

**GROUP-BASED SELF-HELP PLUS,
PROBLEM MANAGEMENT PLUS
AND PRE-EXPOSURE
PROPHYLAXIS TO IMPROVE
MENTAL HEALTH AND REDUCE
HIV RISK IN SURVIVORS OF RAPE:
A PILOT RANDOMISED
FEASIBILITY STUDY**

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INTRODUCTION

- Gender-based violence (GBV) and HIV are globally ubiquitous, intersecting epidemics.
- South Africa is the epicentre of the global HIV epidemic and has a high prevalence of GBV.
- Findings from the Rape Impact Cohort Evaluation (RICE) study indicate that rape survivors have significantly more new HIV infections compared to women who have not been rape and that it is driven by risky sexual practices which are fueled by psychological distress.

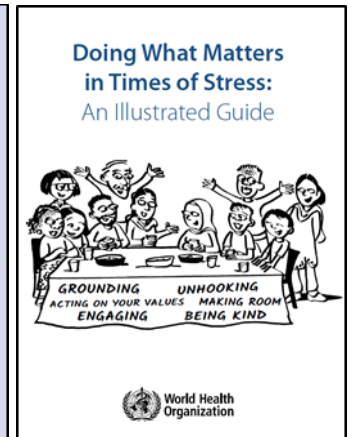
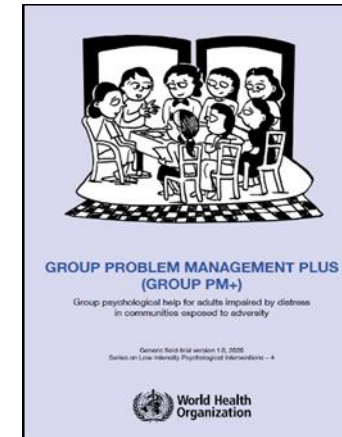


RICE - 852 rape survivors enrolled within 20 days of the rape occurring and followed over 24 months and 947 controls with no lifetime report of rape.



INTRODUCTION

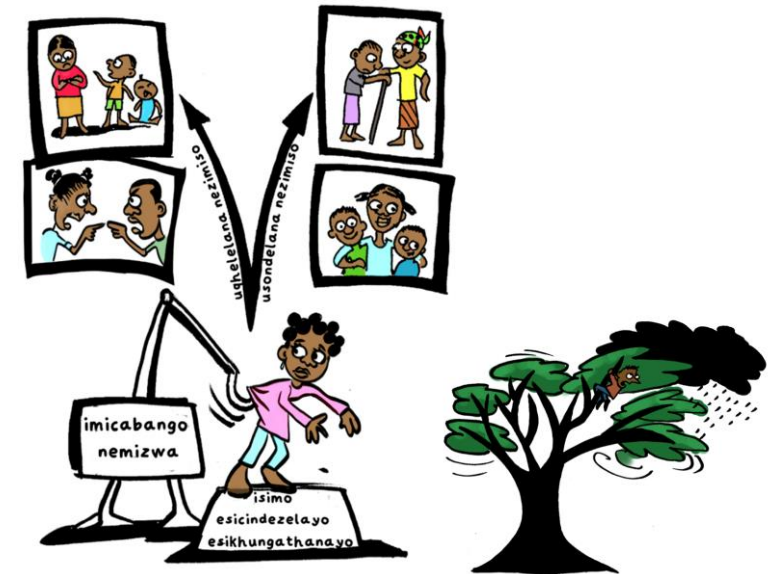
- Low cost, evidence-based interventions are needed, given mental health resource constraints and a high need, in South Africa.
- The World Health Organisation (WHO) has developed two group based, transdiagnostic, lay counsellor facilitated, mental health interventions called Self-Help Plus (SH+) and Problem Management Plus (PM+).
- These interventions have been proven effective in improving mental health in high-risk and/or high-conflict settings.
- Daily Truvada tablets as pre-exposure prophylaxis (PrEP) has also been proven to be safe and effective in reducing the risk of HIV acquisition in high-risk populations.
- Combining these interventions that target both mental health recovery and HIV prevention seem to be appropriate for low- and middle-income settings with a high prevalence of HIV and GBV.



Aim: To investigate the feasibility and acceptability of a combined Pre-Exposure Prophylaxis (PrEP) and Self-Help Plus (SH+) & Problem Management Plus (PM+) interventions to improve mental health and reduce HIV risk

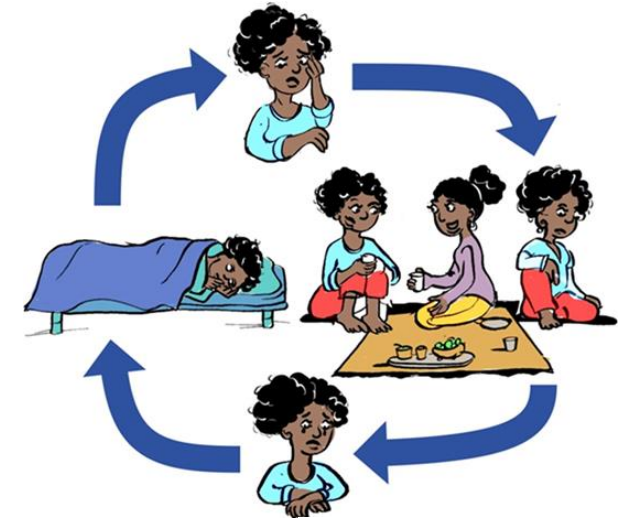
SELF-HELP PLUS

- Group Self-Help Plus (gSH+) was delivered in groups of 10 women over 5 weeks with one session per week of approximately 2 hours.
- It consists of audio recordings that is listened to in groups, with some sections being facilitated, and an illustrated book called 'Doing What Matters in Times of Stress (DWM)' used as a guide throughout the sessions and as a reminder of the skill for use at home.
- **SESSION 1, GROUNDING** - Bringing attention back to the present moment, instead of being caught up by distressing emotions.
- **SESSION 2, UNHOOKING** - builds on the grounding skills and is used to first identifying difficult thoughts and feelings, and then use grounding (breathing exercised) to unhook from them.
- **SESSION 3, DOING WHAT MATTERS** - Identifying personal values and then behaving in a way that is in line with these values to reduce stress
- **SESSION 4, BEING KIND** - The focus is on kindness directed towards oneself as well as towards others to help reduce stress.
- **SESSION 5, MAKING ROOM** - Participants learn how to tolerate stress while still acting in a way that is consistent with personal values.



PROBLEM MANAGEMENT PLUS

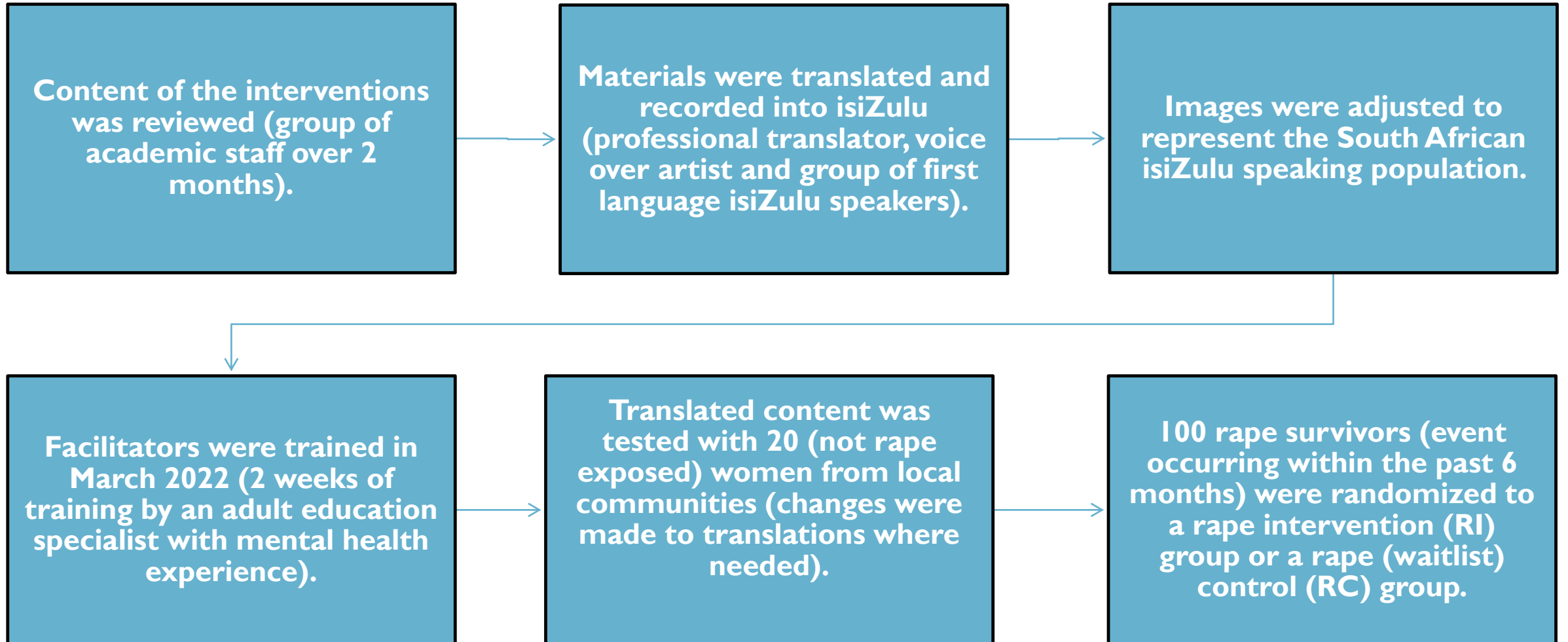
- Group Problem Management Plus (gPM+) was delivered in groups of 10 women over 5 weeks with one session per week of approximately 2 hours.
- All sessions are facilitated and accompanied by a case study booklet (Story of Thandi).
- **SESSION 1, MANAGING STRESS** – Psychoeducation on the effects of stress on the body and identifying personal goals you would like to reach.
- **SESSION 2, MANAGING PROBLEMS** – List your problems, choose a problem, define the problem, identify possible solutions, decide on a solution, plan the implementation of the solution and review the outcome.
- **SESSION 3, GET GOING, KEEP DOING** – Psychoeducation on the inactivity cycle and setting small goals to get you going and doing again.
- **SESSION 4, STRENGTHENING SOCIAL SUPPORT** – Psychoeducation of the positive role of social support and practicing reaching out to others to help solve your problems.
- **SESSION 5, STAYING WELL AND LOOKING FORWARD** – All strategies are reviewed and continuous use of them is encouraged.



STORY OF THANDI



METHODS



METHODS

38 women from long-stay shelters (predominantly for IPV or family violence) were included as a shelter intervention (SI) group.

gSH+ was completed in groups of 10 followed by gPM+, also in groups of 10, over 5 weeks each (1 session per week).

Mental health was assessed in all women before the start of the interventions (baseline) and at 3-months (post-interventions) and 6-months.

HIV testing was completed at baseline, 3- and 6-months and PrEP (Truvada) was offered and dispensed to all HIV negative women.

Mental health outcomes, which included depression, anxiety, PTSD and cPTSD, were analysed using mixed linear regression models, adjusting for baseline scores.

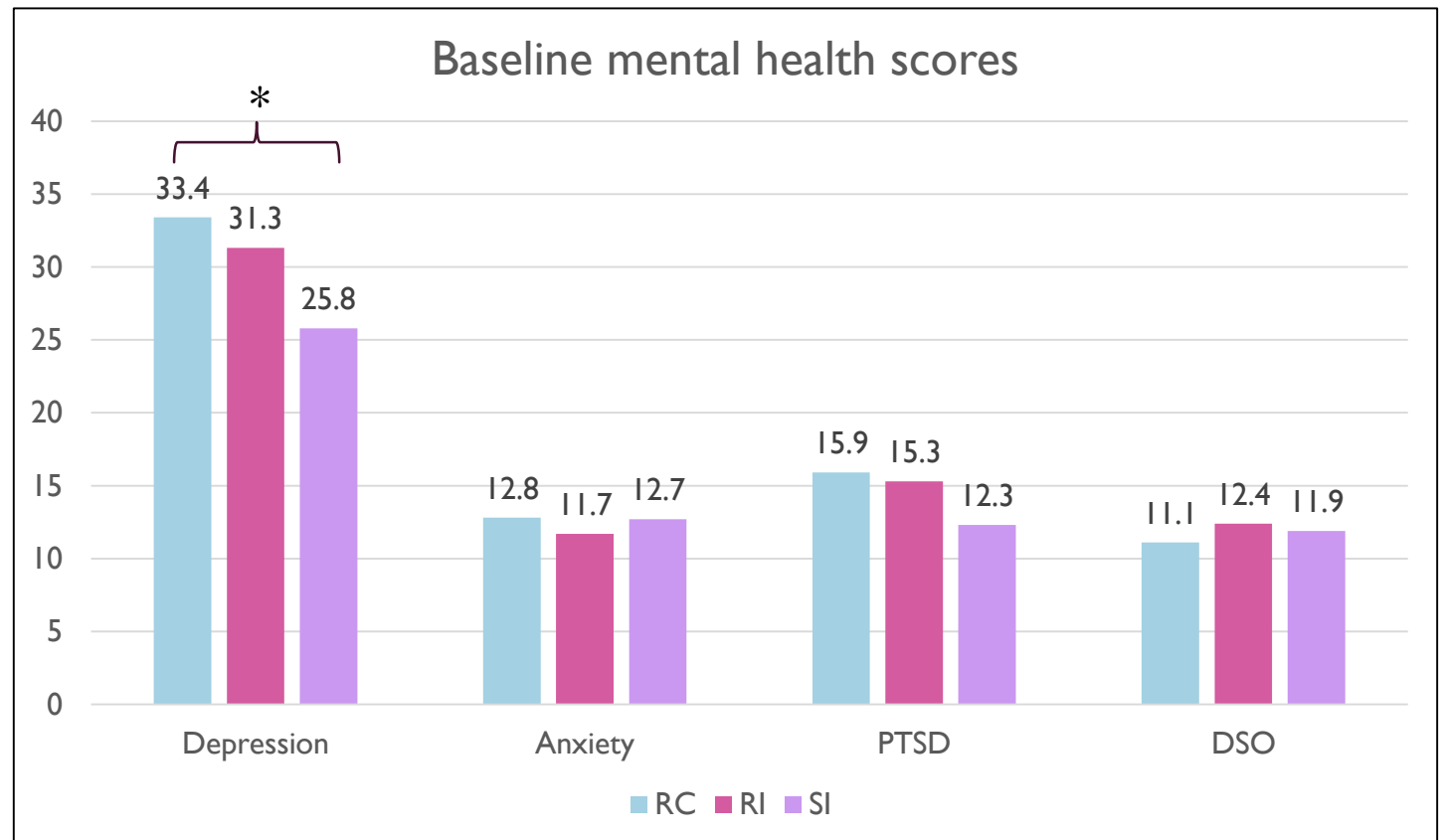
PrEP uptake and adherence was analyzed using basic group comparisons. Qualitative data were collected to assess feasibility and acceptability of the interventions.

RESULTS

No significant difference in education level, income and relationship status. SI women were slightly older ($M = 32,1$) than RI ($M = 27,2$) and RC ($M = 27,4$).

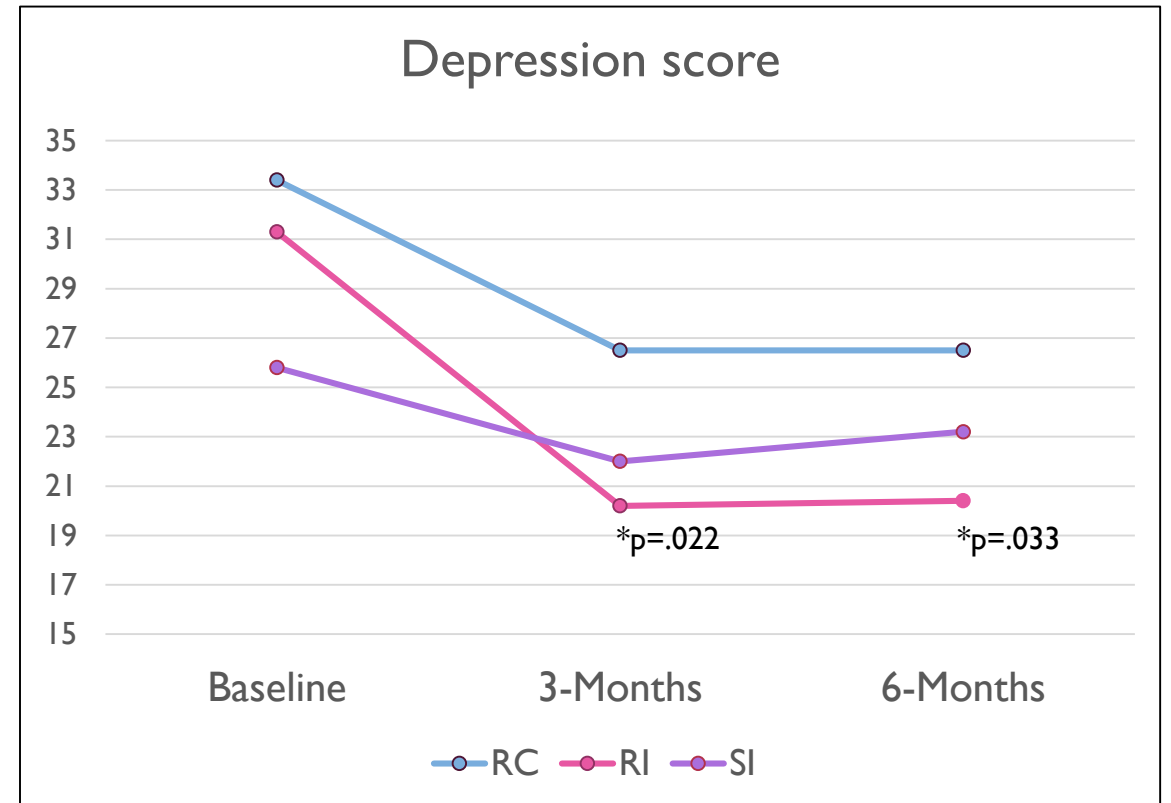
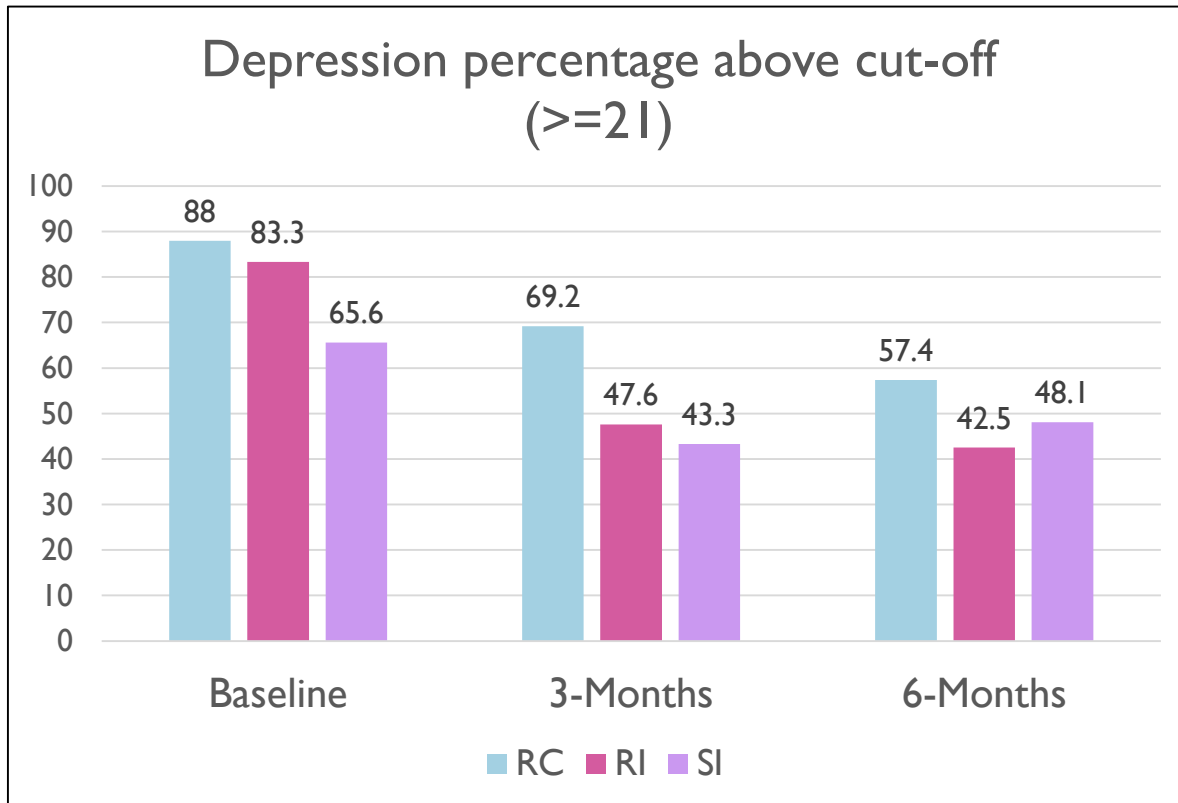
Measures

Centre for Epidemiologic Depression Scale (CESD) for depression
Generalised Anxiety Disorder Assessment (GAD7) for anxiety
International Trauma Questionnaire (ITQ) for posttraumatic stress disorder (PTSD),
disturbances in self-organisation (DSO)
and complex PTSD (cPTSD)



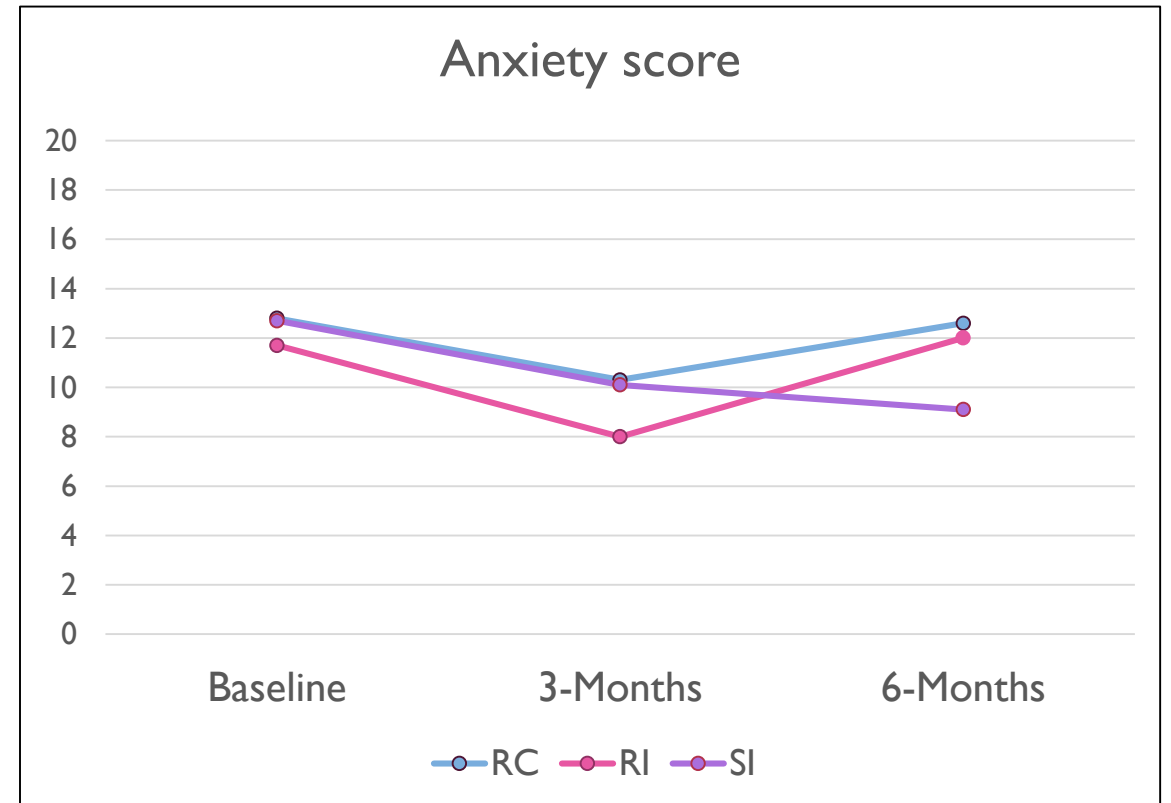
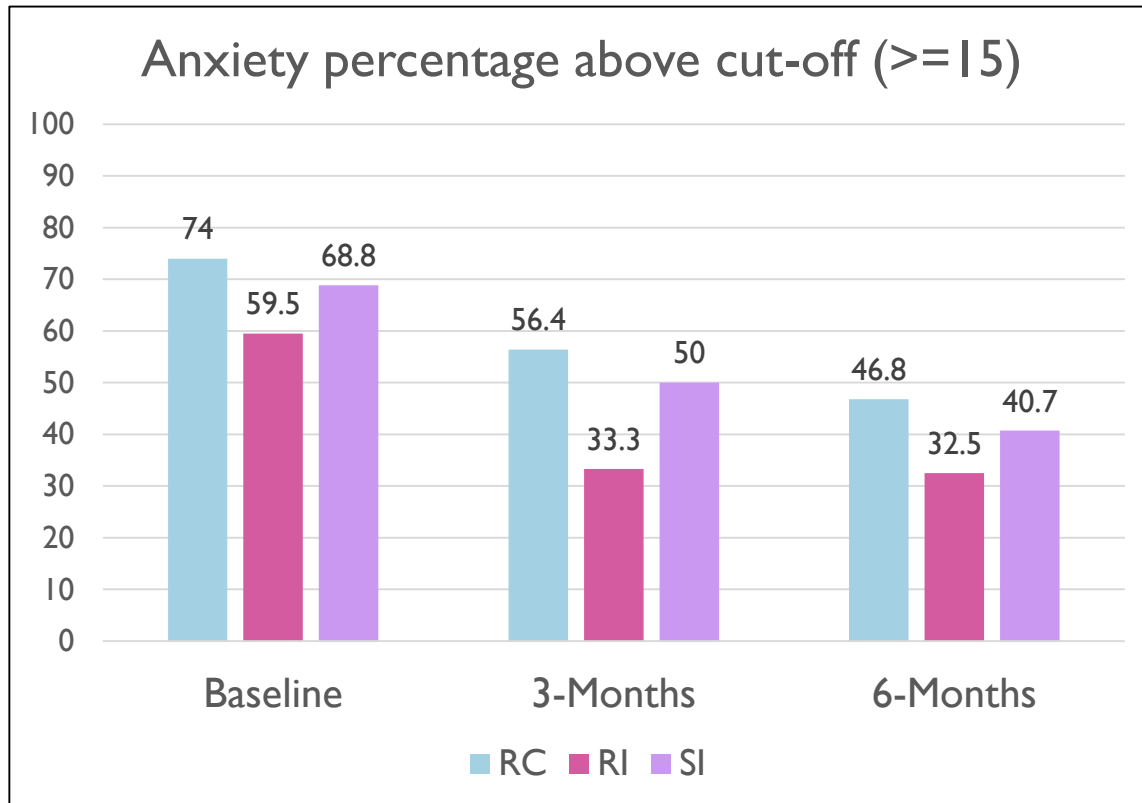
DEPRESSION

F = 6.4, p<.001

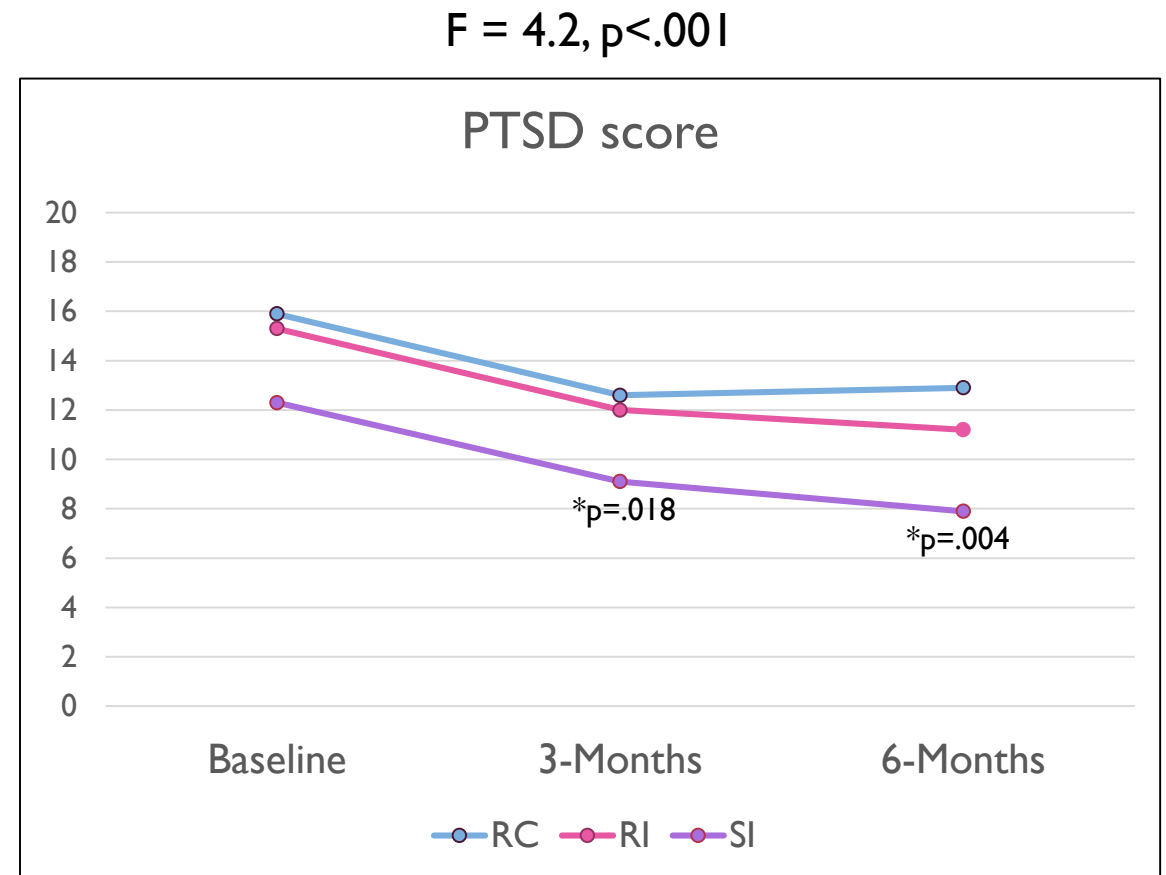
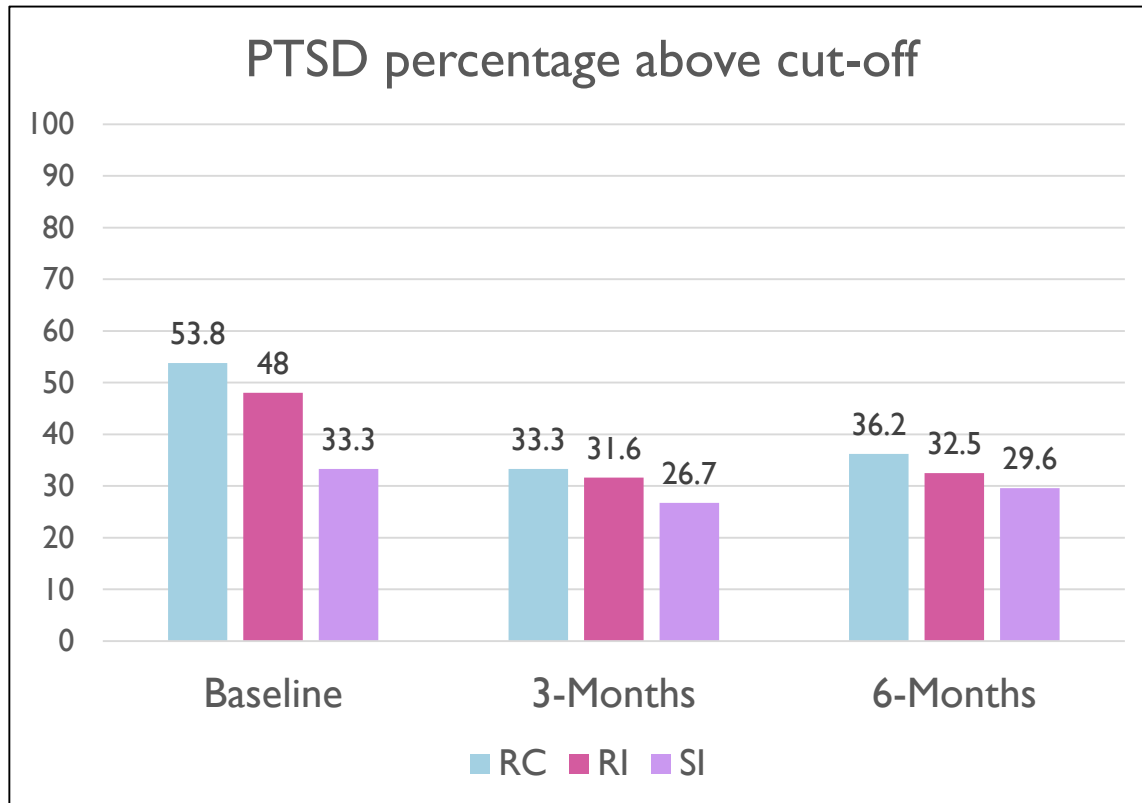


ANXIETY

F = 5.9, p < .001

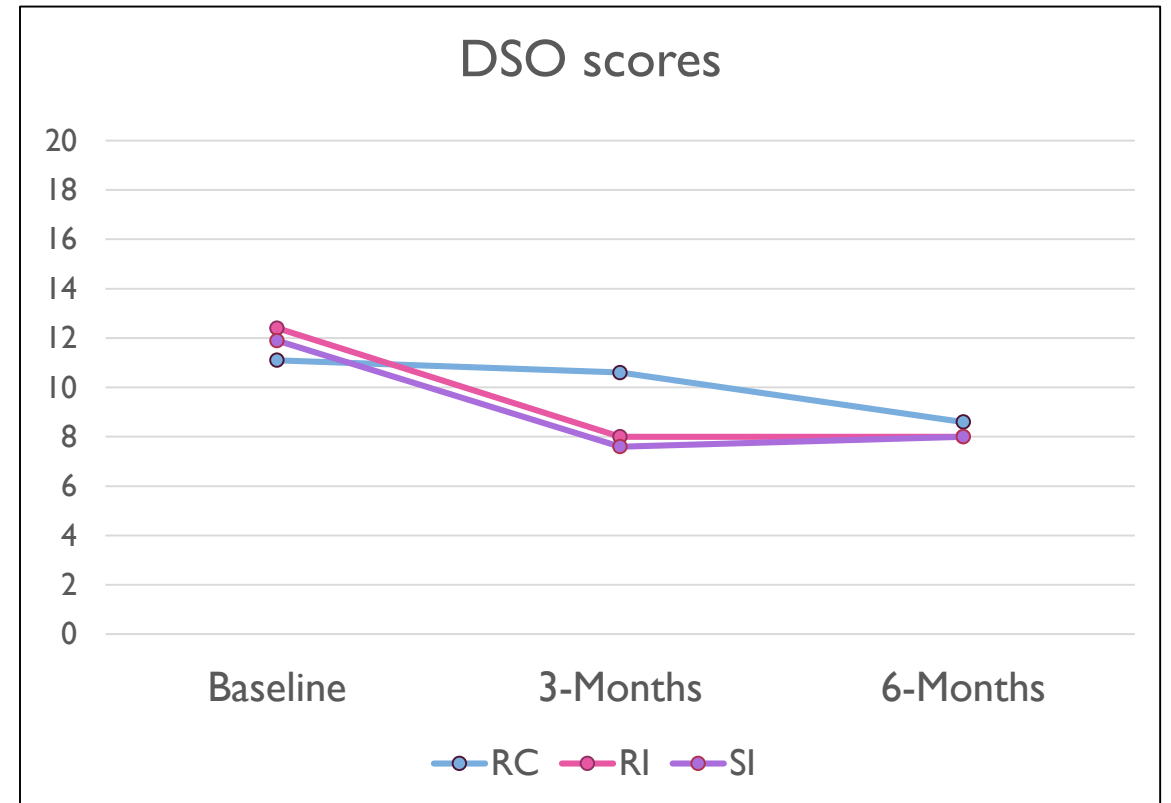
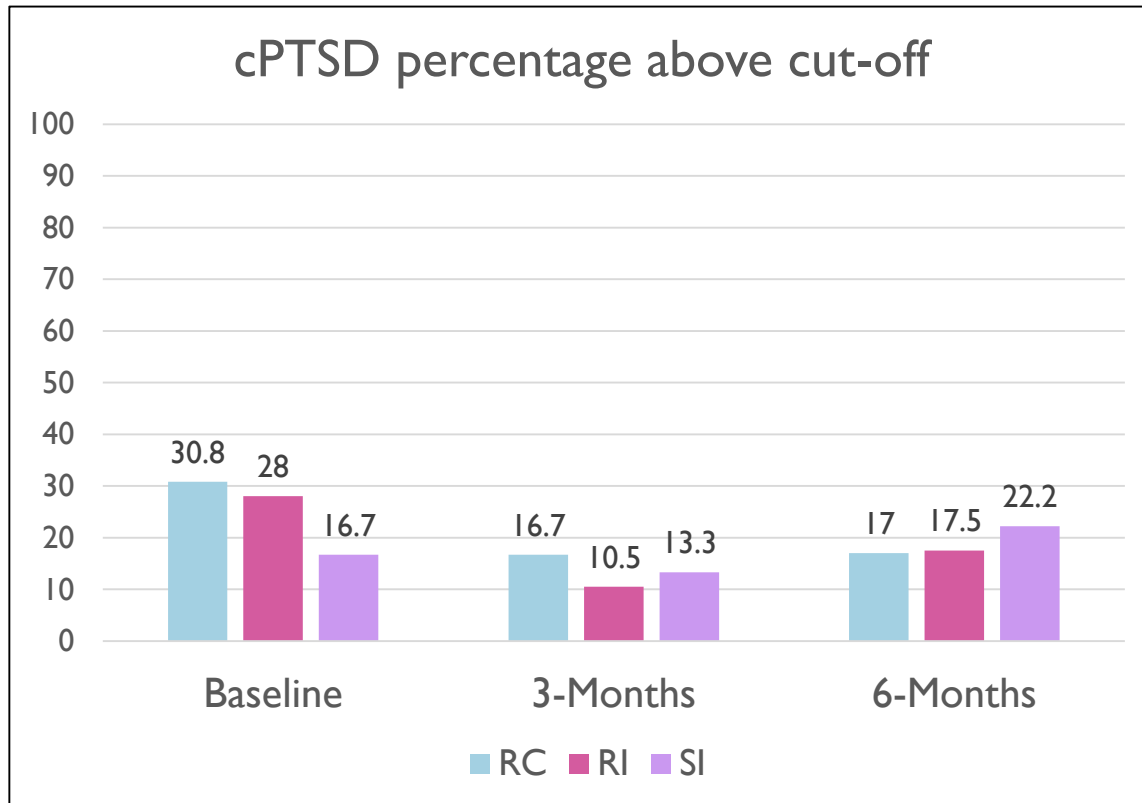


POSTTRAUMATIC STRESS DISORDER



DISTURBANCES IN SELF-ORGANIZATION / CPTSD

F = 2.2, p=.028



FEASIBILITY AND ACCEPTABILITY

- Both gSH+ and gPM+ were well received, although sitting for long periods and listening to audio recordings during gSH+ sessions was problematic for most women. They preferred more interaction and found that the recordings made them feel sleepy.

“...Listening to the audio was new and I couldn’t pay attention for long...”

“...The facilitators helped by playing games and dancing when they could tell we were losing focus...”

- Common challenges to attending sessions included unreliable public transport, falling ill, injuries, family conflict, working night shifts, childcare, court dates, other appointments, getting lost and not yet feeling comfortable being in public spaces.



FEASIBILITY AND ACCEPTABILITY

- Most women wanted to take part in the intervention session because it would provide a safe space to share common experiences, learn new skills, get advice and help, feel better and heal.








“...To find healing and comfort from hearing others’ stories...to get that feeling that I am not the only one who went through this...”

- Common distressing symptoms reported by women included intrusive memories of the event, flashbacks, difficulty sleeping, anger, social withdrawal, emotional numbing and self-blame. Repeated exposures to rape and IPV and wanting to break these cycles were also reported as a motive for attending the sessions.

“...I want to get all the possible help so I can heal. I want to break the chains of being raped repeatedly...”

“...because I wish to learn and know more about other women and the things that blind me when it comes to love since I always end up being in an abusive relationship...”

- The overwhelming majority of women found the interventions helpful and reported feeling much better after completing them. They reported continuous use of mindfulness techniques, especially breathing exercises, and the seven steps used to manage stress.

	1. LIST PROBLEMS
	2. CHOOSE A PROBLEM
	3. DEFINE THE PROBLEM
	4. POSSIBLE SOLUTIONS
	5. DECIDE
	6. PLAN
	7. REVIEW

PRE-EXPOSURE PROPHYLAXIS

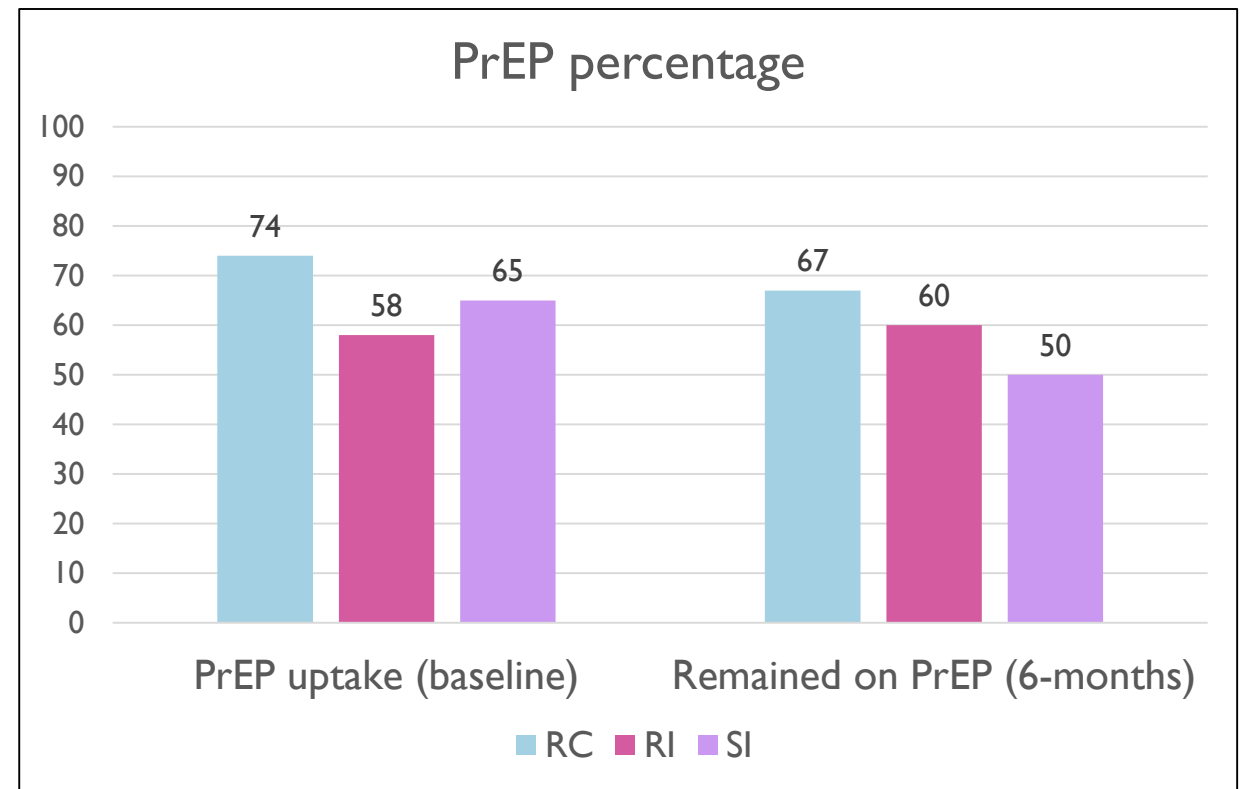
- 85 participants were HIV negative at baseline of which 55 (65%) took up PrEP.
- 28 participants (61%) remained on PrEP at 6-months.
- Reasons for stopping PrEP included forgetting (n=10), side effects (n=6) and accessibility problems (n=5).
- Most women were happy to continue taking PrEP after the study ended, but some were not willing to go to clinics to collect medication.

“...I will not continue with PrEP at my local clinic because the queues are too long. You spend the whole day there and they mix us with people who are there to collect ARV’s so people will think I am HIV positive...”

- The main motivation for taking PrEP was being in control of your health and staying HIV negative.

“...Knowing that taking the pill will protect me makes it easy for me to take it”, “I feel safe and protected”

“... You can never trust the man. PrEP helps me to protect myself...”



CONCLUSION

- The findings provide promising evidence for the efficacy of combined gSH+ and gPM+ in improving mental health among survivors of rape and GBV, especially for reducing symptoms of depression and PTSD.
- PrEP uptake was relatively high with some findings suggesting that adherence, in the short-term, was mediated by mental health in the RI group.
- Upscaling, further testing and longer follow-up periods may provide further insights into the effectiveness of these interventions.





QUESTIONS? COMMENTS? THOUGHTS?

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