



Mental Health Aspects in HIV/AIDS: An Indian Perspective **Kasi Sekar* Sudeep Jacob Joseph and Arthur Julian Joseph**

HIV in India: An Overview

- India profile
- NIMHANS at a glance
- HIV profile
- Essentials of Mental Health
- Contributory factors
- HIV in the brain
- Psychiatric manifestations
- Psychiatric emergencies
- Special groups
- Interventions

India Profile

- Multi climatic, agro, ethic, religious , 6 religions, 6 Ethic groups, 29 Major festivals, 618 Languages and 6400 Castes
- YET one proud country India No the continent by itself.

NIMHANS HIV/AIDS a glance

- Nearly three decades of
- Service,
- Capacity building
- Research in the area of HIV AIDS
- Neurology, Virology
- Psychiatry
- Clinical Psychology
- Psychiatric social Work
- Psychiatric Nursing
- Mental Health Education
- Epidemiology

HIV/AIDS in India: An Overview

- India is country with low HIV prevalence (0.31%)
- However third largest population of PLHIV (2.39 million in 2008-2009)
 - 57.5% male
 - 39 % female
 - 3.5 % children
- The estimates highest an overall reduction in adult HIV prevalence, HIV incidence as well as AIDS related mortality in India
- Decline by more than 50% percent during the last decade in new annual HIV infections.

“Mental health issues are an essential for both prevention and care in HIV”

Several psycho-social factors impinge upon HIV progression:

- Emotional Well-being



- Types and Levels of stressors
- Coping Skills
- Psychosocial Support

Why Address Mental Health Issue in HIV?

- Decreased access to health care
- May increase high risk behavior
- Decrease treatment adherence
- May affect nutrition and impaired Quality of life

Contributory Factors

- Impact of HIV infection
 - Psychosocial factors like chronic depression and stressful life events affect clinical and immunological progression of HIV/AIDS
- Effects of virus
 - Brain pathology arises early in the infection as a consequence of viral damage of central nervous system
- HIV drug treatment
 - ART drugs known to cause psychological problems as side effects
- Alcohol and drug use
 - Contribution in aetiology and outcome of psychiatric problems among PLHIV
- Poor social support
 - Associated with faster disease progression and several mental health problems

HIV in the Brain

- HIV is neurotropic
- The virus invades and infects the CSF early, possibly before or at the time of seroconversion
- CNS conditions over the course of the disease include HIV encephalopathy and AIDS Dementia Complex
- Prevalence of AIDS Dementia Complex less than 20%
- Prevalence among those on HAART 1-2%

Psychiatric Manifestations in HIV/AIDS

- Depression : Prevalence up to 60%
- Anxiety Disorders: Found among one-third of PLHIV
- Delirium : Prevalence of 40-60%
- Psychosis: Found in 4-10% PLHIV
- Substance Use Disorders: As independent diagnosis or part of other psychiatric syndrome
- Sleep Disorders: As part of psychiatric syndrome or emotional reaction to stress

Psychiatric Emergencies in HIV/AIDS

- HIV infection can be associated with suicidal ideas and/or attempts
- Risk Factors for suicide
 - Past history of suicidal attempt
 - Psychiatric illness



- Feeling Hopeless
- Uncontrolled Pain
- Alcohol or drug use
- Social Isolation
- Periods when risk of suicide is high
 - Following a positive test
 - Following bereavement, especially loss of an infected partner
 - Failure of response to treatment
 - Severe physical complications
 - During an episode of depression

Psychosocial Factors

- In families:
 - 19% of the PLWHIV were told not to touch children out of fear of infection
 - 18% were not allowed to use/ share the same utensils
 - 15% had been thrown out of their homes
 - 7% were threatened with physical abuse
 - 6% were evicted out from landlord
- In health care settings:
 - 22% of the HCW refused to touch PLHIV because of their HIV status
 - 22% used gloves for procedures, which did not warrant wearing gloves like taking height-weight, temperature
 - 6% HCW broke confidentiality of HIV status without client's knowledge or consent

Psychosocial Factors

- Punitive attitude of general society is evident as
 - 70% people felt PLHIV had engaged in wrong behavior
 - More than half thought that PLHIV are disgusting
 - 48% felt that PLHIV had brought dishonor to their families
 - 42% believed that PLHIV should feel guilty for being positive
- Clinical depression was correlated with
 - Higher felt stigma
 - Higher internalized stigma
 - Less coping
 - Higher impact on social relationships

Special group

- Special groups have special health and mental health needs
- The key risk groups covered include
 - Female Sex Workers
 - Men who have Sex with Men and Transgenders
- Though sexual minorities have always existed India, their issues have never seriously been articulated
- HIV/AIDS epidemic has added recognition of male to male sex (MSM) as a vulnerable group
- Limited literature on the mental health needs



- Further empirical research in this area needs to be conducted

Interventions in Mental Health

- Services
Counsellors in VCTC/ICTC
NGO initiatives: Drop-in-centres , Crisi Intervention hotlines and points
- Ministry of health to ensure presence of trained counselors in all VCTCs/ICTCs and ART centres.