



## ANRS | MIE Scientific Days in Vietnam

*Towards ending epidemics*

15<sup>th</sup> to 16<sup>th</sup> of November, 2023

# Supporting the end of HIV Epidemic: the crucial role of mental health

## The DRIVE-Mind I & II studies

[ANRS 12353 & ANRS 0041S]

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## **DRIVE-In: pilot (2016)**

PWID: 25% with psychiatric disorders

None engaged in psychiatric care

## **DRIVE-Mind I (2017-2020):**

Develop, implement, and assess a community-based psychiatric intervention among PWID

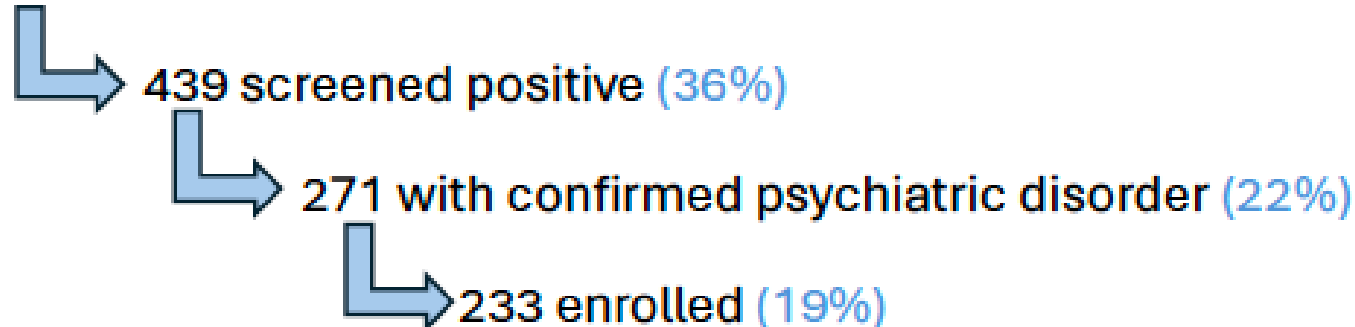
- Develop a specific screening tool in the community

- Develop an alternative access to psychiatric care

# DRIVE-Mind I: method



DRIVE Cohort (M30 visit): 1212 participants screened for a psychiatric disorder



## Intervention

- Support from trained peers in CBO offices at all stages of the research
- Free psychiatric consultations on community sites
- Treatments freely provided on site

# Characteristics of the population



## Participants characteristics at cohort initiation (n=233)

Age (mean (SD))	43.54 (8.78)
Gender: Female (%)	22 (9.44)
Current methadone treatment (%)	136 (58.4)
Heroin injection in the last 6 months (%)	166 (71.2)
Meth use in the last 6 months (%)	106 (45.5.0)
Known HIV seropositivity (%)	96 (41.2)
<i>Current major depressive episode (MINI) (%)</i>	192 (82.4)
<i>Current psychotic episode (MINI) (%)</i>	112 (48.1)
<i>Suicide risk (MINI) (%)</i>	105 (45.1)

# Main results



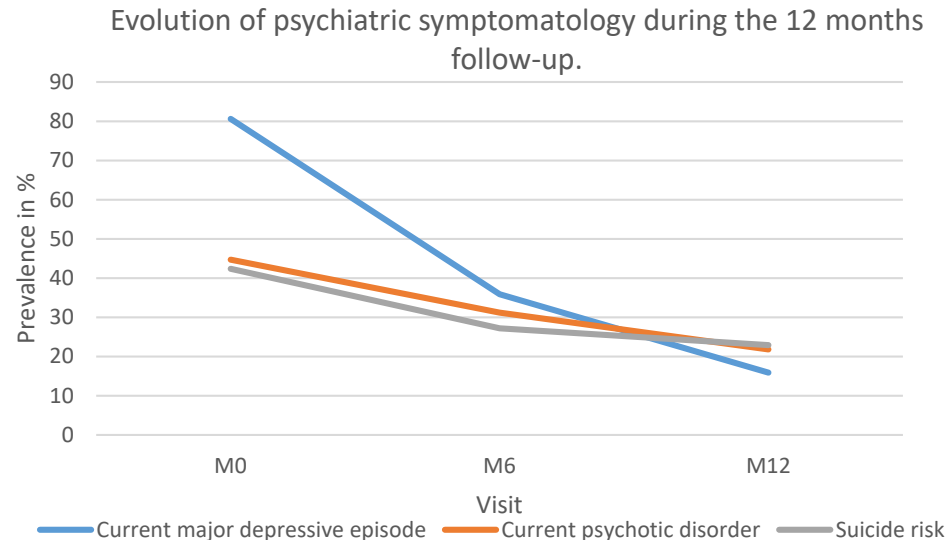
M0: 233 PWID → M6: 197 (85%) → M12: 170 (73%)

- **Acceptance** rate of the intervention : 86% (233/271)
- **Retention** rate: 73% (77% if we exclude the 12 deceased)

- **CGI scale:**

- 79% clinically improved
- (69% ITT after excluding the 12 who died)
- 20% unchanged
- 1% worsened

- **Quality of life (EQ5D5L) : improved**



# DRIVE-Mind II: Objectives (2022-2023)



- **Show that PWID with mental health problem and who received community-based psychiatric intervention:**
  - Have sustainable mental health improvement
  - Have comparable risk of HIV/HCV exposure and severity of substance use in the medium/long term to those who had no depression / psychotic syndrome,
  - Have comparable quality of life



March 2019

August 2019

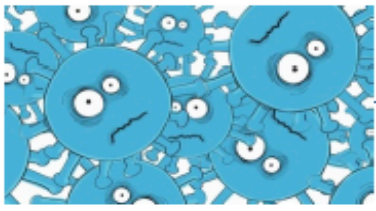
March 2020

**M30 DRIVE** (n=1212)

**M0 DRIVE-Mind 1** (n=233)

**M6 DRIVE-Mind 1** (n=197)

**M12 DRIVE-Mind 1** (n=170)



March 2022

**M0**

563 subjects

434 controls

378 controls MH-

→ 56 controls MH+

129 DRIVE-Mind 1

185 mental health intervention

October 2022

**M6**

497 subjects

333 controls

283 controls MH-

→ 50 controls MH+

160 DM2 M0

4 DM1

214 mental health intervention

March 2023

**M12**

473 subjects

266 controls

207 mental health intervention

# DRIVE-Mind II: M0



M0		Control (n=378)	Intervention (n=185)
<b>Severity Substance Use</b>			
	Injection last 6 months	161 (42.6)	82 (44.3)
	Daily injection	62 (38.3)	31 (37.8)
	Frequent Ice use (>4times/last 30 days)	18 (4.8)	9 (4.9)
	Polysubstance use simple	44 (11.6)	<b>32 (17.3)*</b>
	Polysubstance use severe	6 (3.7)	2 (2.4)
<b>QoL (problems in...)</b>			
	Mobility	6 (1.6)	<b>26 (14.1)**</b>
	Self-care	3 (0.8)	<b>6 (3.2)**</b>
	Usual activities	5 (1.3)	<b>8 (4.3)**</b>
	Pain/discomfort	20 (5.3)	<b>39 (21.1)**</b>
	Anxiety/depression	8 (2.1)	<b>35 (18.9)**</b>
	Self perceived level of health (mean, SD)	82 (9.6)	<b>76 (13.7)**</b>
<b>Viral exposure score (mean, SD)</b>		0.96 (0.92)	1.03 (0.99)

\*: trend, \*\*p>0.05



# DRIVE-Mind II: M12



M12		Control (n=266)	Intervention (n=207)
<b>Severity Substance Use</b>			
	Injection last 6 months	84 (33.6)	70 (38.7)
	Daily injection	32 (38.1)	23 (32.9)
	Frequent Ice use (>4times/last 30 days)	5 (1.9)	9 (4.4)
	Polysubstance use simple	22 (8.8)	17 (9.4)
	Polysubstance use severe	1 (1.2)	1 (1.3)
<b>QoL (problems in...)</b>			
	Mobility	7 (2.8)	7 (3.9)
	Self-care	5 (2.0)	3 (1.7)
	Usual activities	4 (1.6)	5 (2.8)
	Pain/discomfort	27 (10.8)	23 (12.7)
	Anxiety/depression	12 (4.8)	13 (7.2)
	Self perceived level of health (mean, SD)	81 (10.9)	80 (10.3)
<b>Viral exposure score (mean, SD)</b>		0.74 (0.92)	0.88 (0.92)

# Conclusion



- At M12 visit
  - No difference with controls in terms of
    - Severity of drug use
    - Quality of life
    - Viral exposure score
  - Benefits in terms of Ice use and methadone treatment initiation
- Limits :
  - Majority of subjects recruited before DM II, limiting the benefit of the intervention (low exposure risk baseline)
  - Is it transposable to other provinces/key populations ?



- Benefits
  - A community-based psychiatric intervention is feasible and seems efficient in the Haiphong's' context
  - Crucial role of CBO
    - Task shifting
    - Specific training
    - Stable status
- Still pending
  - Long term psychiatric benefit of the intervention
  - Referral to classic mental health system
  - Cost analysis

# DRIVE Consortium

- Hai Phong University of Medicine & Pharmacy (Hai Phong)
- Supporting Community Development Initiatives (Hanoi)
- Department of Infectious Diseases, Viet Tiep Hospital (Hai Phong)
- Hanoi Medical University (Hanoi)
- Provincial AIDS Committee (Hai Phong)
- Community-Based Organizations: Friendship Arms, Light House, Lotus, Virgin Flower, White Sand, Sunrise, An Duong sun (Hai Phong)
- UMR1058 Pathogenesis and control of chronic infections, INSERM, EFS, Univ. Montpellier (Montpellier)
- CESP/Inserm U1018, Centre Pierre Nicole, French Red Cross (Paris)
- Cermes3 (Paris)
- New York University (New-York City)



**THANK YOU FOR YOUR ATTENTION!**