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ORIGINAL RESEARCH

# Exploring Effective Approaches: Integrating Mental Health Services into HIV Clinics in Northern Uganda

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**Background:** Integrating mental health services into HIV clinics is recognized as a promising strategy. However, the literature reveals gaps, particularly in the unique context of Northern Uganda, where factors such as historical conflict, stigma, and limited resources pose potential barriers.

**Material and Methods:** This qualitative study, conducted between October and November 2023, employed a phenomenological design. The study involved primary healthcare facilities across diverse urban and rural settings, focusing on healthcare providers, village health teams, and service users. A purposive sampling approach ensured diverse demographics and perspectives. In-depth interviews and focus group discussions were conducted, with healthcare providers and service users participating individually, and village health teams engaged in group discussions. Thematic analysis was employed during data analysis.

**Results:** Findings revealed a predominance of females among healthcare providers (18 of 30) and service users (16 of 25), as well as in VHTs. Average ages were 33.4 (healthcare providers), 38.5 (service users), and 35.1 (VHTs). Most healthcare providers (15) held diplomas, while 12 service users and 4 VHTs had certificates. The majority of healthcare providers (n=20) and 4 VHTs had 6–10 years of experience. Thematic analysis highlighted three key themes: benefits of integrated mental health services, implementation challenges, and the role of community engagement and cultural sensitivity.

**Conclusion:** This study contributes valuable insights into the integration of mental health services into HIV clinics in Northern Uganda. The perceived benefits, challenges, and importance of cultural sensitivity and community engagement should guide future interventions, fostering a holistic approach that enhances the overall well-being of individuals living with HIV/AIDS in the region. Policymakers can use this information to advocate for resource allocation, training programs, and policy changes that support the integration of mental health services into HIV clinics in a way that addresses the identified challenges.

**Keywords:** HIV clinic, integration, mental health disorder, Uganda

## Background

Substantial progress has been achieved in preventing and treating HIV since the identification of the virus causing AIDS.[1] Presently, individuals recently diagnosed with HIV can anticipate a lifespan close to that of the general population with consistent access to and adherence to combination antiretroviral therapy (ART).[1] Furthermore, there is a prevailing optimism regarding the potential to put an end to the HIV epidemic, or at the very least significantly reduce its impact, using existing biological and behavioral interventions.[1] The goals set by the Joint United Nations Programme on HIV/AIDS (UNAIDS), known as "90–90-90", aim for 90% of people living with HIV to be diagnosed, with 90% of them initiating ART, and 90% of



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those on ART achieving and sustaining viral suppression through treatment adherence.[2] Some regions are even setting more ambitious targets, such as "95–95-95", ultimately striving for "getting to zero" new HIV infections.[3] While these goals may be aspirational, there is a widespread belief that they are attainable with focused resources and concerted efforts. However, realizing these gains hinges on addressing the considerable mental health disorder faced by those susceptible to acquiring or living with HIV.[1] These challenges exacerbate the numerous social and economic obstacles to accessing adequate and sustained healthcare,[4] including stigma, discrimination, lack of social support, poverty, and unemployment. Additionally, the considerable mental challenges faced by people susceptible to contracting or living with HIV include depression, anxiety, trauma, and substance abuse disorders.[1] These mental health disorder can significantly impact one's ability to engage in HIV care, adhere to medications, and maintain overall well-being.[1] Addressing these obstacles and challenges is crucial for achieving the 95–95–95 targets and ultimately ending the HIV epidemic.

The psychosocial impact of HIV, coupled with neurological complications resulting from the infection or treatment with antiretroviral drugs, heightens the risk of mental health disorder among those with HIV.[5] Conversely, individuals facing mental health disorders are more susceptible to engaging in risky behaviors (the activities such as unprotected sexual intercourse, sharing needles or syringes for drug use, and engaging in sexual activities with multiple partners), potentially increasing their vulnerability to HIV infection and the likelihood of virus transmission.[6] Recognizing this dual burden, the World Health Organization emphasizes the importance of integrated healthcare services, aligning with the global commitment to achieving holistic care for individuals living with HIV.[7] In the healthcare domain, the integration of mental health services into specialized clinics has become increasingly crucial, particularly at the intersection of mental health services and HIV/AIDS.[8] As the global community acknowledges the significance of holistic care, there is a growing imperative to explore effective approaches for seamlessly integrating mental health services into HIV clinics.[9] However, despite the acknowledged importance of this integration, the existing literature reveals discernible gaps that necessitate further exploration.In Uganda, HIV/AIDS prevalence remains a significant public health concern.[10] The Ministry of Health acknowledges the importance of integrated healthcare services and has taken steps to improve care quality for individuals living with HIV.[11] Existing research often overlooks the local factors that shape the experiences of individuals accessing HIV clinics in Northern Uganda.[12] Factors such as the psychosocial impact of historical conflict, stigma associated with HIV/AIDS and mental health disorder, and the region's limited resources pose potential barriers to effective integration.[13] Moreover, while the literature[13] suggests that integrating mental health services into HIV clinics is a promising strategy to address health needs, the specific strategies and interventions suitable for the Northern Ugandan context remain understudied.

Integration of mental health services into HIV clinics in northern Uganda includes co-locating mental health professionals within the HIV clinic setting to provide comprehensive care, training HIV clinic staff in basic mental health screening and support techniques, and developing collaborative care plans between mental health and HIV providers. Additionally, it entails creating a supportive environment that reduces stigma around mental health, offering group therapy sessions for HIV-positive individuals, and integrating mental health education into existing HIV programs. These efforts aim to enhance access to mental health care, improve overall well-being, and ultimately, strengthen the effectiveness of HIV treatment and support services. Northern Uganda, having faced the challenges of both a historical conflict and a significant burden of HIV/AIDS,[14] necessitates a closer examination of strategies to integrate mental health services seamlessly into existing HIV clinics. The experiences and preferences of individuals accessing these clinics, as well as the perspectives of healthcare providers operating within this unique environment, have yet to be comprehensively explored. Hence, the present research attempted to bridge the gap by exploring the mental health services with the specific context of HIV clinics in northern Uganda. This may help to tailor interventions that resonate with the specific needs of the local population.

# Materials and Methods

## Study Setting

The research was conducted in selected primary healthcare across northern Uganda including both urban and rural settings. This diverse setting ensures a comprehensive understanding of the challenges and opportunities in integrating mental health services into HIV clinics within various contexts.

## Research Design

This qualitative study, conducted between October and November 2023, employed a phenomenological design to explore the lived experiences of individuals regarding the integration of mental health services into HIV clinics in Northern Uganda. Phenomenology is well-suited for this research as it seeks to comprehend the essence of participants' experiences and how they interpret the phenomenon under investigation.[15]

## Study Participants and Sample Size Estimation

The study focuses on three primary groups: healthcare providers engaged in mental health services, village health teams (VHTs), and service users. Inclusion criteria for healthcare providers require active engagement in mental health services within HIV clinics and employment at selected primary healthcare facilities. VHTs had to be actively serving as members in the community and directly involved in community health work, while service users should actively utilize mental health services within HIV clinics. Exclusion criteria stipulate that healthcare providers are excluded if employed at healthcare facilities not included in the selected primary healthcare facilities, VHTs and service users were excluded because of inability or unwillingness to share their experiences. These criteria were chosen to create a clear framework for participant selection without ambiguity, ensuring the inclusion of participants directly involved in or impacted by the integration of mental health services into HIV clinics in Northern Uganda, while also respecting privacy and consent.

The sample comprised 30 healthcare providers, 25 service users, and two groups of VHTs, each consisting of six participants. This comprehensive and varied dataset aimed to capture a holistic understanding of integration challenges while avoiding redundancy in information. The inclusion of VHTs facilitated the exploration of community-level dynamics, leveraging their role as intermediaries between the healthcare system and the community.

## Sampling Criteria

We purposively selected primary care health facilities that had integrated mental health services. The criteria for facility selection considered both geographical and demographic factors, encompassing urban and rural settings from different districts. Purposive sampling was utilized to select participants with diverse demographics and perspectives. Mental healthcare-trained healthcare workers from five facilities were chosen for interviews, along with service users identified through assistance from healthcare providers. Two focus group discussions (FGDs) involved community members, particularly VHTs, ensuring equitable representation in terms of gender, age, and education level among healthcare providers, service users, and VHTs. This approach aimed to gather insights into the integration challenges, aligning with the principle of saturation by continuing data collection until no new information or themes emerged, thus justifying the chosen sample size.

## Data Collection Instruments

The interview guide for this study' was thoughtfully developed to suit the varied contexts of healthcare providers, service users, and VHTs. In-depth interviews (IDIs) were chosen for healthcare providers and service users, acknowledging the sensitive nature of the topics. Questions for healthcare providers centered on their roles in integration efforts, challenges faced, impact on patient well-being, successful strategies, and collaborations with colleagues. Service users were asked about their patient experiences, access to mental health support, suggestions for improvement, changes in mental well-being, and positive clinic experiences. These questions were refined through multiple iterations and pilot testing to ensure relevance, clarity, and cultural appropriateness.

For VHTs, focus group discussions (FGDs) were deemed most appropriate due to their collaborative nature within community health work settings. The FGD guide aimed to capture collective insights, shared experiences, and group dynamics regarding mental health service integration. This method was selected for its ability to explore perspectives from a group that often collaborates closely in their roles. Individual interviews with VHTs would have been challenging logistically due to their dispersed locations and community-based work. FGDs provided an efficient means to gather insights from multiple VHTs simultaneously, maximizing resources and time while encompassing diverse opinions

within the group. VHTs, being part of the same community and sharing common health goals, were likely to have similar experiences and challenges, making the group setting conducive to rich discussions and shared reflections.

## Procedure

Three research assistants, all of whom had prior experience conducting qualitative interviews in the study setting, conducted IDIs. To ensure reflexivity during the interviews, participants were informed that there were no right or wrong answers, and our sole interest was in their opinions. We employed enhanced probing techniques to prevent making assumptions or arriving at premature conclusions about the data. In our study, enhanced probing techniques refer to a deliberate approach taken during the interviews to explore deeper into participants' responses without making assumptions or prematurely drawing conclusions. When necessary, we framed the interviews as reciprocal conversations to enhance trust between the researchers and the study participants. Additionally, the initial transcripts were shared with one of the co-authors (EK) to identify potential areas for more probing and to discuss ways to enhance data quality. In all instances, participants suggested their preferred interview locations, with privacy being carefully considered. The in-depth interviews varied in duration, lasting between 46 and 60 minutes. Two research assistants, with backgrounds in social work and public health, and experience in qualitative research, facilitated two FGDs in the community with VHTs. Both FGDs lasted approximately 70 minutes. The relative accessibility and homogeneity of the VHTs made FGDs possible in this context.

## Data Analysis

The six steps of Braun and Clarke's thematic analysis approach, as outlined in our methodology, guided our systematic analysis of the qualitative data collected during our study.[16] These steps are as follows: immersing ourselves in the data, generating initial codes, searching for themes, reviewing the themes, defining and naming themes, and developing a unified story.[16] First, we immersed ourselves in the data, thoroughly familiarizing ourselves through immersion and transcription to grasp the content and context. This step allowed us to gain a deep understanding of the information collected. Next, we generated initial codes, essentially labels or tags capturing key concepts from the data. Following this, we systematically searched for overarching themes, identifying recurring patterns significant to our research questions. After identifying potential themes, we reviewed and refined them to ensure they accurately represented the data. This iterative process involved revisiting the data to validate the themes against the coded extracts. Once the themes were confirmed, we worked to define and describe each theme in detail, clarifying their meaning and scope and assigning clear, descriptive names. Finally, we wove these themes into a coherent narrative, aiming to present a comprehensive understanding of the data. This process integrated diverse perspectives and insights from both the principal investigator, AK, and the Experts by Experience (EK, RT, MM, HN). The collaborative workshops further enriched our analysis, fostering a holistic and inclusive approach to capturing the complexity of integrating mental health services into HIV clinics in northern Uganda.

## Rigor

In addressing the integration of mental health services into HIV clinics in northern Uganda, our study adhered to rigorous measures to ensure credibility, dependability, confirmability, and transferability. To establish credibility, we held regular team meetings that fostered a positive collaborative environment, facilitating consensus building and inclusive decision-making processes. The diversity of disciplinary backgrounds among team members enriched our analysis, while deliberate steps were taken to acknowledge and mitigate researchers' biases during both data collection and analysis stages.

Dependability was ensured through our approach to in-depth Individual Depth Interviews (IDIs). Participants were provided with a non-judgmental space, underscoring our commitment to comprehensively understanding diverse perspectives. We employed enhanced probing techniques, such as utilizing open-ended questions, to prevent premature conclusions, thereby allowing participant responses to organically guide the conversation. Additionally, framing the interviews as reciprocal conversations aimed to build trust, thereby minimizing power dynamics and encouraging genuine sharing.

Confirmability was achieved through methodological triangulation, which involved engaging with healthcare providers, service users, and village health teams. This approach validated our findings through multiple perspectives and varied data sources, reducing the impact of individual biases. Furthermore, thematic analysis was conducted collaboratively with "Experts by Experience" in workshops, which not only provided valuable insights but also facilitated ongoing refinement of our interpretations, thereby mitigating individual biases throughout the iterative process. These measures collectively bolstered the reliability and trustworthiness of our study's findings, enhancing their potential for transferability to similar contexts.

## Ethical Approval

The study adhered to the procedures outlined in the Helsinki Declaration and obtained approval for publication from the Gulu University Research and Ethics Committee (GUREC-2023-32). While none of the authors are currently affiliated with Gulu University, the majority of the study was conducted during the tenure of some authors at Gulu University. To participate in the study, individuals were required to provide written informed consent, and confidentiality was maintained throughout the entire research process. Participants had the freedom to withdraw from the study at any point without facing penalties, and the study guaranteed anonymity. In instances where participants experienced distress during data collection, they were promptly referred to a standby counselor for counseling services. All participants' informed consent included publication of their anonymized responses.

# Results

The results presented in Table 1 (n=30) indicate that most of the healthcare providers (18 out of 30) and service users (16 out of 25) were females. Additionally, the majority of VHTs in FGD 1 were also females. The average age for healthcare providers, service users, VHTs 1, and VHTs 2 were 33.4, 38.5, 30.9, and 35.1, respectively. Among healthcare providers, 15 had a diploma, while 12 service users and 4 VHTs 1 had a certificate. Regarding work experience, the majority (n=20) of healthcare providers and 4 VHTs 2 had accumulated 6–10 years of experience.

## Themes

The thematic analysis (Table 2) revealed three key themes to effective approaches for integration of mental health services into primary healthcare systems in Uganda: perceived benefits of integrated mental health services, challenges faced in implementation and community engagement and cultural sensitivity.

### Theme 1: Perceived Benefits of Integrated Mental Health Services

Our focus encompassed both HIV stigma and mental health stigma. We recognized the interconnectedness of these two forms of stigma, understanding that individuals living with HIV often face not only the stigma associated with the virus

**Table 1** Characteristics of Participants in IDIs and FGDs

| Variables | Category | IDIs with healthcare providers (n= 30) | IDIs service users (n= 25) | FGDs with VHTs, 1 (n=6) | FGDs with VHTs, 2 (n=6) |
|---|---|---|---|---|---|
| Gender | Male | 12 | 9 | 1 | 3 |
| | Female | 18 | 16 | 5 | 3 |
| Age (years) | Mean | 33.4 | 38.5 | 30.9 | 34.1 |
| Education level | No formal education | 0 | 3 | 0 | 0 |
| | Certificate | 9 | 12 | 4 | 2 |
| | Diploma | 15 | 6 | 1 | 2 |
| | Degree | 6 | 3 | 0 | 0 |
| | Postgraduate | 0 | 1 | 0 | 0 |
| Experience | Less than 5 years | 5 | – | 3 | 2 |
| | 6–10 years | 20 | – | 3 | 4 |
| | > 10 years | 5 | – | 0 | 0 |

**Table 2** Themes Identified

| Codes | Sub-themes | Major themes |
|---|---|---|
| "I observed improved adherence"<br>"I feel more supported and happier" "Having mental health services like counseling in HIV clinics helps"<br>"reducing the judgment and stigma"<br>"There's a constant struggle to allocate adequate time"<br>"Limited resources in our communities make it challenging…"<br>"Getting support from local leaders is really important"<br>"we need to actively involve the community leaders and local healer…"<br>"…there's resistance due to cultural norms" | • Improved patient outcome<br>• Holistic psychological wellbeing<br>• Medical adherence<br>• Staffing issues<br>• Infrastructure challenges<br>• Patient stigma<br>• Participatory approach<br>• Tailoring services to cultural context<br>• Community education<br>• Public awareness | Perceived benefits of integrated mental health services<br><br>Challenges faced in implementation<br><br>Community enjoyment and cultural sensitivity |

itself but also the additional stigma related to mental health challenges. Healthcare workers, VHT, and service users in northern Uganda articulated various perceived advantages associated with the integration of mental health services into HIV clinics. The prevailing sentiment among them was that this integration significantly improved overall patient care and outcomes. The holistic impact of this integration is underscored by the following quotes:

> We have observed improved adherence to HIV medication among patients who receive integrated mental health services. Addressing mental health concerns contributes to better treatment compliance and overall health management. HCW

> Having mental health services within the HIV clinic has streamlined coordination. We no longer have to refer patients to separate facilities, ensuring a seamless and comprehensive healthcare experience for our clients. HCW

Services users receiving integrated mental health services within HIV clinics also conveyed their views on the perceived benefits. They expressed emotional relief, as evident in the following excerpts:

> Receiving support and counseling alongside my HIV treatment makes everything more manageable. It's a safe space where I can openly discuss my health and emotions, and I feel better. SU

Another service user highlighted the positive impact on overall quality of life, saying,

> I used to feel overwhelmed managing my HIV disease along with the emotional burden without anybody to talk to. But these days, I have nurses whom I talk to privately when I come for treatment at the clinic. I feel more supported and happier. SU

Village Health Teams also recognized the positive outcomes associated with the integration of mental health services into HIV clinics. They highlighted the community-level impact as evidenced in the quotes below:

> Putting services together helps people in the community understand more about mental health and HIV. It makes our community more inclusive and understanding, reducing the judgment and stigma. VHT

Another VHT member emphasized the preventative aspect, stating:

> Having mental health services like counseling in HIV clinics helps to connect with the community. Now, we can teach people about why mental health is important, clearing up misunderstandings about both HIV and mental well-being. VHT

The perceived benefits of integrated mental health services were consistently highlighted across healthcare workers, service users, and Village Health Teams. The integration not only enhanced holistic care, treatment adherence, and provider-patient relationships but also reduced stigma, provided comprehensive support to service users, and increased community awareness and support at the community level. These findings underscore the multifaceted positive outcomes resulting from the integration of mental health services into HIV clinics in northern Uganda.

### Theme 2: Challenges Faced in Implementation

Despite acknowledging the benefits, healthcare providers and VHTs recognized challenges in the implementation process. The challenges faced in implementing the integration of mental health services into HIV clinics are deeply intertwined and span across various stakeholders. The participants expressed the complex challenges encountered in the integration process as follows:

> Balancing the demands of HIV care with mental health services is challenging. There's a constant struggle to allocate adequate time for both, often leading to compromised quality of care for one or the other. HCW

Another healthcare worker highlighted the training gap, stating,

> While we encouraged to help our patients but limited capacity and appropriate facilities has left us feeling ill-equipped to dealt with mental health issues adequately. We need more specialized training to effectively manage the psychological aspects of HIV care. HCW

A healthcare worker shed light on the resistance within the healthcare system, stating:

> There's a lack of institutional support. The existing structures prioritize HIV, and integrating mental health services is met with skepticism. This hinders collaboration and slows down the entire process. HCW

From the perspective of a service user, the challenge of stigma emerged:

> Seeking mental health support within an HIV clinic brings judgment from others. This makes it difficult to openly discuss mental health concerns. SU

Many service users expressed concerns about privacy:

> ……. but there's a fear of compromised confidentiality. I fear to share or sometime I want to shout and cry, but in the same setting as HIV treatment, at time there are many people seeing you, I just go back without expression of my feelings or burdens and personal struggles. SU

Village health teams highlighted resource constraints as one participant put it:

> Limited resources in our communities make it challenging to effectively support the integration, there is literary nothing to help us identify, the affected patients. We do not know how help the healthcare workers. VHT

Village health teams emphasized the dual role of being intermediaries and community members. They expressed the need for capacity building as evidenced in the following quote:

> Being part of the community sometimes makes it easier to extend the services to the patients. However, it is also challenging as some may not see us as experts. We require training to bridge the gap. Empowering us with the knowledge and skills to address mental health issues within the community will enhance the success of this integrated approach. VHT

Addressing the above issues requires a comprehensive approach, involving targeted training for healthcare workers, community-level awareness campaigns, and measures to protect the privacy and dignity of service users. Only through collaborative efforts can the implementation challenges be overcome, paving the way for a more holistic and integrated approach to healthcare in northern Uganda.

### Theme 3: Community Enjoyment and Cultural Sensitivity

The participants underscored the vital role of community engagement and cultural sensitivity in successfully integrating mental health services. They acknowledged the need to align services with local practices and beliefs, address stigma and create an inclusive environment within HIV clinics. Despite the challenges, a commitment to ongoing dialogue emerged as a strategy for acceptance and collaboration as shown in the quotes below:

> Our success in integrating mental health services into HIV clinics heavily relies on forging strong ties with the community. We need to understand their beliefs, address stigma, and tailor our services to meet their needs. HCW

Another healthcare worker emphasized the need for cultural sensitivity stating:

> Working in northern Uganda has taught me the importance of collaborative care. we need to actively involve the community leaders and local healer especially in matters related to mental health. Their support is crucial in making integration of mental health services acceptable within the HIV clinics. HCW

A village health team member emphasized the role of community leaders, stating:

> Getting support from local leaders is really important. When they approve mental health services, it connects with the community, making it simpler for us to encourage and include these services smoothly. VHT

Another VHT member reflected on this matter saying:

> Sometimes, there's resistance due to cultural norms. We include the community in making decisions and openly talk about their concerns. This helps us overcome problems and build a feeling that the community owns the project. VHT

The integration of mental health services into HIV clinics in northern Uganda relies heavily on the effective engagement of healthcare workers, service users, and Village Health Teams within the community. The shared commitment to cultural sensitivity, community involvement, and transparent communication emerged as key elements in fostering acceptance and dismantling stigma surrounding mental health within the context of HIV care.

## Discussion

The present study aimed to explore effective approaches to integrating mental health services into HIV clinics in northern Uganda, considering the complex challenges faced by individuals living with HIV/AIDS. The study revealed three key themes: perceived benefits of integrated mental health services, challenges faced in implementation, and importance of community engagement and cultural sensitivity.

Our findings affirm the perceived benefits of integrating mental health services into HIV clinics, shedding light on the positive outcomes associated with this approach. Participants in the study recognized the potential advantages such as improved mental well-being, enhanced adherence to HIV treatment, and overall better health outcomes. The results of this study align with existing literature on the benefits of integrating mental health services into primary care settings.[17] The positive outcomes observed in terms of mental well-being and treatment adherence resonate with previous research, supporting the notion that integrated care models can enhance overall health outcomes for individuals with chronic conditions like HIV/AIDS.[18]

Our study however, revealed the challenges encountered in implementing integrated mental health services. These challenges range from logistical issues, such as resource constraints and limited personnel, to deeper systemic problems like stigma and discrimination, aligning with findings from other studies.[11,13] The identification of these challenges emphasizes the need for a comprehensive and strategic approach in the implementation of integrated services. However, some aspects may diverge from existing literature,[19] particularly regarding the specific challenges faced in the Northern Ugandan context. The unique socio-cultural circumstances of the region might introduce challenges that differ from those reported in other settings. Further research is needed to explore these disparities and provide a more understanding of the challenges specific to Northern Uganda. Addressing these barriers is crucial to ensuring the successful integration of mental health services into HIV clinics.

The significance of community engagement as a linchpin for effective mental health services integration is a central theme in our findings, aligning with existing literature emphasizing the role of community involvement in healthcare, especially in resource-limited settings.[20] Our results demonstrate that community participation fosters increased awareness, acceptance, and utilization of mental health services within HIV clinics, echoing studies highlighting the positive impact of community engagement on health outcomes.[21] Additionally, in line with popular views,[22] our study underscores the paramount importance of cultural sensitivity in introducing mental health services in diverse settings, emphasizing the need to tailor interventions to align with local cultural norms. This includes understanding local beliefs, traditional healing practices, and community dynamics. Integrating mental health services into HIV clinics should not only focus on the clinical aspects but also consider the socio-cultural context to ensure acceptance and effectiveness.

## Strength and Limitations of the Study

The use of multiple data sources, including interviews with healthcare workers, service users, and VHTs, enhanced the credibility of the findings. The use of in-depth interviews allowed for detailed exploration of participants' experiences and perceptions regarding the integration of mental health services into HIV clinics. However, first, the study's scope primarily focused on selected primary healthcare facilities in northern Uganda. While this allowed for a detailed exploration within these settings, the findings may not be fully generalizable to all healthcare facilities in the region. There may be a potential for selection bias in participant recruitment. Participants who agreed to be interviewed may have unique perspectives that differ from those who declined. Despite efforts to remain objective, researchers' interpretations of the data may have been subjective, impacting confirmability. The study focused on HIV clinics in northern Uganda, which may limit the transferability of findings to settings with different healthcare systems, cultures, or resource availability.

Building upon our study's findings, we recommend the following for future research endeavors: Conducting longitudinal studies to assess the long-term impacts of integrated mental health services on patient outcomes and community attitudes. This could provide valuable insights into sustainability and effectiveness over time. Supplementing qualitative findings with quantitative assessments to quantify the impact of integration on variables such as treatment adherence, viral suppression rates, and mental health outcomes. Further exploration of specific challenges faced in implementation, such as staffing issues, infrastructure limitations, and stigma reduction strategies. This could inform targeted interventions and policy recommendations.

### Implications

The implications of our study findings are multi-faceted. We discovered perceived benefits, challenges in implementation, and the importance of community engagement and cultural sensitivity in integrating mental health services into HIV clinics. These implications highlight the potential for improved patient outcomes, enhanced holistic care, and increased community awareness. Understanding these implications is crucial for policymakers, healthcare providers, and community leaders aiming to enhance healthcare services in northern Uganda.

## Conclusion

This study contributes valuable insights into the integration of mental health services into HIV clinics in Northern Uganda. The perceived benefits, challenges, and importance of cultural sensitivity and community engagement should guide future interventions, fostering a holistic approach that enhances the overall well-being of individuals living with HIV/AIDS in the region. Policymakers can use this information to advocate for resource allocation, training programs, and policy changes that support the integration of mental health services into HIV clinics in a way that addresses the identified challenges.

## Data Sharing Statement

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

## Acknowledgment

We wish to acknowledge the participants in this study.

## Author Contributions

All authors made a significant contribution to the work reported, whether that is in conception, study design, execution, acquisition of data, analysis, and interpretation, or all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agreed to be accountable for all aspects of the work.

## Disclosure

The authors report no conflicts of interest in this work.

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