivers with training course[65].

    - In general, the TOT program will use the 'blended learning' approach to maximise learning opportunities. Each of the modules will be delivered as follows:

        - Prior study of selected materials made available via Internet, e-mail, CD-rom or print (optional).
        - Face-to face training
        - Supervision and coaching available throughout by e-mail, Internet or phone, and face-to-face

[65] The e-learning version was developer by Dutch health [e] Foundation (www.healthefoundation.eu) based on modules developed by SKA and GZZ BZ experts.

- E-learning course on flash or via internet

Expert Center in Poland will coordinate training program for trainers from all project countries.
After that trainers will train change agents in PL, EE, BU, LT. Regular supervision by experienced trainers will be provided.

Trainers from collaborating organizations representing associated or collaborating partners will include training modules into their everyday activities. Funding of those activities by the current project is not foreseen, but fundraising activities will be undertaken in cooperation with collaborating organizations in order to secure additional financing.
Due to such approach training course will be replicated and transferred to all new EU member countries.

Trainers from all project countries will be able to join an e-learning program on HIV/AIDS and mental health, based on four developed training modules. Only some of change agents will be able to join as well, as the course is available only in English and Russian. E-learning version of modules 5-7 will be developed under the condition if additional financing is secured (probably, in the second half of year 2). Such e-learning program is a very useful took for ensuring training replication and transferability towards other EU member states.

- Selection, training and follow up of change agents
    - To be done by expert centers in PL, EE, BU, LT

As the project focuses on capacity building of health care professionals, first of all an attempt will be made to attract trainees form those professional groups. For that purpose various professional associations of medical professionals have been chosen as collaborating organizations in various project countries as well as National AIDS Centers.

- Accreditation of the training modules and their inclusion into regular professional education.

It is planned to seek accreditation per country with relevant institutions, e.g. in Poland, if developed training program (or its part) is approved by the National Chamber of Doctors and Dentists, the program will become part of post-graduate studies for MDs for participation in which they will get "educational points". Similar system exists in Estonia, where MDs as part of their post-graduate studies obtain "educational points" and where the program should be accredited with various professional associations (internal disease specialists, psychiatrists, psychologists etc.), in Latvia where the program should be registered with the Society of Medical Doctors etc. The Bulgarian Resource center have already undertaken efforts to accredit 4 existing MAIDS training modules into the Social science department in South West University in Blagoevgrad, although they procedure may last up to three years.

In addition, sspecial efforts will be made at attracting to participation in the training course (especially modules 5-7) of academicians lecturing at medical universities on such topics as HIV, mental health and related subjects (e.g. from the only Estonian

medical faculty at the Tartu University, various medical universities (e.g. Warsaw, Bialystok etc.) in Poland and other countries. Collaboration will be also held with the relevant ministries (e.g. in Poland, with National AIDS Center, an agency of the Minister of Health, with the Ministry of Education and Science in Latvia, National AIDs Center in Lithuania) with the purpose of developing recommendations on including mental health and HIV issues into the curricular of medical universities.

During the project other possibilities for accreditation (either on national or EU level) will be identified and pursued.

**Dissemination of information and advocacy activities**

Development of informational materials on stigma and de-stigmatisation and dissemination of existing materials.

Development of informational materials will be preceded by RAR or qualitative research on stigma and discrimination towards people with double/triple diagnosis (HIV/addiction/mental illness).

The following informational materials to be used have been identified so far:

- the Double Stigma, Double Challenge brochure[66] developed by GIP-Netherlands that will be adapted ("Regional context" part will be changed based on the research results (RAR) and disseminated in English, Russian, possibly, translation in some other languages will be done (using partners internal resources).

- 5 booklets by WHO on mental health and HIV/AIDS[67]

- MAIDS research reports

- Anti-stigma brochure for health care workers (around 15 pages)

---

[66] Double Stigma, Double Challenge: Mental health and HIV/AIDS in Central and Eastern Europe and the Newly Independent States, GIP, 2006 at http://www.gip-global.org/images/28/282.pdf (16 pages)

[67] Mental health and HIV/AIDS: "Organization and systems Support in Mental Health Interventions in Antiretroviral Therapy Programs (ARV)", WHO, 2005 at http://whqlibdoc.who.int/publications/2005/9241593040_eng.pdf (26 pages)

Mental Health and HIV/AIDS: "Basic Counselling Guidelines for Antiretroviral (ARV) Therapy Programmes", WHO, 2005 at http://whqlibdoc.who.int/publications/2005/9241593067_eng.pdf (56 pages)

Mental Health and HIV/AIDS: "Psychiatric Care in Antiretroviral (ARV) therapy (for second level care)", WHO, 2005 at http://whqlibdoc.who.int/publications/2005/9241593083_eng.pdf (44 pages)

Mental Health and HIV/AIDS: "Psychological Support Groups in Antiretroviral (ARV) Therapy Programs", WHO, 2005 at http://whqlibdoc.who.int/publications/2005/9241593105_eng.pdf (98 pages)

Mental Health and HIV/AIDS: "Psychotherapeutic Interventions in Antiretroviral (ARV) Therapy (for second level care)", WHO, 2005 at http://whqlibdoc.who.int/publications/2005/9241593091_eng.pdf (44 pages)

Special focus will be put on reducing stigma among medical professionals as they play an important role in treatment, referral process of the PLHA and recognising their health care needs. An anti-stigma brochure for health care workers will be developed during the project implementation centrally and later it will be adopted by countries to their reality. During training seminars the problem of stigma will be extensively addressed as well.

Further other brochures, booklets and leaflets as well as research reports will be identified in order to be used for advocacy and lobby activities.

Expert Centers in PL, EE, LT will produce brief informational brochures (up to 5 pages) about their activities and the project.

Based on the research results, publications in medical and peer-review journals will be made (4-5). During the whole period of project implementation the each expert center will generate its own publications on mental health and HIV/AIDS based on the research findings, training evaluations and communication with change agents. Those publications will be: electronic bulletins, leaflets, brochures, articles, etc.

Advocacy and lobbying strategy will be developed reflecting some of the following issues:

- how to include mental health in comprehensive HIV/AIDS
- treatment programs and how to implement them at a community level;
- how to include mental health as a part of ARV adherence programs
- lobbying and advocating techniques and strategies on the
- local level
- inclusion of mental health components in governmental policies towards HIV/AIDS,
- translation of the activities of the expert centres in national policy measures.

Advocacy attempts will be made to get HIV/AIDS and mental health on the agenda of the ministries of health and of education; to draw the attention of donor agencies, referring to WHO statements on the importance of the interaction between HIV and mental health[68]; to closely collaborate with associations of PLHA and involve PLHA in the project activities such as training and research; to organize and/or attend conferences and working meetings on the subject; to lobby for inclusion of mental health and HIV/AIDS subject in relevant academic training etc.

[68] „HIV/AIDS and mental health" Report by the Secretariat, WHO, Executive Board 124th session, November 20, 2008, at http://www.who.int/gb/ebwha/pdf_files/EB124/B124_6-en.pdf

*Narrative description of the implementation time schedule*

The first three months of the project will be devoted to the expert centers establishment in PL, EE, LT. The project will start with staff selection for the expert centers. The staff (consisting of expert center director, TOT trainer & supervisor (PL), 2 trainers (on a contractual basis) will be selected/appointed . The management guidelines for the expert centers will be elaborated together with the all project partners. These guidelines will include: staff contracts, job descriptions, reporting arrangements, center business plans, internal communication, logo's, vision and mission statement, etc. Physical establishment in the existing training centers will be completed. Directly from the first months of the project implementation sustainability strategies for the expert centers will be discussed and elaborated.

Parallel to that (in months 2,3) research topics and methodology will be discussed by all project partners according to the local needs. Preliminary research action plan will be developed. The work on research guidelines fro RAR and qualitative studies will start in cooperation with scientific supervisors from the Steering Committee/Advisory Board.

Already at the beginning of the project, the development of a curriculum for the training adapted to the regional circumstances, will have a priority.

In month 3 all the project partners will come together for the kick-off meeting in Luxembroug. The kick-off meeting is meant to get to know each other better, introduce the context of the project with all its components and its connections, and who will be responsible for what. All participants will elaborate on their role in the project..

The introductory part of the kick-off meeting will last 1 day and it will be followed by the Steering Committee/Advisory Board meeting.

In months 1 to 4 the special website on the project topic will be created. The website will introduce the issue on how HIV/AIDS and mental health are interconnected and will contain information about the main project activities, research findings, publications developed by the expert centers, training modules etc.

SKA and the SC will coordinate the creation of the website, its updating and maintenance during the whole period of project implementation.

The implementation of research will be started in Year 1. RAR and one report will be produced in Year 1, two reports in Year 2 and 1 (eventually) report in Year 3. In total 3-4 reports will be produced. In Year 3 final research report will be published and distributed among main stakeholders. In PL, EE at the end of each year research stakeholder meeting with relevant authorities, medical institutions, other NGO's etc will be organised to discuss research findings and to come up with recommendations on how to improve access to medical care of people with double/triple diagnosis. So, all together, 3 stakeholder meetings will take place in PL and 3 in EE, LT will organize 1 stakeholder meeting after rapid assessment research. One stakeholder meeting will take place in Bulgaria to present results of project activities. Research findings will also be used as advocacy tool to increase political commitment and inter- disciplinary and departmental collaboration.

All training modules will be delivered according to the following format: The training coordinators from GGZBA and SKA will first train the trainers in the countries in 4 modules according to the TOT-concept. Year 1 – Modules 1 and 2, 3; Year 2 – Module 4. Regular supervision by the Dutch and Polish training coordinators will be provided. In case of three new modules (treatment team model), the same pattern will be followed (Modules 5 & 6 year 2, module 7 - year 3).

Attempts to accredit the program will start from Year 1 of the program (in case of modules 1-4), in case of modules 5-7, in the second half of year 2, and in the year 3.

### 4.2. Analysis of the risks and contingency planning

- In order to prevent staff turnover that may hinder project implementation and decrease its efficiency, performance appraisal will be paid attention to by project coordinators. An attempt will be made then to identify initiatives for raising staff motivation, e.g. internal training, attendance of external trainings, conferences related to HIV and mental health, integration activities, other non-financial motivation schemes etc.

- Outcome assessment of training may become a challenge. Pre-and post tests for checking the increase in knowledge may not necessarily be effective in case of checking attitude change, while significant part of module 2 and partially module 1 include practical activities aimed at the change of attitude, and, consequently, decrease of stigma and discriminating practices. Hence, various ways for assessing the results and usefulness of the training should be developed, e.g. qualitative evaluation questionnaires, discussions with change agents etc.

- E-learning courses are provided to trainees either on a flash-drive or via internet. Flash-drive participation is based on acquired logins and passwords, while internet access is provided on the basis of access codes, hence, the number of potential participants in the e-learning course is limited as those codes and logins have to be purchased from Health[e] Foundation. For the beginning only trainers will participate in the e-learning course (available in English or Russian). Later some change agents may join and also attempts will be made to attract additional financing for ensuring access for all willing change agents and to develop e-learning version of modules 5-7.

- In most targeted countries there are no experts in the field of Mental Health and HIV and knowledge and skills regarding qualitative research are quite scarce. Hence, at selection stage a lot of attention should be paid to selecting sufficiently competent researches and later adequate capacity building will be provided. Research guidelines will be provided and coaching according to needs.

- From the very beginning close attention will be paid by project coordinators to the interrelationship between the research and training

component. The RAR results will be used in order to incorporate newly gained insights into the training content and to equip the trainers with the basic knowledge on HIV/AIDS and mental health in their own country.

- One of risks is related to the lack of literature on mental health and HIV in the national languages. As our experience has shown, availability of information in English (and eventually in Russian) is not sufficient. Partners' internal resources will be used to translate training modules and research reports into the national languages (hence, it is foreseen that secretaries to the project will also act as translators). On the other hand, attempts will be made to attract additional financial resources in order to finance translation and publication of such documents as WHO 5 booklets on Mental health and HIV etc.

- Small scale of project implementation in CZ, HU, LT, LV, RO, SI, SK (due to financial constraints) may create obstacles in achieving lasting impact in those countries. For that reason an attempt has been made to attract as collaborating partners organizations with solid base in those countries that had identified by themselves the necessity for mental heath and HIV programs, undertaken certain attempts of their own to work in this area and are strongly motivated to continue working in this direction. Hence, the current project will allow them for gathering evidence, identifying gaps, developing guidelines related to mental health and HIV, for training their trainers on 7 modules on HIV/AIDS and joining the network of experts and organizations on mental health and HIV, using their expertise and accomplishments.

- No collaborating partner has been identified in Slovakia, as to our knowledge and to knowledge of our Czech partner, there are no organizations or experts in Slovakia currently interested in mental health and HIV issues. On the other hand, financial constraints do not provide opportunity for financing separate research and training for trainers for Slovakia. On the other hand, as there is no language barrier between Czechs and Slovaks, our Czech partner will include Slovakia in their research, moreover later, when potentially interested partied are identified in Slovakia, Czech trainers may provide training to them.

- 40% of project funding will be provided by project partners in form of own contribution, income generated by the project and other external sources. It is quite probable that the project will raise money in the form of training fees from training participants. In case this would not work, missing amounts should be covered from external funding. In order to ensure it, extensive FR efforts have been undertaken. If sufficient amount is not raised from external donors, it will be covered either as partners own contribution or higher income will be generated by the project.

- NGO opinions or evidence from international colleagues may appear to be of little attraction for the medical professionals in the target countries. Therefore extensive efforts will be undertaken to ensure support by national authorities and professional associations. In addition, opinion

formers will be attracted to this project; opinion formers will be high professionals, respected and authoritative specialists.

- High level of stigmatisation by medical professionals and, in some cases, refusal to treat patients with a dual/triple diagnosis can be counteracted by dispelling mutual myths prevailing among medical specialists and their patients, involving community members into the activities of prevention and treatment institutions (e.g. into research, mixed trainings) etc.

- Closeness of psychiatric services for the outsiders may limit the access to the actual target groups of HIV+ people with mental health disorders. Working relationship with partner organizations which have access to the closed mental health facilities will be established. Besides, by training and working with the medical personnel of the psychiatric clinics we will also be able to make them the change agents and gain the sustainability of the project among the medical staff in the clinics.

- It is difficult to involve the representatives of the mental health community in the project because of the stigmatization of those people, and because sometimes they have an inadequate view towards their conditions and don't think that they have a problem, as some people are not ready to accept that they have a mental disorder, as it is not very clear like in the case with HIV where there is a clear medical condition for the disease. Also not every person is ready to accept and admit his/her mental health disorder. Peer education training and information is the solution to this situation. The issue is not the actual diagnosis, but how the person lives and feels with this diagnosis, so peer education and work with the family and relatives will address this problem.

- On the other hand, from the side of the patients this work can lead to the disclosure of the double diagnosis of the people. The people should not be rushed into this, as it may lead to personal problems, work related problems for those involved. The project therefore should aim to create a safe environment by involving family and close relatives and friends.

## ~~4.3.~~Work package overview

| *Work-package (WP) No* | *Work package title* | *Lead partner* | *Number of person days* | *Global cost (€)* | *Starting date* | *Ending date* | *Deliverable No* |
|---|---|---|---|---|---|---|---|
| WP 1 | Coordination of the project | SKA | 525 | 97640 | M1 | M36 | D13, D15 |
| WP 2 | Dissemination of the results | SKA | 272 | 45600 | M1 | M36 | D 2, D7, D8, D12 |
| WP 3* | Evaluation of the project | SKA | 80+40 | 15650 | M1 | M36 | D14, D16 |
| WP 4 | A network of expert centers on mental health and HIV/AIDS | SKA | 1410 | 140400 | M1 | M36 | D 1 |
| WP 5* | Research on mental health problems and needs of those infected and affected by HIV/AIDS | GIP-NL | 118+235 | 92000 | M2 | M36 | D 3-D6 |
| WP 6* | Training of change agents | SKA | 40 + (554) | 203925 | M1 | M36 | D9-D11, |
| | | **TOTAL annex I** | **2597** | **595.215,00** | | | |
| | | **Total annex II** | | | | | |

*****In column "number of person/days" in case of WP 3, 5, 6 after "+" additional number of days (based on subcontracting) is shown; those numbers though are not accounted for in "TOTAL".

## Time schedule

| Work package | M 1 | M 2 | M 3 | M 4 | M 5 | M 6 | M 7 | M 8 | M 9 | M 10 | M 11 | M 12 | M 13 | M 14 | M 15 | M 16 | M 17 | M 18 | M 19 | M 20 | M 21 | M 22 | M 23 | M 24 | M 25 | M 26 | M 27 | M 28 | M 29 | M 30 | M 31 | M 32 | M 33 | M 34 | M 35 | M 36 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| WP 1 | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| | | | M | | | | | | | | | | | M | | | | MR | | | | | | | | | | | | | | | | M | | FR |
| | W | W | W | W | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WP 2 | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| | | | | | | | | P | | | | M | P | | | | | P | | | | P | M | | | | | | | P | | | | M | | |
| WP 3* | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| | | | | | | | | | | | | | | M | | | | MR | | | | | | | | | | | | | | | | M | | FR |
| WP 4 | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| | EC | EC | EC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WP 5 | | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | | | | | | |
| Pl, EE | | RA | RA | RA | RA | RR | R | R | R | RR | R | R | R | R | R | RR | R | R | R | RR | R | R | R | RR | R | R | R | RR | | FR | | | | | | |
| Other countries | | RA | RA | RA | RA | RR | R | R | R | R | R | RR | R | R | R | R | R | RR | | | | | | | | | | | | FR | | | | | | |
| WP 6 | | | | | | A | TT | | | A | TT | | A | TT | | A | TT | C | A | TT | C | A | TT | C | A | TT | | | | | | | | | | |
| | | | | | | | | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T |

*Legend:*

A curriculum adaptation
C training curriculum modules 5-6
EC creation of expert centers in PL, EE
FR final report
*M meeting – SC/Advisory Board/midterm and final evaluation sessions; stakeholder meetings*
MR midterm report
P publications
RA rapid Assessment
*RR research report*
T national training
*TT training of trainers*
*W webpage created*

# 5. WORK PACKAGES DECRIPTION

## 5.1. Work package n° 1: Coordination of the project

### *5.1.1. List of partners involved*

SKA

GIP-NL

GIP-BU

LIGO

GIP-LT

### *5.1.2. Description of the work*

Advisory Board will be established comprised of international experts on mental health and HIV. The Advisory Board will provide its guidance and advice to the project Steering Committee and project partners. Advisory Board members will provide consultations via emails, conference calls, they may join kick off meeting and relevant meetings of the Steering Committee. Exact mode of operations is to be developed by Advisory Board members in cooperation with the SC. Advisory Committee members, among others, are Prof. Melvyn Freeman (mental health consultant to WHO) and WHO expert Mr Vladimir Poznyak, M.D., Ph.D., Department of Mental Health and Substance Abuse (MSD). Further attempts to invite representatives from DGSANCO C4, UNAIDS are being undertaken.
The project Steering Committee (SC) will be established comprised of 1-2 representatives of main partner and each of associated partners that will meet four times during the project to develop project implementation strategy, including a dissemination plan and evaluation plan, evaluate its progress, etc. (locations: Luxembourg (after the kick off meeting); Amsterdam, Warsaw).
The progress will be monitored and reported based on mid term as well as final narrative and financial reports from main and associated partners.
SKA and the Steering Committee will provide continuous support per e-mail, telephone, but also through regular meetings in person with the expert center teams. Some site visits will be held to each expert center.
In addition, National Advisory Boards will be established in PL, EE, LT possibly other project countries with the participation of some members of collaborating organizations. They will be comprised of well-known experts in the fields related to the project topic (e.g. psychiatrists, infectiologists, psychologists etc.)

The Project Manager employed by SKA will be supervised by the Steering Committee.
Project managers' responsibilities will include:

- Organising SC and other meetings
- Monitoring the progress of deliverables,

- Organising the project reviews, setting up and coordinating the supervision over the Financial Management of the Project,
- Maintaining the Project Website including library of project documents.
- Providing training in project management tools and skills to members of the project, as necessary.
- By default, any other management responsibilities that arise, and are not covered by, or assigned to, anyone else, are the responsibility of the Project Manager

Social AISD Committee (SKA) is the main partner and holds final responsibility, under supervision of the SC. SKA will be responsible for overall coordination of the project, final selection of international project staff and experts, for the contacts with and timely reporting to the awarding authority; will approve the planning by associated partners, provide expert support to the activities of partners, organize supervision visits, trainings, internships and evaluation of the project progress.

SKA will supervise the implementation of research and recruitment of training participants in CZ, HU, SI, RO, while LIGO - in LV; GIP-Vilnius will be responsible for its research and training activities.

Associated partners will be responsible for the local coordination and communication, final team formation, development of necessary documentation in local languages, development of a training scheme for local change agents, involvement of local authorities and mass media and regular reporting to SKA. GIP NL will provide consultations to SKA that will be responsible for research coordination.

SKA is responsible for financial management of the project. A financial manager is to be hired to supervise the implementation of the project. Financial manager's work is supervised by a Chartered Accountant. SKA's financial manager will supervise financial expenses of associated partners that will present financial reports every 6 mths and annually. The prefinancement payments will be transferred to the partners 45 days after the reception from EAHC. Pre-financing will be divided into several smaller installments, e.g.:

- Advance payment of 20% after grant signature
- 1st further pre-financing of 16% after month M9+2
- 2nd further pre-financing of 16% after month M18+2
- 3rd further pre-financing of 18% after month M+27
- Balance payment after month

All partners make their own contribution (SKA 77605; GIP-NL 58380 (54000 + 4000 public officials); GIP-BU 15095; LIGO 38000, GIP-LT 23645). Project's income will be generated due to training fees received from change agents in Pl and EE and the money will be spent for covering direct illegible costs of the project.

15 Euro on the average will be charged for a training day. The whole training course consists of 19 training days, so at least 80 people in PL and 34 people in EE, willing to pay for the training course, should be found. This seems quite feasible as the price is much lower then average

training market price. Thanks to this an amount of 22800 Euro will be raised in Poland, and of 9610 in Estonia.

In addition, financial manager's performance will be supervised by the Treasurer of SKA's Board (as it is required by the Polish legislation).

*Milestones*

| *Date* | *Milestone* |
|---|---|
| M3 | Kick off meeting in Luxembourg |
| Three times during the project, one combined with the kick off meeting | Steering Committee meetings |
| M 18 | Interim technical and financial report |
| M36+2 | Final technical and financial reports |

#### *5.1.3. Deliverables*

Management guidelines for Expert Centers

Interim narrative and financial reports

Final narrative and financial reports

### 5.2. Work package n° 2: Dissemination of the results

#### *5.2.1. Overall strategy and methods*

In order to disseminate the outcomes of the project

- Change agents will be trained, to work in the field of mental health and HIV/AIDS as policy makers and researchers, as mental health specialists and as trainers of other health professionals

- Findings of the conducted researches will be used to assure better treatment and care of persons with HIV/AIDS

- Advocacy efforts aimed at destigmatization and promotion of integrated approach to HIV/AIDS and mental health will be undertaken (e.g. among others literature on the issue will be available for health care professionals)

- Expert centers will be set up with a limited staff that will collect and disseminate information, provide training, conduct research and develop and maintain links with the international community.

The project outcomes will be disseminated on a continuous basis among project stakeholders (see list of stakeholders below) by various means:

- Making Expert Centers visible to and acquire good reputation with professionals working at MH and HIV/AIDS medical institutions and NGOs (networking, expert opinions, conference and working groups participation etc.)

- Creating project web-page for sharing project relevant information (Month 3-4 and ongoing)

The website will contain information about the main project activities, research findings, publications developed by the expert centers, training modules etc.

SKA in cooperation with SC will coordinate the creation of the website, its updating and maintenance.

- Disseminating research reports at various conferences, on the web-page, publications, articles etc.

- Holding a research stakeholder meeting in order to discuss research findings and to come up with recommendations on how to improve access to medical care of people with double diagnosis. It is planned to hold three such meetings in PL, and three in EE, closer to the end of each project year.

- Implementing training program for change agents consisting of 7 training modules

- Accrediting the training program with national health and educational governmental institutions

- Supporting establishment of treatment teams for patients with dual/triple diagnosis within national health care systems (organization of training and internships etc.)

### *5.2.2. Objectives*

- To promote among medical and educational authorities as well as among professionals integrated approach to mental health and HIV/AIDS as a way to improve the quality of life of patients with HIV and of groups vulnerable to HIV
- To introduce mental health and HIV/AIDS training program into medical educational institutions
- To make Expert Centers visible and acquire good reputation
- To share project relevant information

- To support the establishment of treatment teams for patients with dual/triple diagnosis within national health care systems by providing information, training, guidelines on inclusion of mental health issue in existing structures providing services to PLHA or to mental patients (e.g. multidisciplinary teams within the system of community psychiatry, treatment teams of OTS programs, other multidisciplinary teams working with HIV+ patients etc.), advocating for inclusion of those guidelines in the Recommendations of various Professional Societies (e.g. Polish Scientific AIDS Society, Society of Psychiatrists etc.)

### *5.2.3. Description of the dissemination work*

As dissemination work is an integral part of the whole project, many of those activities are also linked with other working packages.

Activity 1. The publication in English and/or national languages of relevant literature on mental health and AIDS and dissemination among main stakeholders (Year 1-3).

Activity 2 The dissemination of developed informational materials on stigma and de-stigmatisation of people with double/triple diagnosis (HIV, drug abuse, mental illeness) for medical professionals

Activity 3. To create project website with both open and limited access parts. The website will contain project relevant information, links, including library of project documents (research reports, training modules etc) that will be downloaded on the site in PDF.

Activity 4. Make available to project partners and all interested parties final report on the project and its findings and outcomes. During the project mailing list of all parties interested in the project activities will be made, in addition, information will be disseminated at various national and international fora.

### *5.2.4. Milestones and deliverables*

Dissemination plan

4- 5 dpublications on mental health and HIV/AIDS based on the research findings, training evaluations and communication with change agents

Informational materials on stigma and destigmatisation of people with double/triple diagnosis (HIV/DA/mental disorder)

Project website

Participation in conferences related to HIV and/or mental health, among others:

- International Conference on AIDS, Vienna, 2010,
- Annual HIV conferences, December, Poland, 2009, 2010, 2011

- Annual HIV meetings related to AIDS' Day in all project countries, 2009, 2010, 2011
- Annual Congress on HIV/AIDS, Moscow, October 2009, 2010, 2011
- UN General Assembly Special Session on Drugs, (UNGASS) 2009
- 12th European AIDS Conference/EACS, November 11-14, 2009, Cologne
- 13th European AIDS Conference/EACS, 2011
- Annual Meeting, American Psychiatric Association, May 2010-2011-2012
- Annual Meeting, International Academy of Mental Health & Law, New York, June 2009
- Annual Meeting, Royal College of Psychiatrists, June-July 2010
- World Psychiatric Association Regional Congress, April 2009, Firenze (I)
- World psychiatric World Congress, Buenos Aires, 2012
- Springcongres, Dutch Psychiatric Association, April 2009,April 2010, April 2011
- IHRA's International Conference, Bangkok, April 2009
- IHRA's international, conference 2011
- etc.

Research stakeholders meeting:

- Three in PL (closer to the each of each project year)
- Three in EE (closer to the end of each project year)
- One in BU (Year 2)
- One in LT (Year 2)

Accreditation of training programs with national health educational institutions

Adoption of curricula on HIV – mental health care by the medical institutions

### *5.2.5. List of stakeholders*

Ministries of Health,

National AIDS centers,

academicians working at medical universities and departments where psychologists, social workers, other specialists working with PLHA/MH patients are trained

professional associations of psychiatrists, psychologists, psychiatric nurses, HIV/AIDS specialists, internal medicine specialists, virologist, epidemiologist, etc

NGOs working with PLHA and groups vulnerable to HIV, and their networks

NGOs working with MH patients and their networks

patient NGOs,

medical professionals, psychologists, social workers working with PLHA/MH patients etc.

## 5.3. Work package n° 3: Evaluation of the project

### *5.3.1. List of parties involved*

SKA

GIP-NL

GIP-BU

LIGO

GIP-LT

External evaluator

Expert centers

### *5.3.2. Description of the work and methodologies*

Output monitoring will be considered as the responsibility of the overall project coordinator, with supervision of the SC. The external evaluator will evaluate the project implementation process, the project management and the outcome of the project in terms of the degree to which the project has reached its specific goals and objectives. First process indicators (their timeliness, numbers etc. based on the analysis of project documentation, deliverables etc.) and outcome indicators (based on qualitative methods, i.e. phone interviews, results of distributed questionnaires etc.) be assessed. Output indicators are not so easy to evaluate, especially during the project implementation phase. Nevertheless, closer to the end of the project, in some cases, lasting results could have been achieved (e.g. inclusion of training modules in curriculum, inclusion of mental health in national HIV strategies etc.)

SC will evaluate the project at its interim and final meetings.

Chairperson of the SKA Board will undertake on-going evaluation of the project supervising the activities of project coordinator.

A Midterm Review (MTR) will be executed app. in month 15 in close collaboration with the project key staff. External evaluator will contact staff of all expert centers and collaborating organizations by email, asking them to fill in surveys and will make interviews and conference calls with them via Skype.

Final evaluation will be done closer to the end of the project. External evaluator will analyse project documentation, project deliverables, contact staff of all expert centers and collaborating organizations by email, asking them to fill in surveys and will make interviews and conference calls with

them via Skype. During the SC meeting in Warsaw, evaluation meeting with participation of EC's staff will take place, moderated by external evaluator. Detailed final report will be presented.

A number of tools or methods will be applied as described below:

- Review of the expected results, objectives and indicators (MTR and final evaluation)

- Stakeholder analysis (at the beginning of the project, by project coordinators with SC/Advisory Board assistance, and in MTR, both my project staff and external evaluator)

The stakeholder analysis will provide insight in the involvement of the different stakeholders (groups who have a significant interest in the project) in the project (identification of those groups, their respective roles and interests etc., the extent of cooperation or conflict between stakeholders; interpretation of the findings & their incorporation into relevant project design)

- SWOT analysis of expert centres (primarily in MTR)

With the staff of the expert centre in order to analyze the internal strengths and weaknesses of the expert centre and the external opportunities and threats that it faces. The situation will be analyzed by looking for ways in which the organization's strengths can be built on to overcome identified weaknesses, and opportunities can be taken to minimize threats. A strategy for making improvements will be formulated

- Surveys and interviews with beneficiaries of the project (professionals, PLHA and NGOs) that would be distributed by emails and via Skype, conference calls (implemented both by project staff and external evaluator).

## 5.4. Work package n° *4*: A network of expert centers on mental health and HIV/AIDS

### *5.4.1. List of partners involved*

SKA

GIP-NL

LIGO

GIP-LT

### *5.4.2. Objectives*

Expert centers are created with the following goals (please, see methods for details):

- To encourage health and social services, community-based services and other interested groups to expand and strengthen their capacity to provide culturally appropriate and competent mental health services for people with HIV/AIDS and their carers and families.
- To encourage service providers to develop, provide and promote high quality HIV/AIDS-related mental health services, including prevention, treatment, care and counseling.
- To increase knowledge and understanding of mental health and HIV/AIDS.
- To enhance collaboration between people providing professional care for people living with HIV/AIDS, people providing professional mental health care, and NGOs/self-help groups.
- To tackle the double stigmatization of people with HIV/AIDS and mental health problems through advocacy and education.

### *5.4.3. Description of the work*

Target groups to be contacted by the centers:

- Health and social care providers, planners and managers.
- Policy-makers at local, regional and national levels.
- User/advocacy/self-help groups representing people with HIV/AIDS and mental health needs, and their careers and families

Activities of the expert centers

- Acting as a resource center that collects, reviews and disseminates high quality international and local information on mental health issues related to HIV/AIDS, using such means as newsletters, books, training manuals, videos, websites, in relevant languages.

The library will contain publications on HIV, mental health, training of trainers produced by international (WHO, UNAIDS etc.) organizations,

- publications and videos developed by GIP-NL, GIP-BU, other project partners
- Training manuals developed by project partners
- Other training manuals related to HIV/AIDS, mental health, integrated approach to HIV/mental health, training of trainers.

If available, book copies will be stored. But the preference is given to collection of materials on CDs.

Materials developed by SKA and its partners will be placed on the website in PDF format; "web-library" of publications will be established with links to existing publications in English, Russian and national languages (if available).

- Hosting networks, e.g. to enhance collaboration between HIV and mental health workers, donors, and other stakeholders:
  - Stakeholder meetings (3 in PL, 3 in EE, 1 in BG, 1 in LT)
  - Advisory Boards in PL, EE, LT with participation of most prominent organizations and experts working in the field (e.g National AIDS Centers, Professional Associations, Networks of PLHA, patients NGOs etc.)
  - Mailing lists etc.
- Running information and advocacy campaigns.
- Training change agents, including professionals (e.g. doctors, nurses, psychologists, social workers, prison officers), other service providers and key service users in mental health aspects of HIV/AIDS, including prevention.
- Seeking to incorporate training modules and manuals in mainstream professional training of doctors, nurses, social workers and other relevant groups.
- Providing advice on how to introduce/organise mental health services for people with HIV/AIDS in mainstream health and social services.
- Providing consultancy to support ministries, relevant NGOs and other institutes in specific areas such as the development of programs for HIV-infected prisoners.
- Supporting, lobbying and informing policy-makers.
- Advocacy on the mental health needs of people with HIV/AIDS and their families/careers.
- Fundraising and collaboration to support all these activities

Expert Center in Poland will coordinate research in PL, CZ, SK, HU, SI, RO and training program for trainers from those countries. Expert Center in Estonia will coordinate research in EE, LV and training program for trainers from those countries.Trainers working in expert centers in PL, EE, LT and BU will train change agents.

Activity 1. Staff appointment of expert centers; expert center establishment, setting up managing structure, developing procedures and sustainability strategies.

Activity 2 Kick-off meeting in Luxembourg for all project partners and collaborating organizations (Month 3) followed the first SC meeting.

#### *5.4.4. Deliverables and links with other work packages*

Expert centers on mental health and HIV/AIDS established. Expert centers will organize and implement trainings programs for change agents (WP – 6: training of change agents) as well as facilitate implementation of research (WP – 5: research).

The development of Management guidelines for EC concerns also WP 1 (coordination) and WP 2 (dissemination of project results).

### 5.5. Work package n° *5*: Research on mental health problems and needs of those infected and affected by HIV/AIDS

#### *5.5.1. List of partners involved*

Main partner: SKA

Associated partners:

GIP-NL

GIP-BG

LIGO

GIP-Lithuania

Collaborating partners:

Association HIV.LV (Latvia)

Hungarian Civil Liberties Union (Társaság a Szabadságjogokért)

ARAS (Romania)

Population Services International in Romania (PSI Romania)

Czech AIDS Help Society (Czech)

Društvo Škuc (Slovenia)

#### *5.5.2. Objectives*

The goals of these activities are:

- to increase knowledge on the extent of the mental health problems associated with HIV infection and to understand the relationships;
- to determine the needs of the affected populations including the assessment of the mental health services available; and
- to contribute to the evidence base for implementing effective interventions.

The specific research assessment objectives include:

- to determine the extent, forms, reasons and contexts of MH/HIV problems and disorders in new EU-member countries;
- to gain insight in the quantity, quality and gaps in psychosocial care and support services available as perceived by users and service providers;
- to identify realistic and cost effective entry points for interventions to reduce the MH/HIV related problems and disorders; and
- to disseminate recommendations among policy makers, programme developers and other stakeholders.

### *5.5.3. Description of the work*

Activity 1. Drafting research design (Month 3) and implementation of research by research teams (Year 1-3) when exact guidelines, templates for rapid assessment process (RAR) and qualitative research will be developed.

Activity 2. Comprehensive report on mental health and HIV/AIDS based on the research and documentation of the mental health problems and needs of those infected and affected by HIV/AIDS, of existing services, links between the sectors and relationships with NGOs, self help groups etc is written, published, distributed and used for eventual changes in policy.

Activity 3. The development of informational materials on stigma and de-stigmatisation of people with double/triple diagnosis (HIV, drug abuse, mental illness) for medical professionals (Year 1-3)

Activity 4. Publication and dissemination of research results and use of research outcomes for training and advocacy; stake-holder meetings in PL, EE, BG (Years 1,2,3)

Research reports will be published and distributed. Plan of dissemination of research reports will be prepared. Special publications will be devoted to some research topic and published in specialised peer reviewed medical journals for health/social care professionals.

Research findings will be used to feed the training modules (from Activity 3.1) with case studies, examples, life stories etc. and as advocacy tool.

Research findings will also be used as advocacy tool to increase political commitment and inter- disciplinary and departmental collaboration.

#### *5.5.4. Deliverables and links with other work packages*

Comprehensive report on mental health and HIV/AIDS. Research findings will be used to feed the training modules (from Activity 3.1) with case studies, examples, life stories etc. and as advocacy tool.

Publications on mental health and HIV based on research results

The development of informational materials on stigma and de-stigmatisation of people with double/triple diagnosis (HIV, drug abuse, mental illness) and for medical professionals and policy makers (also concerns WP 2: dissemination)

Research stakeholder meeting (3 in PL, 3 in EE, 1 in BU, 1 in LT)

### 5.6. Work package n° *6*: Training of change agents

#### *5.6.1. List of partners involved*

SKA

GIP-NL

GIP-BU

LIGO

GIP Lithuania

Collaborating partners:

Association HIV.LV (Latvia)

Hungarian Civil Liberties Union (Társaság a Szabadságjogokért)

ARAS (Romania)

Population Services International in Romania (PSI Romania)

Czech AIDS Help Society (Czech)

Društvo Škuc (Slovenia)

#### *5.6.2. Objectives*

Overall goals of this WP:

- To provide contemporary knowledge on culturally appropriate/competent mental health treatment services targeted to people living with HIV/AIDS and their environment, meaning close relatives (bridging population) or extensive relations
- To improve the ability of mental health providers to make referrals to both mental health and HIV/AIDS services by supporting a number of care givers working in key positions to put such new knowledge and skills into practice

More specific objectives are the following:

- To train trainers that would be able to teach on mental health and HIV/AIDS related issues
- To train change agents that would promote integrated approach to mental health and HIV/AIDS and/or provide higher quality services to patients with double/triple diagnosis
- To develop training curriculum on Mental health and HIV/AIDS
- To incorporate the training curriculum into national health care educational system

### *5.6.3. Description of the work*

Activity 1 Development of the educational program for change agents to be run by each expert center (Year 1)

Activity 2 Selection of trainers in PL, EE, LT (Month 1); Training of trainers including supervision and technical support when needed (Years 1-3)

Activity 3 Selection, training and follow up of change agents (Year 1-3)

Activity 4 Accreditation of the training modules and inclusion of the training modules into regular professional education (Year 3)

### *5.6.4. Deliverables and links with other work packages*

Development of training curriculum (7 modules) on mental health & HIV/AIDS; in training modules also research data will be used (WP5); it's also one of the ways to disseminate the information on project and project results (WP2)

Trainers from collaborating organizations representing associated or collaborating partners will include training modules into their everyday activities.

e-learning program on HIV/AIDS and mental health, based on developed training modules.

Accreditation of the training modules (concerns with dissemination of information – WP2).

## 6. MEASURES TO ENSURE VISIBILITY OF COMMUNITY CO-FUNDING

The project will be communicated as European activity among national non-governmental organisations which are either associated partners or collaborating partners and via the European patient organization EATG (European AIDS Treatment Group, as SKA is an EATG member).

Close collaboration with the network of mental health and HIV centres in other then EU-member countries (e.g. Serbia, East European and Central Asian countries) will also be helpful in dissipating the idea and the accomplishments of MAIDS project.

As SKA is a member of the HIV/AIDS Civil Society Forum (CSF) with the European Commission, this platform will also be used for presenting the European dimension of the project.

The project will help increase the awareness among healthcare professionals, patients and care team members as well as in the media and among politicians that mental health needs of HIV patients as well as mental health aspect of HIV prevention have to be looked at an European perspective to make use of synergies in the distribution of knowledge (mostly in new EU-member countries, where it's lacking) and gathering of the expertise (existing in some old EU member countries) for making best use of it.

Multiplication by patient organisations specific for HIV/AIDS or mental health will serve as multiplier.

All publications developed as part of the project as well as the project website will contain information on the Community co-funding and EU logo.

## 7. LIST OF COLLABORATING PARTNERS

| *Collaborating organisation* | | | *Contact person* | | | |
|---|---|---|---|---|---|---|
| *Organisation* | *Town / City* | *Country* | *Title / Function* | *Family name & First name* | *Telephone No* | *E-mail* |
| World Health Organization | Geneva | Switzerland | Coordinator MSB – Dep. of Mental Health & Subst. Abuse | Vladimir Poznyak, M.D., Ph.D. | Tel + 41 22 791 43 07 | poznyakv@who.int |
| National AIDS Center of Poland (agency of the Minister of Health) | Warsaw | Poland | International projects specialist | Iwona Wawer | + 48 22 331 77 83 | i.wawer@centrumaids.gov.pl |
| National AIDS Center of Lithuania | Vilnius | Lithuania | Director | MD, PhD, Saulius Caplinskas | (+370 5) 230 0125 | aids@aids.lt |
| Association HIV.LV | Kekava | Latvia | Board Chairman | Aleksandrs Molokovskis | tel. + 371 2606207 7 | molokovskis@gmail.com |
| Czech AIDS Help Society | Prague | Czech Republic | President | MUDr, Ivo Prochaska, CSc. | | Ivo.Prochazka@seznam.cz |
| Hungarian Civil Liberties Union (Társaság a Szabadságjogokért in Hungarian) | Budapest | Hungary | HIV/AIDS Program Director | Ferenc Bagyinszky | +36 12090046 | bagyi.feri@tasz.hu |
| RHRN - Romanian Harm Reduction Network | Bucharest | Romania | Executive Director | Valentin Simionov | Tel./fax 0040-232-275568 | office.rhrn@gmail.com |

| | | | | | | |
|---|---|---|---|---|---|---|
| ARAS | Bucharest | Romania | ARAS Executiv Director | Maria Georgescu | tel: +40212100771 | maria.georgescu@arasnet.ro |
| Population Services International in Romania (PSI Romania) | Bucharest | Romania | MSM Program Manager | Tudor Kovacs | +40.21.312723 0 | tkovacs@psi.ro |
| Društvo Škuc | Ljubljana | Slovenia | HIV/STI program manager | Miran Šolinc | +386 31 875 975 | miran.solinc@amis.net |
| UNOPA - National Union of Organizations of Persons Affected by HIV/AIDS | Bucharest | Romania | Executive director | Iulian Petre | + 40 021 319 93 29 | iulian.petre@unopa.ro |
| NGO AIDSi Tugikeskus | Tallinn | Estonia | head | Juri Kalikov | +372641 3165 | info@tugikeskus.ee |
| TAI (National Institute for Health Development), | Tallinn | Estonia | Researcher HIV prevention expert | MD, Kristi Rüütel | +372659 3980 | kristi.ruutel@tai.ee |
| OÜ Hospital, | Tallinn | Estonia | | Svetlana Oja | +372336 6230 | svetlana.oja@hospital.ee |
| NGO Narva Reabilitation Center | Narva | Estonia | Head | Tatjana Magerova | +372357 2848 | |
| NGO EHPL (ENPLWH-estonian society people living with HIV) | Tallinn | Estonia | Head | Igor Sobolev | +372560 6316 | igor.sobolev@gmail.com |
| NGO ESPO | | Estonia | Head | Vjcheslav Vassiljev | +372660 7707 | slava@aids.ee |

| | | | | | | |
|---|---|---|---|---|---|---|
| Polish Psychological Society (PTP) | Warsaw | Poland | Board member | Jac Jakubowski | | jac.jakubowski@grupatrop.pl |
| NGO Wspólnota | Chorzów | Poland | Board chairperson | MD, PhD, Marek Beniowski | +4832 3499393 | hivhepar@tlen.pl |
| Specialist Hospital, Department of Diagnostics & AIDS Treatment | Chorzów | Poland | Head of the Department | MD, PhD, Marek Beniowski | +4832 3499341 | hivhepar@tlen.pl |
| Polish Psychiatric Society | Warsaw | Poland | Vice-head | MD, PhD, Tomasz Szafrański | | szafr@ipin.edu.pl |