Mental health services for HIV/AIDS patients are long overdue

Although progress has been made since the launch of the National Antiretroviral Treatment Programme in April 2004 in providing medical treatment to people infected with HIV, their psychosocial needs have not been similarly provided for. It is imperative that efforts to ensure the provision of ART to all individuals with HIV/AIDS in South Africa continue. However, these should be complemented by psychosocial support such as mental health services. To ensure adherence to ART and improve treatment success, it is vital to correctly identify and successfully treat individuals who are suffering from mental disorders such as depression.

Persons infected with HIV/AIDS are at greater risk than non-infected individuals of developing psychopathologies such as depression. Olley *et al*.[1] assessed patients recently diagnosed with HIV in Cape Town, and discovered that 34.9% of their sample met diagnostic criteria for major depressive disorder. Myer *et al*.[2] conducted a cross-sectional study examining prevalence of depression, post-traumatic stress disorder, and alcohol abuse or dependence in patients with HIV at three infectious disease clinics in the Cape Town region. Depression was the most prevalent disorder, with 14% meeting diagnostic criteria on the Mini International Neuropsychiatric Interview compared with a lifetime prevalence rate of 9.8% for depression in the general South African population.[3] Not surprisingly, the psychosocial factors of denial, stigma and social marginalisation, as well as the impact on family members, bereavement, poverty, lack of support, lack of resources, and consequences of death – issues that most HIV-positive South Africans face – influence the onset of depression.

Physical health and overall quality of life of people infected with HIV/AIDS are further threatened by depression. Depression in HIV/AIDS patients has been linked to an accelerated increase in viral load, higher activated CD8 T-lymphocyte counts, lower natural killer cell activity,[4] and quickened progression of HIV into full-blown AIDS.[5] In addition, HIV/AIDS patients with a mood disorder such as depression are less likely to adhere to their medication regimens,[6] resulting in failure to suppress viral load, which can lead to the virus becoming resistant to antiretrovirals, so eliminating the possibility of effective treatment in the future.

To exacerbate the situation, people who are mentally distressed often do not seek help or, when they do seek help, few services are available to them. It is sad to think that when the need for mental health support in South Africa is amplified by the AIDS epidemic, few psychological interventions are available for those in need. Many psychologists and psychiatrists have left the country owing to economic decay and growing crime; those who remain have to work within an overstretched, overburdened health care system. In addition, few positions exist in the public health care system for mental health professionals. Consequently, limited treatment options, other than psychotropic medication, are available to patients.

The first step to increase mental health treatment options is to establish the empirical validity of cost-effective psychotherapeutic treatments for mental disorders such as depression. The purpose is threefold. People with mental health concerns are more likely to seek psychological treatment when the intervention employed is known to help. The more knowledge communities have about mental disorders, the fewer stigmas for those with mental disorders. To provide increased access to mental health treatment, more personnel trained in psychotherapeutic techniques, such as community psychiatric nurses and other primary care personnel, are needed. A 'manualised', short-term treatment such as cognitive behavioural therapy (CBT) would be appropriate for such training. Furthermore, increased funding is needed from the health care system and from non-governmental organisations to address the mental health needs of South Africans, including those with HIV/AIDS. Presenting empirical support for the efficacy of cost-effective psychological interventions could provide grounds for such funding.

HIV/AIDS patients face difficult psychosocial circumstances brought on by issues such as stigma and fear of disclosure of their status, and they generally don't have access to services that cater successfully to these circumstances. For the well-being of millions of South Africans, this situation needs to be changed. Locally responsive interventions for mental disorders such as depression need to be designed, implemented and studied to address this issue.

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1. Olley BO, Seedat S, Nel DG, Stein DJ. Predictors of major depression in recently diagnosed patients with HIV/AIDS in South Africa. *AIDS Patient Care STDs* 2004; 18(8): 481-487.
2. Myer L, Smit J, Le Roux L, Parker S, Stein DJ, Seedat S. Common mental disorders among HIV-infected individuals in South Africa: Prevalence, predictors, and validation of brief psychiatric rating scales. *AIDS Patient Care STDs* 2008; 22(2): 147-157.
3. Stein DJ, Seedat S, Herman A, *et al*. Lifetime prevalence of psychiatric disorders in South Africa. *Br J Psychiatry* 2008; 192(2): 112-117.
4. Evans DL, Ten Have TR, Douglas SD, *et al*. Association of depression with viral load, CD8 T lymphocytes, and natural killer cells in women with HIV infection. *Am J Psychiatry* 2002; 159: 1752-1759.
5. Leserman J, Petitto JM, Gu H, *et al*. Progression to AIDS, a clinical AIDS condition and mortality: psychosocial and physiological predictors. *Psychol Med* 2002; 32: 1059-1073.
6. Catz SL, Kelly JA, Bogart LM, Benotsch EG, McAuliffe TL. Patterns, correlates, and barriers to medication adherence among persons prescribed new treatments for HIV disease. *Health Psychol* 2000; 19(2): 124-133.7