

Public Health Issue: Mental Health and HIV

Mental illness in persons living with HIV/AIDS have social and health consequences at individual and societal levels. Mental illness may predispose individuals to behaviors which put them at risk for HIV or may be co-occurring in persons living with HIV/AIDS (PLWHA). People with mental illness and HIV have challenges related to their treatment of both conditions, including stigma. Mental illness may be unrecognized by PLWHA undiagnosed by providers and this may result in missed medical appointments and poor adherence to antiretroviral therapy (ART). Lack of HIV testing in mental health settings and inadequate screening and diagnosis of mental illness during HIV treatment may impact disease progression and worsen clinical outcomes for PLWHA.

Background

- The Centers for Disease Control and Prevention (CDC) reports an estimated 50% of all Americans are diagnosed with a mental illness at some point in their lifetime.
- Adverse childhood experiences including abuse, unstable home environment, and stigma are contributing factors for mental illness and HIV risk behaviors including alcohol and drug use/misuse.
- The 2015 Behavioral Risk Factor Surveillance System found that 18.8% of Pennsylvania adults and 19.2% of Pittsburgh adults surveyed report being told they have depression.
- PLWHA have a higher prevalence of depression, anxiety, post-traumatic stress disorder (PTSD), sleep disorders, and psychosis than in the general population.
- Stigma-related mental health concerns have a negative influence on HIV testing and treatment and there is an intersection between perceived HIV stigma and depression. Symptoms of mental illness also impact quality of life, safer sex practices, and can increase death rates in PLWHA.
- HIV testing is inconsistently reimbursed in mental health and substance use treatment programs and negatively impacts rates of testing contributing to under-diagnosis and spread of HIV.
- PLWHA and mental illness are at an increased risk of death from suicide.
- “Triple diagnosis” (HIV infection, mental illness, and substance use disorder) affects 13 to 38% of PLWHA and is associated with decreased quality of life, acceleration of HIV progression, poorer health outcomes, and more severe mental decline.
- Pennsylvania is 12th nationally in the shortage of mental health professionals per capita, particularly in rural areas and faces challenges of integration of mental health and primary care.

Interventions

- Education regarding high risk behaviors that contribute to becoming infected and ways to protect oneself (e.g., condom use, syringe exchange, pre-exposure prophylaxis) have been shown to reduce new HIV infections.
- Testing for HIV in mental health treatment settings is critical to early diagnosis and engagement in treatment.
- Proper diagnosis and treatment of mental illnesses in HIV settings may improve clinical outcomes and decrease mortality.
- Treatment for mental illness should include access to evidence-based treatment and counseling.
- Case management services and peer support may help retain PLWHA and mental illness in treatment along with housing and other social support.
- Integrated and trauma-informed treatment for PLWHA and mental illness or “triple diagnosis” may improve clinical outcomes.

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- The Kaiser Family Foundation State Health Facts (2019). Mental Health Professional Shortage Areas. Data Source: Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services.

Recommendations

Considerations for Pittsburgh City Council:

- Develop and implement education and harm reduction interventions to reduce risk of HIV infection in persons with mental illness.
- Facilitate and enable payment of routine HIV testing and screening for mental illness and substance use disorders in all healthcare and treatment settings.
- Increase comprehensive treatment of mental illness including medication in combination with counseling, stress management programs, and peer support.
- Develop activities and approaches to reduce stigma related to HIV, mental illness, and substance use through public education initiatives.
- Enhance the engagement and involvement of concerned significant others and family members in treatment to improve outcomes, which will help reduce the impact on families and loved ones.
- Support trauma-informed initiatives to increase access to integrated HIV and mental health care, including the integration of behavioral health into primary care.
- Develop and expand programs that increase the mental health workforce.

For more information please contact:
HIV Commission
HIVCommission@pgh.gov



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