Task Group Objectives and Process

The Toronto to Zero Mental Health and Substance Use Task Group convened between September 2019 and November 2020 to outline key gaps in mental health and substance use services for populations vulnerable to HIV and people living with HIV and to formulate potential recommendations to address these service gaps. Through our recommendations, we specifically sought to:

- Identify gaps in the current delivery of mental health and substance use services for people living with and affected by HIV;
- Recommend strategies to improve the delivery of mental health and substance use services and delivery in ASOs and other agencies serving communities affected by HIV;
- Tailor recommendations to meet the needs of identified priority populations and other sub-populations that face barriers accessing prevention services and information;
- Collaborate with other task groups and/or community members from affected communities to incorporate their input.

Task Group Membership

- Michael Adia, St. Michael's Hospital Family Health Team
- Celeste Bilbao-Joseph, Mount Sinai Hospital / Centre for Spanish Speaking Peoples (CSSP)
- Scott Bowler, Mt. Sinai Hospital
- Philip Banks, Gay Men's Sexual Health Alliance
- David Brennan, University of Toronto
- Peter DeRoche, Mt. Sinai Hospital
- Melissa Egan, Realize
- Enrique Garcia, Independent Practice
- Tim Guimond, University of Toronto
- Christian Hui, Asian Community AIDS Services
- Lindsay Jennings, PASAN
- Murray Jose-Boerbridge, Toronto HIV Network
- Chris Leonard, Black Coalition for AIDS Prevention
- Maureen Mahan, Casey House
- Brendan McLarty, UHN
- Claudia Medina, PASAN
- James Myslik, Family Service Toronto
- Suzanne Paddock, Toronto PWA
- John Power, ACT
- Kay Roesslein, McEwan Housing & Support Services
- Dawn Scarlett, Moyo
- Keith Showers, Community Member
- Rahim Thawer, Sherbourne Health Centre
- Ryan Kerr, OHTN
- Katherine Martin, OHTN

- Jack Mohr, OHTN
- Eliot Winkler, OHTN

Recommendations

1. **Expand access to a full range of mental health and substance use services in ASOs to reduce wait times and unmet needs.**

Despite increased attention to mental health and problematic substance use in the Ontario health system over the past several years, the expansion of services has not kept up with demand. Many Ontarians, including people living with and affected by HIV, still face challenges finding timely, affordable services that meet their needs. AIDS service organizations (ASO) and affiliated agencies have been working to reduce these barriers by expanding their scope of mental health and substance use supports, increasing the delivery of their most accessed programs and being flexible with session limits in short-term counselling.

The Gay Men's Health Hub, slated to open in 2021, will be a prominent example of reduced barrier individual and group counseling services with coordinated mental health intake, but it is unlikely to meet the substantial service demand on its own.

We urge all areas of the HIV sector to further this work to address service gaps by:

- Improving navigational supports at ASOs for mental health and substance use programming, including improving awareness of inter-agency services, coordination of care, and enhanced opportunities for referrals between organizations;
- Increasing investments in community-based substance use and mental health counselling services;
- Increasing opportunities to share best practices and program guidelines between ASOs;
- Enhancing collaboration across agencies with an interest in improved access to services which have historically garnered the greatest demand.

2. **Address substance use stigma to make services more welcoming to people who use drugs.**

Stigma towards substance use and people who use substances can inhibit individuals from engaging in services, much like HIV stigma can impede individuals from engaging in testing or care. Similarly, the stigma people face for their substance use often overlaps with stigma they experience based on their HIV status, race, sexuality, immigration status, lack of housing, poverty, and past incarceration. Many task group participants discussed challenges clients had engaging with programming because of internalized stigma about their substance use and past stigmatizing experiences from service providers. We recommend that HIV organizations take a multifaceted approach to create an environment that is non-stigmatizing for clients who use drugs by:

- Building capacity throughout agencies to offer non-stigmatizing services to people who use drugs, including addressing overlapping issues like supporting people in poverty and people with the experience of incarceration;
- Create greater opportunities for people who use drugs to be involved in creating, informing, and running programming; in particular, supporting peer-led group delivery;

- Engaging in broader coalitions addressing issues affecting people who use drugs, including coalitions addressing the opioid crisis and those supporting decriminalizing substance use.

3. Increase access to culturally competent services for crystal methamphetamine use in communities affected by HIV.

Services providers across Toronto have seen a resurgence in the use of crystal methamphetamine ("crystal meth") in the past several years.[1] A recent OHTN Rapid Response found a number of sources which showed that, in particular, use of crystal meth as part of meeting and engaging sex partners is linked to new HIV transmissions, and supporting individuals who want to change their crystal meth use requires addressing the social contexts and networks in which they use.

For people who are newly diagnosed with HIV, ongoing crystal meth use can also make consistent engagement with care and treatment difficult. We recommend the following steps to support communities affected by HIV to address challenges related to crystal meth:

- Increase programming for crystal meth use that incorporates sex therapy principles and are non-stigmatizing;
- Increase accessibility of harm reduction services specific to crystal meth use;
- Create more flexible/drop-in hours at HIV specialty clinics and HIV primary care clinics to better support people living with HIV whose use impacts their ability to stay connected to care.

4. Incorporate greater mental health services into crystal meth interventions to address underlying challenges that lead to use.

Task group participants noted that often clients who use crystal meth are using in part because of underlying trauma or untreated mental health issues. For service providers in ASOs, it can often be challenging to get clients connected to a psychiatric assessment or more intensive mental health services in a timely fashion. Non-HIV sector providers may also fail to understand the context in which clients use crystal meth and lack the skills to address it in a non-stigmatizing way. In order to continue to build capacity to address crystal meth use, we recommend:

- Explore the opportunity for new partnerships between ASOs providing crystal meth programming and key mental health providers in the city to address issues around crystal meth use interventions;
- Build relationships between ASOs delivering support services and interventions for people who use crystal meth and agencies providing more intensive mental health services to create better care pathways for clients requiring intensive psychotherapy;
- Build capacity of non-HIV sector mental health and addiction service providers to provide culturally competent supports for communities affected by crystal meth, in particular men who have sex with men and trans communities.

[1] Tomkins A, George R, Kliner M. Sexualised drug taking among men who have sex with men: A systematic review. Perspectives in Public Health. 2018;139(1):23–33.

5. **Increased programming and resources to address loneliness and community disconnection, in particular in the context of COVID-19.**

Over the past several years, there has been growing concern about how loneliness and social isolation impact the mental health of community members living with and affected by HIV. COVID-19 has amplified these concerns, as the pandemic has had untold mental health and substance use consequences for many people and expect particularly those living with HIV. Parallels between HIV and COVID-19, and their regular presence in the media, is a reminder of past experiences of trauma and loss. Lockdown and social distancing procedures have cut off the connection many people living with and affected by HIV had with their peers and communities. We recommend developing resources to address loneliness and isolation as a critical first step out of the current crisis for our communities and also as a means to address the ongoing challenge of social isolation and loneliness in our communities. We recommend focusing these efforts on:

- Organizing a collection of current and emerging resources on the topic of loneliness and isolation for service providers;
- Developing a resource guide specifically for people living with HIV who are experiencing loneliness and community disconnection;
- Creating videos and social media campaigns/content on mental health struggles in the current climate that include information on addressing worsening mental health and isolation for both service providers and the general public;
- Developing resources that address the consequences of sexual distancing.

Frontline work in the context of COVID-19 has undergone significant changes and both the people living with HIV and frontline staff have been greatly impacted. In addition to the development of resources, we also recommend creating opportunities for debrief, reflection, and discussion as these changes affect mental health service access as well as community connection.

- We expect COVID-19 to make interagency collaboration and the implementation of any new initiatives more difficult;
- We expect increased uncertainty around resources and where money will be directed in the future;
- We expect COVID-19 to change the behaviour patterns of the population and our understanding of some of these factors, making it hard to create programming that addresses the contemporary version of the issues being targeted;
- We will need data on how these factors have been impacted by the pandemic, and it will be important to start surveying how the pandemic has influenced the primary targets of these recommendations.