



# HIV Infection and Mental Health

Wisconsin  
AIDS/HIV Program  
Public Health Perspectives  
Focus Paper

February 2010

## Introduction

Mental health, mental illness, and substance use disorders are major issues in the lives of many persons who are infected with or at risk for HIV infection. This paper focuses on HIV-related mental health issues and recommendations for the Wisconsin AIDS/HIV Program and its partners on addressing the mental health of persons who are living with or at risk for HIV infection in Wisconsin.

## Mental health and substance use issues among the general population

Mental illness and mental disorders are the leading causes of disability for persons age 15-44 years in the U.S. and Canada. The National Institute of Mental Health reports that an estimated 20-25% of Americans ages 18 and older suffer from a diagnosable mental disorder in a given year<sup>1</sup>. The main burden of mental illness is concentrated in close to 5% of the population who suffer from a serious mental illness. Approximately 45% of individuals with diagnosed mental disorders have two or more co-existing mental disorders.

General drug use and abuse is a pervasive problem in the U.S. Based on the 2008 National Survey on Drug Use and Health (NSDUH)<sup>2</sup>, an estimated 8% of the population aged 12 years and older had used an illicit drug during the month prior to the survey interview. A representative sample of 4% of the population aged 12 years and older reported driving under the influence of illicit drugs during the past year. Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically. Addiction to legal drugs is a substantially larger problem, with alcohol and tobacco being the most commonly used drugs in the U.S. Mental health issues and mental illness can be contributing factors in substance use disorders.

## HIV-related mental health issues

The HIV Cost and Services Utilization Study (HCSUS)<sup>3</sup>, a large, nationally representative probability sample of adults receiving care for HIV in the U.S., indicated that during the previous 12 months when the study was conducted:

- nearly half of study participants had screened positive for a mental health disorder
- nearly 40% reported illicit drug use other than marijuana
- 12% screened positive for drug dependence
- greater than one-third screened positive for major depression and approximately 25% screened positive for dysthymia (a less severe form of depression)

Overall, the proportion of persons screening positive for mental health and substance abuse disorders in the HCSUS sample is higher than that found in comparable studies of the general population<sup>4</sup>.

It is not possible to accurately measure the prevalence of mental illness among individuals who are at risk or infected with HIV. Mental illness covers a vast spectrum of conditions which frequently goes undetected and which may span the lives of individuals long before or subsequent to being infected with HIV.

The HIV epidemic has been characterized recently as a psychiatric epidemic<sup>5</sup>. HIV infection can cause or exacerbate psychiatric conditions. Likewise, psychiatric conditions can lead to an increased risk of infection and complications for persons with mental illness after they are infected. For persons with serious mental illness, psychiatric disorders can complicate an individual's understanding of HIV infection, HIV risk behaviors, compliance with HIV-related treatment regimens, and the need for ongoing follow-up.

An important consideration for persons with mental illness, mental health professionals, and HIV medical care providers is that many drugs used in treating mental disorders can have serious adverse interactions when combined with antiretroviral therapy. It is therefore important that HIV medical care providers closely collaborate with mental health professionals and patients in co-managing HIV infection and mental health disorders.

Common psychiatric conditions associated with HIV infection include:<sup>6</sup>

- **Mood disorders:** major depression, dysthymia, bipolar disorder.
- **Anxiety disorders:** generalized anxiety disorder, panic disorder, posttraumatic stress disorder.
- **Other:** adjustment disorders, HIV-associated dementia or AIDS dementia complex, personality disorders, substance abuse.

Major depression is the most common mental health disorder among persons living with HIV<sup>7</sup>. HIV infection is associated with greater risk of a major depressive episode – it is estimated that as high as 60% of persons living with HIV may have a depressive episode at some time during their illness. Persons living with HIV and who have depression can benefit from antiretroviral therapy and co-management of depression. Persons with depression who adhere to a treatment regimen of antidepressants have demonstrated antiretroviral adherence rates and viral loads similar to persons without depression. Evidence also suggests that improvements in viral load may not be attributed solely to drug adherence but that depression itself may affect viral control<sup>8</sup>.

Increasingly, behavioral research highlights the impact of posttraumatic stress disorder (PTSD) on the mental health of persons at risk or infected with HIV. Research literature indicates that:<sup>9,10,11,12,13</sup>

- persons with HIV have disproportionately high rates of PTSD,
- some individuals (especially gay men, women, incarcerated individuals) with PTSD may be predisposed to HIV-related risk behaviors,
- PTSD may be experienced by some individuals after they are aware of their diagnosis of HIV or AIDS, and
- PTSD may accelerate the progression of HIV infection.

## Wisconsin HIV-related mental health needs assessment activities

In spring 2005, the Wisconsin AIDS/HIV Program hosted a number of brief needs assessment and community input activities focused on mental health services in order to better understand the mental health needs of persons living with HIV in Wisconsin and to increase linkages between prevention, care and treatment services. Information gathering activities included a brief mental health survey administered at the statewide *Caring for Ourselves* conference (a gathering of persons living with HIV), a community mental health

information and learning forum, and a joint community planning meeting focused on mental health.

The mental health service needs identified during the spring 2005 needs assessment and community input activities included the following:

- Support groups (targeting women in general, children, prenatal and postpartum, older women, gay men)
- Home-based mental health services
- Individual psychotherapy
- Culturally competent, trustworthy, diverse, and indigenous mental health providers respectful and understanding of diverse communities and life styles
- Increased accessibility (sliding fees, low cost/no cost services, accessible transportation, evening and weekend hours, service provision in safe environments)
- Integrated comprehensive “one-stop shop” services
- Peer support/buddy system
- Flexible and diverse youth services inclusive of young people of all ages
- Service delivery models integrating traditional and nontraditional medicine
- Harm reduction services for drug users
- Community partnerships in service delivery, both statewide and regional

In 2009, the Statewide Action Planning Group (SAPG) of the Wisconsin HIV Community Planning Network participated in community dialogues and several discussions regarding HIV-related mental health and substance abuse issues. As an outgrowth of the SAPG activities and further analysis of the topic of HIV infection and mental health, the following are recommended actions steps to be pursued by the Wisconsin AIDS/HIV Program in collaboration with its partners.

### Recommendations for the Wisconsin AIDS/HIV Program

- Collaborate with the DHS Division of Mental Health and Substance Abuse to create a statewide mental health capacity assessment and resource inventory. This activity would include a survey of mental health providers to assess their comfort and experience in working with HIV positive individuals.
- Based on the results of the statewide mental health capacity assessment, focus current resources and future funding opportunities in geographic regions where a need is identified and capacity is limited.
- Collaborate with other DHS bureaus and divisions (e.g. Health Care Access and Accountability) to coordinate services and resources and improve overall access to care.
- Collaborate with the Wisconsin Site of the Midwest AIDS Training and Education Center (MATEC) to increase service capacity by providing HIV specific training for current mental health providers.
- Enhance screening tools for frontline HIV case management and prevention staff to more effectively screen individuals for mental health needs.
- Add language to the current *Practice Standards and Administrative Guidelines for HIV related Non-medical Case Management* to address mental health services, especially crisis management and suicide risk assessment and intervention.
- Improve training for HIV case managers to increase capacity to effectively screen for mental illness and refer to mental health professionals.

### Summary

Mental health is a critical factor to address in preventing and managing HIV disease. Individuals with mental health disorders are at high risk for HIV infection. First and foremost is the importance of identifying individuals who need assistance in addressing mental health issues. Mental health and substance abuse screening is essential in identifying persons at risk for mental health and substance use disorders and in providing persons access to needed services.

Culturally competent and accessible services need to be within the reach of those in need. Specialized HIV mental health services can assist in addressing the unique needs of persons who are living with or at risk for HIV infection. Because mental health resources are limited and in short supply in the general population, it is imperative that HIV service providers join in community partnerships and service networks that address the mental health needs of persons who are living with or at risk for HIV infection.

Over the past several decades, there have been major improvements in the management of mental illness. While stigma associated with mental illness continues, it has lessened and many segments of society view a person's willingness to seek help as a sign of strength. HIV service providers should proactively support mental health and mental health services by encouraging clients to identify and address their mental health needs. It is important that service providers support the networking and integration of mental health services within medical care and other human service and community settings.

## References

- <sup>1</sup>National Institute of Mental Health [website on the Internet]. Rockville, MD: NIMH. [Updated August 6, 2009]. Available from: <http://www.nimh.nih.gov/health/topics/statistics/index.shtml>.
- <sup>2</sup>Substance Abuse and Mental Health Services Administration. *Results from the 2008 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-36, HHS Publication No. SMA 09-4434). Rockville, MD; 2009. Available from: <http://oas.samhsa.gov/2k8/2k8nsduh/2k8Results.pdf>.
- <sup>3</sup>Bing EG, Burnam MA, Longshore D, Fleishman JA, Sherbourne CD, London AS, Turner BJ et al. Psychiatric disorders and drug use among human immunodeficiency virus-infected adults in the United States. *Archives of General Psychiatry*. 2001; 5,8:721-728.
- <sup>4</sup>Anderson J. HIV and mental health: the challenge of dual diagnosis. *Mental Health Issue Brief*. National Alliance of State and Territorial AIDS Directors. Washington, DC. July 2005. Available from: [http://www.nastad.org/Docs/Public/InFocus/200632\\_NASTAD\\_Mental\\_Health\\_final.pdf](http://www.nastad.org/Docs/Public/InFocus/200632_NASTAD_Mental_Health_final.pdf).
- <sup>5</sup>Treisman GJ, Angelino AF. *The psychiatry of AIDS: a guide to diagnosis and treatment*. Baltimore: Johns Hopkins University Press, 2004.
- <sup>6</sup>Health Resources Service Administration. *HRSA CARE Action: Mental health matters*. Rockville, MD. May 2009. Available from: <http://hab.hrsa.gov/publications/may2009/default.htm>.
- <sup>7</sup>*Ibid.*
- <sup>8</sup>Horberg MA, Silverberg JM, Hurley LB, et al. Effects of depression and selective serotonin reuptake inhibitor use on adherence to highly active antiretroviral therapy on clinical outcomes in HIV-infected patients. *Journal of Acquired Immune Deficiency Syndrome*. 2008;47:284-90.
- <sup>9</sup>Breif DJ, Bollinger AR, Vielhauer MJ, Berger-Greenstein JA, Morgon EE, Brady SM et al. Understanding the interface of HIV, trauma, post-traumatic stress disorder, and substance use and its implication for health outcomes. *AIDS Care* 2004;16 (Supplement 1), S97-S120.
- <sup>10</sup>Kalichman SC, Sikkema KJ, DiFonzo L, Luke W, Austin J. Emotional adjustment in survivors of sexual assault living with HIV-AIDS. *Journal of Traumatic Stress*. 2002;15:289-296.
- <sup>11</sup>Katz S, Nevid JF. Risk factors associated with posttraumatic stress disorder symptomatology in HIV-infected women. *AIDS Patient Care*. 2005;19:110-120.
- <sup>12</sup>Kelly B, Raphael B, Judd F, Perdices M, Kernutt G, Burnett P et al. Posttraumatic stress disorder in response to HIV infection. *General Hospital Psychiatry*. 1998;52:1048-1060.
- <sup>13</sup>Israelski DM, Prentiss DE, Lubega S, Balmas G, GarciaP, Muhammad M, et al. Psychiatric comorbidity in vulnerable populations receiving primary care for HIV/AIDS. *AIDS Care*. 2007;19:220-225.