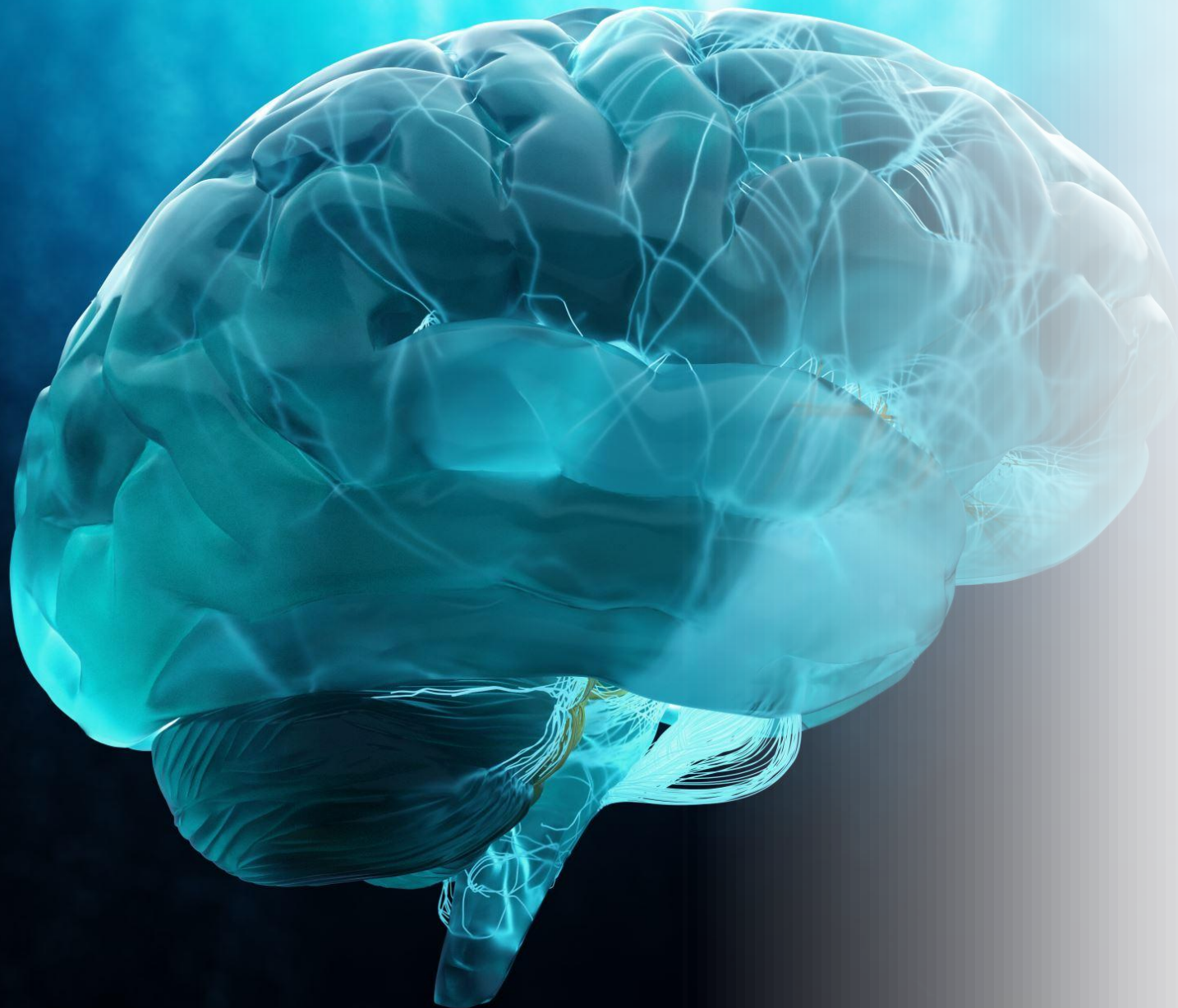


# The Role of Mental Health in the HIV Response

The intersection of substance use, mental health and sexual behaviour in the HIV response





**WE ALL  
HAVE  
MENTAL  
HEALTH.**



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HUMAN

---

BEHAVIOUR

---

CYCLE

---

SYSTEM

---

GAP

---

SOLUTION

Mental Health  
Substance Use  
Sexual Behaviour

Emotional distress impacts choices

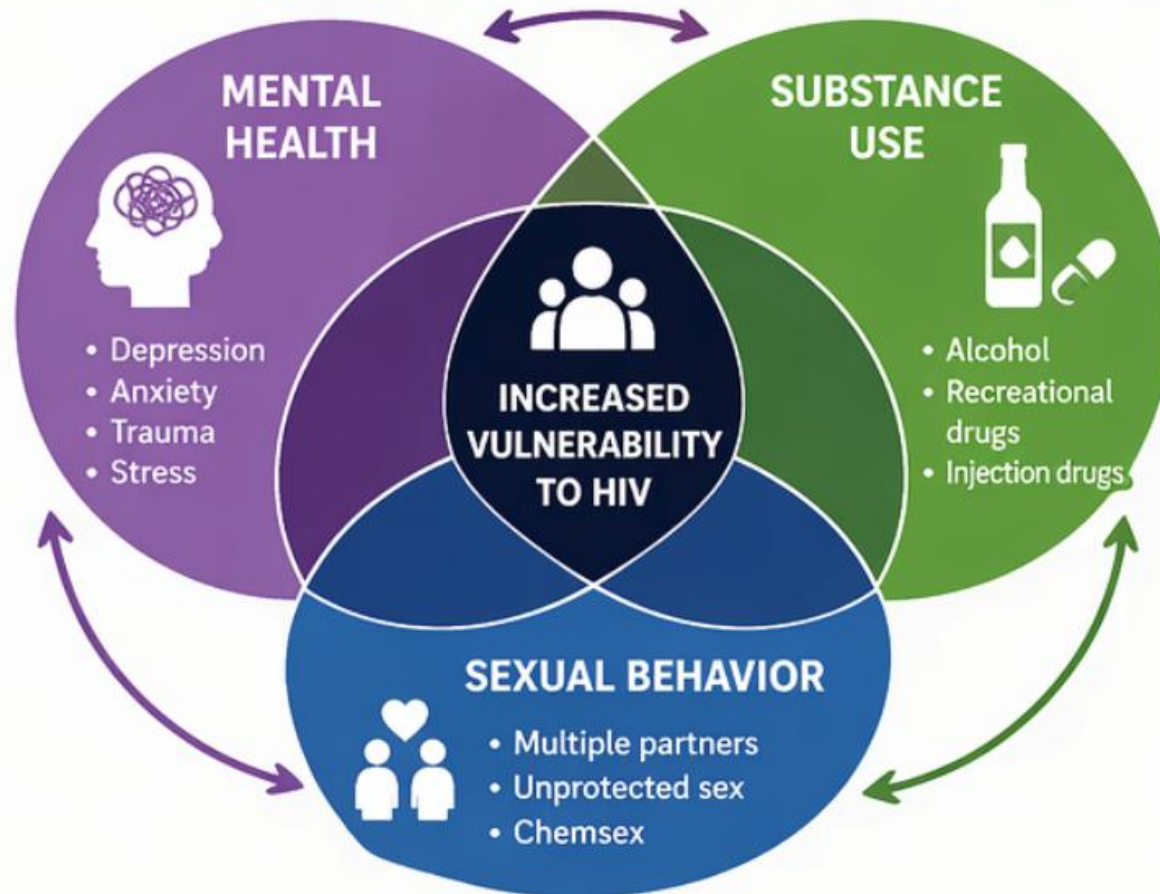
Substance use lowers inhibition

Together: Increased HIV vulnerability

This is not three separate issues; this is one interconnected system.

## THE INTERSECTION OF SUBSTANCE USE, MENTAL HEALTH & SEXUAL BEHAVIOR IN THE GLOBAL HIV RESPONSE

A **SYNDEMIC**: Co-occurring, mutually reinforcing epidemics that interact to increase vulnerability and worsen health outcomes.



# Behaviour

Risky behaviour is rarely just about choice  
it's often about coping.

In Belize, HIV risk isn't just about knowledge  
it's about lived experience as well

People don't engage in risky sex in isolation

It is often tied to emotional pain, substance  
abuse, unmet mental health needs

# What Drives This Intersection

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Trauma and unresolved experiences

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Depression and anxiety

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Low self-worth

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Lack of safe emotional outlets

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When emotional needs go unmet, behaviour becomes the coping mechanism.

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Substance use doesn't create risk, it removes the barriers that usually control behaviour.

# The Shame Cycle

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The relationship between shame and HIV is a profound psychosocial challenge where internalized stigma creates significant barriers to health and well-being.

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Shame. Emotion. Defective. Unclean. Psychological Prison.

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**Testing Barriers:** The act of seeking a test can feel shaming, leading individuals to avoid clinics to escape being "found out".

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**Healthcare Avoidance:** Shame can prevent patients from disclosing their full sexual history to clinicians or attending regular appointments.

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**Treatment Non-Adherence:** Constant reminders of status (like taking daily pills) can trigger shame, causing some to take "breaks" from medication, which risks viral rebound and drug resistance.

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**Mental Health Decline:** Persistent shame is a strong predictor of depressive symptoms, anxiety, and lower health-related quality of life.

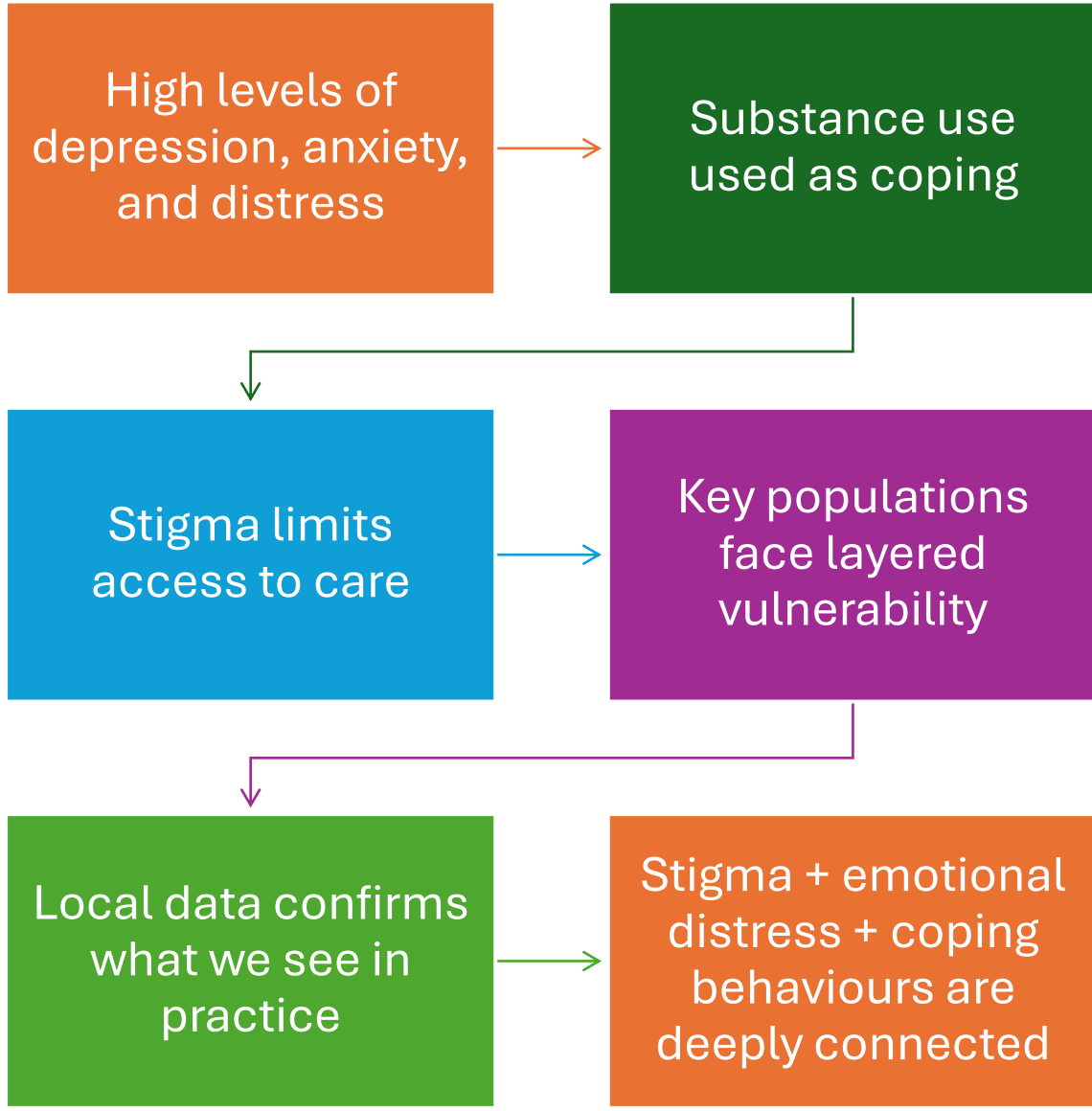


# The Cycle

Emotional distress. Substance use. Risky sex. Shame. Repeat

If we don't interrupt this cycle, we continue treating outcomes and not causes.

# The System Belize



# The Gap

- Focus on testing and treatment
- Limited mental health integration
- Substance use treated separately
- Few safe, confidential support spaces

We are asking for behaviour change without addressing what drives behaviour.





# What Needs to Shift

- Integrate mental health into HIV services: Co-Location; Low Barrier Access
  - Screen for emotional distress & substance use
    - Create safe spaces
    - Train frontline providers

This is not about adding new systems alone, it's about integrating what already exists.



Imagine with me..

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If we don't address why people cope the way they do, we will not change outcomes.

