Psychosocial and mental health care needs of People Living with HIV and AIDS: A Review

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***Abstract*-** Known Fact that HIV/AIDS is incurable disease and welcoming of several other opportunistic infections like cancer, tuberculosis etc. And it attach with several physical, psychological, social and financial problems, which creates vulnerability of people with HIV/AIDS. This paper elucidates the psychosocial and mental health care need of people living with HIV/AIDS. The literature included for paper is strongly supporting to the need of integration between psychosocial and mental health care and HIV/AIDS care.

I. Introduction

HIV is known as human immunodeficiency virus, if it is left untreated it can leads to disease called AIDS (Acquired Immunodeficiency Syndrome). Unlike other viruses body cannot get free from the HIV, if once one acquired this virus in body so have to live full life with it. This virus has ability to transmit from one human to other by blood contact, breast feeding and sexual intercourse. Therefore virus equally effect rich or poor, men or women, child or adult, urban or village.

HIV effects the human immune system especially CD-4 cells (T cells), these cells are helpful to fight with infection. If HIV left untreated it reduced the CD-4 cells, and make human body more prone to other infections and diseases like cancer, tuberculosis and other related infections(AIDS.gov, 2015). Slowly HIV can destroy more CD-4 cells an make body immune system more weak, so many opportunistic infections come to body and make it mire weak. These all conditions leads to the AIDS advance stage of the HIV and become cause for early death..

HIV/AIDS Global scenario: Being known to the human beings after 1981 HIV/AIDS become one of the few diseases which gained global attention in last three decades. After coming to consideration of human being it considered as pandemic level, very soon it gained priority as an emergency by world public health and considered for immediate attention and investment. Since begging of this untreated HIV epidemic, it claimed approximately 78 million people infection with this and over 39 million people killed by this deadly HIV/AIDS (W.H.O, 2013a). Since HIV discovered it claimed over 34 million lives, and only 2014 year claims over 1.2 million of deaths (UNAIDS, 2015; W.H.O, 2015). With newly infected 2.0 million cases total 36.9 million people were living with HIV/AIDS till end of 2014 (UNAIDS, 2015; W.H.O, 2015). Since 2000, over 38.1 million people infected by HIV and from that 25.3 million people lost their life with AIDS related infections(UNAIDS, 2015). Sub-Sahara Africa is most affected region in world and alone contains 25.6 million cases infected with HIV till 2014, and also receives the 70% of total new infected HIV cases worldwide (W.H.O, 2015). As in 2014 United States and European countries account the 5.6 million cases of HIV and Asian Pacific region account the 5 million reported cases of HIV epidemic(UNAIDS, 2015). A similar pattern of unequal distribution is seen between countries where HIV prevalence rates range between 23.4% of total population as in Botswana to that of less than 0.01% of population in Afghanistan(W.H.O, 2013b). Health systems of low income countries are getting overburden because 95% of the HIV cases and deaths happen in these countries (Merson, 2006). Till mid-2015, almost 15.8 million people infected with HIV were accessing the antiretroviral therapy, this access were only 13.6 million in mid-2014 (UNAIDS, 2015; W.H.O, 2015). From 2000 to 2015 the new infection of HIV epidemic fallen down by 35%, and AIDS related deaths are also fallen down by 24%, through global efforts(W.H.O, 2015).

II. Mental Health:

According to the World Health Organization (WHO), Health is a state of complete Physical, Mental and social well-being, and not merely absence of disease or infirmity. So the definition shows the importance of mental health or mental well-being, a person cannot be consider healthy if he or she mentally unstable or unhealthy. Therefore it is integral part of overall health or well-being of an individual. Mental health is not a small term it is amalgamated of wellbeing so determined by several social, economic, political and cultural factors. As World Health Organization define “mental health as a state of well-being in which individual recognize his or her own capability, can cop up with normal daily life stress, able to deal with daily work and give productive performance and able to make productive contribution to his or her own community (W.H.O, 2014). Recognizably the mental health is not just the absence of mental illness, that cannot be recognized as good mental wellbeing or mental health (Barry, 2009; Keyes, 2005). Six basic criteria of mental health (a) reality orientation, (b) self-awareness and self-acknowledgement, (c) self-esteem and self-acceptance, (d) voluntary control over his/her own behavior, (e) ability to establish emotional relationship and (f) able to perform productive and goal directive activities. These six criteria are not completely under the control of any individual, means having less control over social, economic, civil, cultural and political participation more the chance of mental health problems(Niraj, 2006).

Neuropsychiatric disorders, mood disorders and substance use disorders account for majority of mental health illness. Numerous attempts were made to quantify the prevalence of mental health issues. Mental health disorders by reviewing surveys published from 1980-2013 which found out that, the global prevalence of common mental disorders is 17.6%, the lifetime risk of developing anxiety disorders is 12.9% where as it

is 9.6% and 10.7% for mood disorders and substance use disorders respectively (Steel et al., 2014). The High burden of mental illness on mankind is reported by the WHO global burden of disease report with depression (98.7 million), Alcohol dependence and problem use (40.5 million), bipolar disorder (22.2 million) and schizophrenia (16.7 million) standing at 3rd , 7th , 12th and 14th position respectively within the top 20 causes of disability around the world, thereby reflecting the severe threat posed by mental health issues (WHO, 2008). Mental health illness is linked with several non-communicable diseases where mental health issues and NCDs influence each other's development (Balhara, 2011). Mental health issues are also known to be related to other diseases and illness, and mental illness with respect to people living with HIV/AIDS (PLHA) is one of the most studied areas in both fields of mental health and HIV.

III. HIV/AIDS AND MENTAL HEALTH:

It is widely recognized that people's social environment have impact on their health (both physical as well as mental). These social determinants covers the conditions in which people born, grown up, work and aged and the health system services which they access for health maintenance which is shaped by various set of forces like social, economic, environment policies and political (Allen, Balfour, Bell, & Marmot, 2014). These social determinants includes social status, living condition, educational achievement, political participation, social mobility, access to public and social services (school, health institute, temples, political institute, roads and transport), social environment, employment opportunity and school and working conditions (People.gov, 2014).

Disparities in socioeconomic, political and environmental conditions which leads to health inequalities these health inequalities systematically socially produce or unfair (Whitehead & Dahlgren, 2006). The poor and disadvantaged people suffer excessively from common mental disorders and consequences or impacts of common mental disorders (Allen et al., 2014; Campion, Bhugra, Bailey, & Marmot, 2013; Patel et al., 2010). Gender also plays a vital role in common mental disorders, women found and higher risk of common mental disorders compare to the men (Allen et al 2014)(Allen et al., 2014). So social structure has main role to play may be in way of gender or ethnicity and caste. These social disparities are socially constructed by human beings, so possibility is there for change it and create positive health conditions. People living with HIV/AIDS also disadvantaged due to stigma attach with it and social exclusion.

From many years developed countries integrated mental health care services with HIV/AIDS treatment and health care practices, because of available evidence about mental health issues of HIV/AIDS (Green & Smith, 2004; Vitiello, Burnam, Bing, Beckman, & Shapiro, 2003). As HIV/AIDS is a life threatening disease without any cure, and relates to sexual behavior and also ways to so many other opportunistic infections. So society see them as threat and responsible for their illness (due to lack of knowledge about virus), which become the cause of social exclusion and stigmatization. It is evident that the social exclusion, stigmatization, discrimination leads to several mental health problems. Studies shown than in America and European countries people with HIV/AIDS usually suffer with depression and anxiety disorder, because they face diagnosis of positive HIV, progress report of advance stages of HIV to AIDS, adapt to chronic life threatening infections and social issues in life (Collins, Holman, Freeman, & Patel, 2006; Green & Smith, 2004; Williams et al., 2005). People living with HIV/AIDS are facing more difficult and uneven life events in their life, which are difficult to adjust one individual. Bing, et al (2001), find out in his study that prevalence of depression and anxiety were 36% and 16% in respondents with HIV/AIDS in United Stated(Bing et al., 2001). A study done in Andhra Pradesh shown 71.80% of HIV/AIDS patients were suffering with depression, and 66.57% were found with loneliness, and women were more prone to depression and loneliness compare to men (Mishra, Behera, & Jena, 2013). It shows a very high prevalence rate, it may be stereotype of Indian society. Other reason like, caste, gender, social stigma, social exclusion, economic, political and also unfriendly health system can be reason high prevalence because those reasons increase stigmatization and low self-esteem which leads them to mental health issues.

Meta-analysis shown that the people with HIV/AIDS are twice at risk of common mental health disorders compare to other non-positive people (Ciesla & Roberts, 2001). Large case control studies also shown that depressive features are more common in HIV positive people compare to controls (C. Mast et al., 2004; Maj et al., 1994). Also, other mental health issues like alcohol and substance abuse, Post-traumatic stress disorder are higher among person with HIV/AIDS (Brief, Bollinger, Greenstien, Morgan, & Brady, 2004; Das & Leibowitz, 2011). Post-Traumatic stress Disorder (PTSD) is also among most common Psychiatric co-morbidities among person living with HIV/AIDS (Rene Brandet 2008, DJ brief 2004). Studies show the prevalence of PTSD is high as 30-40% among person with HIV/AIDS, and also more higher among those who were the victims of physical and sexual abuse (such as rape victims, those with history of Child sexual abuse etc) and those with the history of trauma (Brief et al., 2004; Rene, 2008). Alcohol and substance abuse is one of the major issues related to HIV and Mental health, evident to both the risk factor as well as mental health outcome of HIV (Gerbi et al., 2011). Several studies shown significant association between alcohol and substance use and HIV risk(Booth, Kwiatkowski, & Chitwood, 2000; Parsons, Kutnick, Halkitis, Punzalan, & Carbonari, 2005) , with life time prevalence of alcohol abuse among person with HIV/AIDS range from 29%-60%(Parsons et al., 2005), which is comparably higher than that of lifetime prevalence of alcohol abuse among person without HIV/AIDS which stands at 14-24% (Klinkenberg, Sacks, for the Hiv/aids Treatment Adherence, & Group, 2004). The literature also shows a higher prevalence of drug abuse among those with HIV/AIDS (Des Jarlais et al., 1989; Klinkenberg et al., 2004; Sarkar, Panda, Das, & Sarkar, 1996), with remark of life time prevalence of 23-56% among people living with HIV/AIDS compared to that of 6-12% among people without HIV/AIDS (Klinkenberg et al., 2004).

Mental health issues like suicide are more common among people living with HIV/AIDS than that of non HIV/AIDS population. Literature illustrate the prevalence of suicide among people living with HIV/AIDS as high as more than 10 times

compare to non HIV/AIDS population. In Denmark which is considered as one of the most developed country, the suicides for people living with HIV/AIDS is over 8.73 times higher compare to non HIV/AIDS population, and suicide among people living with HIV/AIDS those diagnosed with psychiatric disorders is over 13 times higher compare to other groups (Jia, Mehlum, & Qin, 2012). Other studies illustrate the prevalence of suicidal tendencies among person living with HIV/AIDS to be around 9% (Rene, 2008), similarly studies show high prevalence of suicidal ideation among people living with HIV/AIDS which was ranging from 20.5%-28.8% (Schlebusch & Govender, 2015; Tamsen J, Ruth M, Mark, & Alan, 2013) this higher prevalence of suicide among people living with HIV/AIDS decrease their life expectancy to a large extent.

People living with HIV/AIDS are also at higher risk of several personality and behavioral disorders, severe mental illness like bipolar mood disorder (BMD), psychosis, substance induced psychosis etc. (Rene, 2008). Person living with HIV/AIDS are also at higher risk of developing chronic mental illness like dementia, schizophrenia, bipolar disorder etc., (Mossie, Kassa, & Tegegne, 2014; Ned, 2002). Within people living with HIV/AIDS, mental health issues are more prevalent among socially disadvantaged groups such as men having Sex with men (MSM), Gays, Transgenders, women sex worker, women victims of abuse and children especially those orphaned by HIVAIDS (Allers & Benjack, 1991; Brief et al., 2004; Cunningham, Stiffman, Doré, & Earls, 1994; Gerbi et al., 2011; Parsons et al., 2005; Wills, 2009). Study illustrate that HIV positive gay men are having 4 times higher risk of getting major depression compare to non HIV/AIDS people (Atkinson & Grant, 1994; Ciesla & Roberts, 2001). This shows that not only the HIV/AIDS status is cause for mental health issues, but social status contributes to it. Studies show that people with disadvantaged social status and HIV/AIDS status are more vulnerable to mental health problems.

IV. Psychosocial and Mental Health Care Need of People Living with HIV/AIDS:

Literature is evident that mental health is determined by several social, economic and environmental determinants. And it is also evident that people living with HIV/AIDS are at higher risk of mental health problems that other people. And where social status come together with status of HIV/AIDS the risk of getting mental health problems observed higher. Be familiar with the additional burden which mental illness put on people living with HIV/AIDS world health organization advocated for addition of mental health care component in to the HIV/AIDs prevention programmes (WHO, 2008). Studies has emphasized on essentiality of provision of psychosocial support as an important element to reduce the mental illness among people living with HIV/AIDS (Yahaya, Alabi, Jimoh, & A.A.G, 2011). Since HIV/AIDS disturbs all the dimensions (Physical, Social, economical and Psychological) of the individual life, WHO advised that all these dimensions are to be considered while working with or working for people living with HIV/AIDS. Studies and reports advocate that mental health needs of people with HIV/AIDS could be effectively treated by combining together counselling, social support and appropriate psychotherapeutic strategies with other treatment (Das & Leibowitz, 2011; WHO, 2011). It is observed that people living with HIV/AIDS who were provided appropriate counselling and social support were less likely to develop mental illness and were more likely to adhere to ART than who are not provided these services (WHO, 2011).The Individual's family and community play a important role in providing social support and assistance to people living with HIV/AIDS, which makes it important to involve in individual's family and community for providing to their health needs (Florence, Rachel, & Christine, 2005; Yahaya et al., 2011).

The essentiality and importance of providing mental health service to people living with HIV/AIDS is well known, but mainly practiced in developed countries still low and middle income countries need to implement it. However, since HIV/AIDS is associated with stigma and discrimination, Individuals HIV status is seen as a lens to judge the morality and social status of the individual. Majority of those with HIV/AIDS do not voluntarily disclose their HIV status to the health care provider/ approach a health facility with the fear of rejection, social exclusion and discrimination (WHO, 2008) hiding HIV/AIDS status is more prevalent in South Asian countries like India, Pakistan, Bangladesh, Sri Lanka and Arab countries because of their social conditions. Owning to such situation in majority of the cases the only instance where the health care provider can have a counseling session with people with HIV/AIDS is during the initial diagnosis. Thus, it is suggested that the primary care physicians at the site of diagnosis be equipped with the skills to provide counselling and initial mental health support to people with HIV/AIDS and help patients to adjust and reduce anxiety with positive diagnosis (Remien & Rabkin, 2001). Easy accessibility of mental health services to people with HIV/AIDS enhances their health and wellbeing preventing further complications of mental health issues, and spread of infection etc. (Das & Leibowitz, 2011). Further, early screening, diagnosis and treatment of mental illness among people with HIV/AIDS saves emotional and economic costs thereby reducing the high economic burden on the individuals and the health systems of the country (Florence et al., 2005). Social support and psychological interventions for people with HIV/AIDS groups, interventions providing financial security, and interventions providing long term security for the children of people with HIV/AIDS though not specific to mental health proved to have a significant influence in reducing mental health issues among people with HIV/AIDS reflecting the importance of multi-dimensional support strategies for people living with HIV/AIDS. Studies also show that mental health training to community health workers who are already providing HIV/AIDS health wellbeing services could potentially serve to address the mental health needs among people with HIV/AIDS (Dixon, M.Cowan, Healy, Abas, & Lund, 2015). Further, several trails and pilots showed well trained and supported community health workers being efficient in provision of mental health services (Patel et al., 2011; Paudel et al., 2014), reflecting that mental health strategies involving CHWs might be helpful in low-resource settings. Therefore psychosocial and mental health services are the integral part of services provided to people with HIV/AIDS.

V. Conclusion

HIV/AIDS is life threatening untreatable disease, and related to unsafe sexual behavior. People with HIV/AIDS are socially stigmatized and excluded, because lack of knowledge socially these people are considered threat to society. Therefore people with HIV/AIDS are facing multiple unfavorable conditions like news of HIV positive status, reports of advance stages of HIV, risk of other opportunistic infections, social stigma, social exclusion, treatment burden etc. which make them prone to mental health issues. And when some socially disadvantage status like women, transgender, gay, lesbians, men having sex with men, sex worker, low socioeconomic status etc. attach with the status of HIV/AIDS it increases their vulnerability to mental disorders. HIV/AIDS is socially unacceptable disease and stigma attach with it. So people with HIV/AIDS are feeling difficult to disclose their HIV status because of fear of rejection, exclusion, violence against them etc. Explained conditions are not easy to face any individual, HIV/AIDS with mental health disorders increase vulnerability and decrease quality of life and life expectancy. In such condition seeking treatment for HIV/AIDS become more problematic. Therefore the needs of psychosocial and mental health care services for people with HIV/AIDS are necessary for their wellbeing and improving quality of life. End of the day they are also human being like you and me, so their all kinds of needs need to be fulfill for living a quality life.

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