

# **Implementation of a community-based psychiatric intervention among people who inject drugs in the City of Haiphong, Vietnam: the DRIVE-Mind project.**

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## **Objectives**

The objective of the DRIVE-Mind project was to assess the feasibility and impact of a psychiatric intervention implemented in the community (community-based organizations - CBO) in the city of Haiphong, Vietnam, for a population of people who inject drugs (PWID) presenting with a psychiatric diagnosis.

## **Methods**

PWID (injection marks, positive urine test for opiates/methamphetamine) under follow-up and diagnosed with a depression, psychosis or suicide risk (MINI semi-structured interview) were invited to enroll in a 12 month psychiatric cohort. Psychiatric intervention included free psychiatric consultations and treatments at two community-based organization offices, along with strong support of CBO members/peers for information on mental health, mental disorders and their treatments, recall of appointments with psychiatrists, linkage with family at home and support groups. Peers also offered linkage to care (methadone, ART), harm reduction services and administrative support.

## **Results and conclusions**

233 PWID were enrolled in the cohort; 90% were male, mean age 44 ( $\pm 8.8$ ), 71% were still injecting heroin, 46% were smoking methamphetamine, and 41% were HIV positive. At cohort initiation, 82% were diagnosed with depression, 48% with a psychotic disorder and 45% with a suicide risk; 42% had been treated with methadone. During the 12 month follow-up, 12 died, 197 came back at M6 visit (85%) and 170 at the M12 visit (73%). At M12 visit, 154 (90%) were clinically improved, 9 (5%) had stable symptoms and 7 (4%) worsened (Clinical Global Impression Scale). Their Quality of Life (EQ-5D-5L) was significantly improved between M0 and M12 visits ( $p < 0.001$ ). 72/73 (99%) and 90/96 (94%) were on ART, and 66/69 (96%) and 86/96 (90%) had VL  $< 1000$  copies/mL at M12 follow up (viral load data missing for 4) and baseline respectively. Implementing a community-based psychiatric intervention is feasible and appeared successful in terms of psychiatric, Quality of Life and HIV-related outcomes.

**Conflict of interest: None**