

Mental Health and HIV/AIDS: Reasons for concern and some ideas of what can be done.

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Who is “mentally” affected by HIV/AIDS?

- People infected with the HIV virus
- People unsure of their status
- Family and caregivers
- Bereaved people
- Children orphaned or otherwise made vulnerable
- Health workers
- Society as a whole (the impact on society as a whole is greater than the sum of the parts)

Disciplines operating in conceptual and practical silos?



Substance
dependence

HIV/AIDS

Mental
Health

Need for Intersected whole



Mental disorders in PLHIV in South Africa

	HIV/AIDS	GENERAL POP
Depressive disorder	29.9%	
Major depressive disorder	11.1%	4.9%
Alcohol dependence	2.9%	1.2%
Alcohol abuse disorder	2.4%	4.5%
GAD	< 1%	1.4%
PTSD	<1%	<1%
Total	43.7%	16.5%

(Freeman et al 2007)

Variables associated with mental disorder:-

- Clinical stage of disease
- Gender
- Employment status
- Whether have children
- How infected
- How status discovered

Similar prevalence found in a number of other African, American and Western European studies.

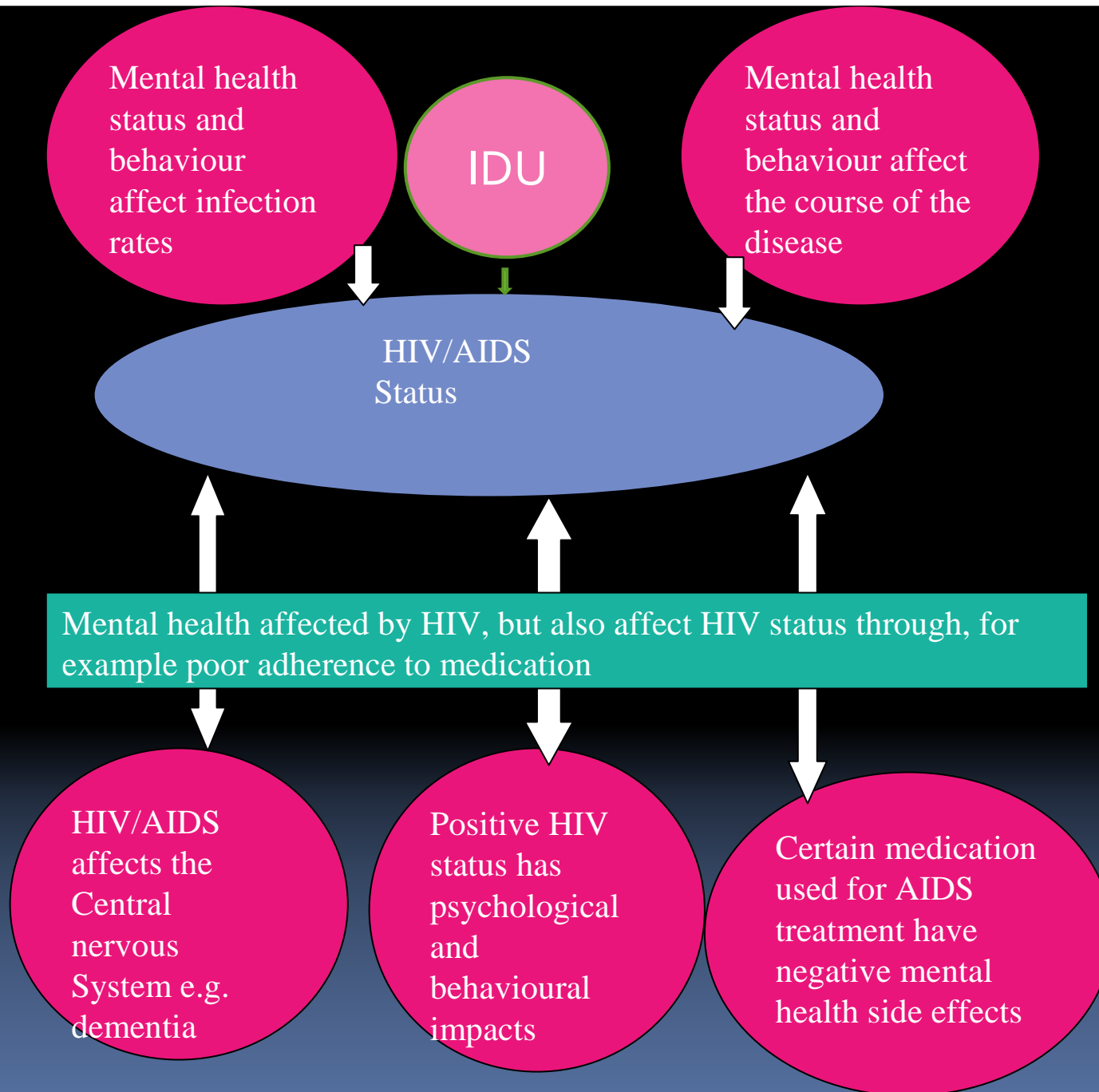
Eastern Europe and Central Asia? Not sure whether studies have been conducted.

Highly likely that mental disorder is even higher because of high levels of co-morbidity between substance dependence and psychiatric disorder (and of course if substance abuse disorders are classified as mental disorders)

Direction?

- It is often unclear whether the mental disorder/substance abuse problem preceded or followed the infection.

Likely that mental disorder is both a risk factor and a consequence of HIV



Changes following ART

NB! Still proportionately very few people in need of ART receiving treatment - only around 28% of those in need of treatment receiving ART.




Mental health changes following ART

- People tend to have “new” problems and anxieties around forming relationships, disclosure, sexual dysfunction and demoralization around side-effects of medication.
- Being “infective”

Living with HIV is sometimes harder than dying from it!

Adherence rates affected by mental disorder

- A number of studies have shown that PLHIV and mental disorder have poorer adherence to ART.
- Mental disorder is indeed a “life or death” issue through:-
 - Suicide
 - Poor adherence to medication

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- Mental disorder can be treated.
 - Can often be included in general health care regime.
 - Recent studies showed
 - increased adherence to ART through use of SSRIs
 - Increased mental health through CBT.

“Double stigma”

- PLHIV who experience mental health problems often experience the stigma of both AIDS and mental disorder.
- Is the apparent reluctance of health workers working with PLHIV to recognize the importance of mental disorder as both a risk factor and a consequence of HIV also stigma related?

Areas of some interventions and opportunities presented

- Voluntary counselling and testing
- Follow up counselling
- Referral to mental health services where needed
- Picking up and treating HIV/AIDS cases within the mental health/narcology services.

- Needle exchange programmes
- Support groups
- Include mental health/substance abuse in comprehensive HIV/AIDS treatment (IMAI)
- Include mental health as part of ART adherence programmes

Cont.

- Prevention of substance abuse in itself
- Prevention of HIV transmission amongst people who abuse substances
- **PREVENTION OF HIV!**

Program: **Mental Health and HIV/AIDS in Southeastern Europe, Caucasus and Central Asia (2005-2008)**

- Implemented by Global Initiative on Psychiatry (GIP) and funded by the Dutch Government and OSI
- **Main goal: improve quality of life of PLHIV**
- Has established network of expert centers on Mental Health & HIV/AIDS in Armenia, Azerbaijan, Georgia, Kazakhstan, Tajikistan, Kyrgyzstan, Serbia, Bulgaria and Moldova
- Expert Centers are actively doing research, training and advocacy on this topic

If you are interested in hearing more about this issue and program, please join us at a **Satellite Meeting on the subject on 5 May at 17.30 at Congress Hall 2**