



Psychosocial support to people with TB, HIV, and viral hepatitis in the continuum of care in WHO European region: findings of the Review

TB and Mental Health: 29 April 2022

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GOAL AND METHODOLOGY

The Review was conducted in 2019-2020 by the WHO European Regional Office at the request of the Regional Collaborating Committee on Accelerated Response to Tuberculosis, HIV and viral hepatitis (RCC-THV), hosted by the WHO Europe

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AIM

- Review available practices on psychosocial support provided to people with TB, HIV, and viral hepatitis;
- Understand the role of psychosocial support in the continuum of care;
- Enhance and sustain psychosocial support services within country-and-culture-specific settings

02

METHODOLOGY

- I. Literature review:** revision and analysis of 48 worldwide research articles/reports
- II. Qualitative and quantitative data collection:** consultation/data collection with 24 NGOs from 10 countries of the WHO European Region.

Organizations that provided information

	Armenia	Armenian Red Cross Society		Serbia	Association “Health Mission”
	Belarus	Belarus Red Cross Society		Tajikistan	Association “Stop TB Partnership, Tajikistan”, International Organization for Migration, KNCV branch office in Tajikistan, Medecins Sans Frontieres (MSF) in Tajikistan , Project HOPE in Tajikistan, Public Organization “Guli Surkh”, Public Organization “Marvorid”, Public Organization “Tajikistan network of Women Living with HIV”.
	Georgia	Georgia Union of Patients			
	Kazakhstan	Private psychologist, Public Fund “Sanat alemi”, Red Crescent National Society of the Kyrgyz Republic Public Association			
	Moldova	Moldova National Association of Tuberculosis Patients “SMIT”, Association Youth for the Right to Life, Public Organization for the protection of rights and reintegration of PLHIV “CREDINTA”		Ukraine	ICF “Alliance for Public Health” , State Institution “National Institute of Phthisiology and Pulmonology “F. G. Yanovsky” National Academy of Medical Sciences of Ukraine, “Labor and Health Social Initiatives”, TBpeolpe Ukraine.
	Russia	Regional Public Fund for Assistance to Various Categories of the Population of Sverdlovsk Region “New Life”, St. Petersburg Charitable Foundation “Humanitarian Action”,			

MAIN FINDINGS

PCC People-centred care

Approach to care that sees the **person as a whole**, with many different needs and goals come from the **social determinants of health**, paying particular attention to the overall wellbeing, choices, convenience and safety of the person, not just the immediate requirement of medical treatment

Main Strategies and Policies

- Global Health Sector Strategy on HIV 2016–2021
- WHO END TB Strategy
- The Global Health sector strategy on viral hepatitis 2016-2021
- Action plan for the health sector response to HIV in the WHO European Region
- TB Action Plan for WHO European Region 2016-2020
- The TB Blueprint for EECA countries
- Action plan for the health sector response to viral hepatitis in the WHO European Region

Impact

- PS support is an important part of the continuum of care;
- Enables people to have a better response to the disease;
- enhance and improve treatment adherence;
- and the overall quality of life..
- resulting in higher treatment success and lower failure and lost to follow up rates.

Need & treatment adherence

.....when a person's days and nights are spent finding the means to deal with different arising needs or fears - dying of TB, HIV, and viral hepatitis can seem only a distant threat

DEFINING PSYCHOSOCIAL SUPPORT AND SERVICES

Any form of support that is aimed at helping people to overcome the arising or ongoing psychological and emotional problems and rebuild social structure.

Psychological services

Social services

Mixed services

The role of families

- Families can play a big role in PS support and one of the main contributors to meeting the needs of people affected by diseases;
- However, various effects of disease burden on families, including economic, social and mental health issues, lead to stigma and social isolation, caregivers' burden and poverty.

MAIN FINDINGS

PREMISES OF PSYCHOSOCIAL SUPPORT (PS)

PS SUPPORT in INPATIENT SETTINGS

- Hospitals and Health Centers
- PS provided as part of the overall care
- Generally well organized and structured
- Has measurable impact indicators
- Mostly focused on side effects and status acceptance in the initiation phase of treatment

PS in OUTPATIENT SETTINGS

- Based on multidisciplinary approaches
- Often available at community level;
- Addressing socio-economic problems, stigma, interpersonal challenges and gender differences/inequalities;
- Provided mainly by non-governmental organisations or public services

The arrangements and structure of PS in **outpatient** settings - where CSOs and CBOs are the main providers - tend to be driven by clients' needs.

MAIN FINDINGS

TYPES OF PSYCHOSOCIAL SUPPORT - Interventions

PS includes a wide range of interventions:

- health and mental counselling,
- psychotherapy,
- cognitive and individual needs assessments,
- interventions with appropriate medication,
- emotional and spiritual support,
- peer and group support,
- assistance with social needs such as housing, childcare, employment, education, social benefits, welfare and legal status
- and many other services, which are/may be successfully provided in both clinical and community settings

Group support	Individual support
Support Groups	Counselling
Psychological trainings	Peer to Peer
Psychological sessions	Psychological counselling
Family Counselling	Psychosocial counselling
Group psychological correction	Motivational counselling
Supervision, Balintgroup	Anonymous counselling
Patient "Treatment literacy" School	Individual Religious Support
Art therapy classes	Social escort
Stigma reduction - work with healthcare providers and media	

MAIN FINDINGS

PROVIDERS OF PSYCHOSOCIAL SUPPORT (PS) Distinguishing between psychological and social support

Psychological services - psychological, emotional and spiritual support to address the social, emotional and economic determinants of psychological health (*including common issues such as fear of death, depression, anxiety, behavioural problems, difficulty dealing with side effects of treatment, helplessness; hypochondria, problems and responsibilities in the family and marriage, the likelihood of stigmatization by the community, restriction in the choices of profession, guilt, losing sense of life and positive perspectives as for treatment outcomes and life after treatment etc.*);

Social services – support in solving socially significant problems, including job loss and financial problems, worries about family members, childcare arrangements, poor social security, nutrition, housing lack of money, violation of individual rights, stigma and discrimination and legal problems;

Mixed services (PS support) – address social and psychological issues simultaneously.

- Many organizations providing psychological, social or mixed services and support **without clear distinction**;
- Around a third of the organizations provides **social support**
- > than a third respondents provide **legal support** (restoration of personal IDs, documents to receive benefits, pensions, public services). They described legal services as being in high demand;
- Support services provided by CSOs and CBOs include **referral or accompaniment** to other professional services or organizations (*psychologists, therapists, dermatologists, lawyers, testing sites, laboratories etc*)
- While **psychological** help is a service that is provided by a qualified specialist, providing **psychosocial** support only via certified/qualified healthcare and social workers may not be feasible in all settings.
- In this way, CSOs, through their flexibility, can adapt the psychosocial support to respond simultaneously to the psychological and social needs of their clients.

MAIN FINDINGS

TYPES OF PSYCHOSOCIAL SUPPORT – Interventions

Type	Description
Health literacy, awareness raising and advocacy	<ul style="list-style-type: none"> - Educational and informational sessions aimed to improve adherence to treatment through acquisition of knowledge and skills to cope with the challenges of treatment; - Stigma reduction (work with healthcare providers, media, general population)
Social support	<ul style="list-style-type: none"> - Material and nutritional support: food kits and supplements/vouchers; shelter; transportation; clothing and shoes; - Strengthening social networking by organizing recreational excursions, symbolic celebrations and periodic family workshops; - Programmatic provision of vocational activities to increase economic opportunities; - Child care
Financial support	Transportation subsidies, cash payments as bonuses, enablers and incentives (housing incentives or living allowances);
Emotional, psychological	<ul style="list-style-type: none"> - Counselling sessions on behavioural activation; home visits; peer counselling; - Compassionate communication; - Monitoring or/and treatment of mental illness (mental health services); - Emotional support and protection from PS consequences from the disease (depression, lost self-esteem, guilt, social isolation, disclosure, prejudice, stigma and discrimination)
Legal support	Assistance with legal status and identity documents (I.D.)

MAIN FINDINGS

PROVIDERS OF PSYCHOSOCIAL SUPPORT (PS)

INSTITUTIONS	PROVIDERS of PSYCHOSOCIAL SUPPORT
Teams of specialists	Religious Unions/Imams; Volunteers; Patient Support Groups; Representatives of Social Entrepreneurship; Activists; Teams for inpatient PLHIV; Champions and celebrities
NGOs	Public organizations, Community Health Workers
Governmental agencies and civil servants	Centers/services for HIV, TB, STI, Narcology, Healthy Life Style (full-time social workers and psychologists); State youth and women's committees; Anonymous Counselling Units (psychologists, volunteers, TB doctors); Centers of Social Services for children and youth; National television and radio channels
Individual workers/specialists	Psychologist; Paediatrician; Case manager; Trained volunteer; Social worker, Educator; Peer guide; Peer consultant; Volunteer psychologist; Outreach worker; Community health worker
IFRC	Volunteers and staff of Red Cross and Red Crescent Societies

TYPE	PROVIDERS
Formal	Health workers (psychologists, nurses etc) and social workers; Counsellors; Peers; Outreach workers etc.
Informal	Community leaders; Clergy; Pastoral counsellors; Priests; Imams etc.

RISKS AND SUSTAINABILITY PERSPECTIVES (1)

FINDINGS

- ❑ Significant part of PS services is implemented in partnership with COs, community leaders, local authorities and some government organizations (State Youth and Women's Committees);

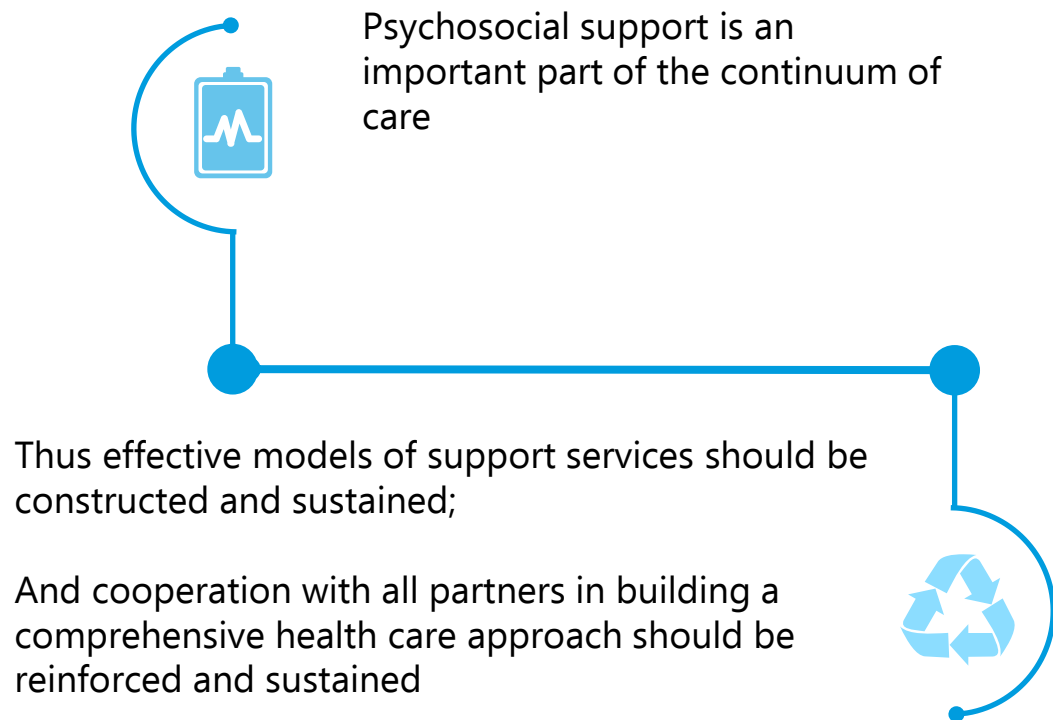
- ❑ There are examples of formalized cooperation between civil society, state institutions and local authorities

However:

- ❑ Most PS support, both in inpatient and outpatient settings, are framed in single projects and financed from external sources;
- ❑ Few examples where psychosocial services are financed through the national budget;
- ❑ Social contracting or other financing mechanisms to ensure the provision of PS support are lacking in most countries or under development (Georgia, Ukraine, Belarus, Moldova and Tajikistan);
- ❑ No consistent information on estimates (cost) of PS support services are available in the region (so that the services can be costed, planned and delivered in a sustainable manner)

RISKS AND SUSTAINABILITY PERSPECTIVES (2)

CONTEXT



Transition of countries from donor support of domestic financing puts at risk the delivery of people-centered response, including the services provided by NGOs and CBOs, at risk as it cannot ensure the sustainability of PS support:

- 1) reducing the extent or threatening the existence of any psychosocial services;
- 2) disempowering the human capital and expertise built through years of internationally funded activities;
- 3) threatening any further donor support if international resources are not matched with domestic efforts.

AREAS FOR FUTURE RESEARCH

- ❑ Types of tailored services, similarities or differences in the needs for PS support based on the different diseases and for specific population groups;
- ❑ Complex needs of the caregivers of people living with three diseases and review of PS support services to help them cope in their roles;
- ❑ Cost-benefits analysis of providing PS support, as part of continuum of care;
- ❑ The role and effect of PS support on patients' adherence to treatment and successful treatment outcomes, in both real-world and clinical trial results;
- ❑ The role of PS support on QoL and overall wellbeing of the people with three diseases and their families;
- ❑ Review of the case-management model in providing PS support with inquiry into standardized tools and operating procedures;
- ❑ A comprehensive review of PS support performance monitoring tools used by different providers.

ACTIONS FOR CONSIDERATION



POLICIES AND STRATEGIES FOR PSYCHOSOCIAL CARE

1. Provision of PS support to people affected by three diseases should be an **integral part of the national disease response strategies and plans**;
2. Secure the **budget** for these services to **ensure sustainability** in a long term. For that, calculate cost for PS support, so that the services can be planned for and delivered consistently;
3. Capacity building for provision of quality PS support for different providers should be part of the **National health human resources development plans**;
4. **Explore multidisciplinary approaches** for PS service provision between the MoH and Ministries of Social Policy/Welfare to complement the human resource for health and social sectors within their existing functions and scope of work.

ACTIONS FOR CONSIDERATION



GUIDELINES AND TRAINING FOR PSYCHOSOCIAL CARE

1. Inclusion of PS support in **national guidelines for the management of three diseases** (*including home care services*);
2. Incorporation of PS support into the **curriculum for health care providers and social workers** (*including disease-related case management, monitoring and evaluation and evidence-based approaches for its provision*);
3. **Training** of providers of PS care **following a well-defined and evidence-based curriculum** (*including health care workers, social workers, civil society actors and community volunteers, as well as family caregivers and peers*).

ACTIONS FOR CONSIDERATION



SERVICES FOR AFFECTED PEOPLE AND FAMILY MEMBERS

1. Setting up a comprehensive **support system linking and coordinating** existing PS services with each other and to health services;
2. Development of **different models of provision** of PS services and defining the **role of each member** of multidisciplinary team (*including health workers, social workers, civil society actors and community volunteers, as well as family caregivers and peers*);
3. Development of comprehensive **packages/standards** of PS services (*to address needs of patients and family caregivers, including gender sensitive needs*). Clear distinction between psychological and social support and levels of service provision (*to ensure a common approach, quality, availability, accessibility and acceptability of such services*);
4. **Addressing family members'** needs and their **role** in PS support (*given the burden of the diseases on the affected families*)

Acknowledgments

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