International Seminar on SOCIO-ECONOMIC AND MENTAL HEALTH BURDENS OF HIV/AIDS IN DEVELOPING COUNTRIES

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Session 3: Care Delivery and Response from the Frontline

Session chair: Mr. Azrul Mohd Khalib (UNTG)

PLENARY SPEECH

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Psychiatric Disorders in HIV-positive Individuals in Urban Uganda

A summary of a research finding by H. Pertrushkin, J. Boardman and E. Ovuga
Published in Psychiatric Bulletin (2005), 29, 455-458

Outline of the presentation

- Country profile
- Introduction
- Epidemiology
- National response
- Current situation
- Challenges

The study :

- Aims of the study
- Methodology
- Results
- Discussion
- Conclusion
- Recommendations

Country profile

Total population 33.5 million		Annual GDP per capita USD 560$
Population growth 3.2%/year	Fertility rate 6.7	IMR -76/1000
Life expectancy M 57.4, F 59.5	HIV prevalence 6.4%	<5 MR -137/1000
Per capita expenditure on health USD 10.4	Literacy rate 67%	MMR -435/100,000
Public exp. On health PHC 8.3%		Rural population 87.5%

Introduction cont'd

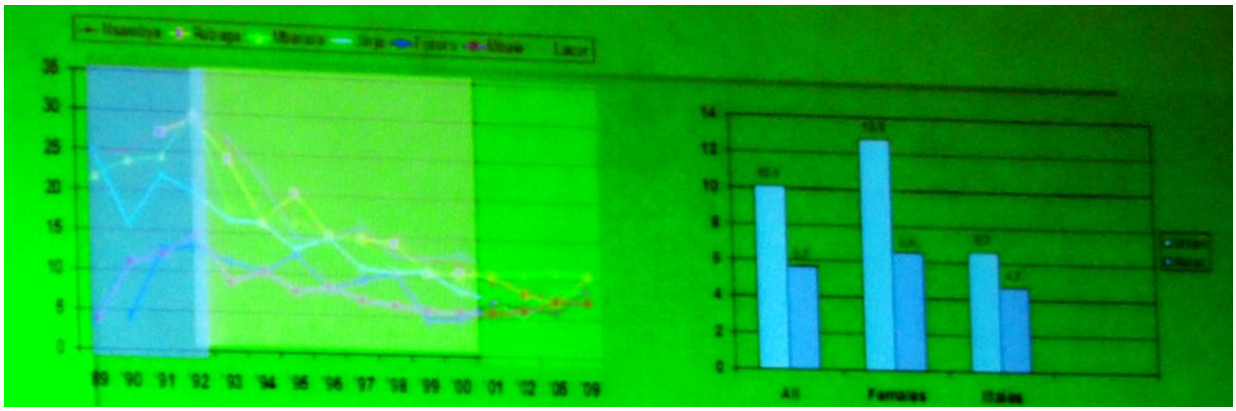
- Although various HIV prevention Interventions have been piloted/ implemented for close to 30 yrs, Uganda still has a run away epidemic

- Over 124,000 new HIV infections in 2009
- New infections exceeding AIDS deaths by about X2
- New infections exceed annual net ART enrolment by X3

Epidemiology

- 1.2 PLWHIV
  - 55% Women
  - 13% Children
  - (76,400 deaths annually)
- 5% of cohabiting couples are HIV sero discordant

Epidemiological trends, 1989 – 2009



☞ 4 distinct phases of the epidemic

Phase 1: 1989 – 1992 Phase 2: 1992 – 2002
Phase 3: 2002 – 2005 Phase 4: 2004 – 2009
2010 - ???

1. Rise in prevalence
2. Decline from a peak of 18% t0 6.1%
3. Stabilization of prevalence between 6.1 and 6.5
4. Advent of ART

Heterogeneity of HIV Burden

- Very high HIV prevenlence
  - Sex workers, partners of sex workers, individuals with history of same sex. Fishing communities
- Average HIV prevalence
  - Antenatal women, Boda boda cyclists, plantation workers
- Majority of new infections sexually transmitted
- MTCT about 20 – 25% infections
- Negligible blood borne infection

National response

- HIV/AIDS declared a development and security crisis in the country in 1986
- STD/AIDS control programme established in the MoH 1986
- Mandate: Coordinate the Health sector response
- Uganda identified HIV prevention as one of the priorities in the NDP 2010 – 15 and set a target of a 40% reduction of new HIV infection

Current situation/ Efforts

- Free ART rollout since 2004 in both govt. and private facilities
- No. in need of ART (CD4 ≤ 350) = 274, 208 vs 540,094 (46% coverage)
- ART adherence: >80% patients on ART have adherence more than 95%
- Only 20% know their status
- PMTCT coverage 80%
- eMTCT plan launch on 31st December 2011 together with NHIVPS
- UAIS under way

Challenge of the HIV epidemic in Uganda

- A total breakdown of the Health Care delivery system/weak health system.
- Reduced political stewardship/momentum
- Poor coordination
- Inadequate funding from GoU
- Human resources for health crisis

Aims of the study

- The study examined
- The prevalence of psychiatric disorders in people with HIV/AIDS attending the AIDS Support Organization (TASO) clinic at Mulago
- The preparedness of AIDS counselors to deal with mental disorders

More specifically

- Estimate the prevalence of mental illness in those attending the TASO clinic in Mulago, and to obtain specific diagnoses for these patients
- Compare the counselors' estimation of the prevalence of mental illness with that found using the standardized psychiatric interview
- Examine the attitudes and beliefs of the TASO counselors regarding the issue of mental illness

Method

- This was a cross sectional study
- Forty-
- Six (46) patients were interviewed using a standardized clinical diagnostic interview schedule for Psychiatric illnesses (The MINI)

- Mini International Psychiatric Interview (The MINI) to ascertain DSM-IV diagnoses
- In addition, All 15 counselors working at the clinic were interviewed

The counselor interviews

- The questions consisted of the following question
- What issues regarding mental health do you think you encounter most in HIV-positive patients?
- Of the six patients you see every clinic day, how many of them do you think have a mental illness?
- What would you do if you thought someone was mentally ill?
- What aspects (if any) of mental illness are you uncomfortable dealing with?
- Were you trained to deal with mental illness?
- Do you think counseling is beneficial for patients with mental illness?
- Do you think HIV-positive patients should receive additional psychiatric counseling?

Results

- 24 (52.2%) were female
- Mean age of the sample was 36.6 years (rang 22 – 56 years)
- Thirty-one (67.4%) were unemployed
- All were HIV-positive and had been known to be so far a mean of 4 years (range 0 -12 years)
- 34 (74%) had been known to be HIV-positive for less than 5 years
- Eighteen (39%) were known to have an AIDS-defining illness
- All but 1 had active physical symptoms and 11 (24%) had tuberculosis
- None of the sample was on psychotropic medication or in contact with psychiatric
- Thirty-eight (82.6%) of the sample had a psychiatric disorder according to DSM-IV diagnoses (Table below)

Prevalence of DSM-IV diagnoses in those attending the AIDS Support Organization (TASO) clinic (n=46)

DSM-IV category	n	(%)
Adjustment disorder	1	2.2
Dysthymia	4	8.7
Major depression	25	54.3
Bipolar disorder	8	17.4
Panic	15	32.6
Agoraphobia	11	23.9
Social phobia	5	10.9
Obsessive-compulsive disorder	2	4.3
PTSD, post-traumatic stress disorder	9	19.6
Alcohol misuse	2	4.3
Substance misuse	0	0.0

DSM-IV category	n	(%)
Non-affective psychosis	8	17.4
No diagnosis	8	17.4

Counselor interviews

- The prevalence of psychiatric problems as estimated by the counselors was generally small
- Seven (46.7%) believed they saw no people with psychiatric problems in the course of their clinics, five thought they saw one person with a psychiatric problem in every six they counseled and three thought they saw two people in every six
- Five counselors were aware that they saw people with psychoses; four thought they saw people with depression and six thought they saw people with anxiety
- Some counselors used other terms, such as memory loss (n=4), stress (n=2), violence (n=2), impatience (n=2), restlessness (n=1), being silent or isolated (n=2)
- Many were uncomfortable with the idea of seeing people with psychiatric problems, usually because of the fear of violence (n=8) or unpredictability (n=1)
- Three counselors said they felt comfortable with all the clients they saw, but two felt uncomfortable with anything medical and one was adamant that seeing people with psychiatric disorders was not a job for counselors
- Only one said that they had been trained to deal with people with mental disorders, the remainder said that they had no specific training, but four thought they had learned during their jobs
- Only two thought that they could deal specifically with psychiatric problems when they arose in their clients, the remainder wished to make a referral to a psychiatrist (n=6) or put an entry in the notes (n=7)
- Most of the counselors (n=10) believed that counseling could be beneficial for some people with psychiatric disorders but not for all
- One believed that counseling the relatives was important, but not the clients. Three believed that drugs were the best means of treating psychiatric problems.
- Four counselors did not think that HIV-positive patients should receive extra counseling, but the remainder believed that it might be useful, often qualifying this by statements that it should apply to those in need or with psychiatric disorders

Discussion

- The study found a high level of psychiatric disorders (82.6%) in HIV positive patients attending TASO and it confirms that the level of psychiatric disorders is high and that many of these disorders are serve (depression)
- This high prevalence does not correspond with the prevalence of disorder as estimated by the counselors, which ranged from 0 to 33%
- They might have been aware of some of the patients with more florid psychoses, but most of the disorders were not recognized
- The need for psychiatric treatment is high among those attending the clinic, but none was receiving any form of psychiatric treatment or care at the time of the survey

- However, the counselors were ill-equipped to deal with the level of disorder seen, as only one had received any formal training with people with mental disorders and only two thought that they would deal with such disorders if they arose
- The attitudes of counselors towards people with mental disorders are mixed, but most believed that they should be trained to provide care
- The observed discrepancy between need for psychiatric services among patients, the level of recognition among counselors and the provision of mental health care to patients might stem from the concept of mental illness in Uganda
- Mental illness is widely seen as synonymous with psychosis and believed to be caused by witchcraft, supernatural forces and the actions of evil spirits
- The provision of mental health care to people with HIV/AIDS will require
    - Public mental health education
    - Promotion of psychiatry in health sciences education
    - Collaboration with traditional healers
    - Addressing the ethical concerns and possible stigmatization of persons with mental illness
    - Increased care and liaison for psychiatric disorders
- This study reveals the need to provide additional mental health services to the TASO clinic
- This could be achieved by provision of additional training of te willing TASO counselors to assist in the detection of people with psychiatric disorders
- The provision of some psychological therapies and liaison with psychiatric services already provided at Mulago Hospital
- The services provided by TASO are highly regarded but could be improved by recognition of the high level of psychiatric morbidity among those attending the clinic and the need to provide increased care and liaison for psychiatric disorders

Policy recommendations

- Need to allocate more resources for mental health among PLHIV
- Focused training/sensitization of frontline service providers about mental health to increase on their diagnostic acumen
- Overwhelming evidence, need to translate the research evidence into policy and programming