

# Mental Health Service Access Barriers and Facilitators among People Living with HIV: A Qualitative Study in Georgia

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## BACKGROUND

- The burden of mental disorders, including depression, anxiety, and substance use disorders among older people living with HIV (OPLWH) is high.<sup>1</sup>
- Addressing the needs of mental and HIV care of OPLWH requires integrated care services, designed based on the local context.<sup>2</sup>
- Literature on the effective integrated mental health services designed for OPLWH is scarce in LMICs.<sup>3</sup>

## OBJECTIVES

To explore the behavioral/mental health needs, potential barriers, and facilitators of older PLWH to access needed healthcare services in Georgia.

## METHODS

### Design

- A cross-sectional qualitative study using in-depth interviews

### Setting

- Community-based organizations working with PLWH, PWID, and LGBTQI populations in four major cities of Georgia: Tbilisi, Kutaisi, Zugdidi, and Batumi.

### Data collection

- March-April 2024

### Data analysis

- An inductive-deductive approach.

### Participants and recruitment

- ≥40-year-old PLWH from a cross-sectional quantitative study (2023) on cognitive and mental disorders.
- Higher scores on mental disorders screening tests.
- A non-probability sampling method.

## RESULTS

28 PLWH (17 men and 11 women): 13 from Tbilisi, 6 from Kutaisi, 5 from Batumi, and 4 from Samegrelo. Their ages ranged from 41 to 70. All participants were receiving ART.

1. **Individual factors:** misconceptions about mental problems can be self-managed, fear of re-traumatization from discussing HIV, and stigma (both HIV- and mental health-related). Facilitators included awareness of mental health, family, and social status.
2. **Healthcare system factors:** providers' lack of knowledge about the importance of mental healthcare and discriminatory attitudes; however person-centered care and community involvement facilitated access.
3. **Environmental factors:** financial, geographical and cultural factors.

## CONCLUSION

- Complex, intersectional stigma, involving both HIV status and MH comorbidity.
- Low perceived need for professional help; Relying on social support and internal cognitive and emotional resources.

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