Implementation Outcomes of IMPAACT 2016: A Peer-Led Mental Health Intervention for Youth with HIV

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BACKGROUND

- Youth with HIV in low- and middle-income countries (LMICs) experience high levels of depression, anxiety, and trauma-related distress, yet access to evidence-based mental health services remains limited.
- Peer-led mental health interventions may help address this treatment gap if peers can be trained to deliver complex interventions with fidelity.

METHODS

Design:

- 2-arm group-based individually randomized controlled trial
  - Trauma-informed cognitive behavioral therapy (TI-CBT) vs. Discussion Control Group
- Trial Locations: South Africa, Botswana, Zimbabwe, Malawi
- Hybrid-Type 1 Effectiveness-Implementation

Participants:

- Aware of HIV diagnosis
- Prescribed ART > 6 months
- Elevated depression, anxiety and/or trauma symptoms
- Caregiver inclusion (if desired)

Peer Leaders randomly assigned to one study arm:

- 21-30 years-old with HIV from local community (for youth groups)
- Clinic staff for caregivers groups

TI-CBT Training:

- 2-week in-person, in-country training led by expert psychologists
- Practiced until competent

Supervision: Twice-weekly

Delivery: Six X 2-hour youth group sessions; Two X 2-hour caregiver sessions

- Groups of 6-10, single or mixed-sex
- Led by two facilitators and one observer

Implementation Outcomes Evaluation:

- **Feasibility:** Eligibility, enrollment, session attendance, and retention
- **Acceptability:** *Overall satisfaction; Felt Comfortable; Could be honest; Group leaders were knowledgeable, Felt valued (1=not at all to 5=extremely); Very or extremely = response of 4 or 5.*
  - Youth only - Fun had/ Amount Learned *(0=none to 10=a lot)*
- **Fidelity (TI-CBT Arm):** Observer ratings of group leaders:
  - Adherence to planned activities (all/part/none),
  - Competence (*1=not very well to 5=very well*)
  - Participant engagement (*1=poor to 5=excellent)*

Peer-led mental health interventions for youth with HIV in Africa are *feasible, highly acceptable, and can be delivered with strong fidelity*, supporting task-shifting approaches to address mental health care gaps in LMICs

Feasibility

	Youth (%, n)	Caregivers (n, %)
Eligibility	**75%** (275/365)	**100%** (234/234)
Enrollment	**92%** (254/275)	**98%** (230/234)
Attendance	89%	90%
Retention	100%	97%

Enrolled Participant Characteristics

	Youth (N=254)	Caregiver (N=230)
Mean Age	17.3	42.2
Female N (%)	142 (56%)	200 (87%)
HIV, Perinatal acquisition	227 (89%)	N/A
HIV RNA <200 copies/mL)	227 (89%)	N/A

Acceptability (very or extremely)

	Youth (n=251)	Caregivers (n=224)
Overall Satisfaction	235 (94%)	217 (97%)
Felt comfortable	231 (92%)	222 (99%)
Could be honest	227 (90%)	222 (99%)
Leaders were knowledgeable	232 (92%)	220 (98%)
Felt valued	235 (94%)	219 (98%)
Amount Learned	10/10	10/10
Fun Had	9/10	10/10

Fidelity

	Youth (N=112-160)	Caregiver (N=96-111)
Adherence (100%)	96-99%	98-99%
Competence[a]	100%	93-100%
Participant engagement[a]	60-87%	86-100%
[a] = very good or excellent		





Above left: Youth Leaders in Botswana practice relaxation strategies that are integrated into each session. Above right, Members of the IMPAACT 2016 team with Youth Leaders in Botswana.

"What are your suggestions to improve the program?"

"I honestly think everything was done in very great and respective way. I don't have any suggestions. …I think I had the most greatest time with my group and my group leaders"

"They must not stop because it's a safe space"

"Invite more youths to be informed as I am"

"Can you please keep on giving other kids these sessions"

"no need for Improvement the program was fantastic"

"I appreciate it very much I hope that we can get some more information from you."

"should proceed because it will really help many youth who are living with HIV to take their ARTs and live a healthy life

"keep do the program because it's helpful in people's lives and they metal health"

"continue with the program continuing so that we could help other members who are living with HIV"

"To keep helping us"

CONCLUSIONS

- Peer-led mental health interventions for youth with HIV in low- and middle-income countries are feasible, acceptable, and well-received by youth.
- With structured training and supervision, peer leaders can deliver a complex, trauma-informed intervention with high fidelity.
- Together, these findings highlight the potential of peer-delivered models to build local mental health capacity, leverage a new workforce, and expand access to care for youth with HIV in settings with limited specialist resources.

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