

Telehealth to prevent suicide in Tanzanian HIV clinics: Perspectives of mental health professionals

Supported by NIMH Grant K08 MH124459

NEXT STEPS

In progress or planned study work:

- Additional interviews with Individuals living with HIV and suicidality
- Interviews with health care administrators and HIV nurses focused on implementation
- Validate survey measures
- Assess whether task-shifting of gold standard suicide assessment is feasible with Bachelor's-level counselors

This is building towards:

1. **Intervention development**
 - 3 Counseling sessions delivered by telehealth
 - Enhanced safety planning with MI, adherence counseling
2. **Testing in a randomized controlled trial with 60 people living with HIV and suicidality**



UPCOMING :

Association for Behavioral and Cognitive Therapies Convention
November 17-20, 2022 New York, NY

"Twenty Years of Neglecting Suicidal Ideation in Africa with Insufficient Interventions: A Systematic Review"



A brief telehealth intervention has strong potential to reduce the risk of suicide among people living with HIV in Tanzania.

Themes	Subthemes	Guiding Questions	Quotes
Mental health challenges among PLWH	Mental/emotional concerns	We also know that many people living with HIV have emotional challenges. Can you tell me about any feelings of sadness, stress, worry, or anxiety that these patients are going through?	"The emotional challenges they go through I can say that you can often find out that maybe someone is living with HIV but is uncomfortable or afraid to stay with people because he or she has the virus, another suffers from self-stigma, others are angry just because he sees some things he does not get or there is a way he feels he is different from others or they just feel unloved because of that"
	Suicidal ideation	Among the patients who are struggling with suicidal thoughts, do a lot of them have HIV as well?	"Yes, I have one patient who even refused to eat. She wants to die. She is living with HIV for many years now. I have her in my ward - she refused to eat and refused to d anything."
Drivers of stress	Intersecting HIV & mental health stigmas	Do you think this stigma is affecting the treatment of people living with HIV?	"It has an effect because when you stigmatize someone you show them they are worthless and when someone feels that other people see them as worthless, it destroys their value and makes them very sad because they feel that if they are worthless then there is nothing good for them ... he begins to lose hope of life, he begins to lose the desire to associate with his fellows, he loses the desire to do the things he loved to do in the past, he begins to isolate himself. Maybe he sleeps too much or is very tired because every hour he has thoughts about how society treats him."
	Underlying family conflict	Do you think there are some reasons why people having mental challenges may not come for support?	"I think family support is missing..."
	Financial challenges	Among those with HIV do you ever see that they have certain problems than compared to those that the general patients have? Are there ways in which mental health challenges are related to the HIV care in terms of the clinical attendances or medication adherence?	"I think it is more because of the medical condition itself but also because of the family problems that they face..." "Yes, in the past the government was helping for medication and psychotic medication but now it has stopped so we don't see some of these patients attending at the clinics because they can't afford the bus fare and also in addition to that they have to buy their medications. So, mental illness can really make it worse for their progress."
Gaps & barriers to clinical care		Are there any things that have been implemented, any other strategies that have been successful to help aggressive patients?	"All in all, the psychiatry unit needs renovation since rooms here are not friendly for the patients, friendly to the staff. If you are the patient and I am the doctor, where will I escape if there is an emergency? ... If you are talking about human rights, then that is the problem."
Intervention feedback	Acceptability & feasibility	Do you think patients will feel comfortable with having the counseling phone calls in a private office at the HIV clinics?	"At first, education should be provided because once a person gets an education and sees it helps it is very easy to accept, but if he sees it is not right, he will stop..."
		Do you think a nurse counselor will be okay providing counseling over WhatsApp?	"Yes, she will be comfortable, but now it will depend on how long the nurse will be able to connect with the patient at that time."
	Suggestions	What topics do you think are important to include in the counseling sessions to maybe foster hopefulness and prevent suicidal thinking in the patients?	"I think we should show them love. To counsel them always tell them that, to get this disease is not the end of life. They have to know and understand this..." "Maybe it will be important to advise them to adhere to medication, eat well, keep working, and avoid thinking about their problems ... we should discourage suicide, and in most cases, involve the religious leaders."
	Concerns	What other challenges to this type of counseling in our HIV and mental health care structure can we face?	"If it is necessary to take immediate action it can be a challenge, perhaps, to keep the patient in a safe environment. I think that is the biggest thing that would worry me; if I could not reach the patient quickly."
Sustainability/scalability		Do you think this counseling model might have the potential to be expanded to other HIV clinics in Tanzania?	"Yes, it is possible. I think there is a need because there are still transport challenges and they will continue to exist." "Yes; this problem is a global one, not just a problem which is around Moshi."

INTRODUCTION

- Suicide is a leading cause of death among people living with HIV worldwide.
- 77% of deaths by suicide occur in low-and middle-income countries (LMICs).
- In Tanzania, only 278 mental health professionals attempt to serve the mental health needs of ~ 60 million people.
- The goal of this research was to explore the potential for using telehealth to improve access to vital suicide prevention counseling in Tanzanian HIV care.

METHODS

1. We conducted in-depth qualitative interviews with 12 mental health professionals working in two hospitals in the Kilimanjaro region of Tanzania.
2. Audio recordings were transcribed, and we performed team-based analysis using an applied thematic approach and NVivo 12 software.

RESULTS

Four themes and nine subthemes emerged related to mental health challenges and drivers of stress among PLWH, gaps and barriers of care, and the telehealth intervention. Suicidal ideation among PLWH was identified by all participants as a frequent occurrence in Northern Tanzania. Overall, mental health providers thought the telehealth intervention to be acceptable and feasible.

DISCUSSION

The mental health workers provided invaluable feedback about areas of focus for the future telehealth intervention, treatment barriers that will need to be overcome, and the acceptability/feasibility of this modality.

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