



Addressing the Syndemic of Substance Use and Mental Health: Pre-Implementation Assessment of SBIRT in Georgian Harm Reduction Services

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Problem Statement

- ▶ Mental Health data among PLWH and KP is limited
- ▶ Fragmented Service Delivery
- ▶ Limited Screening and Early Identification (SUD/AUD/MH)
- ▶ Weak Referral Systems
- ▶ Financing and Sustainability Issues

Doctoral research project:

Integrated Approaches to Substance Use, Mental Health, and HIV Services in Georgia

Goal- To conduct a pre-implementation assessment of SBIRT using the CFIR framework, leveraging existing research findings to evaluate feasibility in GHRN-supported services.

Key Findings from Dissertation Research

- ▶ High prevalence of depression and anxiety among PLWH and key populations, often exceeding global estimates
- ▶ Diverse tools and lack of standardized assessments hinder identification and intervention.
- ▶ Importance of integrating mental health services into HIV care frameworks and addressing structural barriers to implementation.

Original research

BMJ Public Health

Depression and anxiety among people living with HIV and key populations at risk for HIV in the Eastern European and Central Asian region: a scoping review

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To cite: Pashalishvili M, Zurashvili T, Imerishvili E, et al. Depression and anxiety among people living with HIV and key populations at risk for HIV in the Eastern European and Central Asian region: a scoping review. *BMJ Public Health* 2025;0:e002114. doi:10.1136/bmiph-2024-002114

Additional supplemental material is published online only. To view, please visit the journal online (<https://doi.org/10.1136/bmiph-2024-002114>).

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Received 1 October 2024
Accepted 18 June 2025

ABSTRACT

Objectives This scoping review aimed to map the literature on depression and anxiety among people living with HIV and key populations in the Eastern European and Central Asian (EECA) region. The review assessed the burden of these disorders, identified inconsistencies in measurement approaches and highlighted gaps to inform future research and policy efforts.

Design A scoping review was conducted using Arksey and O'Malley's framework, involving a systematic search, screening and synthesis of published and grey literature in EECA Data sources: a comprehensive search was performed across five databases (CINAHL, PubMed, MEDLINE, Web of Science and PsycINFO) between July 2023 and February 2024. Additional sources were identified through Google Scholar and hand searches of reference lists from relevant research groups. Eligibility criteria: Original research articles published between January 2013 and July 2023, involving participants aged 16 years or older and reporting data from one or more EECA countries were included. Eligible studies were in English, Georgian or Russian. Excluded were reviews, editorials, treatment outcome studies, pooled data from other regions, conference materials and dissertations.

Data extraction and synthesis Data extraction was performed independently by team members using a Covidence template. Studies were categorised based on target populations, measurement approaches and reported prevalence of depression and anxiety. Narrative synthesis was conducted due to the heterogeneity of study designs and outcomes.

WHAT IS ALREADY KNOWN ON THIS TOPIC

- Depression and anxiety are highly prevalent among people living with HIV (PLWH) and key populations (KPs) in the Eastern European and Central Asian (EECA) region, often exceeding global estimates.
- These conditions negatively impact HIV care outcomes, yet research in this region remains fragmented.

WHAT THIS STUDY ADDS

- This scoping review systematically maps the literature on depression and anxiety among PLWH and KPs in the EECA region, identifying significant inconsistencies in measurement tools.
- It highlights the lack of cohort studies assessing long-term mental health impacts on HIV care and the scarcity of implementation research.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

- The findings underscore the need for standardised, validated tools for assessing depression and anxiety to enhance research comparability.
- They highlight the importance of integrating mental health services into HIV care frameworks and addressing structural barriers to implementation.
- Strengthening mental health support within national HIV programmes could improve treatment outcomes and align with global HIV targets.

Key Findings from Dissertation Research

BMC Public Health

- ▶ 100% of PWID had some form of SUD ranging from low to severe
- ▶ 54.3% had low AUD, while 45.7% increased to severe AUD
- ▶ More than 60% had mild to extreme depression and anxiety
- ▶ Out of 300 individuals assessed, 48.7% perceived a need for services, but only 24% utilized the services.
- ▶ From a group of 183 individuals with varying degrees of depression, 26.8% perceived a need for services, while 9.3% utilized them.

Title: Substance and alcohol use disorders and their impact on HIV testing uptake among People Who Inject Drugs served by harm reduction program in Tbilisi, Georgia.

Key Findings from Dissertation Research

- ▶ Mental health, substance use, and HIV care operate separately with weak or absent referral pathways
- ▶ Limited integration of mental health services into HIV care, particularly in primary care and harm reduction settings.
- ▶ Referral systems are weak
- ▶ Lack of provider training on stigma reduction, HIV-related mental health, and substance use screening
- ▶ Reliance on donor funding and out-of-pocket payments limits sustainable service provision.



Key Findings from Dissertation Research

- ▶ Frequent alcohol use reduces HIV testing uptake among PWID, acting as a barrier to engagement in prevention and care
- ▶ Current harm reduction programs do not include alcohol use reduction strategies

The negative link between alcohol use and HIV testing emphasizes the need for integrated, evidence-based interventions (such as SBIRT) to reduce harmful drinking and improve engagement in HIV testing and prevention programs.



Harm Reduction Journal

Title: Trends in HIV Testing and the Impact of Frequent Alcohol Use among People Who Inject Drugs in Georgia: A Secondary Analysis of Integrated Behavioral Surveillance Survey Data (2009-2022)

Intervention: SBIRT - Justification for Selection

- ▶ LIMCs experience
 - ▶ Research in LMICs regarding SBIRT is relatively sparse
 - ▶ SBIRT implementation and adoption has been largely successful in low-resourced settings
- ▶ Effectiveness and Evidence Based
 - ▶ Evidence-Based
 - ▶ Proven Outcomes
- ▶ Cost-Effectiveness
 - ▶ Initial Low Cost
 - ▶ Economic Efficiency

Implementation Framework

We selected CFIR because it provides a comprehensive approach to identifying barriers and facilitators across multiple domains relevant to SBIRT implementation in real-world settings.

It helps us systematically assess:

Intervention Characteristics (Is SBIRT adaptable to GHRN?)

Inner Setting (What are the organizational resources and climate?)

Outer Setting (What are patient needs, policies, or external pressures?)

Characteristics of Individuals (Are staff trained, motivated?)

Implementation Process (Can SBIRT be planned and monitored in GHRN?)

Pre implementation assessment process

Develop semi-structured interview guides

In-depth interviews with providers

Interviews coded to CFIR constructs

Barrier and enabler statements generated

Priority barriers and enablers selected according to cumulative majority

Implementation enhancement plan created

Context level	Barrier / Facilitators
<p>Intervention Characteristics</p>	<p>B: No interventions to identify and address substance use issues at GHRN</p> <p>F: Training module already exists in local language</p> <p>B: There is a need for specialized training and the integration of new procedures into existing workflows</p> <p>F: The costs associated with SBIRT, including training and resource allocation, are deemed manageable within the current GF HIV prevention project</p> <p>Suggestions for adapting the SBIRT content or format to suit local context or needs of PWID in Georgia</p> <p>Perceptions of how difficult or complicated it would be to integrate the SBIRT into routine service delivery</p>
<p>Individual Characteristics (Providers)</p>	<p>B: There is a low perceived needs for mental health care among PLHIV and KP</p> <p>B: Mental health disorders are not considered serious enough to warrant attention</p> <p>B: Low self-efficacy in overcoming mental health problems</p> <p>F: Generally, beneficiaries have high level of trust for HIV prevention service centre providers</p> <p>B: Low percentage of individuals perceive a need for SUD services</p> <p>Confidence in knowledge, skills, and ability to deliver the SBIRT</p> <p>Readiness and openness to adopt SBIRT within personal clinical practice</p>

Context level	Barrier / Facilitators
Inner Setting	<p>F: The centres have a well-defined structure that supports the integration of SBIRT</p> <p>F: The organizational culture at GHRN service centres is supportive of innovation and open to adopting new interventions</p> <p>F: Strong leadership support</p> <p>B: Without appropriate incentives or rewards, staff may lack motivation to adopt and sustain the new intervention</p> <p>Extent to which the SBIRT aligns with existing workflows, staff roles, and clinical procedures</p> <p>Incentives that could promote adoption, such as recognition, rewards, or professional development, monetary incentives</p> <p>Availability and adequacy of resources such as staff time, space, materials, and equipment</p>
Outer Setting	<p>B: Mental health-associated stigma (historically present in Georgia)</p> <p>B: HIV associated-stigma</p> <p>B: Limited access to services in regional areas due to concentration in the capital</p> <p>B: The HIV prevention service centres have weak or no external networks that can provide additional support and resources for SBIRT implementation</p> <p>F: Current policies are favourable towards the adoption of evidence-based interventions like SBIRT</p> <p>Any major events, including policies, laws or other changes in recent years that might affect the implementation of an intervention</p>
Process	<p>F: Participants have provided positive feedback on the execution plan and have suggested effective feedback mechanisms to monitor progress and make necessary adjustments</p> <p>F: Key opinion leaders and champions have been identified and are actively promoting SBIRT within the centres.</p>

As a result

- ▶ Documented barriers and facilitators will be mapped onto CFIR
- ▶ ERIC - for selecting implementation strategies
- ▶ Manuscript development

Next Steps

- ▶ Ultimately, the project aims to lay the foundation for a future pilot trial of SBIRT in Georgia
 - ▶ R21
 - ▶ R01

Anticipated Challenges and Questions

- ▶ Any suggestions for protocol improvement?

- ▶ Any suggestion for improvement?

Acknowledgements

PARTNERSHIP
Research Action Health



სსიპ ლ. საყვარელიძის სახ. დაავადებათა
კონტროლისა და საზოგადოებრივი
ჯანმრთელობის ეროვნული ცენტრი