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**FRAMEWORK FOR STRENGTHENING  
INTEGRATION OF MENTAL HEALTH  
IN PROGRAMS  
FOR CHILDREN ORPHANED OR MADE  
VULNERABLE BY HIV (OVC)**

*Photo by Philip Laubner/CRS*

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## Introduction

Children must have their needs met in multiple domains and across their full course of development in order to thrive. However, in low and middle-income countries (LMIC), it is estimated that 250 million children under the age of five are not meeting their developmental potential. Poverty, HIV and other disease burdens, coupled with common mental disorders including alcohol and other substance use disorders, posttraumatic stress disorder, clinical and postnatal depression, distress, and anxiety, impact how caregivers meet the needs of children. Mental health is a fundamental component of adult, child and community health and well-being. When mental health is not considered or addressed there can be a significant impact on an individual, their family and the community.

This paper aims to provide a framework for existing OVC programs to consider and improve integration of mental health in cost-effective ways. It builds on the review of published literature, "HIV and caregiver common mental disorder: Synergistic impacts on child development and entry points for interventions," released by Coordinating Comprehensive Care for Children (4Children) in 2018,<sup>2</sup> and is informed by inputs from six 4Children programs (DRC, Haiti, Kenya, Malawi, Nigeria, Uganda).<sup>3</sup>

## Understanding mental health

Mental health is more than the absence of mental disorders and must be considered holistically, as a part of overall wellbeing and health. The World Health Organization (WHO) provides this definition, mental health is a state of 'well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community'. Risks to mental health can include other health issues, such as HIV or chronic illness, substance use and abuse, and on-going socio-economic pressures. Decline in mental health can be triggered by significant changes or "shocks" that come in the form of economic challenges, stressful work conditions, maternity and post-natal stress, hormone changes, brain chemical imbalance, domestic violence, use of drugs or alcohol and other factors.

Studies show that the prevalence of depression amongst mothers living with HIV (MLH) is between 41% and 64%. HIV is often comorbid with depression and other mental health disorders, and plays a substantial role in children's long-term wellbeing outcomes. HIV can diminish the physical and psychological resources of caregivers living in contexts characterized by poverty and psychosocial stressors, putting them at a greater risk for developing mental health disorders. It also increases the risk that the children under their care will have negative behavioral and developmental outcomes, including impacts on the mother-child relationship, exposure to violence, poor health and nutrition outcomes, behavioral and emotional problems, mental health issues, school dropout, increased stigma and others.



Studies show the prevalence of depression among mothers living with HIV is between 41% and 64%.

Photo by David Snyder for CRS

## Promoting and protecting mental health

Promotion and protection of mental health involves actions that improve individual psychosocial well-being and physical health. It is also critical to create an environment that supports recognition and promotion of the whole person, including mental health, and provides protection of individual health through social, economic, health, education and other programs and services. Delivering effective interventions strongly depends on enabling environments such as supportive legal frameworks, transformative policies, qualified workforce, accessible and appropriate, quality services and active community support and awareness, including addressing stigma that also accompanies mental health. Promotion and protection of mental health involves national level policy, planning and resourcing, as well as integrated approaches across health, social protection, education, etc. at the sub-national, community, family and individual levels. Communities and community-based organizations (CBOs) play a critical role in reaching key marginalized families and ensuring families have access to appropriate health services. The social service workforce plays a critical role in identifying and referring mental health issues and therefore raising



Community based organizations have an important role in identifying, referring and supporting those who are marginalized by mental illness.

Photo by David Snyder for CRS

awareness, educating, and supporting the workforce is an important part of a protective environment.

On the family and individual levels, it is important that programs successfully address child and caregiver mental health at the intersection of social protection and health, such as integrating easy to use mental health assessments into household case management and ensuring psychosocial supports and referral to services for intervention. Starting within the family unit is particularly relevant to interventions with mothers and children affected by the dual burden of HIV and depression. A family-based approach has the potential to ensure that broader implications of HIV and depression are not ignored and that interventions can leverage resources around and within families and communities.

Knowledge of what to do about the escalating burden of mental disorders has improved substantially over the past decade. There is a growing body of evidence demonstrating both the efficacy and cost-effectiveness of key interventions for priority mental disorders in countries at different levels of economic development.

## Entry Points and Delivery Platforms

In order to deliver effective interventions to caregivers and children in low- and middle-income countries (LMIC), a combination of interventions at various entry points and

delivery platforms is required, including community, health systems and the general population. A view of mental health from these interrelated systems enables a focus on the people impacted and the environmental factors that influence mental health. Interventions may be usefully conceptualized as targeting the risk factor pathways between maternal/caregiver mental health, HIV and child outcomes. The table on the following page shows the delivery platforms and potential entry points for identification, screening and interventions.

4Children programs provide some examples of various mental health entry points and delivery platforms and, thus, how existing OVC programs can cost effectively integrate mental health into their programming:

- In Uganda, 4Children is supporting the development of referral mechanisms as part of the national case management package, which will support the social welfare workforce in identifying mental health issues and referral to services at the family level.
- 4Children in Haiti is working with hospitals that offer HIV services to respond to gender-based violence, which includes a psychologist providing psychosocial support for people with newly diagnosed HIV as well as for victims of sexual violence. The psychologists offer follow up appointments and arrange home visits by community health workers.

PLATFORM	IDENTIFICATION & INTERVENTION
<b>COMMUNITY</b>	
<b>Neighborhood and family</b>	<ul style="list-style-type: none"> <li>• Problem-solving interventions (e.g. skills training, counselling, etc.)</li> <li>• Social protection interventions to address family stress / risk factors (e.g. cash assistance, economic empowerment, parenting)</li> <li>• Basic mental health screening for adults and children</li> <li>• Support groups</li> <li>• Family-centred interventions for people living with HIV</li> <li>• Home visiting interventions for caregivers at risk of mental health problems (e.g. depression)</li> <li>• Community-based psychosocial interventions</li> <li>• Community awareness and education to address stigma around mental health</li> </ul>
<b>Schools</b>	<ul style="list-style-type: none"> <li>• Basic mental health screening for children and youth</li> <li>• Referral for children- and caregivers-at-risk</li> <li>• Life skills for HIV prevention and mental health promotion</li> <li>• School-based awareness raising, stigma and discrimination prevention</li> </ul>
<b>HEALTH SYSTEM</b>	
<b>Primary health care</b>	<ul style="list-style-type: none"> <li>• Stepped care<sup>10</sup></li> <li>• Psychosocial interventions addressing mental and emotional wellbeing</li> <li>• Home visiting by community health workers providing linkage between community-based support and primary health care system</li> <li>• Screening of caregiver and children's mental health</li> </ul>
<b>Specialized care</b>	<ul style="list-style-type: none"> <li>• Health case management</li> <li>• Screening of caregiver and children's mental health, post natal depression screening</li> <li>• Second-stage screening and diagnosis</li> <li>• Psychosocial and psychiatric interventions <ul style="list-style-type: none"> <li>• Support groups for children, adolescents and/or people living with health or mental health problems</li> <li>• Parenting groups / early childhood play groups</li> <li>• Peer-to-peer support such as mentor mothers</li> <li>• HIV case management</li> <li>• Case conferencing with multi-sectoral actors to improve holistic support</li> <li>• One stop centers with case management, counseling, economic support programs, etc.</li> </ul> </li> </ul>
<b>HIV care</b>	<ul style="list-style-type: none"> <li>• HIV screening and testing</li> <li>• Access to treatment, counselling, nutritional and other health supports</li> <li>• Screening of caregiver and children's mental health in HIV clinics</li> <li>• Psychosocial and psychiatric interventions <ul style="list-style-type: none"> <li>• Support groups for children, adolescents and/or people living with HIV</li> <li>• Parenting support groups / early childhood playgroups</li> <li>• Peer-to-peer support programs</li> <li>• HIV case management</li> <li>• Case conferencing, as above</li> </ul> </li> </ul>

PLATFORM	IDENTIFICATION & INTERVENTION
<b>POPULATION</b>	
<b>Legislation and policy</b>	<ul style="list-style-type: none"> <li>• Social protection policies addressing family protective environment, risk factors such as poverty and aimed to decrease family and individual stress</li> <li>• Focus on creating enabling environments for holistic mental health services at the community and family levels</li> <li>• Universal reach of policy to citizens in need of mental health services</li> </ul>
<b>Structural</b>	<ul style="list-style-type: none"> <li>• Programs addressing structural poverty (e.g. microfinance, cash transfers, cash plus care, etc.) addressing family protective environment, risk factors such as poverty and aimed to decrease family and individual stress</li> </ul>

- In the Democratic Republic of Congo, 4Children uses a referral mechanism as part of a holistic case management package that refers people to mental health services. Additionally, when a need for psychosocial support is identified it is worked into the case plan and addressed at the basic level by the caseworker.
- In Nigeria, although resources are scarce and mental health is not a national priority, trained volunteers are identifying mental health needs and providing referrals to service providers.
- In Kenya, group interventions are encouraged in schools for all students, thus reaching those who may face mental health issues related to HIV in the family. In this way, all students are receiving the same services so no one is singled out, avoiding unnecessary stigma.
- In many countries, the 4Children approach is holistic. For example, in Uganda, reintegration of children from residential care through case management is coupled with parenting programs, cash transfers and helping address the mental health risks that a family may face; and in Malawi a focus on disability inclusion means an increased likelihood to identify cases of depression due to the social isolation related to disability.

## Challenges to integration

Promoting and protecting mental health is not without challenges. The integration of mental health across various entry points and via different delivery platforms may be challenged by the lack of existing services or resources (financial, operational or human), stigma around mental health including discrimination, traditional/cultural beliefs, as well as a general lack of awareness of mental health needs. These challenges are real in many of the countries where 4Children and other OVC programs are implementing.

### SERVICES

A number of countries report that the limited availability of mental health services is the biggest challenge they face in providing more integrated approaches. In Malawi, for example, mental health interventions often require long distance travel resulting in lack of access for most economically constrained families. In Uganda and Kenya, even

if referrals are working well, availability of effective mental health services are very limited. Uganda has one poorly resourced mental health hospital for the entire country. There are limited interventions or rehabilitation services for them and the ones that exist are costly. At the same time, in Uganda and Malawi, CBOs and community health workers offer some community-based support with variable quality and access. Some professionals in the country charge fees for services, which are prohibitive to low-income families. Fees can increase the vulnerabilities among the economically disadvantaged, which are dually prone to mental health risks and cannot access the services. In Haiti and the DRC, there is limited follow-up on identified cases and, in most instances, no longer-term interventions. Similarly, in Malawi services for chronic mental health issues are lacking. One of the major challenges related to mental health services in many LMIC is the lack of minimum standards for mental health services.

### RESOURCES

Like with many services and supports in LMIC, the lack of financial, operational and human resources poses a serious challenge to access to services. 4Children in Haiti finds a need for much more investment in mental health services given the trauma that many people have experienced related to the 2010 earthquake and its aftermath. In many countries where 4Children works, such as Nigeria and Uganda, there is the noted need for operational resources such as user-friendly, simple mental health guidance, screening tools and standards for the community-level. In other countries, a central challenge relates to the workforce. In Malawi, there are HIV care and treatment CBOs screening for depression, but a limited number of professionals trained to support the client once depression is identified.

### STIGMA AND GENERAL AWARENESS

Stigma and discrimination is a very real challenge facing those with mental health disorders. In many countries, particularly in rural settings, cultural beliefs influence thinking around the causes of mental disorders like depression. People are often labeled as 'mad' or 'possessed.' Stigma can result in families keeping the mental health issue secret and isolating them from the community. In the DRC, for example, it is hard to get people to access mental health support because mental health is not openly discussed. Understanding of mental health is still being developed in Kenya, where people with mental health disorders are highly stigmatized and face



Photo by Karen Kasmauski for CFS

Due to stigma, discrimination and cultural beliefs, mental health disorders are kept hidden.

exclusion and increased exposure to violence. In Nigeria, lack of accurate information on mental health and where to access services is an issue. This same problem in Malawi results in most households not realizing they need the services.

## Strategies and approaches

Strategies must aim to ensure a more integrated and holistic response to HIV infection and its impacts, risk and caregiver depression, and could include:

- Strengthening linkages between communities and health care systems, and integrating mental health referrals and services into the broader HIV/poverty prevention and response systems.
- Enabling schools to become an entry point for basic identification of mental health problems and referral to clinical tier platforms (e.g. school nurses can do mental health screening and referral to local clinics for more screening when necessary).
- Having routine health home visits be essential components of community-level mental health service provision through health clinics and/or CBO programs.
- Including mental health awareness, user-friendly basic screening, problem solving, behavioral activation support, and mentoring by case workers during case management home visits.
- Improving screening for mental health at the primary health care and community levels using short, user-friendly and simple tools.
- Reducing family stressors through integrated approaches such as case management that provides supported access to key services that address risks and stressors, linkages to economic strengthening interventions, social connection platforms such as support groups, and skills training such as parenting programs as opposed to single-intervention approaches.

4Children has developed a global case-management package, which has been adapted for individual countries and provides family-level holistic supports including identification of potential mental health risks and issues, referral to services, and home-based psychosocial support. Case management makes important linkages between violence prevention, post-violence care and support, family strengthening, improved parenting skills and economic strengthening as strategies aimed to address an individual's social and psychological wellbeing. These interventions also address the many of the root causes of stressors within an HIV affected household that can and often do lead to mental health issues.

In several 4Children countries, positive parenting approaches such as Parenting for Lifelong Health and Better Parenting, with their psychosocial components, are helping make families more resilient. In some countries, integration of early childhood messaging through WHO/UNICEF Care for Child Development helps community workers to recognize post-natal depression and other mental health disorders in new mothers. At 4Children Nigeria the psychosocial support tools developed by REPSI are being used to build psychosocial resilience in the families that case workers work with.

Integrating mental health care into HIV treatment provides an opportunity for psychological services to be incorporated with



Training on early childhood development and mental health disorders in new mothers is one positive integration strategy.

Photo by Karen Kernauskis for CRS

## UNDERSTANDING THE CONTEXT

- What services currently exist to support mental health?
- What are the most common mental health needs and what services are required to meet those needs?
- What tools, instruments, guidance and interventions are being used and by whom?
- Who are the service providers?
- What are the gaps in services?
- What training exists in health, social protection, education and other sectors?
- What policies aim to strengthen families and individuals facing mental health risks?
- What government and non-government resources are dedicated to mental health?

## IDENTIFYING ENTRY POINTS AND DELIVERY PLATFORMS

- Where are the existing services located? (e.g. community, health system, education system, etc.)?
- Are these accessed by or accessible to the target population?
- What are the barriers to access?

## IMPROVING INTEGRATION

- How do various systems coordinate with each other? (e.g. what mechanism is in place for referral from community to health services?)
- How can mental health considerations be improved in family-centered case management or other systems?
- What services and supports should include basic information about mental health? (e.g. parenting skills training, life skills, home visiting, case management, etc.)
- Does workforce training, supervision and capacity development include mental health topics including common mental health issues, signs and symptoms, basic screening, support and referral?
- Does workforce training, supervision, capacity development, and worker support consider worker mental health, work stress and burnout?
- What resources might be needed to bring improved services and supports?
- What policies and legislation might need to be in place to improve integration of mental health into existing services?
- Where does awareness need to be raised and which stakeholders should be targeted in order to bring improvements to integration of mental health, including addressing stigma and discrimination?

primary health care. In addition to general health and self-reporting questionnaires, a number of screening instruments have been developed for use in primary care and a number of interventions are showing promising results on improving mental health. These include the Kessler Scale, the Hopkins Symptom Checklist for Depression and the Edinburgh Post Natal Depression Scale, and cognitive behavioral therapies.<sup>7</sup>

## Evaluating and improving integration

Understanding the evidence, program experiences, existing strategies and promising practices gives insight into understanding how to improve the integration of mental health within the work of OVC programs. Integration means that mental health and psychosocial well-being are considered within delivery platforms, as well as across entry points in community, health systems and in the general population. The matrix that follows is designed to help OVC programs consider mental health integration into different aspects of their programming.

Improving the integration of mental health begins with reviewing and understanding the context. This includes the existing policy framework and legislation that supports holistic health and family well-being, supports and services in place, capacity of service providers and the workforce, and resources available and/or needed; identifying the entry points and delivery platforms that could be built upon. Following this, it is important to take steps to make improvements to integration, however small or large. Consider these questions and the guidance in the table starting on page 8:



## FRAMEWORK FOR EVALUATING INTEGRATION OF MENTAL HEALTH IN OVC PROGRAMMING

Delivery Platform	Interventions	Questions to Consider	Resources
<b>COMMUNITY ENTRY POINTS</b>			
<b>Neighborhood/ Family</b>	Family-centered case management	What services exist? What services are needed?	4Children case management brief <a href="http://ovcsupport.org/wp-content/uploads/2017/06/4Children_a4-fact-sheet_17OS074.pdf">http://ovcsupport.org/wp-content/uploads/2017/06/4Children_a4-fact-sheet_17OS074.pdf</a>
	Holistic family supports and services	Who are the service providers?	
	Support groups	What training is provided to the workforce? What training is needed?	Referral Mechanisms for Children Orphaned or Made Vulnerable by HIV <a href="http://ovcsupport.org/wp-content/uploads/2018/03/18OS-34655_Referrals-Mech_FINAL.pdf">http://ovcsupport.org/wp-content/uploads/2018/03/18OS-34655_Referrals-Mech_FINAL.pdf</a>
	Individual or group counselling	What tools, instruments, guidance and interventions are being used? What is needed?	
	Home visiting	Where are the family-level services located?	Problem-solving therapy: <a href="http://www.div12.org/sites/default/files/WhatIsProblemSolvingTherapy.pdf">http://www.div12.org/sites/default/files/WhatIsProblemSolvingTherapy.pdf</a>
	Psychosocial support services	What are the barriers to accessing services?	Task-sharing counselling <a href="http://www.affirm.uct.ac.za">http://www.affirm.uct.ac.za</a>
	Problem-solving skills building	What are the referral mechanisms and how can they be improved?	
	Screening by community health workers/social workers	Is there stigma around mental health? Where does awareness need to be raised and with whom?	Parenting for Lifelong Health <a href="http://www.who.int/violence_injury_prevention/violence/child/plh_aim/en/">http://www.who.int/violence_injury_prevention/violence/child/plh_aim/en/</a>
	Awareness raising and community education		Can lay people provide mental health care in Kenya? <a href="http://ovcsupport.org/resource/can-lay-people-provide-mental-health-care-in-kenya/">http://ovcsupport.org/resource/can-lay-people-provide-mental-health-care-in-kenya/</a>
	Referral to health services		
Parenting skills training			

## FRAMEWORK FOR EVALUATING INTEGRATION OF MENTAL HEALTH IN OVC PROGRAMMING

Delivery Platform	Interventions	Questions to Consider	Resources
<b>Early Childhood Centers Schools</b>	<p>Early detection of developmental issues</p> <p>Life skills for HIV prevention</p> <p>Youth risk behavior avoidance and reduction</p> <p>Mental health promotion and awareness</p> <p>School-based stigma and discrimination prevention</p> <p>School nurse initial screenings</p> <p>School counselling – individual and group</p> <p>Referral to health services</p> <p>Referral to social supports/ psychosocial services</p> <p>School-based safe spaces, peer-to-peer mentors and student support groups</p>	<p>What services and programs exist in educational settings? What services are needed?</p> <p>What training do teachers, school nurses and counselors need?</p> <p>What tools, instruments, guidance and interventions are being used? What is needed?</p> <p>What is the referral mechanism from schools to services and how can it be improved?</p> <p>Is there stigma around mental health? Where does awareness need to be raised and with whom?</p>	<p>Mental health interventions in schools</p> <p><a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4477835/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4477835/</a></p> <p><a href="#">Teacher involvement in school mental health interventions: A systematic review</a></p> <p><a href="https://www.sciencedirect.com/science/article/pii/S0190740912000503">https://www.sciencedirect.com/science/article/pii/S0190740912000503</a></p>
<b>Employment Environments</b>	<p>Employee stress-prevention programs</p> <p>Mental health promotion and awareness</p> <p>Referral to health services, social supports and psychosocial services</p> <p>Maternity and paternity leave</p> <p>Wellness workshops</p>	<p>What programs and services are provided in work places? What could be provided?</p> <p>What are the referral mechanisms and how can they be improved?</p> <p>Is there stigma around mental health? How can awareness be raised?</p>	<p>Mental health interventions in the workplace and work outcomes: A best-evidence synthesis of systematic reviews</p> <p><a href="https://www.ncbi.nlm.nih.gov/pubmed/26772593">https://www.ncbi.nlm.nih.gov/pubmed/26772593</a></p> <p>Workplace mental health: Developing an integrated intervention approach</p> <p><a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4024273/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4024273/</a></p>

## FRAMEWORK FOR EVALUATING INTEGRATION OF MENTAL HEALTH IN OVC PROGRAMMING

Delivery Platform	Interventions	Questions to Consider	Resources
<b>HEALTH SYSTEM ENTRY POINTS</b>			
<b>Primary Health Care</b>	Stepped care – linkages between community and health services	What services exist? What services are needed?	Stepped care model <a href="http://wellbeinginfo.org/self-help/mental-health/stepped-care/">http://wellbeinginfo.org/self-help/mental-health/stepped-care/</a>
	Screening – adult and child	Who are the service providers?	Cognitive behavioral therapies <a href="https://positivepsychologyprogram.com/cbt-cognitive-behavioral-therapy-techniques-worksheets/">https://positivepsychologyprogram.com/cbt-cognitive-behavioral-therapy-techniques-worksheets/</a>
	Child development/behavioral screening	What training is provided to the workforce? What training is needed?	<a href="http://www.who.int/mental_health/maternal-child/en/">http://www.who.int/mental_health/maternal-child/en/</a>
	Psychosocial interventions	What tools, instruments, guidance and interventions are being used? What is needed?	WHO Mental Health Gap Action Programme (mhGAP) <a href="http://www.who.int/mental_health/mhgap/en/">http://www.who.int/mental_health/mhgap/en/</a>
	Home visiting (linkage between community-based support and primary health care)	Where are the family-level services located?	Screening tools: Kessler Psychological Distress Scale (screening) <a href="https://www.statisticssolutions.com/kessler-psychological-distress-scale-k10/">https://www.statisticssolutions.com/kessler-psychological-distress-scale-k10/</a>
	Postnatal home visiting	What are the challenges to accessing services?	Edinburgh Postnatal Depression Scale <a href="https://psychology-tools.com/epds/">https://psychology-tools.com/epds/</a>
	What are the referral mechanisms and how can they be improved?	Hamilton Anxiety Rating Scale <a href="https://psychology-tools.com/hamilton-anxiety-rating-scale/">https://psychology-tools.com/hamilton-anxiety-rating-scale/</a>	
	Is there stigma around mental health? Where does awareness need to be raised?	Patient Stress Questionnaire <a href="https://www.integration.samhsa.gov/Patient_Stress_Questionnaire.pdf">https://www.integration.samhsa.gov/Patient_Stress_Questionnaire.pdf</a> <a href="#">Parent-Infant Relational Assessment Tool</a> <a href="https://www.researchgate.net/publication/267393352_The_Parent-Infant_Relational_Assessment_Tool_PIRAT">https://www.researchgate.net/publication/267393352_The_Parent-Infant_Relational_Assessment_Tool_PIRAT</a> _About home visiting <a href="https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview">https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview</a> <a href="https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-state-fact-sheets">https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-state-fact-sheets</a>	

## FRAMEWORK FOR EVALUATING INTEGRATION OF MENTAL HEALTH IN OVC PROGRAMMING

Delivery Platform	Interventions	Questions to Consider	Resources
<b>Specialized Care</b>	Follow-up health services	What services exist? What services are needed?	Mental health case management <a href="https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/case-management">https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/case-management</a>  National Alliance on Mental Illness (NAMI): Mental Health Treatment and Services <a href="https://www.nami.org/learn-more/treatment">https://www.nami.org/learn-more/treatment</a>  WHO Mental Health Gap Action Programme (mhGAP) <a href="http://www.who.int/mental_health/mhgap/en/">http://www.who.int/mental_health/mhgap/en/</a>
	Health case management	Who are the service providers?	
	Screening of caregiver's and children's mental health, postnatal depression screening	What training is provided to the workforce? What training is needed?	
	Second-stage screening and diagnosis	What tools, instruments, guidance and interventions are being used? What is needed?	
	Psychosocial and psychiatric interventions	Where are the family-level services located?	
	Support groups for children, adolescents and/or people living with health or mental health problems	What are the challenges to accessing services?	
	Parenting groups/early childhood play groups	What are the referral mechanisms and how can they be improved?	
	Peer-to-peer support such as mentor mothers	Is there stigma around mental health? Where does awareness need to be raised?	
	HIV case management		
	Case conferencing with multi-sectoral actors to improve holistic support		
One stop centers with case management, counselling, economic support programs, etc.			

## FRAMEWORK FOR EVALUATING INTEGRATION OF MENTAL HEALTH IN OVC PROGRAMMING

Delivery Platform	Interventions	Questions to Consider	Resources
<b>HIV Care</b>	<p>HIV screening and testing</p> <p>Access to treatment, counselling and nutritional and other health supports</p> <p>Screening of caregiver's and children's mental health in HIV clinics</p> <p>Psychosocial and psychiatric interventions</p> <p>Support groups for children, adolescents and/or people living with HIV</p> <p>Parenting support groups/early childhood playgroups</p> <p>Peer-to-peer support programs</p> <p>HIV case management</p> <p>Case conferencing, as above</p>	<p>What services exist? What services are needed?</p> <p>Who are the service providers?</p> <p>What training is provided to the workforce? What training is needed?</p> <p>What tools, instruments, guidance and interventions are being used? What is needed?</p> <p>Where are the services located?</p> <p>What are the challenges to accessing services?</p> <p>What are the referral mechanisms and how can they be improved?</p> <p>Is there stigma around HIV and/or mental health? Where does awareness need to be raised?</p>	<p>Information on HIV and mental health <a href="https://www.nimh.nih.gov/health/topics/hiv-aids/index.shtml">https://www.nimh.nih.gov/health/topics/hiv-aids/index.shtml</a></p> <p>HIV and caregiver common mental health disorders: Synergistic impacts on child development and entry points for interventions <a href="http://ovcsupport.org/resource/hiv-and-caregiver-common-mental-disorders-synergistic-impacts-on-child-development-and-entry-points-for-interventions/">http://ovcsupport.org/resource/hiv-and-caregiver-common-mental-disorders-synergistic-impacts-on-child-development-and-entry-points-for-interventions/</a></p> <p>Integrating mental health and HIV services in Zimbabwean communities: A nurse and community-led approach to reach the most vulnerable <a href="http://ovcsupport.org/resource/integrating-mental-health-and-hiv-services-in-zimbabwean-communities-a-nurse-and-community-led-approach-to-reach-the-most-vulnerable/">http://ovcsupport.org/resource/integrating-mental-health-and-hiv-services-in-zimbabwean-communities-a-nurse-and-community-led-approach-to-reach-the-most-vulnerable/</a></p> <p>Caregiver mental health and HIV-Infected child wellness: Perspectives from Ugandan caregivers <a href="https://ovcsupport.org/resource/caregiver-mental-health-and-hiv-infected-child-wellness-perspectives-from-ugandan-caregivers/">https://ovcsupport.org/resource/caregiver-mental-health-and-hiv-infected-child-wellness-perspectives-from-ugandan-caregivers/</a></p>
<b>POPULATION ENTRY POINTS</b>			
<b>Legislation/Policy</b>	<p>Social protection policies</p> <p>Health promotion policies and strategies</p> <p>Education promotion policies and strategies</p> <p>Child protection policies</p> <p>Employment policies such as maternity/ paternity leave</p>	<p>What policies exist? What policies are needed?</p> <p>Do existing policies address mental health and associated risks?</p> <p>How can coordination and collaboration across sectors be improved?</p> <p>What are the challenges to policy changes?</p>	<p>Supporting governments to adopt mental health policies <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1525068/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1525068/</a></p> <p>WHO: Mental Health Policy, Planning and Service Development <a href="http://www.who.int/mental_health/policy/services/en/">http://www.who.int/mental_health/policy/services/en/</a></p>

## FRAMEWORK FOR EVALUATING INTEGRATION OF MENTAL HEALTH IN OVC PROGRAMMING

Delivery Platform	Interventions	Questions to Consider	Resources
<b>Structural</b>	<p>Microfinance mechanisms</p> <p>Cash transfers</p> <p>Cash plus care systems and support</p> <p>Rural development programs</p>	<p>What mechanisms are in place? What mechanisms are needed?</p> <p>Who has access to these mechanisms and what are the processes for accessing?</p> <p>What training is provided to the workforce? What training is needed?</p> <p>What tools, instruments, guidance and interventions are being used? How can mental health be integrated?</p> <p>Where are the family-level services located?</p>	<p>World Bank Microfinance library <a href="https://www.microfinancegateway.org/library">https://www.microfinancegateway.org/library</a></p> <p>Economic strengthening <a href="http://ovcsupport.org/resource/economic-strengthening/">http://ovcsupport.org/resource/economic-strengthening/</a></p> <p>Conditional cash transfers improve retention in PMTCT services by mitigating the negative effect of not having money to come to the clinic <a href="https://journals.lww.com/jaids/Fulltext/2017/02010/Conditional_Cash_Transfers_Improve_Retention_in.7.aspx">https://journals.lww.com/jaids/Fulltext/2017/02010/Conditional_Cash_Transfers_Improve_Retention_in.7.aspx</a></p> <p>Building HIV-sensitive social protection systems through the 'cash plus care' model: Findings from east and southern Africa <a href="https://www.childrenaids.org/sites/default/files/2017-04/Building-Social-Protection-Cash_plus_Care.pdf">https://www.childrenaids.org/sites/default/files/2017-04/Building-Social-Protection-Cash_plus_Care.pdf</a></p>
<b>Other Resources</b>	<p>IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings <a href="http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf">http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf</a></p> <p>Mental Health and Psychosocial Support Network <a href="https://www.mhpss.net">https://www.mhpss.net</a></p> <p>Regional Psychosocial Support Initiative (REPSSI) resources, tools and guidance <a href="http://www.repssi.org">http://www.repssi.org</a></p> <p>WHO/UNHCR New Guide on Mental Health in Humanitarian Emergencies <a href="http://www.socialserviceworkforce.org/resources/whounhcr-new-guide-mental-health-humanitarian-emergencies-mhgap-humanitarian-intervention">http://www.socialserviceworkforce.org/resources/whounhcr-new-guide-mental-health-humanitarian-emergencies-mhgap-humanitarian-intervention</a></p> <p>Community mental health care in Botswana: approaches and opportunities <a href="https://www.ncbi.nlm.nih.gov/pubmed/17492991">https://www.ncbi.nlm.nih.gov/pubmed/17492991</a></p> <p>American Academy of Pediatrics <a href="https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/Addressing-Mental-Health-Concerns-in-Primary-Care-A-Clinicians-Toolkit.aspx">https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/Addressing-Mental-Health-Concerns-in-Primary-Care-A-Clinicians-Toolkit.aspx</a></p>		

## ENDNOTES

- 1 Britto PR, Lye SJ, Proulx K, Yousafzai AK, Matthews SG, Vaivada T, et al. Nurturing care: promoting early childhood development. *The Lancet*. 2016.
- 2 Full report available at: <http://ovcsupport.org/resource/hiv-and-caregiver-common-mental-disorder-synergistic-impacts-on-child-development-and-entry-points-for-interventions/>
- 3 4Children is a 5-year, USAID-funded project improving the health and well-being of vulnerable children affected by HIV and AIDS and other adversities. 4Children draws on global evidence that illustrates that HIV and other hardships are best prevented and addressed when people have access to both high-quality health and social welfare services. 4Children helps countries identify practical and appropriate policies, programs and services that reduce the risk of HIV and maltreatment and promote children's well-being. Its approach addresses the unique needs of each child and family, including strengthening the frontline social service workforce and case management systems.
- 4 WHO. Factsheet on mental health. Retrieved from: <http://www.who.int/mediacentre/factsheets/fs220/en/>
- 5 Tomlinson M and Hunt X. HIV and caregiver common mental disorder: Synergistic impacts on child development and entry points for interventions. *4Children*. 2018.
- 6 Albert PR. Why is depression more prevalent in women? *Journal of Psychiatry & Neuroscience: JPN*. 2015; 40(4):219.
- 7 Fair C and Brackett B. "I Don't Want to Sit by You": A Preliminary Study of Experiences and Consequences of Stigma and Discrimination from HIV-positive Mothers and Their Children. *Journal of HIV/AIDS Prevention in Children & Youth*. 2008; 9(2):219-42.
- 8 Hanlon C, Medhin G, Alem A, Tesfaye F, Lakew Z, Worku B, et al. Impact of antenatal common mental disorders upon perinatal outcomes in Ethiopia: The P-MaMiE population-based study. *Trop Med Int Health*. 2009; 14(2):156-66. doi: 10.1111/j.1365-3156.2008.02198.x. PubMed PMID: 19187514; O'Connor TG, Heron J, Glover V, Alspac Study T. Antenatal anxiety predicts child behavioral/emotional problems independently of postnatal depression. *J Am Acad Child Adolesc Psychiatry*. 2002; 41(12):1470-7. doi: 10.1097/00004583-200212000-00019. PubMed PMID: 12447034; Glover V. Maternal depression, anxiety and stress during pregnancy and child outcome; what needs to be done. *Best Pract Res Clin Obstet Gynaecol*. 2014; 28(1):25-35. doi: 10.1016/j.bpobgyn.2013.08.017. PubMed PMID: 24090740; Glover V and O'Connor TG. Effects of antenatal stress and anxiety: Implications for development and psychiatry. *The British journal of Psychiatry: The Journal of Mental Science*. 2002; 180:389-91. PubMed PMID: 11983632.
- 9 Tomlinson M and Hunt X (2018). HIV and caregiver common mental disorder: Synergistic impacts on child development and entry points for interventions. *4Children*.
- 10 Stepped care is a system of delivering and monitoring mental health services in an effective and efficient way such that the least resource-intensive treatment is delivered first – with more intensive/specialized services performed only when clinically necessary. Stepped care begins with prevention and promotion of mental health. More information available at: <http://wellbeinginfo.org/self-help/mental-health/stepped-care/>
- 11 WHO. What is the impact of HIV on families? Denmark: WHO, 2005.
- 12 More information: Kessler Scale (screening), <https://www.statisticssolutions.com/kessler-psychological-distress-scale-k10/>; Hopkins Symptom Checklist for Depression, <http://journals.sagepub.com/doi/abs/10.2190/U1B0-NKWC-568V-4MAK?journalCode=ijpb>; Edinburgh Postnatal Depression Scale, <https://psychology-tools.com/epds/>; and Cognitive behavioral therapies, <https://positivepsychologyprogram.com/cbt-cognitive-behavioral-therapy-techniques-worksheets/> and [http://www.who.int/mental\\_health/maternal-child/en/](http://www.who.int/mental_health/maternal-child/en/)

*Coordinating Comprehensive Care for Children (4Children) is a five-year (2014-2019), USAID-funded project to improve health and well-being outcomes for Orphans and Vulnerable Children (OVC) affected by HIV and AIDS and other adversities. The project aims to assist OVC by building technical and organizational capacity, strengthening essential components of the social service system, and improving linkages with health and other sectors. The project is implemented through a consortium led by Catholic Relief Services (CRS) with partners IntraHealth International, Pact, Plan International USA, Maestral International, and Westat.*

