

The mental health of people living with HIV in the Asia-Pacific: A review

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Background

Mental health and HIV is becoming increasingly recognised as an important issue worldwide. Poorly managed mental health can negatively affect HIV disease progression, adherence to treatment, and also worsen physical symptoms^{1,2}.

In high-income countries, mental health care has been incorporated into the management of people living with HIV (PLWH) for a number of years. However, in low-income countries (LIC), many patients do not have access to basic mental health services.

The Asia-Pacific region has the second-highest prevalence of HIV infection in the world and many of the nations are regarded as low-to-medium income³. It is believed that common mental disorders are prevalent in large numbers across the region, with cultural stigmatisation and discrimination contributing to mental health disorders, as well as poverty and poor education. However, due to poor mental health infrastructure, the most vulnerable key populations' mental health requirements are not being met⁴.

Rationale and Methods

Due a paucity of data regarding the prevalence of common mental health disorders across the Asia-Pacific region, this review was designed to study the current literature on the topic.

The review primarily focused on the prevalence of 'common mental health disorders', including *depressive disorders*, *anxiety disorders* and *stress*. Where possible, information on 'factors affecting mental health' would be collected also. In order to identify papers, both a manual search as well as online databases including MEDLINE and PsychInfo were used.

We were aiming to review studies which had collected quantitative data relating to mental health symptoms or common mental health disorders in HIV positive individuals. This would make it possible to compare the results of studies. We omitted case studies, reviews and letters. Together, these two searches gathered 34 papers in total.

Discussion

The majority of studies reported large numbers of participants affected by common mental health disorders. Despite many of the studies not comparing figures with the general population, previous literature on rates of depression across the Asia-Pacific region showed rates of 1.3-5.5%. These reported rates in the general population are mostly lower than those reported in the studies included in this review. Similarly, anxiety rates in the general population in Asia-Pacific have been shown to be considerably lower than the figures reported for PLWH in this review.

Whilst this review suggests *CMD's* are prevalent in large numbers in PLWH, gaps remain between the acknowledgment of psychosocial factors as important to the daily lives of PLWH and the application of adequate resources to provide quality mental health support in LIC. Poverty in these regions likely influences access to services and this influences a person's ability to adhere to care. The stigma of mental illness and HIV deepen these challenges, along with several other factors. Further research should recognise the urgency to implement an effective strategy to tackle these mental disorders by studying psychosocial interventions best suited to this region.

Acknowledgements:

- This study, performed during a Medical Elective, was part-funded by the University of Aberdeen Medico-Chirurgical society
- The HIV-NAT based at Thai Red Cross, Bangkok, Thailand

References

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Results

All of the studies included in this research measured anxiety or depression as an outcome. Other aspects of mental health also reported across the literature included *obsessive compulsive disorder*, *anger*, *suicide intent or attempt*, *illicit drug use* and *alcohol dependence*. Countries which had been previously studied included China, India, Thailand, Nepal, South Korea, Taiwan, Laos, Vietnam, Indonesia and Malaysia.

Different tools were used across studies to measure both anxiety and depression. The most commonly used tool to measure depression was the Hospital Anxiety Depression Scale (HADS).

Where depression was reported as a percentage of participants affected, the results showed:

- Highest reported prevalence was **84.6%** among females in Eastern China (*Jin et al.*); Prevalence in men in same study was **66.7%**
- Majority of studies reported prevalence between **20-50%**
- Lowest prevalence was **3%**, reported in Nepal (*Eller and mahat*)

Not all studies reported depression as a single statistic; on occasion, they categorised it as *mild*, *moderate* or *severe* depression.

Similarly with anxiety, when expressed as a percentage:

- Highest was reported to be **71%**, in a Korean study (*Song et al.*)
- Lowest prevalence was found in Thailand, at **4.8%** (*Prasithsirikul et al.*)
- Majority of studies reported prevalence of **20-50%**

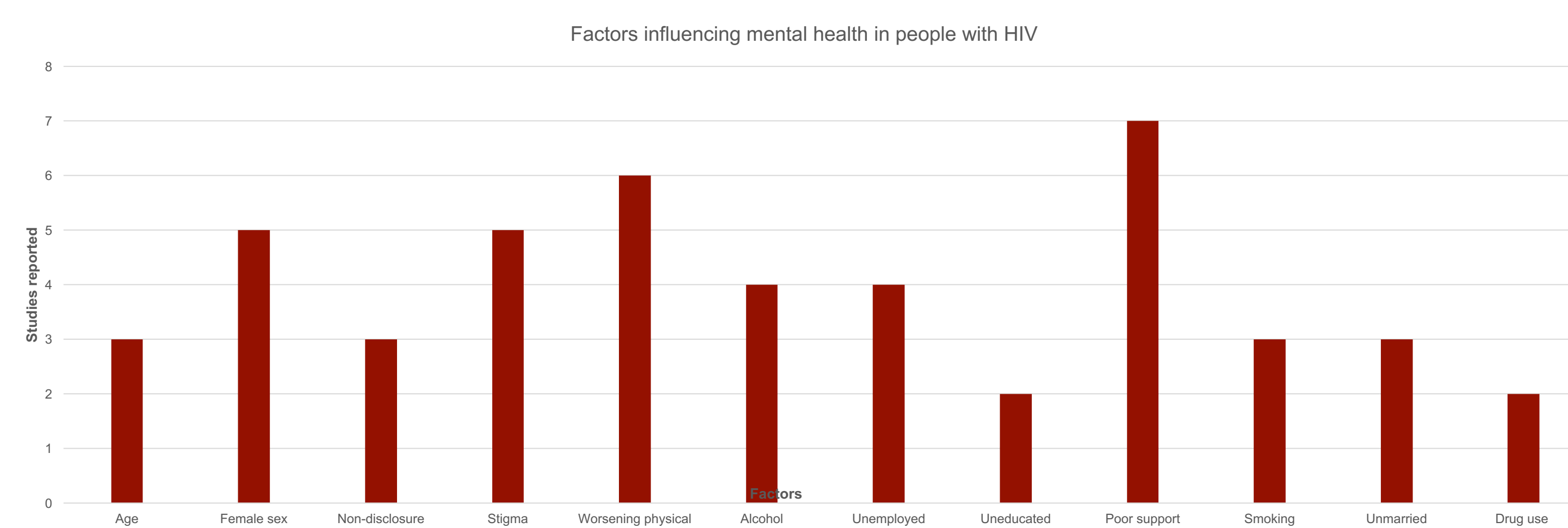


Figure 1: Graph showing factors affecting mental health, and the amount of studies which reported them

Twenty-eight of the studies reviewed collected data on what factors may influence the mental health of participants. The most frequently reported factor was 'poor support', which included both poor social or family support.